

AGENDA FOR THE MEETING OF THE COUNCIL OF GOVERNORS

28 September 2017, 5.30pm






(Governor registration and hospitality available between
5.00pm and 5.30pm)

Holiday Inn, Scotch Corner, Darlington, DL10 6NR





NOTE:







- MEETING WILL TAKE PLACE BETWEEN 5.30 AND 6.45 PM AND WILL BE FOLLOWED BY A SPECIAL WORKSHOP SESSION ON THE TRUST'S PRIORITIES FOR THE BUSINESS PLAN.**
- Cllr Ann McCoy, Lead Governor will be available prior to the meeting to meet with Governors if required






Agenda


No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
5.30pm – 5.40pm Standard Items					
1.	 	Welcome and apologies for absence	<p>For information To make sure that we have enough Governors present to be quorate and introduce any new attendees.</p> <p>To advise of housekeeping arrangements</p>	<p>Lesley Bessant, Chairman</p> 	Spoken
2.		Minutes of the meeting of the Council of Governors held on 13 July 2017 and the Annual General and Members meeting held on 19 July 2017	<p>To agree To check and approve the minutes of these meetings</p>	Lesley Bessant, Chairman	Attached
3.		Public Council of Governors' Action Log	<p>To discuss To update on any action items</p>	Lesley Bessant, Chairman	Attached

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
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
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 <i>(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.)</i>	Lesley Bessant, Chairman	Spoken
		<p>1. <u>Cllr Ann McCoy , Appointed Governor Stockton Borough Council</u></p> <p>(a) <i>What is the longest time a patient who has been assessed as able to leave hospital waited for discharge and what is the average time patients wait for discharge when no suitable accommodation can be found?</i></p>			

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
		<i>(b) Is TEWV confident that if a young person being discharged from prison or young offenders facility, who has mental health issues, appropriate treatment and accommodation can be found?</i>			
5.40pm – 5.50pm Governance Related Items					
7.		Summary of the discussions held at meetings of the Board of Directors from May to August 2017	For information An opportunity to read through the key areas discussed at recent meetings of the Board of Directors	Lesley Bessant, Chairman	Attached
8.		Register of Interests	For agreement To approve the Registers of Interests of Governors	Phil Bellas, Trust Secretary 	Attached
9.		Governor Appointments/ Nominations	To agree To approve the appointment from nominations received to: i. The Board of Directors' Mental Health Legislation Committee. ii. The Council of Governors' Nomination and Remuneration Committee iii. The role of Lead Governor To agree the Governor nomination from the expressions of interest received to: iv. NHS Providers' Governor Advisory Committee	Phil Bellas, Trust Secretary	Attached

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
5.50pm – 6.10pm Quality Related Items					
10.		i. CQC action plan ii. Compliance activity in relation to the Care Quality Commission iii. An update on any items of relevance following contact with the Care Quality Commission not contained in the report at ii.	For information To receive a copy of the CQC action plan following the Trustwide inspection undertaken in 2015. To receive a briefing on the latest information from Care Quality Commission Inspections of the Trust	Elizabeth Moody Director of Nursing and Governance 	Presentation Attached
11.		Service changes	For information To receive a briefing on changes and improvements to services in the Trust	Brent Kilmurray Chief Operating Officer / Deputy Chief Executive 	Attached
12.		Quality Account	For information To receive the Q1 update on the Trust's Quality Account for 2017/18	Sharon Pickering, Director of Planning, Performance and Communication 	Attached

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
6.10pm – 6.15pm Performance Related					
13.		The Trust's Performance Dashboard as at end July 2017	For information To review the performance of the Trust key indicators	Sharon Pickering, Director of Planning, Performance and Communication	Attached
14.		The Trust's Finance report as at end July 2017	For information To receive information and review the current financial position of the Trust	Drew Kendall, Interim Director of Finance 	Attached
6.15pm – 6.20pm Standing Committees					
15.		Involvement and Engagement Committee	For information To receive information on the work of this Committee and approve any recommendations made	Vanessa Wildon, Chairman of Committee	Spoken
16.		Task and Finish Group: Involvement	For information To receive information on the work of the task and finish group	Dr Hugh Griffiths Chairman	Spoken

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
6.20pm Procedural					
17.		<p>Agreement of 2018 meeting dates (venues to be agree):</p> <ul style="list-style-type: none"> • 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 <p>Date and Time of next meeting: 30 November 2017, 2pm</p> <p>Holiday Inn, Scotch Corner, Darlington, DL10 6NR</p>		Lesley Bessant, Chairman	Spoken
18.		<p><u>Confidential Motion</u></p> <p><i>“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:</i></p> <p><i>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.</i></p> <p><i>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.</i></p>			

Lesley Bessant
Chairman

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

20 September 2017

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 13 JULY 2017, 2.00 PM AT HOLIDAY INN, SCOTCH CORNER, DARLINGTON

PRESENT:

Lesley Bessant (Chairman)
Gemma Benson (Selby)
Mary Booth (Middlesbrough)
Rachel Booth (Staff - Teesside)
Phil Boyes (Staff - Durham and Darlington)
Della Cannings QPM (Hambleton and Richmondshire)
Bernard Cole (Scarborough and Ryedale)
Dr Martin Combs (York)
Dr John Drury (CCG representative for Hartlepool, Stockton on Tees and South Tees)
Mark Eltringham (Stockton on Tees)
Wendy Fleming-Smith (Selby)
Chris Gibson (Harrogate and Wetherby)
Glenda Goodwin (Staff - Forensic)
Sandra Grundy (Durham)
Dr Peter Harrison (York)
Dr Judith Hurst (Staff - Corporate)
Gary Matfin (Staff - York and Selby)
Jacci McNulty (Durham)
Keith Mollon (Durham)
Dr Lakkur Murthy (Durham)
Jean Rayment (Hartlepool)
Gillian Restall (Stockton on Tees)
Graham Robinson (Durham)
Zoe Sherry (Hartlepool)
Prof Angela Simpson (University of York)
Cllr Helen Swiers (North Yorkshire County Council)
Ailsa Todd (Hambleton & Richmondshire)
Judith Webster (Scarborough & Ryedale)
Vanessa Wildon (Redcar and Cleveland)
Alan Williams (Redcar and Cleveland)
Mac Williams JP (Durham)

IN ATTENDANCE:

Colin Martin (Chief Executive)
Phil Bellas (Trust Secretary)
Angela Grant (Administrator)
Dr Hugh Griffiths (Non Executive Director)
Marcus Hawthorn (Non Executive Director)
Wendy Johnson (Secretary)
David Levy (Director of Human Resources and Organisational Development)
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)
Jim Tucker (Deputy Chairman)

17/40 APOLOGIES

Lee Alexander (Durham County Council)
Cliff Allison (Durham)
Hilary Dixon (Harrogate and Wetherby)
Dr Nathaniel Drake (York)
Gary Emerson (Stockton on Tees)
Elizabeth Forbes-Browne (Scarborough and Ryedale)
Marion Grieves (Teesside University)
Hazel Griffiths (Harrogate and Wetherby)
Catherine Haigh (Middlesbrough)
David Jennings (Non Executive Director)
Kevin Kelly (Darlington Borough Council)
Drew Kendall (Interim Director of Finance)
Brent Kilmurray (Chief Operating Officer)
Dr Nick Land (Medical Director)
Cllr Ashley Mason (City of York)
Cllr Ann McCoy (Stockton Borough Council)
Lisa Pope (representative for North Yorkshire Clinical Commissioning Groups)
Lesley Robertson (Darlington)
Cllr Kaylee Sirs (Hartlepool Borough Council)
Dr David Smart (CCG representative for Co Durham and Darlington)
Sarah Talbot-Landon (Durham)

17/41 WELCOME

The Chairman opened the meeting and noted apologies. As this was the first meeting of the Council following the annual governor election, a number of new Governors were welcomed to their first meeting.

17/42 MINUTES OF PREVIOUS MEETINGS

The Council of Governors considered the minutes from the public meeting held on 25 May 2017.

Agreed – that the public minutes of the meeting held on 25 May 2017 be approved as a correct record and signed by the Chairman.

17/43 PUBLIC ACTION LOG

Consideration was given to the public action log.

Arising from the report:

- 1) Minute 16/84 – Work of external audit

The Council agreed to extend the deadline until September 2017 due to the work of external audit not being fully completed until after the Annual General and Members' Meeting.

Action carried forward

- 2) Minute 17/07 – Provision of support for benefit and welfare advice
As Cllr McCoy was not present to provide an update, this action would be carried forward until September 2017.

Action carried forward

- 3) Minute 17/12 – Awareness of self-harm
The Council noted that the report from the Quality Assurance Committee (QUAC) had been circulated.

Action Closed

- 4) Minute 17/16 – Information around the provision of MAIN service
The Council noted that a report had been circulated.

Action Closed

- 5) Minute 17/26 – Patient absconsion
The Council agreed for this to be presented to the September meeting.

Action carried forward

- 6) Minute 17/32 – GP survey
Mrs Pickering advised the Council that the update had been provided to those Governors who attended the Directors of Operation's briefings held prior to the formal Council of Governor's meeting in November 2016.

Action Closed

- 7) Minute 17/39 – Clash of meetings
The Council noted that the location of meetings had been changed.

Action Closed

17/44 DECLARATIONS OF INTEREST

Dr Hugh Griffiths declared an interest in the item in relation to his re-appointment on the private agenda.

17/45 CHAIRMAN'S REPORT

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

- 1) Visited a number of services within York and Selby. She had been particularly impressed with the work of the staff working within the Child and Adolescent Mental Health Services (CAMHS). Generally, there were still concerns in the Trust around the volume of referrals to CAMHS.
- 2) Continued to visit locality management teams across the Trust with only Forensic Services outstanding.
- 3) Held meetings with Public Governors within localities which had been positive in nature. The next meeting with all public Governors was due to be held on 28 September prior to the main Council meeting.

- 4) Presented Living the Values Awards to:
 - Staff within the Information Technology department, who provide a very much needed service to staff.
 - A member of staff based within the Flatts Lane Centre Middlesbrough who went above the call of duty to assist a distressed member of the public in the car park.
- 5) There had not been the opportunity to attend any Chairmen's meetings, but a meeting for the Chairmen of North East and Cumbria was planned for August 2017.

17/46 GOVERNOR QUESTIONS

1. Hazel Griffiths, Public Governor Harrogate and Wetherby

'Can I be provided with an update on plans for the new hospital for Harrogate?'

Mr Martin confirmed that the current position was that:

- 1) Planning permission had been granted and the site had been purchased.
- 2) There was still a fundamental issue regarding the funding of the build and commitment was required from the Clinical Commissioning Group (CCG).
- 3) After detailed considerations the Trust had taken the decision to 'pause' any further work around the business case for the new hospital.
- 4) As a result of the 'pause', the Trust would be looking into other options and would be engaging external support to hold conversations to identify what those options might be.

2. Mary Booth, Public Governor Middlesbrough

'Following my attendance at the recent Quality Account Stakeholder meeting, reference was made to Occupational Therapy processes being effective and appropriate with processes having been reviewed and improvements made to eliminate delays and alert and reminder systems introduced.'

1. *Does this apply to all Occupational Therapy services within the Trust or just a particular geographic or service area?*
2. *What were the delays and how have they improved?*
3. *If this applied to a particular section of the Occupational Therapy service, how can we be assured that patients across all services have access to appropriate and effective referrals to Occupational Therapy?'*

The Chairman advised that as this question had only just been received prior to the start of the meeting, an answer would be provided and circulated outside of the meeting.

Action Item – Mrs Moody

17/47 LEAD GOVERNOR APPOINTMENT

Mr Bellas confirmed that there was a requirement for the Council of Governors to have a Lead Governor appointed. The current appointee was Cllr Ann McCoy who had been appointed to this role since 24 July 2014 for a period of 3 years.

As a result of the annual election and the significant change in the membership of the Council of Governors, there had been insufficient time available to seek nominations from Governors for this position. The Council of Governors was therefore asked to consider extending Cllr McCoy's appointment until the next Council meeting due to be held on 28 September 2017.

The Council noted that the role of the Lead Governor was to act as a point of contact in the Trust for NHS Improvement or the Care Quality Commission if it was felt inappropriate to go through the offices of the Chairman or the Trust Secretary.

Agreed – The appointment of Cllr Ann McCoy as Lead Governor be extended until 28 September 2017.

17/48 INVOLVEMENT MATRIX

Consideration was given to the proposed introduction of an Involvement Matrix to assist the coordination of service user and carer involvement within the Trust.

Miss Wildon, Chairman of the Involvement and Engagement Committee confirmed that:

- 1) The Involvement and Engagement Committee had, within their Terms of Reference, a duty to review and be assured of the involvement of service users and carers within the Trust under the Involvement and Engagement Framework.
- 2) The involvement matrix had been co-produced with service users, carers and Governors.
- 3) The Involvement and Engagement Committee had been fully consulted during the development of the proposed matrix.
- 4) A consultation exercise had been undertaken with a number of service user and carer involvement groups and through an open focus group.
- 5) The feedback from that consultation had, in the main, thoroughly supported the introduction of the matrix as a tool to support the coordination of involvement of service users and carers.

Arising from a question Mrs Ord confirmed that the Involvement and Engagement Officers would be:

- 1) Aligning those service users and carers who were registered for involvement activities to the categories that they were skilled and experienced in.
- 2) That service users and carers would have the opportunity to validate their own allocation to categories and where omissions existed records would be amended through personal discussions where required.
- 3) Service users and carers would be able to access support through the many different routes available to upskill and gain experience in other categories of

involvement and where appropriate, be supported by the Involvement and Engagement Officers to do so.

Agreed – The Council approved the Involvement Matrix and supported its implementation to assist in the coordination of involvement activities for those service users and carers registered for involvement.

17/49 DATE AND TIME OF NEXT MEETING

The Chairman confirmed the next meeting would be the Annual General and Members meeting 19 July 2017 at 6pm at Middlesbrough Football Club.

17/50 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 6.25pm

MINUTES OF THE COUNCIL OF GOVERNORS' ANNUAL GENERAL AND MEMBERS' MEETING HELD ON 19 JULY 2017, 6.00PM AT MIDDLESBROUGH FOOTBALL CLUB

PRESENT:

Lesley Bessant (Chairman)
Cliff Allison (Durham)
Gemma Benson (Selby)
Mary Booth (Middlesbrough)
Rachel Booth (Staff - Teesside)
Phil Boyes (Staff - Durham and Darlington)
Della Cannings QPM (Hambleton and Richmondshire)
Dr Martin Combs (York)
Hilary Dixon (Harrogate and Wetherby)
Dr John Drury (CCG representative for Hartlepool, Stockton on Tees and South Tees)
Mark Eltringham (Stockton on Tees)
Gary Emerson (Stockton on Tees)
Chris Gibson (Harrogate and Wetherby)
Glenda Goodwin (Staff - Forensic)
Marion Grieves (Teesside University)
Hazel Griffiths (Harrogate and Wetherby)
Dr Peter Harrison (York)
Dr Judith Hurst (Staff - Corporate)
Gary Matfin (Staff - York and Selby)
Jacci McNulty (Durham)
Keith Mollon (Durham)
Dr Lakkur Murthy (Durham)
Maureen Powles (Darlington)
Jean Rayment (Hartlepool)
Gillian Restall (Stockton on Tees)
Graham Robinson (Durham)
Cllr Helen Swiers (North Yorkshire County Council)
Sarah Talbot-Landon (Durham)
Ailsa Todd (Hambleton & Richmondshire)
Vanessa Wildon (Redcar and Cleveland)
Mac Williams JP (Durham)

IN ATTENDANCE:

Colin Martin (Chief Executive)
Phil Bellas (Trust Secretary)
Angela Grant (Administrator)
Marcus Hawthorn (Non Executive Director)
David Jennings (Non Executive Director)
Wendy Johnson (Secretary)
Drew Kendall (Interim Director of Finance)
Brent Kilmurray (Chief Operating Officer)
Dr Nick Land (Medical Director)
David Levy (Director of Human Resources and Organisational Development)

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)
Jim Tucker (Deputy Chairman)
Cameron Waddell (Mazars LLP)

17/51 APOLOGIES

Lee Alexander (Durham County Council)
Bernard Cole (Scarborough and Ryedale)
Dr Nathaniel Drake (York)
Wendy Fleming-Smith (Selby)
Elizabeth Forbes-Browne (Scarborough and Ryedale)
Dr Hugh Griffiths (Non Executive Director)
Sandra Grundy (Durham)
Catherine Haigh (Middlesbrough)
Kevin Kelly (Darlington Borough Council)
Cllr Ashley Mason (City of York)
Cllr Ann McCoy (Stockton Borough Council)
Lisa Pope (representative for North Yorkshire Clinical Commissioning Groups)
Lesley Robertson (Darlington)
Zoe Sherry (Hartlepool)
Prof Angela Simpson (University of York)
Cllr Kaylee Sirs (Hartlepool Borough Council)
Dr David Smart (CCG representative for Co Durham and Darlington)
Judith Webster (Scarborough & Ryedale)
Alan Williams (Redcar and Cleveland)

NOTE:

Prior to the formal Annual General and Members' Meeting:

- 1) Sue Baker, Director Time of To Change gave a presentation on how her organisation has been working to raise awareness and reduce the stigma often associated with mental ill health for over the last 9 years. Sue was supported by Gary Pollard, Chief Executive Men Tell Health who talked about his charity and some of the work being undertaken to support the male population. The presentations from both speakers can be found at Appendix 1.
- 2) A 'market place' event was held to enable attendees to receive information on a wide range of Trust services.

17/52 WELCOME AND APOLOGIES

The Chairman welcomed all attendees to the meeting and advised that this was the Annual General and Members' Meeting of Tees, Esk and Wear Valleys NHS

Foundation Trust. She was pleased to see so many members of the public, staff and representatives of partner organisations in attendance.

Apologies were noted from Governors as per the register of attendance records.

A total of 187 staff and members of the public attended in addition to the formal attendance record noted above.

17/53 DECLARATIONS OF INTEREST

There were no declarations of interest.

17/54 ANNUAL REPORT 2016/2017

The Council of Governors received and noted:

- 1) The Annual Report 2016/2017 incorporating the financial statements and quality report for the Trust. This was also available in a summary document and an easy read document.
- 2) The external auditor's management letter for 2016/17.

Copies of the above documents were made available to attendees prior to the meeting.

17/55 REVIEW OF THE YEAR

Mr Martin presented to the meeting an overview of the Trust's performance 2016/17 and its plans for the future. This presentation is attached at Appendix 1.

17/56 FINANCIAL ACCOUNTS

Mr Kendall presented the summary of the financial accounts for Tees, Esk and Wear Valleys NHS Foundation Trust for the year ended 31 March 2017.

A copy of this presentation is attached at Appendix 1.

17/57 EXTERNAL AUDIT REPORT

Mr Waddell, from Mazars LLP presented the findings of the external audit for the year 2016/17 together with a summary of external audit work undertaken.

A copy of this presentation can be found at Appendix 1.

17/58 APPROVAL OF CONSTITUTIONAL CHANGES

There were no Constitutional changes to approve for 2016/17.

17/59 OPEN FORUM

The Chairman asked attendees if they had any questions on any of the presentations delivered.

The following questions/issues were raised by attendees during the course of the meeting.

Question and Answer Summary	
Q1	A member of the public congratulated the guest speakers on their presentations and welcomed any work to raise awareness of stress and mental ill health which often cannot be seen by anyone.
A1	This point was acknowledged and noted.
Q2	A request was made to be able to share the presentations that had been made.
A2	It was agreed that all presentations and videos seen during the meeting could be shared wider.
Q3	A service user advised the audience that they felt it was sexist to single out the male population, that women also suffered stigma and mental ill health.
A3	This point was acknowledged and noted. The presentations at the meeting were not designed to ignore the female population, rather raise general awareness across both male and females, but research had shown that men were, in general terms, more reluctant to seek help or talk to others about their feelings.
Q4	Was there any support groups for men within Durham and Peterlee?
A4	There were a number of support groups and men's sheds types of organisations registered for the Durham area. Waddington Street in Durham City was a well known resource for support.
Q5	How much money did the Trust pay for the Public Dividend Capital?
A5	The Director of Finance confirmed that this was £3.4m
Q6	The Trust had, in the past, been subject to financial fraud. What systems had been put in place to stop this?
A6	The Trust was, in 2010 subject to a fraud of £250k. Since that time a number of controls had been put in place to reduce the risk of this occurring in the future.

Q7	A member of the public requested assistance from the Trust with regard to difficulties with bus companies. These included the electronic displays moving through text too quickly making it difficult to read and use of 24 hour clocks.
A7	The Trust agreed to write to the bus companies to raise the concerns on behalf of the members.
Q8	If the Trust had a surplus at the end of the financial year, would this be taken off them by the Government?
A8	The Trust does keep any surplus it makes; it is not taken away at the end of the year. The Trust utilises financial surpluses to make improvements such as building new hospitals etc.
Q9	There were current discussions underway to potentially close the mental health inpatient wards at the Friarage Hospital in Northallerton. In addition to this, the plans for a new hospital to be built for the public of Harrogate had been put on hold by the Trust. Is rural North Yorkshire ending up as a ‘poor relation’ in the Trust and is there inequality in the commissioner funding in North Yorkshire compared to the North East regions of the Trust?
A10	The Trust responded in that: <ul style="list-style-type: none"> • The overall investment level within mental health services in North Yorkshire was less than that of Durham, Darlington and Teesside areas. • The Trust had campaigned to increase levels of funding in North Yorkshire over the years it had been providing services. • There were difficulties with funding formulas for Clinical Commissioning Groups (CCGs) with no recognition in terms of funding allocated to CCGs for rurality of areas and the need to deliver services in those types of areas. • The services commissioned and developed historically were of a low level of depth and insufficient to meet the increase in referrals and demand currently seen. • The range of community services commissioned within North Yorkshire was less than in other areas of the Trust. • The Trust had invested in the community infrastructure and opened new resource centres and had previously invested a significant amount of money to build a new hospital in Scarborough.

The Trust was of the view that there was a need to ensure that for the monies available for mental health services that the best provision was sought and provided for each and every £1 available.

In terms of Hambleton and Richmondshire, there was a formal consultation process underway led by the CCG but that a significant amount of work had been undertaken with pre-engagement consultation to work on the options and the format of the formal consultation. The outcome of this consultation was required prior to any further decisions and discussions.

In terms of Harrogate, the building of a new hospital had been paused as a result of the uncertainty of future investment by the CCG. This pause in developing a business case to take forward the build of a new hospital would allow other options to be considered to ensure that the monies, per £1 available, were allocated to the best possible service provision.

Q11 What can the public do to change the position in terms of funding for mental health services?

A11 The membership of the Trust and the Governors have a role in raising awareness of the need for mental health services and to ensure that any monies that were made available were utilised in the best possible way, whether this was funding NHS provision or allocation to the third sector to provide services.

It was appropriate to lobby Government to ensure that priorities for the areas of North Yorkshire were heard.

Q12 Were the CCGs in North Yorkshire, particularly Harrogate allocating the money to providers of mental health services?

A12 It was confirmed that there had been a directive for Chief Executives of mental health trusts to confirm that monies for front line services for mental health had been allocated through the Mental Health Investment Standard. A response had been sent stating that the standard had not been met in Harrogate.

Q13 A Governor expressed disappointment in the decision to pause any further work on the development of a new hospital for Harrogate. A meeting had been held with the local MP who was keen to support the development of a new hospital.

However, they had received concerns that there had been a number of inpatient bed closures on the Briary Wing at Harrogate Hospital due to staff shortages. What was the position?

A13	It was confirmed that there had been some bed closures, that this was due to floor damage from flooding, a number of previous attempts to rectify the floor had failed and it had been necessary to withdraw the availability of beds to complete rectification works. Staffing levels were a challenge for the Trust, but this was not the reason for the bed closures.
Q14	What was the position of CCG funding for York and Selby?
A14	It was confirmed that the contract the Trust had for the provision of services within York and Selby with the CCG guaranteed a 2-3% increase in funding each year in addition to any national funding that may become available.
Q15	In relation to the Mental Health Investment Standard, was the Trust in a position to request audits to be undertaken of CCGs?
A15	No, the Trust was not in a position to request this.

17/60 The Chairman concluded the meeting and thanked everyone who had attended with a special thanks to the guest speakers, Sue Baker and Gary Pollard for their presentations and talks.

Cameron Waddell of Mazars LLP, on behalf of the Chairman selected from the entries made the prize draw winner – Steven Harding. Steven was not present at the time of the draw and it was confirmed that the prize of £25 shopping vouchers would be posted to him.

The meeting closed at 7.20pm

Tees, Esk and Wear Valleys **NHS**
NHS Foundation Trust

**Welcome to our
Annual General and Members
Meeting
19 July 2017**

- Please help yourself to refreshments in the Riverside Suite
- Come and visit our information stands and enter our competition to win a £25 voucher
- Have a chat with our Staff and your Governors
- Photographs will be taken. Please see a member of staff if you are concerned about your picture being taken
- Why not follow our proceedings and tweet your thoughts and views **@TEWV #TEWVAGM**

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Tees, Esk and Wear Valleys **NHS**
NHS Foundation Trust

**Welcome by
Mrs Lesley Bessant
Chairman**

@TEWV #TEWVAGM

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Sue Baker, OBE

**Director
Time to Change**

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time to change
let's end mental health discrimination



Funded by








time to change
let's end mental health discrimination



The Generation of Change



- Celebrities & Sports Stars
- MPs open up in 2012
- Disclosure from us 'everyday people'
- Parity of Esteem
- Confident new social movement (eg ASDA Halloween costumes 2013)
- MH (Discrimination) Bill passed 2013
- Focus on CYP MH
- First ever waiting times (for some MH services)
- Chief Medical Officer Annual Report 2014 - 1st CMO report ever focused on MH since 1892
- 2015 Gen Election- 1st time all major parties had MH in manifestos

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The Generation of Change

- Print media reporting & TV drama/docs improved (eg EastEnders, Coronation St)
- Royal Family helping break down stigma
- 2017: Prime Minister makes first domestic health speech about need to challenge "despicable stigma"
- Marathon for MH
- More mentions of MH than any other health issue in 2017 party manifestos

Who we are (since 2007)

- Growing movement of people **changing how we all think and act** about mental health problems
- Voice stronger and louder thanks to funding by **DH, Comic Relief** and **Big Lottery Fund**
- Run by **Mind** and **Rethink Mental Illness** and 1000s more organisations have joined us

Why we're here

88% of people using mental health services experienced discrimination (*1)

60% of people said that stigma and discrimination are as damaging or more damaging than the symptoms of their mental health problem

27% said stigma had made them want to give up on life

(*1) Viewpoint survey 2014/15 (Institute of Psychiatry). Survey of 1,000 people using secondary mental health services in five locations in England

The Impact of Stigma & Discrimination

The top five life areas were:

In friendships and social life	55%	
In the workplace		54%
In family life	51%	
In dating and relationships	33%	
In health services		32%

Source: 2011 survey of 2,700 TTC supporters

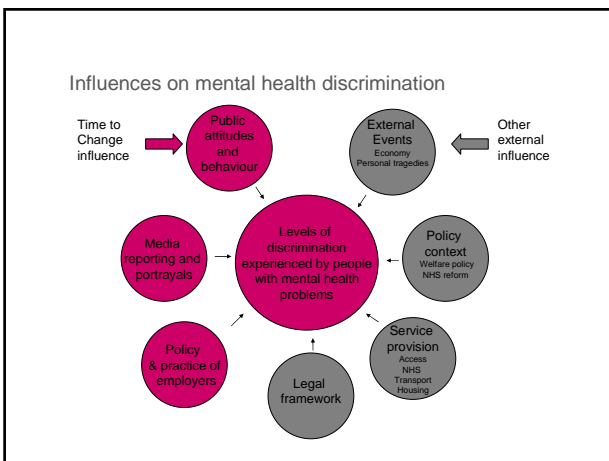
Phase 3 Funders and Partners (2016-2021)

Run by two partners:



Funders

Funded by:

Social marketing campaign 2009 onwards

- Myth & Fact/Famous Faces, Don't Be Afraid to Talk, Time to Talk, 'Schizo the Movie', social experiment, Dave in the Office, 'it's the little things' Stand Up Kid, In Your Corner
- Gives the public tips for the supportive behaviour we want them to adopt & empowers those of us with lived experience to speak out to drive change
- High profile banner, with public credibility and recognition, that people feel confident campaigning alongside (within their own communities and circles of influence)

Audience Insight Research (behind the campaign)

'Stigmatisation' overview
 Generating societal change by targeting subconscious stigmatisers is more likely to impact conscious and active stigmatisers/discriminators vs. head-on challenge

- Socially unacceptable for mainstream society
- Finding channels and messages to address these individuals = highly challenging

Wedding Planner (South Asian pilot)

Time to Talk Day 2014

1,066,506 conversations

93% of individuals who took part said it made them feel more able to talk about their mental health.

The key elements of Time to Change

Community engagement

- Focused on bringing people with & without mental health problems together to talk about mental health

Events

- 'Village' events – go to the cinema, have a cup of tea, send a postcard – all with a mental health theme
- Durham, Newcastle

Grants fund

- £2.7m funding 65 community-led projects that engage the public
- Diverse group of projects working with faith groups, rural communities, LGBT people, South Asian and African Caribbean communities amongst others
- Projects have people with lived experience in leadership roles

The key elements of Time to Change

3 Social leadership

- Growing the social movement of people with mental health problems who are actively involved in Time to Change and their own communities
- Champions network (5,000+) training, networking, support
- 8 Regional and Equalities Coordinators supporting people with lived experience to be involved – Angela Slater N/East
- People with lived experience at every level of Time to Change – governance, management, delivery

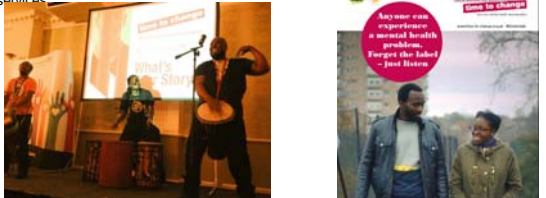
The key elements of Time to Change

Targeted work

African and Caribbean communities

- Targeted work across all areas of the programme: events, dedicated coordinator posts, social marketing, 33% of grants fund allocated (festivals, church champions)
- Monitoring impact on African and Caribbean audiences
- African and Caribbean Working Party
- 300 voices (BLF funded) project

Improving the experience of using statutory mental health services for young African and Caribbean men through dialogue with professionals from services



The key elements of Time to Change

Targeted work

2,000 secondary schools
Head Teacher networks

Children and young people

- Social marketing aimed at 11-18 year olds
- Young champions (90) sharing their experiences in schools
- 8 youth regional co-ordinators



No Judgement



More than 530 pledged organisations across wide range of sectors...



Pledge action plans: Key tangible activity

Internal communications

- Internal campaigns (social contact/wellbeing days)
- Flag Employee Assistance services
- Staff blogs (disclosure by staff as champions for change)

External communications

- Use of Time to Change materials to reach key client groups

Mental health champions network

- Trained employees to support in addition to line managers

Training

- Line Manager training
- Mental health awareness, building resilience workshops
- Stress reduction techniques (eg Mindfulness)

Induction & appraisals

- Highlight support in inductions
- Embed and review in appraisals, regular wellbeing checks

As a result of signing the Pledge

- 95% said it had a positive impact on their organisation
- Eight in ten agree that awareness of mental health issues has been raised
- Half reported a rise in staff disclosure of mental health problems since the pledge was signed
- Three-quarters of Employee Champions feel that the pledge has had a positive impact on their organisation
- 78% have reported a positive change in their confidence with regards to empowerment


THE i100 TIMES
Banking and Finance
 News Opinion Business Money Sport Life Arts Puzzles Papers

Bank signs up to help tackle mental health stigma in City

Spencer Dale, chief economist at the Bank of England, said that banking had not traditionally been an easy place for those mental health problems.

"You can imagine the culture and prejudices an organisation like this has had in the past," he said. "For us there is a clear business case for supporting our staff. But we are also signing the pledge to lead by example."

However the decision of the Bank of England to take a stance has moved the campaign right to the heart of the City, which is regarded as particularly intolerant of mental illness.



Our growing social movement

Our social movement

334,000 (Facebook)
190,000 (Twitter)

A database of **50,000**
7,000 of these are active Time to Change Champions

Over 500 pledged employers
More than 2,000 engaged schools

Our impact - attitudes

9.6% Improved attitudes since the start of Time to Change

Together, we've changed millions of attitudes to mental health

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 let's end mental health discrimination

Around 4.1 million people have improved attitudes

Looking back: our impact

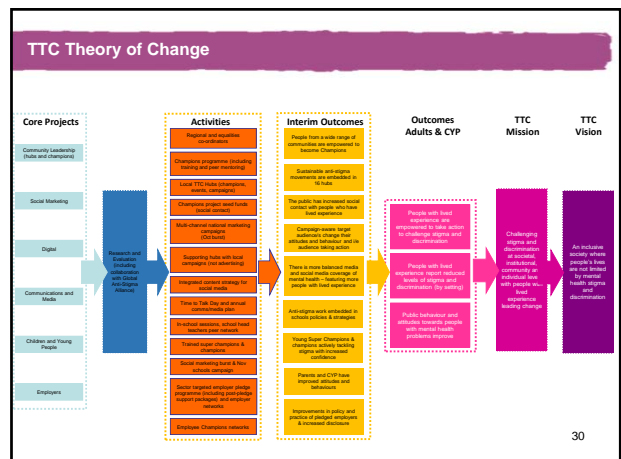
Thanks to you, people are facing less mental health discrimination.

- 7%** less discrimination from family
- 15%** less discrimination from friends
- 10%** less discrimination in dating

3.4 million people have improved attitudes

What are we aiming to achieve?

- Empowerment**: 75% increase in empowerment of our Champions to challenge stigma in their everyday lives
- Discrimination**: 5% reduction in reports of discrimination by people who experience mental health problems
- Attitudes**: 5% improvement in public attitudes and behaviour towards people with experience of mental health problems



Our Learning

Two years of reviews and insights research...

- External Review (to inform 15/16 and phase 3)
- Strategic marketing review
- Insights research on our regional hubs
- Audience insights – 18 focus groups of men, women, CYP and their parents
- Evaluation review



10 years of evidence-based learning

Looking forward: what will be different?

- Marketing will target colder audiences (men, lower socio-economic groups)
- Greater focus on CYP
- 'Unleashing the movement'
- Embedding our approach within local communities and organisations
- Sustainability as overriding goal



Community Leadership

Time to Change **Champions** - we support and equip people with lived experience to be effective champions, leaders and custodians of the Time to Change social movement

Time to Change **Hubs** - we work with partner organisations to embed Time to Change's mission, approaches and mechanisms for change at a local level

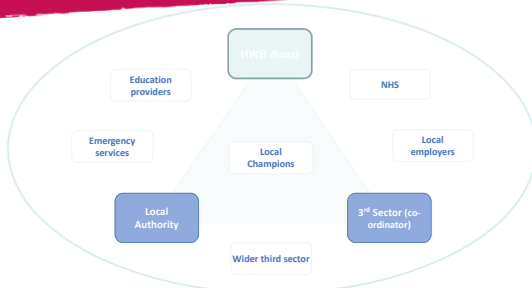
Lived experience leadership and social contact are at the heart of our work, and these fundamental elements must be embedded within all local Time to Change movements

Community champions



- Lived experience leadership
- Social contact activity
- Local campaign groups
- Community equalities coordinators

Time to Change hubs



First Hubs: Leeds, Cumbria, Sussex, Suffolk

In Your Corner Advert - 2017



Young people's campaign

BE IN YOUR MATE'S CORNER

1 in 10 young people will experience a mental health problem this year. If your mate's acting differently, step in.

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#inyourcorner

Time To Talk Day

"A conversation's easy - it can just start with 'how are you?' and after that, you're flying."

#timetotalk

Key Factors of Success

- A large, diverse, and powerful social movement:
 - 8,000 champions
 - 5,000 organisational supporters
 - 515 pledged employers
 - 334,000 Facebook
 - 190,000 Twitter
- Lived experience leadership
- Social contact and disclosure
- National campaign profile + local community activity
- Evidence-based to support evolution

Long term focus

Joint founder of the Global Anti-stigma Alliance

A Global Movement Against Stigma
Working to eliminate mental health stigma and discrimination around the world

Campaigns listed in order of initiation:

- New Zealand
- Australia
- England
- Sweden
- Canada
- Catalonia, Spain
- Poland
- The Netherlands
- Denmark
- Wales

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Thank you

@suebakerTTC
www.time-to-change.org.uk
info@time-to-change.org.uk

Partners:
Department of Health, COMIC RELIEF, LOTTERY FUNDED, mind, Rethink Mental Illness

MEN TELL HEALTH.ORG

Devoted to men and mental health.

Chief Executive

**AROUND
75%**
of those who take their own life are men.



- Diagnosed with **PTSD** & depression in **2011**.
- Started 'Men Tell' as a blog in **2012**.
- Runner-Up in **TWIM Awards 2013** for Best Blog (Humour).

**AND
NOW...**

- Registered as a CIC in **October 2015**.
- Website relaunched **November 2015**.
- **500+** pages of content including:
 - **100+** 'Men Tell Their Stories' from men and women.
 - **Interviews** with actors, journalists, DJs, authors.
 - **Links to almost 200 organisations in 66 countries.**
 - **Self-Help via The Man Kit.**
- All done in an unique, irreverent tone to engage with everyone.

HONESTY
HUMOUR
RECOVERY
POSITIVITY
STRENGTH IN NUMBERS
USER-LED

OUR SERVICES INCLUDE...



SPEAKEASY

- Our monthly men-only peer-support groups.
- Taking place in **Middlesbrough, Redcar and Stockton-on-Tees** (with more planned).
- Pop-Up SpeakEasy's to become part of the social landscape of Teesside over the next 12 months.
- Coming soon to **North Yorkshire, NE Lincolnshire, Lancashire and Merseyside.**
- Expected to have 10-12 groups nationally by year-end.
- Online options.
- No cost. All on an evening. No forms.

“The stereotypical group session of sitting in a circle in a Community Centre was never conducive with helping me talk, I still felt judged and anxious. What I discovered with Men Tell Health’s SpeakEasy was a place that helped me have a natural conversation with people about how I feel. The group helps me to feel empowered and not alone and I find opening up about my feelings comes naturally.”

Dan

“Men Tell Health were one of the first MH Community 'friends' to make contact with me - they're encouragement and support will never be forgotten”

Matt

“I found the SpeakEasy Group when I was struggling and low. I didn't know what I needed, but I was given free coffee, a comfy sofa and space for open conversation without judgement. I immediately felt at ease. It was like sitting in a cafe with friends. I felt lighter and engaged with life and the world outside again. I took this home with me and was visibly more myself. SpeakEasy is already an integral part of my monthly rhythm and I have learned to be more open about my journey.”

John

“Men Tell Health offer a fantastic resource for men to be able to talk with others that understand what it’s like to live with mental health issues. The groups that I’ve attended have been very friendly, welcoming and informal and I would recommend them to anybody as a great way to access support. Keep up the great work!”

Matt



- Our monthly men-only ‘Dad’ group taking place in Middlesbrough.
- Aimed at:
 - New Dads (inc. young Dads) finding parenthood tough.
 - Dads (or partners) with PND.
 - Those who may have lost a child.
- In partnership with Raindrops to Rainbows.



- Our weekly football group taking place in South Bank.
- In partnership with **MFC Foundation**.
- Generated an award-winning football team.

“The football team gives me a sense of achievement. The tournaments are a journey, like my moving towards recovery, that helps with my physical wellness, but just as importantly, my mental wellness by accepting ‘I can’t do this alone’. It distracts me from negative aspects in my life, but ultimately it’s fun; it puts a smile on my face and makes me feel human. Together we are stronger.”

Peter



- Online worldwide community for runners and cyclists of all abilities.
- Physically fitter. Mentally fitter.

WHAT ELSE?



- Shortlisted for the **National Diversity Awards 2017**
- Deliver **Mental Health First Aid** training.
- Key partner for **#BoroManCan**
- Part of **Men's Health Training Network**
- Covert support via an App and podcast.
- Developing a film and open-mic comedy night.
- Oversee the annual **Alright Teesside** event.
- Lead partner for **Teesside-By-Side** Peer Support Network.



CONNECT?




@



@MenTellHealth



www.facebook.com/mentellhealth



Search for **"Men Tell Health"**




Search for **The Men Tell CIC**





www.MenTellHealth.org




ANY QUESTIONS?

Tees, Esk and Wear Valleys 
NHS Foundation Trust

Break time – restart at 6pm

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Welcome by

Mrs Lesley Bessant

Chairman

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Chief Executive's Report

Reflections on 2016/17 and our future plans

@TEWV #TEWVAGM

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“Our overriding purpose is to minimise the impact that mental illness or learning disability has on a person’s life.”

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Providing Excellent Services & Promoting Recovery

- Recovery
- Positive and Productive Community Services
- New Models of Care



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NHS Foundation Trust

Our Quality Priorities – How did we do?

Priority 1 - Continue to develop and implement recovery focussed services

Priority 2 – Implement and embed the revised harm minimisation and risk management approach


Priority 3 – Further implementation of the nicotine replacement programme and smoking cessation project

Priority 4 - Improve the clinical effectiveness and patient experience at times of transition

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Creating the Best Environment



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Staffing



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Working with Others

- Joint care pathway for people with Parkinson's
- York Connects
- Harrogate Vanguard
- Working with GPs in County Durham and Catterick
- Improving the physical health of service users

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How are we performing?



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Awards



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Personal Reflections

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Looking to the future

"We remain committed to improving the quality of our services and increasing the value that we provide to our stakeholders and commissioners."

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Our Priorities

- Continuing to build on the excellent work we've delivered to date
- 6 Strategic Priorities
- 10 key operational priorities
- An ambitious programme of work

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**Annual General Meeting
Financial Review
2016 - 2017**

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Tees, Esk and Wear Valleys **NHS**
NHS Foundation Trust

Summary of Financial Performance

- In 2016-17 the Trust continued to build on the **strong underlying financial position** from previous years. This position allowed **new investments** in services and **improvements in quality** to take place against a background of low levels of financial risk.

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NHS Foundation Trust

Progress against Financial Plans 2016/17

- Achieved the financial plan submitted to NHS Improvement. (NHSI)
- Achieved our Finance risk rating of 1 against plan.
- Delivered our NHSI "Control Total" which provided access to the centrally held Sustainability and Transformation Fund (STF).
- Paid Public Dividend Capital Dividends as required by the Department of Health, equivalent to 3.5% of average net assets (excluding cash balances).

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NHS Foundation Trust

Key Financial Statements

- Against a national context of challenging NHS Finances the NHS Provider sector delivered an aggregate **deficit** of £791m.
- The Trust delivered an Income and Expenditure **surplus** of £12.0m, which was higher than the planned £8.1m.
- In addition the Trust received in March 17, NHSI confirmation of its share of the centrally held STF Fund allocated to NHS Providers for financial performance in 2016/17.

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NHS Foundation Trust

Key Financial Statements

- The Trust was awarded £7.3m of STF Funding and this additional cash funding will be used to support our future Capital programme.
- Including STF funding the Trust Income and Expenditure statement reported an **overall surplus of £19.2m**, which equates to 5.6% of Turnover (page 204).
- Total Assets employed at 31 March 2017 were £173.4m which was an increase of £19.7m from 31 March 2016 (page 205).

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Income

- Income for the financial year 2016/17 was £345.9m which was £36.3m higher than 2015/16.
- Increase related mainly to the STF income received, and the full year effect of the contract to provide Mental Health and Learning Disabilities services to York and Selby.
- Trust income was predominantly from contracts with Clinical Commissioning Group's, with 92.1% of total income relating to provision of clinical services.

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Expenditure

- A 1% consolidated pay award was given to employees during 2016/17.
- Employee expenditure levels increased from 2015/16 mainly due to the full year effect of the York and Selby contract.
- 77% of operating expenses are due to staff expenditure.

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NHS Foundation Trust

Statement of Financial Position

- The value of the Trust's Property Plant and Equipment (PPE) increased by £1.9m.
- The Trust's working capital position improved to a net current asset position of £44.0m.
- Trade & other receivables increased to £16.7m mainly due to the STF funding, with no concerns regarding doubtful debts.
- Trade & other payables remained consistent with 2015/16, and the Trust continues to meet public sector payments targets.
- Cash balances increased by £3.7m to £57.8m due to the underlying surplus, offset by capital additions.

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Charitable Funds

- The Trust manages Charitable Funds on behalf of the services it provides.
- The closing balance of the Trusts Charitable funds was £0.5m. These are used for a variety of purposes e.g. Social activities for patients, equipment purchases, and environmental improvements.
- On behalf of the Investment Committee I would like to thank everybody who has raised or donated money over the last year.
- If anybody wishes to know more about accessing funds or raising money, please contact John Chapman at the Flatts Lane Centre.

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Financial Planning

- The current UK economic position and forecasts for public sector expenditure from 2017 will present significant challenges to all public sector bodies.
- The NHS is required to deliver minimum efficiency gains of 2% in 2017/18.
- Our current financial planning assumptions reflect the current environment, and we continue to work with our local Commissioners to manage finances across the local health economy.

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NHS Foundation Trust




Cameron Waddell
Partner

MAZARS

What I am going to cover

Our **Management Letter** summarises the key messages arising from our work at the Trust in our third year as the Trust's external auditor.

My presentation will cover the key messages from our Management Letter, particularly:

- What we do as the Trust's external auditor.
- What we found during our audit.

A copy of our Management Letter is included in the information you have been provided with today.

MAZARS

What we do

Our responsibilities as the Trust's external auditor are set out in the National Audit Office Code of Audit Practice and include:

- Giving an opinion on your accounts.
- Reviewing evidence on your arrangements to deliver economy, efficiency and effectiveness (the 3 Es).
- Reviewing your Annual Governance Statement.
- Reviewing your Annual Report.
- Reporting to the National Audit Office on your consolidation schedules.

We also:

- Review your Quality Report and test a sample of indicators.
- Review your charitable fund accounts in accordance with Charity Commission guidance.

MAZARS

What we found (Trust audit)

The overall messages from our fourth year as the Trust's external auditor remain very positive with all deadlines met by the Trust and ourselves:

- The Trust's team were very cooperative during our work, making the year end audit process smooth once again, allowing us to issue an unqualified opinion.
- Our audit identified only a small number of errors in the draft accounts, which were corrected by management after our audit.
- We identified some scope to improve controls and the Trust is taking action.
- We found no evidence that proper arrangements were not in place to secure economy, efficiency and effectiveness (the 3 E's).
- Appropriate assurance was provided to the NAO on the Trust's consolidation schedules by the agreed deadline.



What we found (Quality Report and Charitable Funds)

During the year we also completed the review of your Quality Report and undertook an independent examination of the Trust's charitable funds for the year ended 31 March 2017.

- The Trust's Quality Report was comprehensive, with no significant issues on content, consistency or the accuracy of indicators that were tested.
- Our examination of the Charitable Fund accounts identified no significant issues, and we issued our independent examiners report to the Trust 8 months before the Charity Commission submission deadline of January 2018.



Concluding remarks and questions

In our fourth year the Trust has continued to take a positive and constructive approach to our audit and we wish to thank everyone for their support and co-operation during our audit.

Like many parts of the NHS, the Trust faces challenges ahead.

Based upon our work to-date, we believe the Trust has met the challenge well so far, and is well placed for the future.

Any questions?



Questions

Summary and Closing Remarks

Mrs Lesley Bessant

Chairman

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	28 September 2017
TITLE:	Public Action Log
REPORT OF:	Phil Bellas, Trust Secretary
REPORT FOR:	Assurance

This report supports the achievement of the following Strategic Goals:	✓
<i>To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing</i>	✓
<i>To continuously improve the quality and value of our work</i>	✓
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	✓
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	✓
<i>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.</i>	✓

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	
17/11/2016	16/82	To provide an update on the use of PARIS and impact on staff time and patient care.	Brent Kilmurray	November 17	
17/11/2016	16/84	To provide an annual report on the work and performance of the external auditors to the Council of Governors.	Marcus Hawthorn	July-17 September 2017	
23/02/2017	17/04	To discuss whether a collaborative approach could be provided to enable patients to access welfare advice. To raise this with the Director of CAB for Stockton.	Cllr Ann McCoy	May 2017 July 2017	
23/02/2017	17/07	To consider the appointment of a patient/carer representative on the physical health and well-being group.	Elizabeth Moody	July 2017	Completed Service users and Carers notified on 14/7/17 to nominate to attend steering group
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	planned for 25 October 2017 Governor Development Day
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	

Date	Minute No.	Action	Owner(s)	Timescale	Status
25/05/2017	17/25	To present the CQC action plan to the September meeting of the Council of Governors.	Jennifer Illingworth	September 2017	will be presented at meeting due to be held on 28/9/17
25/05/2017	17/26	To consider how to report patient absconsions to Governors.	Jennifer Illingworth	September 2017	briefing circulated with agenda for 28/9/17
25/05/2017	17/32	To check when Governors last received an update on the GP survey and advise on when the next update would be provided.	Sharon Pickering	July 2017	Completed confirmed that briefings had been undertaken in November 2016
13/07/2017	17/46	To respond to Mary Booth on the review of effective and appropriate Occupational Therapy services.	Elizabeth Moody	September 2017	Completed response issued and circulated 26/7/17

RESPONSE TO ACTION ITEM

Meeting Raised : 25/5/17

Minute reference : 17/26

Action : To consider how to report patient absconsions to Governors

Report of AWOL numbers and types by locality 2014-2017

Following a recent Freedom of Information Act (FOI) request regarding the number of detained patients who were reported AWOL it appeared that TEWV were showing a significant increase in these incidents in 2016 when compared to 2014. It should be noted that TEWV was not the only Trust to report such an increase and only 46% of Trusts actually responded to the request which may suggest a similar picture elsewhere.

The below charts show the numbers of patients reported as AWOL by locality and also by type. For the purpose of this report the AWOL types are in three categories:

- From ward (patient absconded directly from in-patient unit)
- From leave (patient absconded when on a period of planned leave from the in-patient unit)
- Not returned (patient did not return to in-patient unit at agreed time following a period of planned leave)

To note the 2017 data is taken to the 31st July 2017 and the York & Selby data is from 2016 onwards as we had limited in-patient services initially as part of the new contract.

Table 1

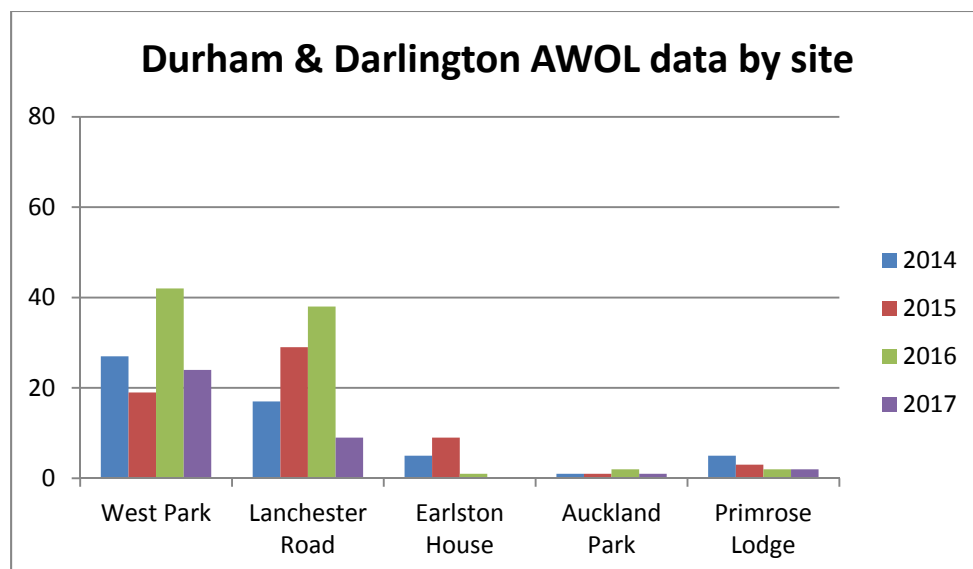


Table 2

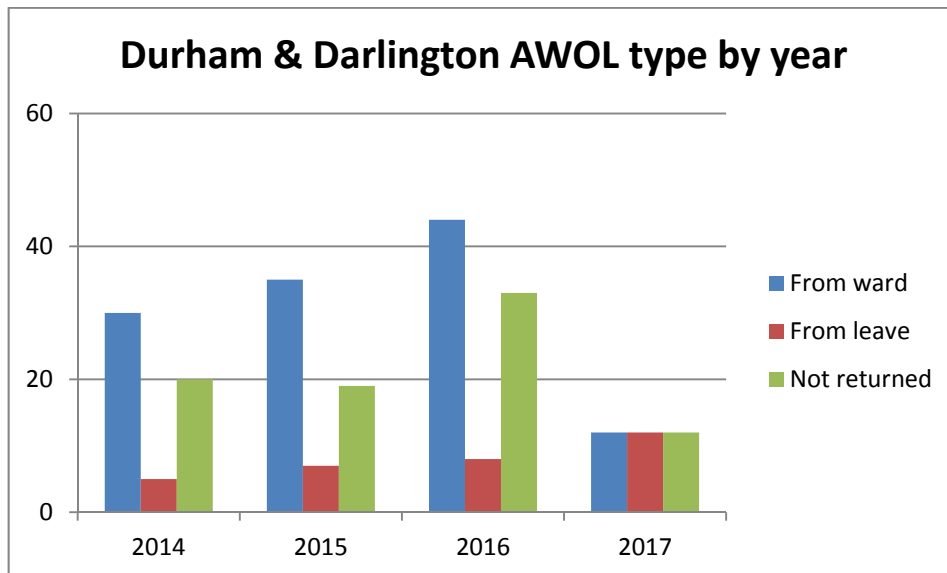


Table 3

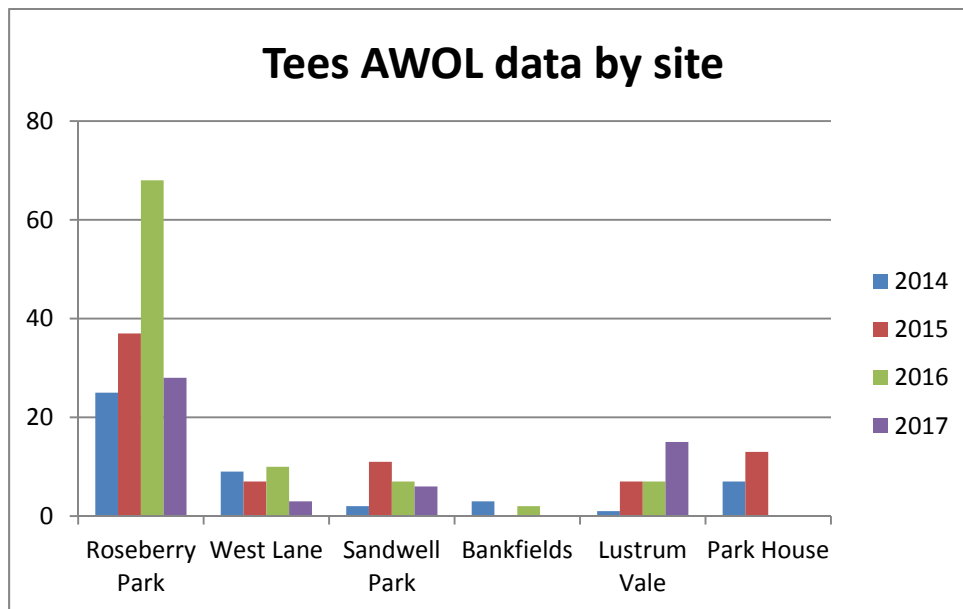


Table 4

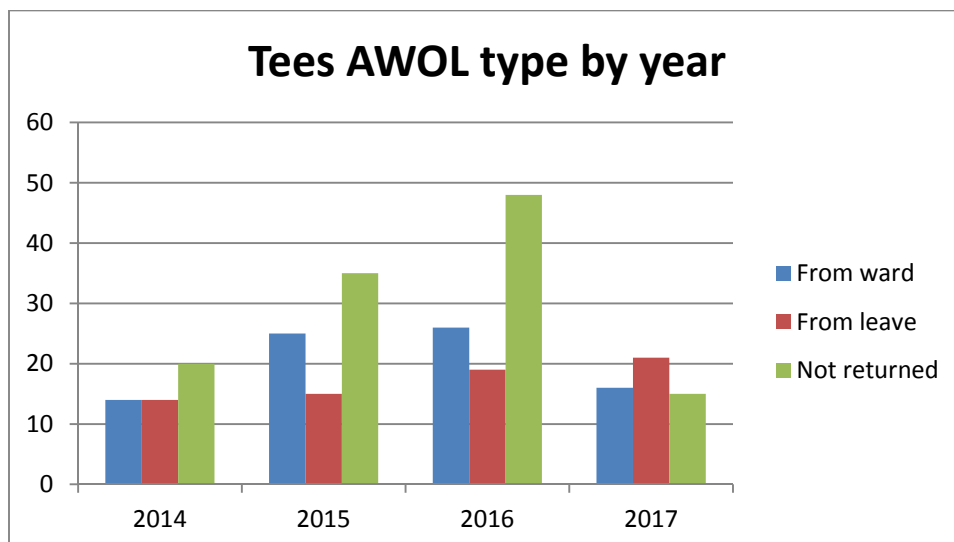


Table 5

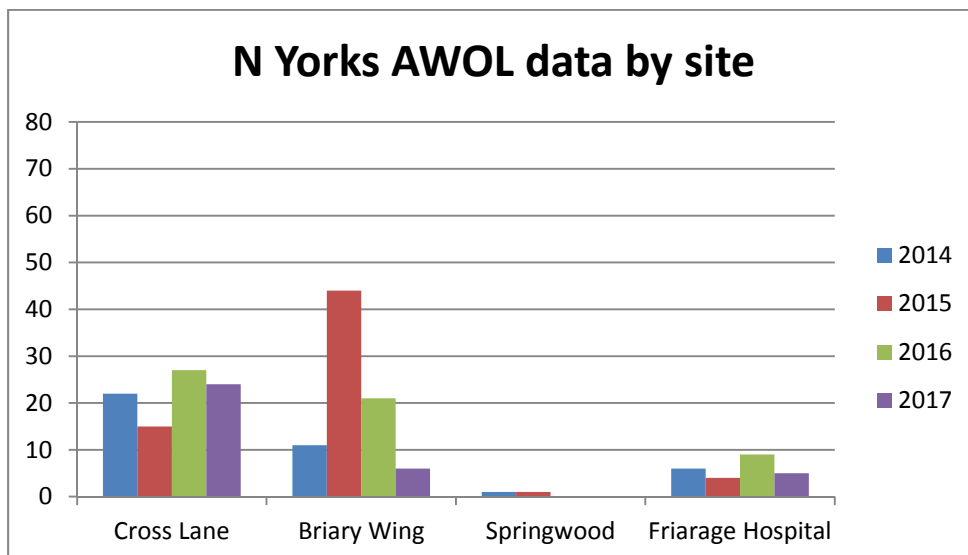


Table 6

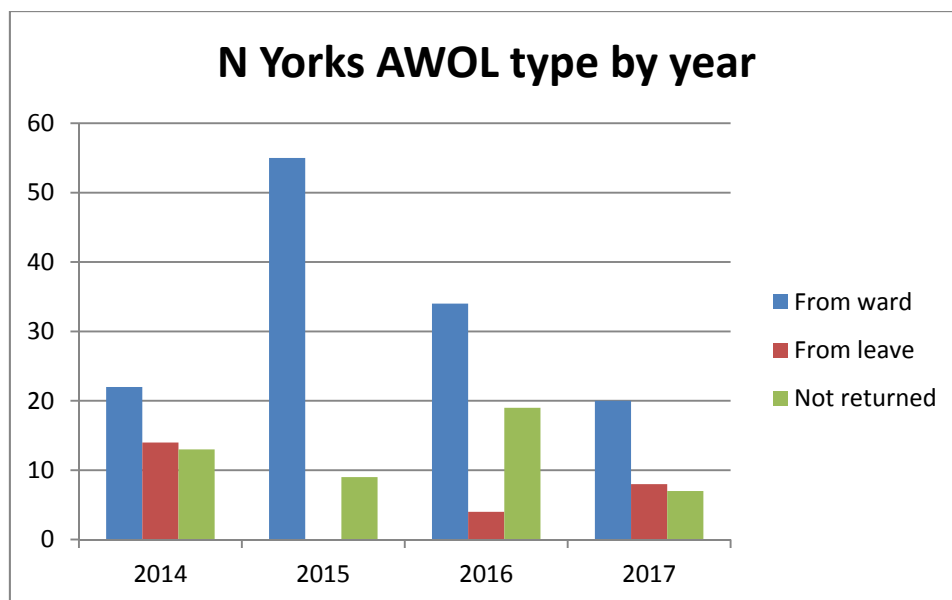


Table 7

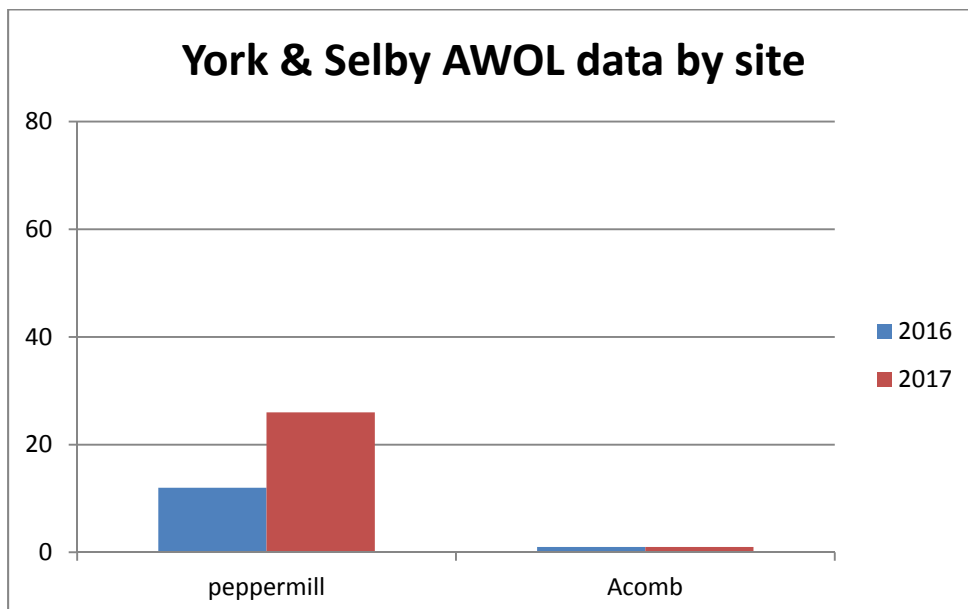


Table 8

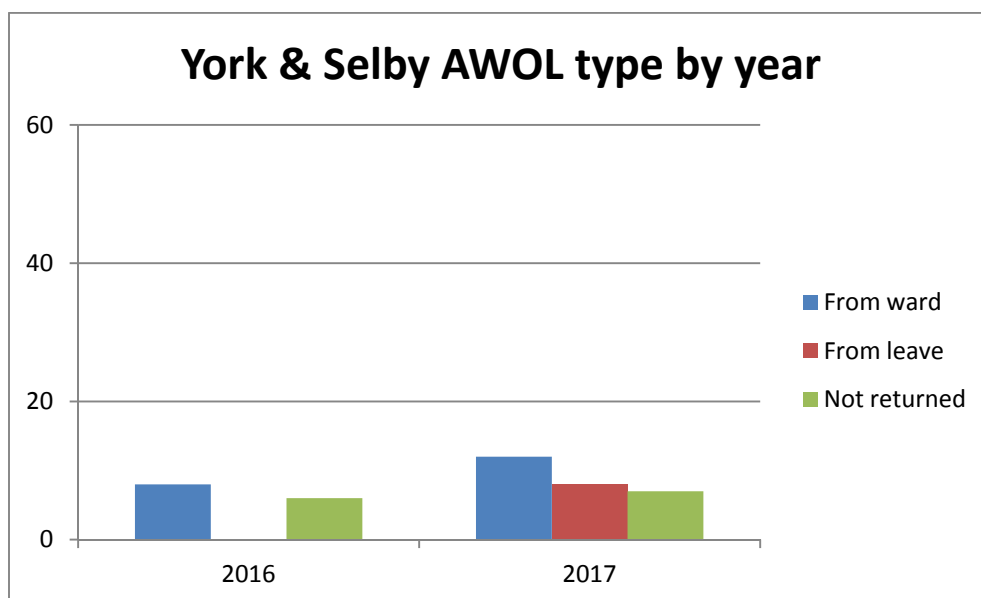
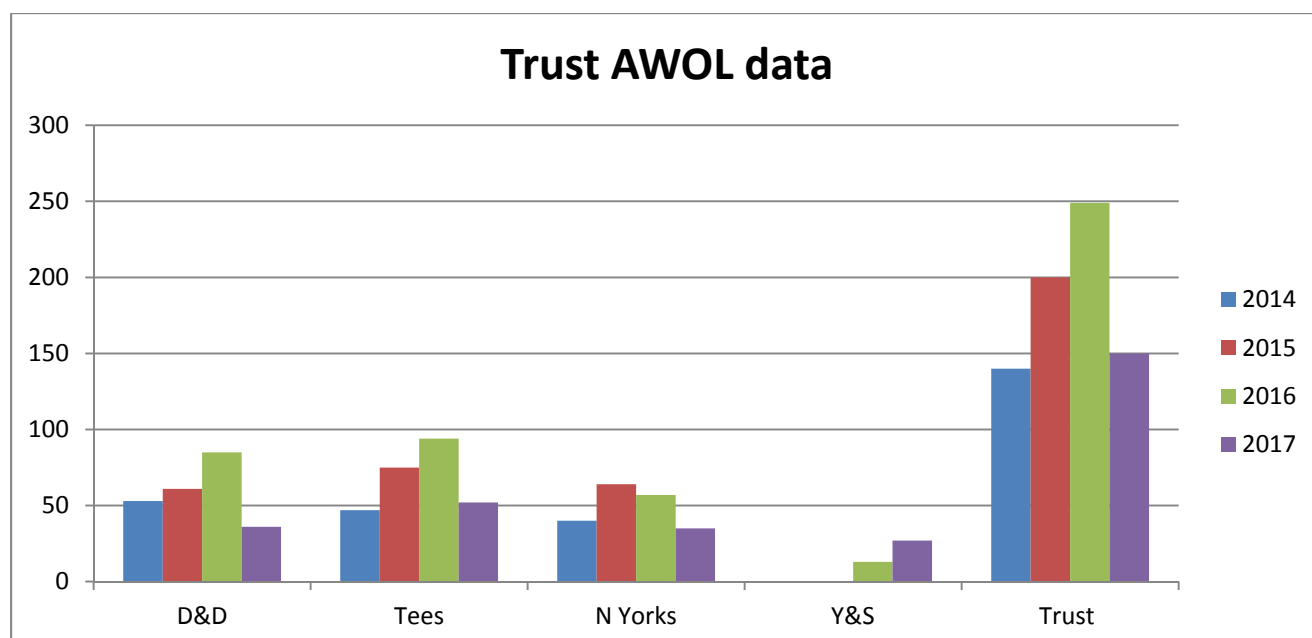


Table 9



The data shows that for the time period shown there has been a continued increase in reported AWOL's from Durham and Darlington and Teesside (including forensics) localities. North Yorkshire had an increase between 2014 and 2015 but then a slight decrease in 2016. Figures for 2017 (up to 31st July) for all localities would suggest a further increase in numbers this year.

Durham and Darlington and North Yorkshire AWOL cases would appear to happen more often when patients abscond directly from the ward whereas in Teesside the largest numbers are those that do not return from a period of planned leave.

All AWOL cases are formally reported to the CQC as part of our registration requirements.

Locality Information:

This data has been shared with staff in localities who have offered some information below in response:

For any forensic patients AWOL's are reported to NHS England as part of the contract and investigated (Forensics)

The 'no smoking' policy may account for an increase in people asking to leave the ward and patients who may not have previously left the ward are now being granted short periods of leave for this. This may have an impact on the numbers who then abscond (Forensics).

There have been ongoing issues with the ward doors to Maple/Elm and Birch. Part of this was due to the doors opening out rather than in and this has been rectified earlier this year which has helped. However another issue which is more difficult to resolve is that in warmer weather the central doors and/or doors to the inner garden are opened and this can have an impact on the doors closing. There are signs on the doors to remind staff (and visitors) to ensure that the doors have closed fully (Durham & Darlington).

A large majority of the incidents reported related to one patient that continually failed to return from leave and/or absconded from the ward/hospital (Durham & Darlington).

In Peppermill Court the people who did abscond usually kicked doors down or removed windows so maybe some thinking in terms of the environment however it is a balance as we don't want our adult wards feeling like forensic units (York & Selby).

For Lustrum Vale the main reasons are that the bed numbers increased in 2016 from 16 to 20 and the patient profile has changed over the last couple of years. The unit adopts an approach of positive risk taking but this is against the impact of the smoke free policy and increasing substance misuse (Teesside).

QUESTION TO COUNCIL OF GOVERNORS

Item 6.1

SUBMITTED 3 AUGUST 2017

BY CLLR ANN MCCOY, APPOINTED GOVERNOR, STOCKTON BOROUGH COUNCIL

Question 1

What is the longest time a patient who has been assessed as able to leave hospital waited for discharge and what is the average time patients wait for discharge when no suitable accommodation can be found?

Please see the report below

April 2016 - March 2017 - Longest Wait = 342 days

Delay Reason	Average Wait - Days
A	48
B	86
C	161
D1	62
D2	108
E	89
G	83
G4	29
G5	32
H	138
I	18
I2	38
J2	39
Unknown	13

April 2017 - June 2017

Reason Description 2016 /17
A = Awaiting completion of assessment
B = Public Funding
C - Further non acute NHS care
D1 = Awaiting car home without nursing placement
D2 = Awaiting care home with Nursing placement or availability
E = Care package in own home
G = Patient or Family Choice
G4 = Patient or Family Choice - Care home without nursing placement
G5 = Patient or Family Choice - Care home with nursing placement
H = Disputes
I = Housing - Patients not covered by Care Act
I2 = Accommodation Acceptance as patient not covered by housing act and or care act
J2 = Housing - awaiting supported accommodation

April 2017 - June 2017 - Longest Wait = 88 days

Delay Reason	Average Wait - Days
A	32
B	16
D1	39
D2	30
E	16
G4	26
G5	60
I2	8
J2	35

Reason Description 2017 /18
A = Awaiting completion of assessment
B = Public Funding
D1 = Awaiting car home without nursing placement
D2 = Awaiting care home with Nursing placement or availability
E = Care package in own home
G4 = Patient or Family Choice - Care home without nursing placement
G5 = Patient or Family Choice - Care home with nursing placement
I2 = Accommodation Acceptance as patient not covered by housing act and or care act
J2 = Housing - awaiting supported accommodation

Question 2

Is TEWV confident that if a young person being discharged from prison or young offenders facility, who has mental health issues, appropriate treatment and accommodation can be found?

Response provided by Levi Buckley Director of Forensic Services

If a young person in one of the seven north-east prisons (including YOI) and open to mental health services at the point of discharge then the prison mental health teams would refer the young person to the appropriate CAMHS or Adult Mental Health (AMH) community team (dependent upon age).

The prison mental health teams are not responsible for finding accommodation for young people and this should be supported by the social worker allocated to the young person on release from prison. If they are open to a Trust Community Health Team (CMHT) – either before they go into prison or on release then the CMHT would also assess needs including settled accommodation and signpost accordingly.

We also have services such as the Liaison and Diversion teams who can signpost young people to appropriate service such as accommodation if the need is identified.

ITEM NO 7

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	28 September 2017
TITLE:	Board round-up
REPORT OF:	Phil Bellas
REPORT FOR:	Assurance/Information

This report supports the achievement of the following Strategic Goals:	✓
<i>To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing</i>	
<i>To continuously improve the quality and value of our work</i>	
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	
<i>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.</i>	✓

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:	28 September 2017
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 May 2017 to July 2017 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 May 2017 to July 2017 (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 20 July 2017

Chairman's report

The Chairman drew attention to her report to the meeting of the Council of Governors held on 13th July 2017.

Quality assurance committee report

Board Members raised the long waiting times for autism services. The Non-Executive Directors considered that the longest possible wait of 151 weeks in North Durham was unacceptable. Mr. Kilmurray advised that, although there had been some investment, making headway was challenging due to the complexities of the pathway. He assured the Board that action was being taken to seek to improve performance and that support was made available to families whilst they were waiting.

Board Members also sought clarity on the feedback received from the national Intensive Support Team (IST), following its visit to Talking Changes in County Durham, that the 15% prevalence target for IAPT services could be stretched to 16.8% but that this would be challenging. Mrs. Pickering advised that the difficulties in achieving the target varied by locality.

They sought assurance on the replacement of the Blik alarms at Roseberry Park, Middlesbrough. Mr. Kilmurray reported that work was continuing on this matter with the alarms from latest consignment being configured at present. He assured the Board that forensic services were being prioritised for the new alarms and mitigating actions to support staff and patient safety had been put in place.

Nurse staffing report

The Board noted that at present, despite extensive analysis, there were no clear correlations between the available staffing data, as set out in the report, and patient safety or significant quality issues. It was clear that flexible staffing was being used on a regular basis to meet patient need and demand. Board Members raised some issues around the apparent high number of medication errors at Meadowfields and Westerdale North. There was also a detailed discussion around the baseline establishment and flexible staffing on the wards.

Essential Standards Stirling dementia design audits

A report was presented on the progress of work associated with the Essential Standards Stirling Dementia Design Audit within MHSOP Services. There were discussions around meal times and understanding and awareness of the guidelines amongst staff. It was also noted that any works to the Bowes Lyon Unit would not impact on compliance with the essential standards due to the closure of Picktree Ward as part of the reconfiguration of inpatient assessment and treatment beds for people with dementia in County Durham and Darlington in 2016.

Waiting times in children and young people's services (CYPS)

The focus of the discussions was on how the Trust should respond to the potentially significant risks to patient safety if additional investment was not made available to

mitigate the impact of continuing increases in demand. The Board received a briefing on the position on CYPS both nationally and for each Locality. The key concerns were in relation to the York and Selby and North Yorkshire Localities. In general, it was recognised that there were insufficient staff to deal with the number of referrals and those in post were working extremely hard and whilst demand was starting to level off in some Localities (e.g. County Durham and Darlington), in others the number of referrals was continuing to increase. Actions and ideas of developments are in the minutes.

The 'TEWV way'

Consideration was given to a report on the proposed future direction and next steps of the 'TEWV Way' Business Plan priority. Discussion was had around refreshing the Trust's values and behaviours, feedback received from a staff workshop, the promotion of leadership behaviours and potential staff events to focus on the values and behaviours.

Annual report on directors' visits

The Board received and noted the annual report on Directors' visits undertaken during 2016/17. It was suggested that it might be beneficial, in future, for the visits to be arranged thematically (e.g. visits to be held on the same day to a particular type of service) with time set aside at the next Board meeting to consider any findings arising from them.

Summary finance report at 30 June-17

Consideration was given to the summary Finance Report including the Trust's Quarter 1, 2017/18, submission to NHS Improvement.

Workforce report

Discussion on the Quarterly Workforce Report for Quarter 1, 2017/18 included the degree of sophistication in understanding and responding to the results of the Friends and Family Test (FFT), the continuing good response rate and a number of concerning themes arising from the survey. The Board also discussed the status of honorary contracts, the arrangements for identifying, addressing and eliminating inappropriate behaviour amongst leaders and managers in the Trust and potential underreporting of anxiety, stress and depression amongst staff in the Trust.

On the suggestion of the Chairman it was agreed that, in future, the quarterly workforce reports should be presented to the Resources Committee instead of the Board.

Single oversight framework

The Board received and noted the report on the Trust's indicative position against NHS Improvement's Single Oversight Framework for Quarter 1, 2017/18, taking into account the difficulties in assessing the performance against the quality and operational metrics. In response to a question, Mr. Martin advised that NHS Improvement had not raised the CQC's rating of "requires improvement" under the "safe" domain during its Quarterly Review Meeting with the Trust on 3rd May 2017.

Workforce race equality standard action plan

Consideration was given to the draft Workforce Race Equality Standard (WRES) Action Plan which was required to be published, together with WRES information provided by NHS England, by 1st August 2017. The focus of the Board's discussions was on the levels of, and actions to be taken in response to, bullying and harassment and abuse from patients, relatives or the public in view of 37.23% of BAME staff experiencing this in the last 12 months.

York and Selby quality governance plan

Consideration was given to a report on the progress made on implementing the few remaining actions contained in the York and Selby Quality Governance Action Plan. Mr. Kendall assured the Board that support had been provided to staff in the Locality and there was now greater familiarity with the PARIS system.

Board performance evaluation scheme

The Board received and noted a report on the results of the Board Performance Evaluation Scheme of 2016/17 including a summary of the results of the assessment of Board effectiveness. Overall the results of the evaluation were positive, though the assessment of Board effectiveness highlighted a couple of potential issues around the standard of reports and engagement with service users and carers.

From Board of Directors meeting held 4 July 2017

Chairman's report

The Chairman reported that her present round of visits to locality senior management teams was continuing with only those to Teesside and forensic services remaining. The Board noted that, during her most recent visit to the York and Selby Locality, senior staff had been very positive but had raised concerns about recruitment and CRES. Mrs Bessant highlighted the low bed occupancy levels at Meadowfields and the excellent response of staff to an emergency she had witnessed whilst at the facility. They also noted the need to address the poor condition of Lime Trees as a matter of urgency. Concerns were also raised about the low number of psychiatrists in the Locality.

Governor issues

Mrs. Bessant advised that in her recent round of meetings with the Public Governors, whilst a few local issues had been raised, the Governors had been very positive about the quality of services provided in their localities and she had, as ever, been impressed by their commitment, enthusiasm and knowledge.

Report of the quality assurance committee

The focus of the discussions was on the pressures being experienced by CAMHS in the York and Selby Locality which the Committee had escalated to the Board. Dr. Griffiths, the Chairman of the Committee, advised that the Committee had recognised that there were not only significant issues in the Locality but also, generally, across all CAMH services. Mr. Martin considered that the issues impacting on the service were the significant demand placed on the service and the limited capacity to respond to it, and the difficulties in providing more resources, particularly recruiting additional staff, to meet demand. Discussions were had around commissioning arrangements and that demand on CAMHS was a national issue and tackling it was a Government priority.

It was also noted that further information was being sought on the reasons for the increase in fire incidents from 73 in 2015/16 to 255 in 2016/17.

Locality briefing - Teesside

Mr. Brown (Director of Operations) gave a presentation on the key issues facing the Tees Locality. A copy of the slides used in the presentation is attached to the formal minutes.

The Board talked about staffing issues in nursing and consultant roles. They commended the Tees Locality for leading the introduction of daily/weekly performance report outs which were now being implemented across the Trust and resulting in performance improvements.

The also sought clarity on the future use of Westerdale South Ward. Mr. Brown advised that the layout of the ward was not fit for purpose and initial plans for the future configuration of MHSOP beds in the Locality were expected to be completed in the next six to eight weeks.

Nurse staffing report for May-17

Board Members raised concerns about the failure of staff to escalate the lack of a registered nurse on a night shift on Willow Ward. Assurance was provided that the incident had been investigated and the escalation procedure was being reinforced through supervision.

The Board also discussed severity scores for individual wards and future reporting arrangements including the benefits of reflecting 'softer' intelligence and constructing the report to draw attention to specific areas for discussion.

Staffing pressures and mitigations within North Yorkshire inpatient services

A report on this detailed the nature and extent of staffing pressures within inpatient wards in the North Yorkshire Locality and provided assurance on the mitigations in place to manage the pressures and the steps being taken to reduce their long-term impact. These include joint working with other providers in the area could provide solutions to the issues faced in the Locality and the importance of seeking to retain staff in the Locality.

Finance strategy 2017-2019

The Non-Executive Directors welcomed the vision of the strategy with finance recognised as a tool for service improvement and sought clarity on the assumptions underpinning the expected reduction in bed numbers, as highlighted in the section of the Strategy on the 'national position'. It was noted that, nationally, it was expected that bed numbers would reduce in response to efforts to increase efficiency in the NHS; however, as previously discussed, the Trust was, at present, undertaking a review of its future bed requirements.

Finance report – 31 May-17

The Board's discussions focused on the Trust's CRES position which was £1,114k behind plan. The Chairman raised concerns that, as observed with the direction of the Five Year Forward View to address the national financial position, radical solutions were required to enable the Trust to achieve its efficiency targets but the time to develop and implement them was limited.

Performance dashboard report – 31 May-17

Whilst recognising the very positive position on the Dashboard indicators, with only four being rated "red" and none of those within the quality and workforce dimensions, Board Members sought clarity on why the staffing issues in the Trust (e.g. recruitment and retention difficulties) were not apparent in the report and expressed concern about the continuing increase in referrals.

Feedback from special meeting of the Board of Directors meeting held 13 June 2017

This was held at West Park Hospital. It was held under section 17/152 confidential, so there are no board round up available.

Feedback from Board of Directors meeting held 23 May 2017

Chairman's report

The Chairman had recently presented a 'Living the Values' Award to the staff of Ceddesfeld Ward and attended a meeting of the Northern Chairs Network in Leeds on 4th May 2017.

Governor issues

No issues were raised.

Report of the quality assurance committee

Attention was drawn to the difficulties being experienced in recruiting consultants for CAMHS in North Yorkshire, as included in the LMGB's report to the meeting, and in York and Selby. Discussions were also held around the Committee's discussions on the support provided by the Trust to patients in Hope House in Hartlepool, the levels of cleanliness in facilities in the York and Selby Locality. It was also noted that the draft policy on responding to deaths would be presented to the Board for approval and Mr. Hawthorn informed the Board that the Audit Committee had received a very useful briefing from Mazars LLP on the involvement of families in investigations of deaths and the use of social media.

Nurse staffing report – April-17

In response to questions it was noted that although the severity scores had been used for approximately six months, the Head of Data Quality had advised that a longer period of time was needed to enable meaningful trends to be identified. The severity scores had not highlighted any new issues, to date, but were useful in providing a comprehensive picture of the impact of recruitment issues, clinical pressures and acuity on wards.

The Non-Executive Directors sought reassurance that support was being provided to Acomb Garth in view of its severity score (the 10th highest for the month) and the cleanliness issues highlighted by the Quality Assurance Committee. It was noted that the ward, as part of the MHSOP in York and Selby, was included in the list of services to be receive intensive support.

In addition, the Board also discussed the use of agency staff by the Trust.

Recruitment and retention plan

The Board discussed the reasons why it had been decided not to proceed with the Derbyshire responsive workforce model, the extension of the staff bank to cover community teams, the benefits

of encouraging mature entrants to the nursing profession, the actions being taken to address the unattractiveness of band 7 roles; an issue which had been raised during Directors' visits, whether the destination of newly qualified nurses was being mapped to mitigate the risks of having too many inexperienced staff in one place, the overbooking of bank staff in forensic services and its importance in providing safe staffing levels and the late delivery of exit questionnaires to staff leaving the Trust.

Report of the mental health legislation committee

Mr. Simpson, the Chairman of the Committee, highlighted the discussions, at the latter meeting, on the potential impact of amendments to the Mental Health Act arising from the Police and Crime Act 2017 which had been escalated to the Executive Management Team. He also advised that he was working with the Trust Secretariat to further develop the operation of, and the provision of assurance to, the Committee.

Composite staff action plan

Board Members, noting that the action plan did not mention all related activities (e.g. it omitted the TEWV way priority, IIP re-accreditation, etc), suggested that the version of the report published on the Trust's website should be amended to provide greater visibility on the broader context of staff engagement in the Trust.

Annual report and accounts

Revised copies of page 19 of the Annual Report and Appendix 1 to the Quality Report/Account, which reflected comments received from the External Auditors following the publication of the documents, were tabled at the meeting. Mr. Hawthorn, the Chairman of the Audit Committee, reported that in reviewing the Quality Account/Report, the Annual Report and Accounts, and related matters, and the reports of the External Auditors the Committee had paid particular attention to the Annual Governance Statement and had suggested some modifications to its tone and contents which had been taken on board.

Annual report and accounts of the charitable trust funds 2016/17

The recommendation from the Audit Committee was that the documents should be approved. It was noted that at this meeting the Committee had discussed the balance of the charitable funds which was fairly stable, administrative charges to the funds and the promotion and utilisation of the funds to ensure their lifespans could be extended in a meaningful way.

Annual Board certificates

It was noted that at its meeting held on 11th May 2017 the Audit Committee, following an assurance review, had recommended to the Board that the certificates should be confirmed. It had not been practicable to seek the views of the Council of Governors on the proposed confirmation of the certificates, as required by NHS Improvement, as guidance on the certification process had only been published on 21st April 2017.

Finance report - April-17

The discussions focused on progress on identified CRES schemes, which was behind plan, and the actions being taken to rectify this position, and agency expenditure which was higher than the capped target for the Trust.

In addition, in response to a question, Mr. Kendall advised that the loan from the Independent Trust Financing Facility was due to be paid off by the end of 2019/20.

Performance dashboard report – 30 April-17

The Chairman and Non-Executive Directors sought clarity on the Trust's performance in comparison to other providers on the IAPT recovery indicator as there were indications that many were struggling to achieve the national target. They also discussed the top three reasons for cancelled appointments and the tolerances for the 'money' indicators.

Strategic direction performance report

The Board noted that the report provided a mixed picture with good progress being made on Strategic Goals 1, 4 and 5 but less so on Strategic Goals 2 and 3. However, the positions on the delivery of the business plan priorities and other quality intelligence provided a more positive picture than suggested by the metrics supporting the latter Strategic Goals.

In view of this the Board discussed the appropriateness of the KPIs for measuring progress on the strategic goals.

The Non-Executive Directors highlighted previous discussions on the introduction of a development programme so that staff were better prepared to take on band 7 roles. Mr. Levy responded that discussions on this matter, including establishing a pool of band 5 and 6 nurses, were at an early stage. There were also difficulties in generating interest of these staff in talent management conversations and the approach to this might need to be refreshed. Mr. Martin reported that there had been internal appointments to all the band 7 nursing posts filled in April 2017.

Equality Act 2010 – publication of information

The Chairman informed the Board that the principal purpose of the report was to approve the publication of the information required by the Equality Act. Time would be set aside at a future meeting or seminar for the Board to have a full discussion on the data based on a proper analysis.

The Non-Executive Directors raised some queries in relation to the equality data documents including the inclusion of those individuals where their status against the protected characteristics was unknown in the denominators for the calculation of the statistics included in the report and the high level of lesbian, gay and bisexual staff reporting harassment, bullying or abuse and whether sufficient action was being taken to address this.

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	28 September 2017
TITLE:	Council of Governors' Register of Interest
REPORT OF:	Phil Bellas, Trust Secretary
REPORT FOR:	Assurance

This report supports the achievement of the following Strategic Goals:	✓
<i>To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing</i>	
<i>To continuously improve the quality and value of our work</i>	
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	
<i>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.</i>	✓

Executive Summary:

To note the declarations made by members of the Council of Governors of their interests which are held publically as a Register of Interest as required by the Trust's Conflicts of Interest Policy, the National Health Service (NHS) Act 2006 and the Trust's Constitution.

The Register has been reformatted following the publication of revised guidance on conflicts of interests by NHS England.

All Governors should declare such interests on appointment and on any subsequent occasion when a conflict arises.

Recommendations:

The Council of Governors is asked to received and note the Register of Interests of Governors as at September 2017.

Tees, Esk and Wear Valleys NHS Foundation Trust

Register of Interests of Members of the Council of Governors

Date of review: September 2017

Note: 1 - Descriptions of the types of interests are provided in NHS England Guidance "Managing Conflicts of Interests in the NHS " (Publications Gateway Number 06419)

Note: 2 - Changes of interest should be recorded as notified

Note: 3 - The Register should be refreshed annually

Note: 4 - The Register should be a record of interests over time and additional lines should be inserted as required

Name	Position	Financial Interests	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interests
Lee Alexander	Appointed Governor	Yes Head of Adult Social Care at Durham County Council	None	None	None
Cliff Allison	Public Governor	None	Yes Represent DDES CCG Learning Disabilities and Autism	Yes Volunteer at Healthwatch Durham Member of Royal College of Nursing Member of Community Hands Member of Old Forge Patient Participation Group Vice Chair of Durham Dales Patient Representative Group Member of North East and Cumbria Learning Disability Network	Yes Family member accesses Trust services
Gemma Benson	Public Governor	None	None	Yes Peer Support with PDCN York	None
Mary Booth	Public Governor	None	Yes Specialist Advisor CQC OT Consultant Advisor Royal College of Occupational Therapists	Yes Member and Fellow of Royal College of Occupational Therapists Member of Stamp Revisited	Yes Family member works for TEWV
Rachel Booth	Staff Governor				
Philip Boyes	Staff Governor	None	None	Yes Trade Union Shop Steward	None
Della Cannings, QPM	Public Governor	None	Yes Independent Member of the Armed Services Advisory Board Independent Member of the Lord Chancellor's Magistrates Advisory Committee for North and West Yorkshire	Yes Member of Hambleton and Richmondshire Mental Health Forum Member of Dementia Action Alliance Member of Alzheimer's Society and Diabetes UK Member of Mayford House Surgery Patient Participation Group Community first responder for Yorkshire Ambulance Service	None

Bernard Cole	Public Governor	None	Yes Patient Representative Scarborough and Ryedale CCG	Yes Member of Patient Participation Group Sherburn and Rillington Practice	None
Dr Martin Combs	Public Governor	None	None	Yes Healthwatch York Volunteer	None
Hilary Dixon	Public Governor	None	None	None	None
Nathanial Drake	Public Governor	None	Yes Member of Royal Society of Biology Member of British Association for Psychopharmacology Member of British Psychological society Member of Neuroscience Education Institute	None	None
Dr John Drury	Appointed Governor	None	Yes Secondary Care Consultant for NHS South Tees CCG	None	None
Mark Eltringham	Public Governor	None	Yes Health Improvement Lead in a GP practice	None	None
Gary Emerson	Public Governor	Yes Chief Executive Darlington Mind	Yes Chief Executive Darlington Mind	None	None
Wendy Fleming-Smith	Public Governor				
Elizabeth Forbes-Browne	Public Governor	None	None	None	Yes Family member accesses Trust services
Chris Gibson	Public Governor	None	None	None	None
Glenda Goodwin	Staff Governor	None	None	None	None
Marion Grieves	Appointed Governor	Yes Dean of the School of Health and Social Care, Teesside University Non-Executive Director of Academic Health Science Network	None	None	None
Hazel Griffiths	Public Governor				

Sandra Grundy	Public Governor	None	None	None	None
Catherine Haigh	Public Governor	Yes Self Employed at EMU Evaluation and Research Chair of North East Together	Yes Independent Service User Voice Development Project Lead at Middlesbrough and Stockton Mind	None	None
Dr Peter Harrison	Public Governor	None	None	None	None
Dr Judith Hurst	Staff Governor	None	None	None	None
Dr Suresh Joseph	Appointed Governor				
Kevin Kelly	Appointed Governor	Yes Acting Assistant Director Adult Social Care	None	None	None
Cllr Ann McCoy	Appointed Governor	Yes Executive Member Cllr Stockton Borough Councillor	Yes Vice Chair Stockton Health and Wellbeing	Yes Member of Billingham Town Council Chair of Stockton District Advice and Information Service Trustee for Stockton Shop mobility	None
Jacci McNulty	Public Governor	None	None	Yes Member of the Royal College of Nursing Member of the Community Grant Awarding Panel for County Durham Housing Group	None
Gary Matfin	Staff Governor	None	None	None	None
Cllr Ashley Mason	Appointed Governor	Yes Councillor for City of York Council Owner of York Med (private ambulance service)	Yes Owner of York Med (private ambulance service)	Yes Trustee of York Blind Society	Yes Family member works for York Med as ambulance technician
Keith Mollon	Public Governor	None	None	None	None
Dr Lakkur Murthy	Public Governor				

Lisa Pope	Appointed Governor	Yes Deputy Chief Operating Officer Hambleton, Richmondshire and Whitby CCG	None	None	Yes Family member Critical Incident Inspector, North Yorkshire Police
Maureen Powles	Public Governor	None	None	None	None
Jean Rayment	Public Governor	None	None	None	None
Gillian Restall	Public Governor	None	None	None	None
Lesley Robertson	Public Governor	None	None	None	None
Graham Robinson	Public Governor	None	None	None	None
Zoe Sherry	Public Governor	None	Yes Chair Healthwatch Hartlepool Mental Health Forum	None	None
Prof Angela Simpson	Appointed Governor	Yes Head of Nursing, Midwifery and Professional Education and University of York	None	None	None
Cllr Kaylee Sirs	Appointed Governor				
Dr David Smart	Appointed Governor	Yes Member of Central Durham GP Providers Ltd	Yes Member of Dunelm Medical Practice Durham	Yes Trustee of Ferryhill Station, Mainsforth and Bishop Middleham Aid in Sickness Charity Member of North Durham Primary Care Alliance	None
Cllr Helen Swiers	Appointed Governor	Yes Cllr North Yorkshire County Council	Yes Cllr North Yorkshire County Council	None	Yes Family member employed by the Trust
Sarah Talbot-Landon	Public Governor	None	None	None	None
Ailsa Todd	Public Governor	None	None	Yes Chair Phoenix Group Member of Hambleton and Richmondshire Mental Health Forum	None

Judith Webster	Public Governor	None	Yes Carer Representative for Royal College of Psychiatrists (London, Northern and Yorkshire Divisions)	None	None
Vanessa Wildon	Public Governor	None	None	None	None
Alan Williams	Public Governor	None	None	None	None
Mac Williams, JP	Public Governor	None	None	Yes Member of NUM,GMB,Unison	None

ITEM NO. 9.i

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	28 September 2017
TITLE:	Appointment to Mental Health Legislation Committee
REPORT OF:	Phil Bellas, Trust Secretary
REPORT FOR:	Approval

This report supports the achievement of the following Strategic Goals:	✓
<i>To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing</i>	✓
<i>To continuously improve the quality and value of our work</i>	✓
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	
<i>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.</i>	✓

Executive Summary:

The Board of Directors' Mental Health Legislation Committee membership requires two Public Governors (with recent service user/carer experience (2 years)) to sit on its Committee.

Following the end of tenure of one Governor, a position is now vacant on this Committee for which nominations have been sought.

Recommendations:

The Council of Governors is asked to recommend the appointment of a Public Governor (with recent service user/carer experience) from the nominations received to be a member of the Mental Health Legislation Committee.

MEETING OF:	Council of Governors
DATE:	28 September 2017
TITLE:	Appointment to Mental Health Legislation Committee

1. INTRODUCTION & PURPOSE:

- 1.1 At the request of the Board of Directors the Council of Governors is asked to recommend one Public Governor to serve on its Mental Health Legislation Committee.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 The Mental Health Legislation Committee is a formal Committee of the Board of Directors. It has the following duties:

- To ensure appropriate arrangements are in place for the appointment of associate managers and oversee manager's hearings.
- To receive and review activity and performance information in respect of the use of each section of the Mental Health Act 1983 and Mental Capacity Act 2005 with appropriate comparisons and trends.
- To consider matters of good practice, and in particular, the implication of the Code of Practice (Revised): Mental Health Act 1983 and Mental Capacity Act 2005 and make proposals for change to the Board.
- To review at least annually the Trust's compliance with statutory requirements of the Mental Health Act 1983 and the Mental Capacity Act 2005 and make proposals for change to the Board.
- To consider other topics as defined by the Board.
- To consider any published Mental Health legislative information/case law regarding its implications for the Trust.

- 2.2 The Committee usually meets four times per year in public.

- 2.3 One Public Governor position has become vacant due to a tenure ending on 30 June 2017.

- 2.4 Expressions of interest in being appointed to the Committee were sought on 30 August 2017 with a closing date of 13 September 2017.

- 2.5 In order to nominate to this position, Public Governors were asked to have experience as a service user or carer (within 2 years) and for their nomination to be in writing supported by a personal statement of no more than 250 words.

3. KEY ISSUES:

- 3.1 The formal appointment to the Committee will be made under paragraph 6.7 of the Standing Orders of the Board of Directors based on the recommendation of the Council of Governors.

3.2 At the time of writing this report and at the closing date of nominations, no Public Governors had expressed an interest.

4. IMPLICATIONS:

4.1 **Compliance with the CQC Fundamental Standards:** There are no implications.

4.2 **Financial/Value for Money:** There are no implications.

4.3 **Legal and Constitutional (including the NHS Constitution):** The appointment to the Committee will be made by the Board of Directors based on the recommendation of the Council of Governors in accordance with 6.7 of the Standing Orders of the Board of Directors.

4.4 **Equality and Diversity:** There are no implications.

4.5 **Other implications:** There are no other identified implications.

5. RISKS:

5.1 There are no identified risks.

6. CONCLUSIONS:

6.1 On the invitation of the Board of Directors the Council of Governors is asked to recommend one Public Governor (with recent service user or carer experience for appointment to the Mental Health Legislation Committee.

6.2 As no nominations have been received for this position, this vacancy will be held over until a time as to when nominations can be sought.

7. RECOMMENDATIONS:

7.1 The Council of Governors is asked to recommend to the Board of Directors that the vacancy for a Public Governor on the Mental Health Legislation Committee is held over until such time nominations can be sought.

Phil Bellas
Trust Secretary

<p>Background Papers:</p>

<p>Email / Letter issued to all Public Governors 30 August 2017 Terms of Reference Mental Health Legislation Committee Standing Orders of the Board of Directors section 6.7</p>
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FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	28 SEPTEMBER 2017
TITLE:	APPOINTMENT TO THE COUNCIL OF GOVERNORS' NOMINATION AND REMUNERATION COMMITTEE
REPORT OF:	Phil Bellas, Trust Secretary
REPORT FOR:	Approval

This report supports the achievement of the following Strategic Goals:	✓
<i>To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing</i>	✓
<i>To continuously improve the quality and value of our work</i>	✓
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	
<i>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.</i>	✓

Executive Summary:

The membership of the Council of Governors' Nomination and Remuneration Committee includes four Governors.

Two vacancies have arisen on the Committee (due to the end of tenures) for which nominations have been sought.

Recommendations:

The Council of Governors is asked to appoint two Governors to serve on the Nomination and Remuneration Committee from the nominations received at Annex 1 to this report for a period of 3 years until 30 November 2020.

MEETING OF:	Council of Governors
DATE:	28 September 2017
TITLE:	Appointment to Nomination and Remuneration Committee

1. INTRODUCTION & PURPOSE:

- 1.1 The purpose of this report is to enable the appointment of Governors to serve on the Nomination and Remuneration Committee.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 The Nomination and Remuneration Committee is comprised of the Chairman of the Trust, another Board member and four Governors. The Senior Independent Director joins the Committee for matters pertaining to the appointment and appraisal of the Chairman. The quorum of the Committee requires attendance by two Governors.

- 2.2 At its meeting held on 10th November 2009 the Council of Governors agreed that in view of the importance of the business conducted by the Committee only Governors with experience of appointing and appraising senior managers should be members of it.

- 2.3 Following the tenure ending for Mr Colin Wilkie and Mrs Betty Gibson on 30 June 2017, there are now two positions vacant.

- 2.4 Nominations to serve on the Committee of expressions of interest for this Committee, supported by a personal statement of no more than 250 words, were sought by letter on 30 August 2017 with a closing date on 13 September 2017.

- 2.5 The criteria for nominations identified that Governors should have experience of appointing and appraising senior managers.

3. KEY ISSUES:

- 3.1 Expressions of interest in joining the Committee have been received from the following Governors:

- Della Cannings QPM
- Mac Williams JP

- 3.2 Copies of the statements received from the above Governors in support of their nominations are attached as Annex 1 to this report.

- 3.3 The tenure is for three years until 30 November 2020.

4. IMPLICATIONS:

- 4.1 **Compliance with the CQC Fundamental Standards:** There are no implications.
- 4.2 **Financial/Value for Money:** There are no implications.
- 4.3 **Legal and Constitutional (including the NHS Constitution):** The Nomination and Remuneration Committee has a critical role in the appointment of the Chairman and Non-Executive Directors.
- 4.4 **Equality and Diversity:** Equality and diversity issues were considered during the development of the nomination process.
- 4.5 **Other implications:** There are no other identified implications.

5. RISKS:

- 5.1 There are no identified risks.

6. CONCLUSIONS:

- 6.1 Appointments are required to enable the Nomination and Remuneration Committee to perform its duties.

7. RECOMMENDATIONS:

- 7.1 The Council of Governors is asked to consider the appointment of Della Cannings, QPM and Mac Williams, JP as members of its Nomination and Remuneration Committee until 30 November 2020.

Phil Bellas
Trust Secretary

Background Papers:

Email / Letter issued to all Public Governors 30 August 2017
Terms of Reference of Nomination and Remuneration Committee including the appointment process.

Personal Statements

The personal statements received from Public Governors is listed below. (No change has been made to statements received. Where the word count is more than 250 words, the statement is stopped at 250 words). Nominations are listed in alphabetical order

1. Della Cannings, QPM - Public Governor, Hambleton and Richmondshire

I have extensive experience in selecting, appointing and appraising senior managers, as well as, dealing with matters relating to conduct. I have read the Committees Terms of Reference and I am well qualified to undertake a role on the Committee:

- As Chairman of Yorkshire Ambulance Service NHS Trust (2010 – 2016) I led on the selection and appointment procedures for the Chief Executive Officer and all the Non Executive Directors, and undertook the appraisals for all appointees. I was an active participant in the selection and appointment processes for all Directors of the Trust. I undertook relevant roles with regards to investigations into conduct issues, and I sat on employment Appeal Panels.
- As Chief Constable North Yorkshire Police (2002 – 2007) and as a Deputy Chief Constable Cleveland Police (2000 – 2002) I undertook selection and appointment procedures for senior manager and chief officer positions, and I undertook the appraisals of appointees. I led on all disciplinary matters.
- I was an assessor for the Home Office (2000 – 2009) on the Extended Interview assessment centres for all aspiring chief police officers throughout the UK. I sat on Police Appeal Tribunals throughout the UK (2007 -2012).
- Currently, I undertake interviews for prospective Magistrates and engage with disciplinary hearings. Further, I am an Independent Panel member for the Ministry of Defence, Defence Medical Services in their demanding selection processes for Medical Consultants.
- In many of the above roles I have worked with consultants with regards the establishment of appropriate remuneration rates.

245 words

2. Mac Williams, JP – Public Governor Durham

I wish to be considered for the above.

My qualifications include IMP, WISP and subjects included P/nell Industrial Relations, Business Org and Method Studies. I also have Mining Qualifications.

Local Got experience includes Exec Member on Provincial Council which dealt with pay awards terms and conditions negotiated with Tus.

Chairman of HR also included Conditions of Employment, ER/VR, member development member of Chief Officer Apt panel, Appeal Panel and Member of Constitutional Working Group.

As Chairman of Standards I worked with Monitoring Officer and produced an Annual Report for Council. Governance was also an important topic.

Further experience was gained on Police Committee HR, Appeals, Chairman of Durham Magistrates and Chairman of Durham County Council.

I also represented the Police Committee on National Pay Awards and LGA Ethnic Minority Panels.

These positions demanded honesty, confidentiality, integrity, able to analyse facts, have balanced view, sound judgement, comply with Nolan Principles and be a Team Worker.

154 words

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	28 September 2017
TITLE:	Appointment of the Lead Governor
REPORT OF:	Phil Bellas, Trust Secretary
REPORT FOR:	Approval

This report supports the achievement of the following Strategic Goals:	✓
<i>To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing</i>	
<i>To continuously improve the quality and value of our work</i>	
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	
<i>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.</i>	✓

Executive Summary:
<p>There is a requirement made on Foundation Trusts by NHS Improvement to appoint a Lead Governor.</p> <p>The current appointment of Cllr Ann McCoy is due to come to an end on 28 September 2017.</p> <p>Nominations for this position have been sought and the Council of Governors is asked to approve the appointment of a Lead Governor for a period of 3 years up to 30 September 2020.</p>

Recommendations:
<p>The Council of Governors is asked to appoint a Lead Governor from the nominations received for a 3 year tenure up to 30 September 2020.</p>

MEETING OF:	Council of Governors
DATE:	28 September 2017
TITLE:	Appointment of Lead Governor

1. INTRODUCTION & PURPOSE:

- 1.1 At the request of NHS Improvement, the Trust is required to have a Lead Governor.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 The Lead Governor role was established at the request of Monitor in 2009 as a means by which the regulator could make contact with Councils' of Governors in circumstances when it would not be appropriate to communicate via the Chairman and Trust Secretary.

- 2.2 The role is described in the document "Your duties, a brief guide for NHS Foundation Trusts for Governors" published in March 2014 as:

"... the main point of contact in a few specific circumstances in which Monitor (now NHS Improvement) may need to contact the Council of Governors or the other way round."

- 2.3 The Care Quality Commission also included the Lead Governor as a principal point of contact with Foundation Trusts in its document "A guide for foundation trust councils of governors: Working with the Care Quality Commission" (2012); however, to date the regulator has not fully developed this aspect of the role.

- 2.4 Cllr McCoy has held the office since its establishment.

- 2.5 Under the Standing Orders of the Council of Governors the Lead Governor is required to make a written report when the position is due for renewal.

- 2.6 Nominations for appointment as the Lead Governor were sought on 30 August 2017 with a closing date of 13 September 2017. Nominations were to be supported with a statement of no more than 250 words.

- 2.7 In accordance with Standing Order 3.3 the Council of Governors is asked to:
- (a) Appoint the lead Governor for the Trust.
 - (b) Approve the term of office of the appointment.

3. KEY ISSUES:

- 3.1 Cllr McCoy's report as the Lead Governor is included within the 2016/17 Annual report and can be found at Annex 1 to this report.
- 3.2 One nomination for appointment has been received, Cllr Ann McCoy. Her statement can be found at Annex 2 to this report.
- 3.3 In view of only one nomination being received, the Council of Governors is asked to ratify Cllr McCoy's appointment as the Lead Governor.
- 3.4 The Council of Governors is also asked to agree that the term of office of Cllr McCoy's appointment as the Lead Governor should be for 3 years until 30 September 2020.

4. IMPLICATIONS:

- 4.1 **Compliance with the CQC Fundamental Standards:** There are no implications.
- 4.2 **Financial/Value for Money:** There are no implications.
- 4.3 **Legal and Constitutional (including the NHS Constitution):** The appointment of a Led Governor is required by NHS Improvement and is governed by Standing Order 3.3 of the Council of Governors.
- 4.4 **Equality and Diversity:** There are no implications.
- 4.5 **Other implications:** There are no other identified implications.

5. RISKS:

- 5.1 There are no identified risks.

6. CONCLUSIONS:

- 6.1 The Council of Governors is asked to appoint a Lead Governor as required by NHS Improvement.

7. RECOMMENDATIONS:

- 7.1 The Council of Governors is asked to:
- (a) Receive and note the report of the Lead Governor attached at Annex 1 to this report.
 - (b) Appoint Cllr McCoy as the Lead Governor for a period of three years (up to 30 September 2020).

Phil Bellas
Trust Secretary

Background Papers:

Email / Letter issued to all Public Governors 30 August 2017

Standing Order 3.3 of the Council of Governors

Report of Lead Governor as Contained in the Trust's Annual Report 2016/17

Your duties, a brief guide for NHS Foundation Trusts for Governors

A guide for foundation trust councils of governors: Working with the Care Quality Commission

Annex 1

REPORT OF THE LEAD GOVERNOR 2016/17 produced for inclusion within the Trust's Annual Report

As Lead Governor I have responsibilities to NHS Improvement and the Care Quality Commission (CQC). I am able to report again that there have been no issues of concern with any aspects of the appointment process in the Trust or non-compliance with the Constitution.

The Trust kept me fully informed when the CQC raised some concerns about a few aspects of care in York and Selby. The Trust responded quickly and appropriately to the concerns raised and kept myself and the Council of Governors fully informed so therefore no action was required by myself in my role as Lead Governor.

The Task and Finish Groups are now well established and continue to review many of the aspects of the Trust's work both with patients and carers.

Training and development sessions remain a priority for Governors to ensure they have the skills and knowledge to enable them to monitor, challenge and ask appropriate questions on the information presented to the Council of Governors.

Training has included Equality and Diversity, Adult and Children's Safeguarding and Improvement Systems.

Recovery is a very positive aspect of the Trust's values and vision. The development of the Recovery College has proven to be an important part of some patients pathway to achieving confidence and independence.

Recently I, together with other Governors attended the launch of the Virtual Recovery College. This is an exciting new development that will give many more patient and carers the chance to experience and know what opportunities there are for them to enhance their lives.

The Council of Governors appreciate that this has been another challenging year due to the funding issues of both the Trust and it's partners, such as Local Authorities and the Clinical Commissioning Groups. It will be important that the Trust continues to work closely with all it's partners to ensure the continued provision of high quality services.

Finally, on behalf of the Council of Governors I would like to say that we appreciate the commitment and dedication of the staff in their endeavours to provide the best services possible to the patients and carers.

Personal Statements received for the nominations to the role of Lead Governor. (No change has been made to statements received. Where the word count is more than 250 words, the statement is stopped at 250 words)

1. Cllr Ann McCoy – Appointed Governor Stockton Borough Council

I am seeking re-election as Lead Governor.

I hope I have proved that since first being elected as the Lead Governor I have carried out the role with diligence, independence and with the interests of patients, carers, the Council of Governors and TEWV.

I introduced the opportunity for all Governors to meet me prior to the start of C.O.G meetings giving them the chance to raise any concerns they wanted to discuss before taking the issue further or asking relevant questions.

There have been issues that as Lead Governor I was required to deal with, some have involved confidential information before being reported to C.O.G, I dealt with these and at the appropriate time informed C.O.G of my actions.

I have always been an advocate of the Trust and Mental Health and my role as Lead Governor has given me more opportunities to do that through speaking at events and in meeting with partners.

There are many difficult and challenging issues for Mental Health now and in the future and I feel that I have the knowledge, experience and strength to understand how the role of Lead Governor can assist the Council of Governors to ensure TEWV continues to provide the best possible services for the patients and carers.

I have been very privileged and honoured to have held this role since it was created and would welcome the opportunity to continue to support the Council of Governors.

209 words

ITEM NO. 9.iv

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	28 September 2017
TITLE:	Nomination to the NHS Providers' Governor Advisory Committee
REPORT OF:	Phil Bellas, Trust Secretary
REPORT FOR:	Approval

This report supports the achievement of the following Strategic Goals:	✓
<i>To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing</i>	
<i>To continuously improve the quality and value of our work</i>	
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	✓
<i>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.</i>	

Executive Summary:

NHS Providers is seeking nominations from Foundation Trusts for Governors to serve on its Governor Advisory Committee.

Each Foundation Trust is allowed to submit one nomination for this position

Expressions of interest have been sought from Governors for this nomination.

Recommendations:

The Council of Governors is asked to agree the nomination to be submitted to NHS Providers for appointment to the NHS Providers Governor Advisory Committee.

MEETING OF:	Council of Governors
DATE:	28 September 2017
TITLE:	Nomination submission for appointment to NHS Providers Governor Advisory Committee

1. INTRODUCTION & PURPOSE:

1.1 At the request of NHS Providers the Trust has been asked to consider the submission of a nomination for appointment to its Governor Advisory Committee (GAC).

2. BACKGROUND INFORMATION AND CONTEXT:

2.1 The GAC is comprised of eight Governors elected by member trusts, and two Chairs who are NHS Providers board members.

2.2 The Committee oversees the Governor support work and provides very valuable advice on governor specific issues.

2.3 The term of office to the Committee is three years, with current Committee members will come to the end of their terms in March 2018.

2.4 The Terms of Reference and Duties of this Committee are currently under review.

2.5 NHS Providers will be seeking nominations from 11 December 2017 until 12 January 2018.

2.6 The election rules state that each Foundation Trust can nominate one Governor to stand for election to one of eight Governor positions.

3. KEY ISSUES:

3.1 Nominations have been sought from Governors on 30 August 2017 until 13 September 2017.

3.2 The only nomination received was from Della Cannings, QPM (Public Governor for Hambleton and Richmondshire). A copy of her personal statement is attached as Annex 1 to this report.

3.3 The Chairman of the Trust will be the person responsible for voting on the membership of the GAC when balloting commences.

4. IMPLICATIONS:

4.1 **Compliance with the CQC Fundamental Standards:** There are no implications.

- 4.2 **Financial/Value for Money:** There are no implications.
- 4.3 **Legal and Constitutional (including the NHS Constitution):** If the nomination of a Governor from the Trust is successful this would need to be declared within the Register of Interest of that Governor.
- 4.4 **Equality and Diversity:** There are no implications.
- 4.5 **Other implications:** There are no other identified implications.
- 5. RISKS:**
- 5.1 There are no identified risks.
- 6. CONCLUSIONS:**
- 6.1 On the invitation of the NHS Providers, the Council is asked to support the nomination application of a Governor to the Governor Advisory Panel
- 7. RECOMMENDATIONS:**
- 7.1 The Council of Governors is asked to nominate Della Cannings, QPM to be a member of NHS Providers' Governor Advisory Committee.

Phil Bellas
Trust Secretary

Background Papers:

Email / Letter issued to all Public Governors 30 August 2017

Email from NHS Providers providing notice of vacancies on their Governor Advisory Committee

Nomination Statements

Appendix 1

The personal statements received from Public Governors is listed below.

1. Della Cannings QPM, Public Governor Hambleton and Richmondshire



I would be very pleased to serve as a Member of the NHS Providers' Governor Advisory Committee. I am a Public Governor of the Tees, Esk and Wear Valleys NHS Foundation Trust. The Trust provides a range of mental health, learning disability and eating disorder services for people in County Durham and Darlington, The Tees Valley and most of North Yorkshire. I am also a full-time Carer. The role of Governor is vital in ensuring on behalf of the local communities that the Trust is held to account through the Non-Executive Directors.

I have a wealth of experience working at the national level, **including:**

- **Previous Trustee of NHS Providers** (formerly known as the Foundation Trust Network) (2 years);
- Chairman of Yorkshire Ambulance Service NHS Trust (6 years);
- Deputy Chairman of the National Information Governance Board (4 years);
- Director of Association of Chief Police Officers (3 years) and Director of Association of Ambulance Chief Executives (4years);
- Chair of the Independent Advisory Panel of the Army Foundation College, Harrogate (8 years);
- Chief Constable North Yorkshire Police (5 years), chairing various national policing workgroups with Home Office.

I would look to represent the views of Governors from the various sectors to influence how NHS Providers represents its members: ensuring it listens to the Governors' voices and ensures support to the important role of Governors through Governwell.

A voice for the north, a voice for mental health, a voice for Governors.

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS
PUBLIC AGENDA

DATE:	28 September 2017
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:	Information

This report supports the achievement of the following Strategic Goals:	✓
<i>To provide excellent services working with the individual users of our services and their carers to promote recovery and wellbeing</i>	✓
<i>To continuously improve to quality and value of our work</i>	✓
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	✓
<i>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.</i>	✓

Executive Summary:

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

- Ofsted Registration – Holly and Baysdale Unit
- Mental Health Act Inspections –a total of 11 MHA Reviewer inspections to wards across the Trust since the last report
- Quality Compliance Group – a summary of discussion from the meetings held in June and July 2017
- Peer Review Programme – commenced July 2017
- Fundamental Standards Group - feedback from the held in September 2017
- CQC Engagement meetings – a summary of discussions

Recommendations:

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

MEETING OF:	COUNCIL OF GOVERNORS
DATE:	28 September 2017
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 Fundamental Standards for Quality and Safety required to maintain registration.

2. KEY ISSUES:

2.1 Ofsted Registration – Holly and Baysdale

Ofsted registration has now been approved for Holly and Baysdale Units. The Units are registered as a social care based children's home residence. Under regulation 44 the Trust will conduct monthly review inspections which will commence in September 2017. These will be undertaken by representatives from Nursing and Governance who have piloted the review tool with the Registered Managers of these units.

Newly registered children's homes that register between 01 April and 30 September will receive at least one inspection between 01 October and 31 March.

2.2 Mental Health Act Inspections

There have been 11 unannounced MHA inspections since the last report to the Council of Governors:

Westerdale South (Tees, MHSOP)	10 May 2017
Jay Ward (Forensic Mental Health)	17 May 2017
Kirkdale Ward (Tees, AMH)	31 May 2017
Mandarin Ward (Forensic Mental Health)	12 June 2017
The Westwood Centre (Tees, C&YPS)	28 June 2017
Cherry Trees House (York & Selby, MHSOP)	11 July 2017
Cedar Ward, PICU (Durham & Darlington, AMH)	18 July 2017
Lincoln Ward (Tees, AMH)	19 July 2017
Harland Ward (Durham & Darlington, Adult LD)	3 August 2017
Maple Ward (Durham & Darlington, AMH)	10 August 2017
Lark Ward (Forensic Mental Health)	14 August 2017

2.3 Quality Compliance Group

Since the publication of the previous report, the Quality Compliance Group has met on two occasions (June and July 2017). The meetings continue to be well attended by Senior Managers from across the Trust. The main focus of the group is to ensure any learning is shared across the Trust from CQC visits and internal peer review inspections.

The top themes arising from Mental Health Act Reviewer Visits were shared and group members discussed how they would look to address these issues within their areas. It is proposed that following these discussions a section would be added to the CQC Bulletin to present these key themes and the actions that should be taken to address these issues.

Planning and discussion took place around the peer review programme which has now commenced. Full details are provided in the section below.

The CQC Lead Inspector and Relationship Owner attended the meeting in July and provided a briefing on the 'next phase of regulation'. As part of this the Trust will see a more engagement focussed approach with increased contact throughout the year and a reduction of information requests during the inspection itself. There will be an annual well-led inspection which will now involve partnership with NHS Improvement who will monitor the leadership and financial control of the Trust.

2.4 Peer Review Programme

The peer review programme (previously known as mock inspections) commenced in July 2017 with a schedule of inspections that cover all Directorates and Specialties across the Trust. The inspection teams are made up of clinical staff, representatives from Nursing and Governance and where possible a member of the Fundamental Standards Group. The inspection team will use a standard peer review tool and records tool which has been collaboratively developed based on issues previously raised during CQC compliance inspections, MHA Review visits and any pertinent issues which are arising nationally.

An information pack will be provided by the Compliance Team which will replicate the intelligence information that CQC may have gathered. An overview report will be provided to reviewed wards/teams as part of the peer review visit to include; good practice, key issues and actions. To ensure continued Trust wide learning takes place, good practice and issues identified from these visits will be cascaded through locality governance groups and discussed at the Quality Compliance Group meetings.

2.5 Fundamental Standards Group

The Fundamental Standards Group met on 1 September 2017. The Mental Health Act Policy and Training Manager attended to present and discuss the Deprivation of Liberty Safeguards (DoLS) and the group shared and discussed personal scenarios surrounding this.

The Clinical Audit Facilitator from the Trust Clinical Audit and Effectiveness Team attended to discuss national audit findings that have taken place during the past year:

- An overview of the prescribing valproate for Bipolar Disorder was presented to the group and discussed the areas where the Trust had performed well and those areas where improvements were required.
- The results of the audit of Monitoring of Patients Prescribed Lithium were shared and discussed

The Peer Review Programme was shared and the group expressed an interest in offering their expertise and involvement in the inspection visits.

2.6 CQC Engagement Meetings

There have been three meetings to date with the CQC Lead Inspector, CQC Relationship Managers and senior staff from Nursing and Governance, working towards the future model of engagement as part of the well-led process and to discuss and monitor the actions from the CQC Compliance visits.

The Engagement Meetings will take place on a monthly basis and it was agreed that these meetings are an opportunity to showcase good practice including the current and future improvement initiatives being undertaken by the Trust in order that CQC have a fully rounded view of the organisation rather than being limited to information gained during the inspection. The CQC also informed the Trust of their intention to attend future Board meetings.

The CQC explained that the new methodology for inspections would be that providers would receive a well-led review once every 12 – 18 months which will include unannounced inspections to core services. An extensive provider information request will be received prior to the visit and it was noted that the CQC should limit additional information requests during the inspection visit itself. Following a visit one overall report will be published which will be much more concise than those previously produced by CQC.

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 significant implications for the reputation of the Trust as a quality provider.
- 3.2 **Financial/Value for Money:** Full CQC registration is an essential requirement of the Monitor authorisation the Trust to operate as a Foundation Trust –complete loss of registration therefore would have a 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 Council of Governors is asked to note the CQC registration and information assurance update.

Jennifer Illingworth
Director of Quality Governance

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	28 September 2017
TITLE:	Service Changes Report
REPORT OF:	Brent Kilmurray, Chief Operating Officer
REPORT FOR:	Information

This report supports the achievement of the following Strategic Goals:	✓
<i>To provide excellent services working with the individual users of our services and their carers to promote recovery and wellbeing</i>	✓
<i>To continuously improve to quality and value of our work</i>	✓
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	✓
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	✓
<i>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.</i>	✓

Executive Summary:

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

Recommendations:

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

MEETING OF:	Council of Governors
DATE:	28 September 2017
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 have now successfully completed the transition from mixed to single sex wards at West Park Hospital. As a result of this transition Elm is now a 20 bedded female ward and Maple a 17 bedded male ward (which also houses 3 nationally procured MOD beds). Work is now well under way to build bespoke seclusion facilities on Cedar Ward and staff will be starting training this month to ensure there is no delay to this being opened, once building work has been completed. Excitingly, we have also secured the services of an excellent local artist who will be working over the coming months to incorporate the artwork produced by staff and service users into the building.

The next set of leadership team sessions with community teams is planned during September to build on the work we have been doing in relation to the purposeful and productive community services programme (PPCS) and its wider benefits. We now have some excellent examples of good practice across the locality which we are now sharing between teams.

Our Street Triage Service is now up and running, albeit in skeleton form, whilst we recruit to the remaining vacancies. This is an exciting development which it is hoped will have a major impact across Durham and Darlington.

Mental Health Services for Older People

Falls and Frailty

The revised, combined Falls and Frailty Clinical Link Pathway is being piloted on both wards at Auckland Park Hospital, and we are at 100% compliance for the assessments being completed within 6 hours of an admission.

Reducing the time between referral and diagnosis of dementia

In May we held a Rapid Process Improvement Workshop (RPIW) which focused on reducing the time between referral and diagnosis for patients on the Dementia Care Pathway. We changed a number of our processes and at 90 days have reduced the lead time significantly (from an average of 89 days to 54 days). In addition, the number of patients who are not able to be given a diagnosis at their first diagnostic appointment has improved from 18% to 5% and each team has implemented a case tracker system which ensures that no patients are lost to follow-up.

Royal College of Psychiatrists Awards

We are delighted that our doctors have been shortlisted for Category 14 – Team of the Year: Older-age Adults. This is a fantastic achievement that we hope will also help with future recruitment of doctors. The award ceremony takes place on 6th November and a number of our doctors will be attending.

Allied Health Professionals and Psychologists

Our AHP and psychology colleagues have been working on a number of innovative schemes that are achieving National recognition.

Occupational therapist Susannah Thwaites is leading on Positive Approaches to Care for people with dementia.

Physiotherapists have published (and presented at conferences) summaries on their work with older people who have dementia and functional mental health problems.

Psychologists have been leading work on Radically Open DBT (on Oak ward), Young Onset Dementia training, working with older people who have experienced trauma, and the Behaviours that Challenge CLiP.

Children and Young People's Services

Having implemented the Single Point of Access (SPA) in August 2016, the service has now completed the planned review. The findings from the review support the improvement in timely assessment and reduction in overall waiting times for young people and their families to access CAMHS. The review also highlighted positive feedback from service users, GP (referrers) and CAMHS staff. Recommendations from the review include targeted work with referrers who have a high proportion of referrals that are subsequently signposted. This will ensure young people access the right service at the right time, whilst increasing efficiency within the SPA by removing the time taken to process these referrals. The message the service is communicating to the wider children's workforce is to encourage self-referrals or for the referrer to ring the SPA which will support timely access to the right service.

The service continues to experience increasing pressures for Autism assessment. Following the non-recurrent funding coming to an end we have seen an increase in waiting times, with significant waits in North Durham and Durham Dales, Easington and Sedgfield (DDES). The service has reviewed the Autism assessment pathway to remove any non-value added activity to try to reduce the time it takes to complete the assessment and we continue to

have staff in non-funded posts to support additional capacity; however this has had little impact. Commissioners from both the Clinical Commissioning Group (CCG) and Local Authority (LA) are currently completing a strategic review of the Autism provision.

The service has been shortlisted for several national awards; this includes the National Positive Practice in Mental Health Awards (#MHAwards2017) in 3 categories for Co-Production, Innovation in CAMHS/CYPMH and Specialist Services award categories. The service is particularly proud of the close partnership we have developed with the parenting groups. This not only includes the co-production and delivery of the groups but the development and delivery of training programmes for parents and carers and other professional.

Learning Disability Service

The plan to co-locate Adult Learning Disability (ALD)/Forensic Learning Disability (FLD) services in a 'hub' model is progressing with work due to start imminently on the necessary environmental changes.

The development of the Enhanced Community Service is progressing well with most recruitment now completed. The crisis function of this service is currently working out of Lanchester Road Hospital with in patient and community based staff working together to maintain people in the community and prevent placement breakdown that would result in a person being admitted to hospital.

Just another reminder that the eleventh annual Learning Disability Conference entitled 'The Bigger Voice' will be held at the Xcel Centre, Newton Aycliffe on Tuesday 17th October. This year we are focussing on advocacy and enabling people with a learning disability to have a voice. If you want to book a place at the conference please contact Jackie Hartley on 0191 441 5800 or Jackie.hartley1@nhs.net.

3.2 Tees

Adult Mental Health and Substance Misuse

There has been a 3P event looking at the future of rehabilitation services and there are very positive changes proposed, moving to self-catering, providing more community support and individual tenancies and reviewing the locked status of units. Training programmes for staff have been established and activity programmes revised to reflect the recovery focus of the Trust.

The Crisis Assessment Suite (CAS) and rehabilitation service have been shortlisted for the Royal College of Psychiatrist 'Team of the Year' award.

The RPIW in dual diagnosis that took place in Hartlepool has been 'shared and spread' to Stockton and will be further developed into South Tees in the New Year.

Mental Health Services for Older People

Nursing home places for older people with challenging behaviour continues to decrease with more nursing homes re-registering to residential home status and closing. There are no homes able to take our patients in Tees and units are now being identified in Newcastle and Yorkshire

The Intensive Community Liaison Service is involved in supporting homes who are in difficulty and this is taking more time and effort than was envisaged. The team have also developed to work more closely with teams in local authorities and North Tees Acute Trust to avoid duplication of services.

Children and Young People's Services

The New Models of Care pilot for inpatient CYPS, led by Tees locality, has continued to develop and home treatment is now being provided in North Yorkshire and York. The total number of beds used is reducing and the number of children placed outside our catchment area has also fallen.

Referrals to community teams continue to rise, although still short of the potential number of children with a diagnosable mental health issue on Tees. Further investment has been made by South Tees CCG and H&ST CCG are considering our proposals to meet the continuing rising demand. Waiting times for assessment have been kept below four weeks.

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 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 (identified as part of the original Winterbourne cohort). The Accountable Care Partnership is in a good place to address some of these difficulties and we are keen to see this progress.

There are increasing difficulties for providers in the community and our teams are spending more time assisting with CQC identified quality issues with other providers.

The PIPS unit at The Dales should be able to take the first patient in late October.

Work on pathway development and implementation has continued as part of PPCS.

3.3 North Yorkshire

Adult Mental Health and Substance Misuse

The Hambleton and Richmondshire transforming mental health services consultation came to a close on the 15 September, with AMH staff supporting the wide range of public and targeted consultation events. The CCG will

make its decision regarding the future configuration of mental services at their Governing Body 26 October 2017

Work continues with Kaizen Promotion Office (KPO) support to embed the principles of PPCS to the wider community teams including crisis. A key piece of work has been to ensure that the approach is maintained in our community mental health teams (CMHTs).

The Orchards open rehabilitation unit has taken the assessment and treatment purposeful inpatient admission (PIPA) process and adapted it to the rehab setting. The RPIW week in June enabled the staff and patients to redesign the PIPA process. Big changes have been made in respect of removing the old 'ward round discussion and review processes for patients. The review process called 'my meeting' is managed by the patient to their own agenda. The day now starts with a 30 minute report out using the PIPA framework. In addition, all patient care plans are generated by a patient led formulation process called 'my journey' changing the base philosophy and approach to care. The feedback from patients, relatives and patients has been very positive to date.

Mental Health Services for Older People

The public consultation on the options for the remodel of Hambleton and Richmondshire Mental Health Services for Older People and Adult Mental Health will close on the 15th September 2017. There have been 35 events held across the Hambleton and Richmondshire area to engage as many members of the public, patients, carers and staff members as possible.

We have also been involved in quality improvement activities across North Yorkshire with an RPIW in Hambleton and Richmondshire in July 2017 to improve the consistency and quality of approach to supporting care homes in meeting patient needs and provide continuity of care. This is now being tested approaching the 60 day review and will be significant in delivering services in the future to prevent care home placement breakdown and improve care and treatment to local people. We are also part of the Trust wide PIPA refresh and continue to manage the challenge of implementing this process effectively and ensuring it is sustained. Current issues are around length of report out and the capacity of night staff to collate the update for report out that is taking longer than anticipated. Positively, our report out board is working well, and 72 hr meetings are now all taking place within the time frame.

Pathways implementation has also continued with the roll out of the Behaviours that Challenge Clip. We held an event on 19th July with Ward Managers, Psychology and OT Leads which was supported by our Service Development Manager. The start date for full roll out was agreed for 1st September and all Ward Managers were required to return to home teams and prepare staff for implementation. The Frailty Clip is also being piloted in place of the Falls Clip on Rowan Ward, Harrogate.

Children and Young People's Services

Following a 3P Event in September 2014 to review and redesign in North Yorkshire CAMHS a virtual Single Point of Access (SPA) was developed. Since becoming fully operational in September 2015 we have seen an improvement in waiting times; however the demand for CAMHS remains high. To ensure that we continue to use our resources well we have recently undertaken a review of the SPA, the outcome of which is to develop a dedicated service-wide SPA cell which offers telephone assessment and face-face access to service appointments.

The service received funding via the Tier 4 Model of Care (as mentioned above) programme to develop a Crisis and Home Treatment Service for children and young people. This supports us to address a significant gap in service. From October 2017 the service will be operational across all 3 areas within North Yorkshire, providing a service 10 am – 10 pm 7 days per week.

Learning Disability Service

Transforming Care - we have been working on proposals to take forward to this month's Transforming Care Partnership (TCP) meeting, which address some of the Service gaps we currently have. In particular we are looking at the need for a North Yorkshire wide Transitions team for young people with positive behavioural support being a core clinical function. We are also having discussions about the future commissioning and sustainability of the Community Crisis Positive Behaviour Support (PBS) pilot. The TCP will be considering future options around the provision of forensic services into North Yorkshire.

3.4 York and Selby

Adult Mental Health and Substance Misuse

Peppermill Court inpatient services have been open approximately one year. A recent evaluation evidenced that they had reduced average length of stay, reduced incidents of violence & aggression and reduced number of patients being admitted out of locality in comparison to the previous configuration of adult inpatient services in York & Selby. In addition the team have enjoyed positive patient feedback.

There is continued work understanding the capacity and demand of the new Access & Wellbeing service. There have been challenges from the outset in meeting waiting times standards due to a consistently high volume of referrals. Support from other services has been deployed to support this.

IAPT – A diagnostic review was undertaken by NHS England Intensive Support Team (IST) (Feb 2017). Formal feedback was received on 11 April 2017. Despite efforts to achieve an improvement in access and recovery for people accessing IAPT services this has not been sustained due to a number of factors such as number of referrals, waiting times, and recruitment and retention difficulties. The IST have worked with the team to support the

development of a new pathway for IAPT and are re-visiting the team on the 19th September.

Mental Health Services for Older People

Acomb Garth (Male Dementia Ward) is now fully open with all 14 beds now available for admission. The recruitment process for qualified staff vacancies has been successful though the ward is experiencing high bed occupancy. The demand for male dementia beds across the locality and Trust is being monitored on a daily basis.

Worsley Court continues to operate as a community base for the South West MHSOP Community Mental Health Team (CMHT) and work is progressing with the creation of a community hub in that building.

The Adult Liaison team based at York District Hospital has been enhanced by the CORE 24 funding secured via NHS England. The recruitment process has been successful and we will have a fully established team in place by November 2017.

The Memory service has worked hard to reduce the amount of people waiting for assessment and is on track to deliver a successful outcome to the waiting list initiative by the end of September 2017. Following an Intensive Support Team (IST) visit by NHS England, the memory service has begun to implement a series of changes to improve the patient experience and to enhance performance. This work is being shared on a collaborative basis with GP practices and the CCG.

The Purposeful Inpatient Admission (PIPA) process has now been rolled out in all the inpatient wards across MHSOP. Progress is being made on all wards with significant improvements noted. The report out process is capturing these successes and highlighting deficits which then become focus points to further improve and develop systems and processes. Indicators within the monitoring frameworks are all positive with improvements noted across all domains. The implementation of the Purposeful and Productive Community Services (PPCS) phase one products across all community teams is progressing well and is reflected in the dashboard. The next phase (Phase 2) of PPCS is now being implemented across all teams.

Children and Young People's Services

The Single Point of Access service is now embedded into the service. Following a 'Stop the Line' process, remodelling work has been undertaken to manage the demand placed on the service from the increased volume of new referrals. Rostering will take account of the seasonal nature of CAMHS referrals to ensure levelling of service delivery throughout the year. Families continue to report a positive experience of the SPA and the timely offer of a telephone consultation and subsequent assessment appointment.

The service has been the subject of a Quality Assurance meeting with the Vale of York CCG. Concerns have been raised about the length of waiting times for a number of the pathways on offer and the level of data available

from the Trust. Whilst a number of the data issues are to be addressed through the Data Quality Improvement Plan, the operational and performance teams are working with the CCG to provide the necessary assurances to the CCG's governing body. A significant piece of Capacity and Demand work has been shared with the CCG, illustrating the staffing requirements needed to both remove the backlog and then maintain effective staffing levels to run the service effectively.

The CAMHS Crisis and Home Treatment Team officially launched on 1st September 2017, having been running in shadow form for 2 months. It will run 12 hours per day 10am -10pm, 7 days per week. It is expected to increase to 24/7 as money is released into services from the Tier 4 New Models of Care pilot, led by the Teesside locality. The team has already received very positive feedback from York Hospital on both the timeliness of the assessments carried out with young people presenting there and the reduction in bed use. The team have also received positive feedback from the family of a young person who accessed the home treatment element of the service.

Work has been undertaken to improve the Lime Trees environment. This has created additional clinical space and updated existing spaces to be more comfortable for younger service users.

Learning Disability Service

Two sessions of Greenlight training have been delivered in Adult Mental Health Services with further sessions booked. These have been well received and there is a definite positive change in the collaboration between Adult Mental Health and Learning Disability Services, ensuring people with Learning Disabilities are being seen by the right service at the right time and with reasonable adjustments.

The Core LD pathway is now operational and in use for all new referrals. The review is due to be fed back to the team at October Quality Assurance Group (QuAG).

The building work is now complete at Oak Rise and the service is fully open again. The period of closure gave the service an excellent opportunity to test new models of working that included assertive outreach and intensive behavioural observations, which can be included in any future service redesign.

Transforming Care is moving slowly forward. The inpatient provision is under review and the future model is being considered as a both part of a Trust-wide provision and local need. There is a proposal for an enhanced community team model that includes an improved behavioural support team and transition post. This will be presented to the local Transforming Care board at the end of September.

Building updates

Acomb Campus

The Mental Health Services Older Persons Community Team has now moved into Acomb Health Centre, into modernised office and outpatient accommodation. The refurbished accommodation affords greater flexibility for services users and an improved environment for the team which will support more efficient team working. York's Public Governors reported that the refurbishments were of high quality and supported greater comfort for service users and carers.

The vacated offices at Acomb Garth (upstairs) are now being refurbished and the Adult Community team will move in to them in October 2017. This will provide better office and outpatient space, also providing better flexibility and efficiency.

The inpatient unit at Acomb Garth has remained functional throughout.

Huntington House Community Hub

Huntington House Community Hub will become operational on 23rd October 2017. It accommodates 9 clinical teams comprising 240 staff and will be open from 9am to 5pm Monday to Friday. The environment offers 35 consulting / interview spaces in which service users can be seen and this is a huge improvement on our existing resources. The layout has been designed to ensure a comfortable environment for service users and to maximise team efficiencies and improve communication through shared office and team environments.

Heather Simpson, Involvement and Engagement Lead, has spoken to First York regarding bus routes. First York have agreed that drivers will announce the adjacent bus stop as "Huntington House". Additionally they have offered free bus travel for the service users and carers who have kindly offered to test routes and provide feedback on what service users need to know to help make the journey easier.

A new mental health hospital for York and Selby

Plans for the development of York's new mental health hospital, on a preferred site off the city's Haxby Road, have been approved by the Trust's Board of Directors. The purpose-designed hospital and will have 72 beds - two adult, single sex wards and two older people's wards (one for people with dementia and one for people with mental health conditions such as psychosis, severe depression or anxiety).

The announcement follows a public consultation led by NHS Vale of York Clinical Commissioning Group (CCG) seeking views on the location of the new hospital and the number and configuration of beds. Service users and carers were heavily involved in the design work at all stages.

The purchase of the identified site at Haxby Road has progressed, with the vendors agreeing a purchase price, subject to planning permission being approved.

Work on developing the new hospital continues at a pace. We have recruited our construction partners, Wates, who have considerable experience and have strong connections in York. Wates will be required to support community integration through work with local schools and colleges, and with local community groups. Additionally they will be required to offer local job opportunities including apprenticeships and work experience.

The application for planning permission is being developed and will be made at the end of September 2017. The project team has worked closely with local planners and the ward councillors to discuss the proposed designs, layout and plans and discussions have been received positively. There is a public meeting planned for 14th September for local residents to comment on the scheme.

3.5 Forensic Services

Estate/Security Issues

The Forensic service commissioned a review of the Access and Egress Procedures at Ridgeway Reception and investigation into the circumstances surrounding a potential key compromise at Ridgeway, Roseberry Park hospital, January 2017 with the final report discussed at LMGB April 17.

The recommendations of the report have been considered and a security action plan developed. The plan is now incorporated and monitored within the Forensic LMGB and bi-monthly updates provided by the Forensic Security Manager to LMGB.

Over the previous three months the following areas have been developed:

- Works Co-ordinator has been appointed and commenced duty July 17.
- Process commenced to collate all small works requests in an effort to centrally record all requests and track timescales within Ridgeway.
- An evacuation simulation exercise was successfully completed, staff efficiently and effectively evacuated Thistle, Clover and Ivy Ward. However, on the 14th July 2017, Jay, Nightingale, Swift and Merlin were successfully evacuated when the fire alarms were activated and a full fire brigade response was required as no fire test was scheduled.
- Installation of the key tracker system for Ridgeway is scheduled to be installed 24 August with the system being operational 25th September 17. To operate the new system staff details will be required and copy of their finger print taken. Assurance has been provided that there are no IG issues related to the use of fingerprints. The security team will use the system for the first month to test with a plan to go live on 25th September. A detailed briefing will be shared with staff identifying the positive changes the new system will provide around increased security and staff safety.

Nurse Staffing

Nurse staffing remains an ongoing pressure within the service. These pressures are a combination of a range of factors but a significant driver is the acuity of the patient population, level of clinical complexity and subsequent level of interventions requiring intensive nursing input. The ongoing high level of clinical activity means that the existing establishments do not meet current need and therefore additional staff through extra shifts need to be sought.

It is recognised that the additional staff needed to meet clinical needs means that we would be working over our existing establishments and we are currently exploring the high activity which drives many of the staffing pressures. Examples of work in this area to date are an internal service evaluation of the use of seclusion within FMH, 2 Kaizen in relation to seclusion, monitoring of key indicators of acuity / complexity in the Head of service / service wide huddles (e.g. 2:1 observations) and the development and use of a capacity tool to try and objectively identify what capacity nursing teams have and match planned activity to this.

To support staff in remaining at work, a resilience training package developed in Offender Health is being rolled out and through SDG thematic reports we have identified a range of challenges with staff access to and use of debrief, this will therefore be a focussed piece of work. Training remains a focus but the priority for releasing staff is often the mandatory required training rather than the opportunity to invest in further skills development currently. This is an area we are exploring currently. In terms of health and wellbeing forensic services

Model Ward

The Model Ward programme board and steering groups have been established within the service to support the governance arrangements for the project and to provide direction for future improvement work and sharing of good practice.

There have been some key RPIWs and Kaizens over the last 12 months that have removed wasteful activities from the day to day work of ward staff, and introduced standard practices to facilitate more productive and coordinated ways of working. The outputs of these improvement events are in the process of being rolled out across the service to promote standard ways of working across the secure inpatient wards

Recent improvement events and projects include:

- Daily lean management
- Daily coordination and planning
- 5S of ward tasks and audits
- Seclusion principles and management of long term seclusion
- Improving patients 1:1's
- Patient information at a glance
- Improving patient collaboration in daily reflection
- Ward manager performance thermometer

Secure services has benefited from being a pilot site for the VDI project including single sign on. There has been a full roll out across site of the new technology, for which nursing staff have very positive feedback, seeing log in times reduced from up to 15 minutes to less than 20 seconds.

Forensic Learning Disability - Transforming Care and Secure Outreach and Transitions Team (SOTT)

The implementation of NHS England's Assuring Transformation Programme continues to be the most significant issue facing the service and since the last briefing we have been informed by NHSE that the region needs to reduce more beds than the originally agreed trajectories. The service is currently working with NHSE and Northumberland Tyne and Wear (NTW) on revised proposals but also raising concerns with regard to these additional reductions and potential consequences and reality in delivering such increased closures.

The local community model – Secure Outreach and Transitions Team (SOTT) is being progressed with further recruitment taking place. The extended 8am – 8pm, 7 day per week service has been operational from 1st May 2017 and this is providing a very useful service to users out of normal hours and has supported several individuals through crisis circumstances and prevented admissions.

The service continues to face significant pressures on its registered nurse workforce and recruitment challenges none of which will be reduced with the announcement of further bed reductions. Overall the inpatient workforce is struggling under the pressure and this as well as TCP is impacting on staff morale. The service is working to minimise this and looking at a range of interventions.

The service is also working closely with local authority colleagues to review discharge plans and timescales with a view to identify timely discharge solutions and identify a wider pool of community providers.

Forensic Learning Disability and Forensic Mental Health Inpatient Service

All newly recruited staff nurses to the service commencing post in October 2017 are being offered a 4 week induction programme incorporating statutory and mandatory training as well as training specific to the service prior to commencing clinical work on the wards. This initiative across the inpatient forensic will offer staff knowledge and skills development as well as the opportunity to build a peer support network at the start of their careers. It is also felt to be a worthwhile investment from wards to ensure staff start their roles with all the necessary training and early development.

Ridgeway hosted its annual fun day in August 2017 which raised over £900 for charity and saw the whole service coming together for a day of activities, many of which were designed and facilitated jointly by staff and service users.

The inpatient service at Ridgeway is preparing for its annual Quality Network Peer Review scheduled for January 2018. This follows the tremendous achievements in 2017 when Ridgeway met 97 % of the standards for both our medium secure and our low secure services demonstrating an improvement from 2016 review cycle. Areas of particular merit that they commented on were carers and patients speaking highly of the support they receive from staff, the Positive Behaviour Support (PBS) pathway, how staff have worked in reducing restrictive practices in consultation with patients, our proactive physical healthcare department and how patients are involved in service development and governance.

Offender Health and Community

HMP Establishments

HMP Holme House

Following a visit a joint inspection of HMP Holme House 10th July 2017 by CQC and Her Majesty's Chief Inspectorate of Prisons a requirement notice was issued, focusing on Regulation 9: Person Centred Care. In response to the CQC feedback an action plan has been developed and submitted to the CQC. The Service is currently awaiting the draft CQC report.

How the regulation was not being met

- Active caseload management was not taking place which meant some patients' care had significant gaps. In particular: One patient had arrived from a secure mental health hospital was not seen by the mental health team for over six months and another had not been reviewed since January 2017, despite significant self-harm incident in June 2017.
- Care planning was underdeveloped, waiting times for mental health assessments were variable, and patients who had been assessed could wait several weeks to see their allocated practitioner.
- Patients were not given agreed timescales for continuation of care, records included the term: "see in due course".

HMP Low Newton has been successful in being nominated for the RCN Innovation Award for the development of the Perinatal Pathway.

HMP Durham has participated in their first Quality Network peer review. The final report has been received with HMP Durham, the report provided positive feedback to the team an overall score of 74 was achieved. An action plan has been produced to address areas for further development.

Durham Enhanced Wing is due to open on the 4th October. We have experienced significant issues regarding computer systems and repairs to the wing environment. A meeting to discuss an appropriate opening date is in place with the governor and commissioners.

Recruitment of Lead Nurse into the HMP Durham Enhanced Wing service has been successful. The staff member is awaiting prison induction and keys to enable working in the environment. Recruitment of SLT post has been

undertaken and we are awaiting a start date. Registered nursing posts have been successfully recruited into.

North West HMPS - Work continues to be ongoing within the service to promote service user involvement. Currently service user forums have been established with all North East HMP establishments and Lancaster Farm HMP establishments.

Tender

The tender process for the NE HMPS has ceased. We are currently undertaking discussions with the commissioners of the service regarding the next two years provision.

Patient Experience Quality Visits have been completed at HMP Low Newton and HMP Durham, the two establishments achieved full compliance rating of 13/13. PIPE and Primrose achieved full compliance following a Patient Experience visit.

Durham and Darlington Liaison and Diversion have completed a Rapid Process Improvement Workshop (RPIW). The scope of the event was to review and develop existing process relating to numbers of referrals and assessment completed. The output from this event has led to a positive and significant increase in the number people assessed within Police custody suites.

NICE Guidance

Baseline assessment tool for mental health of adults in contact with the criminal justice system (NICE clinical guideline NG66).

4. IMPLICATIONS:

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

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

MEETING OF THE COUCIL OF GOVERNORS

DATE:	28 September 2017
TITLE:	Quality Account 2017/18 Quarter 1 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:	✓
<i>To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing</i>	✓
<i>To continuously improve the quality and value of our work</i>	✓
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	
<i>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.</i>	✓

Executive Summary:
<p>This is the first progress report for the Quality Account during 2017/18 covering the period April to June 2017 (quarter 1).</p> <p>This report presents updates against each of the five key quality priorities for 2017/18 identified in the Quality Account as well as performance against the agreed quality metrics.</p> <p>The delivery of all five quality priorities for 2017/18 are on-track. In terms of quality metrics, 3 of 9 (33%) are reporting green whilst we are reporting red on 6 of 9 metrics (67%).</p> <p>The report also updates governors on work to determine the quality improvement priorities for 2018/19. The potential priorities which emerged from the Stakeholder event in July are listed, and QuAC's initial suggestions about which of these might be chosen are set out. However, a final decision on quality account improvement priorities is to be taken by Trust Board following the Board's business planning workshop. This will ensure that the quality account priorities are fully integrated into our Business Plan.</p>

Recommendations:
<p>The Council of Governors are asked to receive and comment on the progress made against the Quality Account as at quarter 1 2017/18.</p> <p>Governors are also asked to comment upon the potential Quality Account improvement priorities for 2018/19 and QuAC's initial preference of which of these to include in the 2017/18 Quality Account.</p>

MEETING OF:	MEETING OF THE COUNCIL OF GOVERNORS
DATE:	28 September 2017
TITLE:	Quality Account 2017/18 Quarter 1 Performance Report

1. INTRODUCTION & PURPOSE:

- 1.1 This report sets out the Trust's progress on achieving the quality priorities and quality metric targets contained within the 2016/17 Quality Account as at the end of quarter 1 (June) 2017.
- 1.2 The report also updates governors on work to determine the quality improvement priorities for 2018/19 (for the 2017/18 Quality Account). The potential priorities which emerged from the Stakeholder event in July are listed, and QuAC's initial suggestions about which of these might be chosen are explained. The process for making a final agreement on these priorities is explained.

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 2016/17, the Trust identified and agreed four quality priorities and a set of quality metrics for 2017/18. 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 2017/18

- 3.1 Within the 2016/17 Quality Account the Trust agreed the following five quality priorities for completion in 2017/18:
 - Implement phase 2 of our Recovery Strategy;
 - Ensure we have Safe Staffing in all our services;
 - Improve the clinical effectiveness and patient experience in times of transition from Child to Adult services;
 - Reduce the number of preventable deaths;
 - Reduce the occurrences of serious harm resulting from inpatient falls.
- 3.2 **37 of the 37** quality improvement actions were **Green** at 30/06/17.

Performance against Quality Metrics at quarter 1

3.3 There are six quality metrics reporting RED at quarter 1 2017/18. These are:

- **Metric 1: Percentage of patients reported ‘yes ‘always’ to the question, ‘do you feel safe on the ward?’:** The Trust position for quarter 1 2017/18 is 64.57% which is 17.43% below the target of 82%. This relates to 569 positive out of 886 responses.

All localities are below the target with Durham and Darlington performing highest with 70% (205 out of 292 responses) and Forensic Services lowest with 43% (52 out of 120 responses).

Where a patient identifies that they don’t feel safe and a comment has been provided, the free text response is collected and categorised into four different categories; environment, staff, other patients and own circumstances. If any trends or themes are identified from this then an action plan can be set against any concerns or areas to be improved.

- **Metric 3: Number of incidents of physical intervention / restraint per 1000 occupied bed days:** The Trust position for quarter 1 2017/18 is 28.51 which is 9.26 above the target of 19.25. This relates to 2025 restraints out of 71025 occupied bed days.

Durham and Darlington and York and Selby are both achieving the target. Of the underperforming localities North Yorkshire are performing highest with 23.61 (231 restraints out of 9783 OBD) and Teesside are performing lowest with 43.60 (864 restraints out of 19816 ODB).

The high number of physical interventions in North Yorkshire is being driven by Cedar ward in Harrogate and Springwood in Malton. One patient in Cedar ward, Harrogate had 19 separate incidents of self-harming behaviour. Springwood in Malton had a higher than normal average number of behavioural issues during this period. 82% (42 of the 51) of the incidents of physical intervention at Springwood were for 3 patients.

In Teesside C&YPS accounts for 83% (732 out of 882) of the physical interventions with 59% of these as a result of patients refusing to feed resulting in the use of a nasogastric tube. One patient alone accounts for 186 (21%) of all of Teesside’s physical interventions during Q1.

- **Metric 6a: Average length of stay for patients in Adult Mental Health Assessment & Treatment Wards:** The Trust position for quarter 1 in adults was 31.91 which is 1.71 worse than the target of 30.2. This is a deterioration on the position seen in previous years when the target has been met since 2014/15. The position of 31.91 compares to a median length of stay of 22 days. 86.78% of lengths of stay were between 1-50 days, 8.32% between 51 – 100 days and 14

patients had a length of stay greater than 200 days; these are under investigation and an update will be provide.

The median length of stay in adults was 22 days, which is better than the target of 30.2 days and demonstrates that the small number of patients that had very long lengths of stay have a significant impact on the mean figures reported

- **Metric 6b: Average length of stay for patients in Mental Health Services for Older People Assessment & Treatment Wards:** The average length of stay for older people has been worse than target since 201/14 and is reporting 70.69 days for quarter 1 2017/18. This compares to a median length of stay of 50 days. 47.62% of lengths of stay were between 1-50 days, with 33.33% between 51 – 100 days. Eleven patients had a length of stay greater than 200 days; these are under investigation and an update will be provided.

The median length of stay in older people was 50 days, which is better than the target of 52 days and demonstrates that the small number of patients that had very long lengths of stay have a significant impact on the mean figures reported

- **Metric 8: Percentage of patients that report that staff treated them with dignity and respect:** The Trust position for quarter 1 2017/18 is 87.13% which is 6.87% below the target of 94%. This relates to 4977 positive out of 5712 responses.

All localities are underperforming with North Yorkshire performing highest with 90.77% (1111 out of 1224 responses) and Forensic Services the lowest with 45.59% (62 out of 136 responses).

- **Metric 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment:** The Trust position for quarter 1 2017/18 is 87.67 which is 6.33% below the target of 94%. This relates to 4566 positive out of 5208 responses.

All localities are not achieving target with North Yorkshire performing highest with 89.85% (965 out of 1074 responses) and Forensic Services the lowest with 70.52% (244 out of 346 responses).

The process of sharing results: Every ward and team manager (and other staff nominated within their ward/team) receives their results in the form of a dashboard on or around the 9th of each month direct to their e-mail account. The dashboard includes: the number of patient and carer surveys received in the previous month, their overall patient and carer satisfaction score (an aggregated percentage score from each question excluding the Friends and Family Test (FFT)), the FFT recommend score, a graphical representation of how the questions have scored against the CQC domains and their percentage response

rate. However, the system is live and staff can view their results at any time using their log-in access.

Action planning: Where an individual questions scores below 50% and there have been four or more responses, wards and teams are expected to develop You Said We Did actions in discussion with staff and wherever possible, service users. The Patient and Carer Experience (PaCE) Team notifies wards and teams each month when their survey results meet this criteria and require You Said, We Did action plans and request a copy is provided to the team.

Improving FFT recommend scores: It is very difficult to action plan specifically against the FFT recommendation score as areas don't know what service users were unhappy about. Wards and teams with low scores for FFT recommendation review their other survey questions alongside the narrative comments to see where improvements can be made. By improving these scores, the FFT recommendation score should improve as service users are more likely to recommend the service if they answer the other questions positively. The PaCE Team has an established programme of Quality Assurance Visits to monitor the use of patient feedback in service and practice improvement. The development of You Said, We Did action plans against low scoring questions is addressed during the visit.

It should be noted however that there are two nationally recognised criticisms of the FFT question; one being the way the question is interpreted, particularly by forensic patients and patients with a learning difficulty who regularly answer negatively stating they would not want their friends and family to be in the position where they needed to receive services. In these instances, the relationship between staff and patient is critical to aid their understanding of the question. The second is that the higher the number of responses received, the lower the recommendation rate. For example, one team can have 100% recommendation score but only have 4 responses, where another team with 50 responses is more likely to have a much lower recommendation. This should be considered when comparing recommendation rates between like for like wards/teams.

Development of 2018/19 Improvement Priorities (for the 2017/18 Quality Account)

- 3.4 A Quality Account workshop for stakeholders was held on 13th July to gather views from stakeholders on what our quality account priorities for 2018/19 should be. This successfully engaged a range of TEWV's partners from the Healthwatch, Local Authority Overview and Scrutiny / Health and Wellbeing Board and commissioning sectors and also provided an opportunity for Trust Governors to provide input.

A wide range of suggestions for quality improvement priorities were made. These were triangulated against existing data and intelligence about the quality of our services, national quality priorities and what we are commissioned to provide, to

produce a range of possible priorities for discussion by QuAC on 7th September. These are listed in **appendix 1**.

- 3.5 Rather than making a firm decision at this point prior to the holding of the Board's business planning workshop on 3rd / 4th October, QuAC feedback on its views of these potential priorities. QuAC members expressed a particular preference for the proposed priorities highlighted in yellow in **appendix 1**. This will be communicated to participants at the Board's business planning workshop. The Board meeting on 31st October will make a final decision on which quality account improvement priorities will be chosen and the lead director for each of these will assign the development of detailed plans to appropriate staff.

4. **IMPLICATIONS:**

- 4.1 **Compliance with the CQC Fundamental Standards:** The information in this report highlights where we are not achieving the targets we agreed in our 2016/17 Quality Account and where improvements are needed to ensure our services deliver high quality care and therefore meet the CQC fundamental standards.
- 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.

5. **RISKS:**

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

6. **CONCLUSIONS:**

- 6.1 The delivery of all five quality priorities for 2017/18 are on-track.
- 6.2 In terms of quality metrics, 3 of 9 (33%) are reporting green whilst we are reporting red on 6 of 9 metrics (67%).

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 3 2016/17.

-
- 7.2 Governors are also asked to comment upon the potential Quality Account improvement priorities for 2018/19 and QuAC's initial preference of which of these to include in the 2017/18 Quality Account.

Phillip Darvill,
Planning and Business Development Manager

Background Papers: 2016/17 Quality Account

Appendix 1

*Possible Quality Account priorities based on stakeholder workshop feedback:
Rows highlighted in yellow were seen as most important by QUAC*

Issue raised by stakeholders	Proposed priority description
Lack of service user / carer involvement in developing care plans, lack of ownership of plans and lack of access to them. Staff not taking note of care plans when arranging meetings etc.	1. Improve personalised care planning.
Some service users fear giving negative feedback or complaining.	2. Review our patient experience and complaints gathering, analysis and feedback systems and implement any required improvements.
Different people prefer to use different communication channels when contacting Trust services (e.g. phone, email, text, social media), but feel that Crisis Teams and Care-coordinators are not sufficiently open to / accepting of different service users personal preferences regarding communication methods / channels.	3. Review existing policy on the acceptable methods / processes / channels for patients to contact crisis teams and care co-ordinators which takes both patient preferences and safety into account.
The Trust seems to be having increasing difficulties in recruiting and retaining nursing staff, and some stakeholders are concerned about whether we are currently delivering safe staffing levels in our inpatient and community settings.	4. Deliver the actions set out in the Safe Staffing programme plan for 2018/19.
People with substance misuse and mental health issues (dual diagnosis) are less likely to be able to access effective treatment than other people with mental health needs.	5. Develop a Trust-wide approach to dual diagnosis which ensures that people with substance misuse issues can access appropriate and effective mental health services.
The current priorities in the Quality Account may need more time and further work in order to fully address the issues.	6. Reduce the impact of falls (continuation of current priority). 7. Further improve CAMHS to AMH transitions (continuation of current priority). 8. Reduce the number of preventable deaths.

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	28 th September 2017
TITLE:	Board Dashboard as at 31 st July 2017
REPORT OF:	Sharon Pickering, Director of Planning, Performance & Communication
REPORT FOR:	Assurance

This report supports the achievement of the following Strategic Goals:	✓
<i>To provide excellent services working with the individual users of our services and their carers to promote recovery and wellbeing</i>	✓
<i>To continuously improve to quality and value of our work</i>	✓
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	✓
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	✓
<i>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.</i>	✓

Executive Summary:

The purpose of this report is to provide the Council of Governors with the Board Dashboard as at 31st July 2017 (Appendix A) in order to identify any significant risks to the organisation in terms of operational delivery.

As at the end of July 2017, 4 (21%) of the indicators reported are not achieving the expected levels and are red. This is the same position as the end June 2017. However 2 of these indicators are showing an improving trend over the previous 3 months. One of the indicators rated as red relate to the financial targets and more detail is provided within Key Issues.

As in June there were no indicators that were red within the Staffing dimension which is particularly positive given the pressures being faced in the services.

Recommendations:

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

MEETING OF:	Council of Governors
DATE:	28th September 2017
TITLE:	Board Dashboard as at 31st July 2017

1. INTRODUCTION & PURPOSE:

- 1.1 To present to the Council of Governors the Trust Dashboard as at 31st July 2017 (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 teww.ftmembersh@nhs.net .

2. KEY ISSUES:

- 2.1 The key issues are as follows:

- As at the end of July 2017, 4 (21%) of the indicators reported are not achieving the expected levels and are red. This is the same position as the end June 2017. However 2 of these indicators are showing an improving trend over the previous 3 months.

One of the indicators rated as red relate to the financial targets and more detail is given below.

Once again there were no indicators that were red within the Staffing dimension which is particularly positive given the pressures being faced in the services.

There are a further 5 indicators which whilst not completely achieving the target levels are within the amber tolerance levels.

- In respect of performance against the key NHSI operational indicators the Trust achieved all the targets set by NHSI in July 2017. However it should be noted that whilst the Trust achieved the IAPT recovery target at 50.95% there was wide variation at CCG level ranging from 36.17% in Vale of York to 60.85% in North Durham CCG. In total we did not deliver the 50% target in 3 CCGs (Vale of York, Scarborough and Ryedale and Durham Dales, Easington & Sedgefield). There have been particular improvements in North Durham CCG. Action plans are in operation in all areas where performance is not achieving target and support from the National Intensive Support Team is still being accessed.

- 2.2 The key risks are as follows:

1. Referrals (KPI1) – The number of referrals received in July whilst not increasing is still relatively high. This again is higher than the same point in the previous 2 years and is significantly over target. As mentioned in last month's report, this was discussed in some detail by the Board at its

meeting on the 20th June 2017 (with particular reference to referrals into Children's services) and it was agreed that we would continue to raise the profile of the increasing demand that the Trust is seeing with CCGs and other stakeholders.

2. Bed Occupancy (KPI 3) – The Dashboard shows that bed occupancy at a Trust level has reduced further in July and is now achieving the 85% target. There has been significant improvement in North Yorkshire as a result of a number of discharges. York and Selby continue to have a low level of bed occupancy which is as a result of the position on the Older Peoples wards. The care home liaison team is successfully supporting people to remain in their own homes rather than being admitted.
3. External Waiting Times (KPI 7) – There has been a further improvement in the %age of people seen within four weeks such that the target of 90% has been achieved for the second time in the past three years. This is an excellent position given the increased demand being placed on the services. Whilst this is clearly positive we need to continue to monitor the position carefully given the increasing demands, including understanding the impact on staff of achieving the waiting time target whilst demand continues to be high.. The main area of concerns continues to be Adult Services in Durham & Darlington, North Yorkshire and York & Selby Localities. Both Durham & Darlington and North Yorkshire continue to showing an improving position; however the position has deteriorated in the Adult Service in York & Selby and there is an action plan in place to address the areas of concern.
4. CRES Delivery (KPI 20) – The Trust continues to fall short of the target for delivery of Cash Releasing Efficiency Savings (CRES) as at the end of July 2017; however, further progress has been made on identifying additional schemes to address this and further identification for current and future years remains a priority.

2.3 Appendix B provides the data quality scorecard.

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

2.5 Appendix D provides a glossary of indicators.

3. RECOMMENDATIONS:

3.1 It is recommended that the Council of Governors receive this paper for information.

Sharon Pickering
Director of Planning, Performance and Communications

Background Papers:



Appendix A Trust Dashboard Summary for TRUST

Activity								
	July 2017				April 2017 To July 2017			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
1) Total number of External Referrals into Trust Services	7,793.00	8,764.00			30,670.00	34,469.00		91,759.00
2) Caseload Turnover	1.99%	0.40%			1.99%	0.40%		1.99%
3) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	85.00%	85.00%			85.00%	86.47%		85.00%
4) Number of patients occupying a bed with a length of stay (from admission) greater than 90 days (AMH and MHSOP A&T Wards)	75.00	62.00			75.00	62.00		75.00
5) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP) - rolling 3 months	10.00%	9.08%			10.00%	9.32%		10.00%
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	26.00			79.00	94.00		237.00

Quality								
	July 2017				April 2017 To July 2017			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%	92.17%			90.00%	90.05%		90.00%
8) Percentage of (Clinic) appointments cancelled by the Trust	10.00%	7.48%			10.00%	8.84%		10.00%
9) The percentage of Out of Area Placements (Postvalidated)	20.00%	9.67%			20.00%	13.12%		20.00%
10) Percentage of patients surveyed reporting their overall experience as excellent or good (mth behind)	92.45%	91.28%			92.45%	92.37%		92.45%
11) Number of unexpected deaths classed as a serious incident per 10,000 open cases - Post Validated	1.00	1.21			4.00	2.51		12.00

Trust Dashboard Summary for TRUST

Workforce

	July 2017				April 2017 To July 2017			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
14) Actual number of workforce in month (Establishment 95%-100%)	100.00%	93.10%			100.00%	93.10%		100.00%
15) Percentage of registered healthcare professional jobs that are advertised two or more times	15.00%	13.89%			15.00%	16.48%		15.00%
16) Percentage of staff in post more than 12 months with a current appraisal (snapshot)	95.00%	91.42%			95.00%	91.42%		95.00%
17) Percentage compliance with ALL mandatory and statutory training (snapshot)	90.00%	88.56%			90.00%	88.56%		90.00%
18) Percentage Sickness Absence Rate (month behind)	4.50%	4.81%			4.50%	4.65%		4.50%

Money

	July 2017				April 2017 To July 2017			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
19) Delivery of our financial plan (I and E)	-793,000.00	-794,000.00			-3,559,000.00	-3,568,000.00		-10,076,000.00
20) CRES delivery	523,680.00	494,997.50			2,094,720.00	1,979,991.00		8,230,080.00
21) Cash against plan	62,236,000.00	64,656,000.00			62,236,000.00	64,656,000.00		56,376,000.00

	Data Source					Data Reliability					KPI Construct/Definition					Total Score	% as at October 2016	% as at July 17	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 (same)services	5				5					5					15	100%	100%	
2	Caseload Turnover (same)	5				5					5					15	100%	100%	
3	Bed occupancy (AMH & MHSOP A&T wards) (same)	5				5					5					15	100%	100%	
4	Number of patients occupying a bed with a length of stay (from admission) over 90 days (AMH & MHSOP A&T wards)	5				5					5					15	100%	100%	This KPI has been amended to include patients currently occupying a bed, rather than those subject to discharge. This allows for more pro active monitoring of patients with a longer length of stay to enable a review of the appropriateness of the length of inpatient spell and this is monitored in the report out process. The change to this KPI does not impact on the score previously applied, which remains unchanged.
5	Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP)	5					5				5					15	93%	100%	Historic data for York and Selby prior to 1st April 2016 was not on Trust systems and this impacted on the reliability score applied to this KPI. However due to the new reporting year this concern no longer applies. T and therefore the scoring of this KPI has improved from 93% to 100%
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					5				5					15	93%	100%	The previous comments about the lack of historic data on the system with regards to York and Selby data no longer applies and therefore the scoring of this KPI has improved from 93% to 100%
7	Percentage of patients who have not waited longer than 4 weeks following an external referral	5					4				5					14	93%	93%	Data reliability is remains at 4 due to issues over the recording of DNA's. Although this continues to improve issues are still reported, particularly in the North Yorkshire locality and these are being addressed through the report out process

	Data Source					Data Reliability					KPI Construct/Definition					Total Score	% as at October 2016	% as at July 17	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				
8	Percentage of clinic appointments cancelled by the Trust					5					5					15	87%	100%	This KPI has been changed to clinic appointments as the previous use of community contacts was unreliable as you could not future date appointments, and therefore clinicians were likely to record these inaccurately. This KPI now uses the outpatients module on PARIS and there are no concerns of the reliability of this data. The use of a drop down menu to clearly state cancellation reasons provides a high degree of confidence in data quality.
9	The percentage of Out of Area Placements (post validated)		4			5								5		14	N/A	93%	Data is imported back into the IIC following manual validation. This increases reliability however introduces a manual element into the process. Validation for all breaches must be completed within the timeframe to support a national return, which prevents concerns about some breaches being inappropriately discounted. Therefore the data reliability has been amended from 4 to 5. A change to PARIS with the inclusion of drop downs to eradicate the manual element of the process is planned.

	Data Source					Data Reliability					KPI Construct/Definition					Total Score	% as at October 2016	% as at July 17	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				
10	Percentage of patients surveyed reporting their overall experience as excellent or good.			2		5					5					12	80%	80%	Questionnaires continue to be a mix of paper and electronic. All inpatient wards are electronic data collection, however there is also a number of kiosks in a range of services which complement the paper collection. A new provider (Optimum Health Technology) is in place and data collection commenced on 1st April 2017. Paper surveys are sent to the new provider and entered into their Meridian system. There is a manual upload of the data accessed from Meridian into the IIC (this was the case for the most recent data by the Data Quality Team) but work is ongoing to integrate this data with the IIC.
11	Number of unexpected deaths classed as a serious incident per 10,000 open cases		4			5					5					14	93%	93%	Data continues to be directly extracted from Datix into the IIC; however, this process is not fully embedded. IAPT caseload is a manual upload.
16	Percentage Sickness Absence Rate (month behind)	5					4				5					14	93%	93%	Sickness absence data for inpatient services is taken directly from the rostering system which helps to eliminate inaccuracies, the remainder of the Trust continues to input directly into ESR and there continues to be examples where managers are failing to end sickness in a timely manner or inaccurately recording information onto the system. These issues are picked up and monitored through sickness absence audits that the Operational HR team undertake.

	Data Source					Data Reliability					KPI Construct/Definition					Total Score	% as at October 2016	% as at July 17	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				
14	Actual number of workforce in month	4				5					5					14	93%	93%	Data continues to be extracted electronically but processed manually
15	Percentage of registered health care professional jobs that are advertised two or more times			2			4				5					11	73%	73%	The form to capture this information is still reliant on recruiting managers completing the section of the form. The recruitment team are more proactive in recording on the tracking spreadsheet where they are aware it is a readvertisement because they know this is being reported through a KPI. 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%	Information is extracted from an electronic system but is then subject to a manual process.
16	Percentage of staff in post more than 12 months with a current appraisal – snapshot	5					4				5					14	93%	93%	Issues with appraisal dates being entered to ESR continue to improve - there appears to be greater confidence in the data being reported and operational clinical services have incorporated the monitoring of compliance into the daily lean management process. Performance has improved and the Trust compliance rate has consistently been above 90%
17	Percentage compliance with mandatory and statutory training – snapshot **	5					4				5					14	93%	93%	The key issue that impacts on the reliability of the data is that staff do not follow the correct procedures to ensure training is recorded accurately on the source system as being completed and this is being addressed. In terms of training requirements there have been issues with Resus and PAT training and work is underway to resolve these issues
20	Delivery of CRES against plan			2		5					5					12	80%	80%	Data continues to be collected on Excel with input coordinated and controlled by the Financial Controller and version control in operation.
21	Cash against plan	4				5					5					14	93%	93%	An extract continues to be taken from the system then processed manually to obtain actual performance.

Appendix C - Number of unexpected deaths and verdicts from the coroner April 2017 - March 2018

	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																						0
Hanging																						0
Suicides																						0
Open																						0
Drug related death																						0
Drowning																						0
Misadventure																						0
Awaiting verdict	1	4	4	1	2											1	1	1				15
Total	1	4	4	1	2	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	15	

Number of unexpected deaths classed as a serious untoward incident											
April	May	June	July	August	September	October	November	December	January	February	March
4	3	1	7								

Number of unexpected deaths total by locality				
Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby
2	5	5	1	2

Number of unexpected deaths and verdicts from the coroner 2016 / 2017

This table has been included into this appendix for comparative 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 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															1					3
Hanging					1												1					2
Suicides	5	2	2		2						1	2						1				15
Open			1																			1
Drug related death																						0
Drowning												1										1
Misadventure			1																			1
Awaiting verdict	7	2	7	2	6	1					1					1	1	2	1			31
Total	13	5	11	2	9	1	0	0	0	0	1	1	3	0	0	0	3	2	2	1	54	

Number of unexpected deaths classed as a serious untoward incident											
April	May	June	July	August	September	October	November	December	January	February	March
5	4	3	7	5	3	1	6	7	5	3	5

Number of unexpected deaths total by locality				
Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby
15	9	16	4	10

Y&S recorded in old Datix not included

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

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

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); <u>all</u> 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 indicator 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 <u>any</u> 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 <u>seen</u> 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

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	28th September 2017
TITLE:	Finance Report for Period 1 April 2017 to 31 July 2017
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:	✓
<i>To provide excellent services working with the individual users of our services and their carers to promote recovery and wellbeing</i>	
<i>To continuously improve to quality and value of our work</i>	
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	
<i>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.</i>	✓

Executive Summary:

The comprehensive income outturn for the period ending 31 July 2017 is a surplus of £3,568k, representing 3.2% of the Trust's turnover and is £9k ahead of plan.

Identified Cash Releasing Efficiency Savings at 31 July 2017 are £344k behind plan; however, the Trust continues to identify and develop schemes to ensure full delivery of CRES for current and future years.

The Use of Resources Rating for the Trust is assessed as 2 for the period ending 31 July 2017 and is behind plan, with agency expenditure being £69k higher than planned. The Use of Resources Rating is forecast to remain a 2 at the end of the financial year.

Recommendations:

The Council of Governors is 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:	28th September 2017
TITLE:	Finance Report for Period 1 April 2017 to 31 July 2017

1. INTRODUCTION & PURPOSE

1.1 This report summarises the Trust's financial performance from 1 April 2017 to 31 July 2017.

2. BACKGROUND INFORMATION

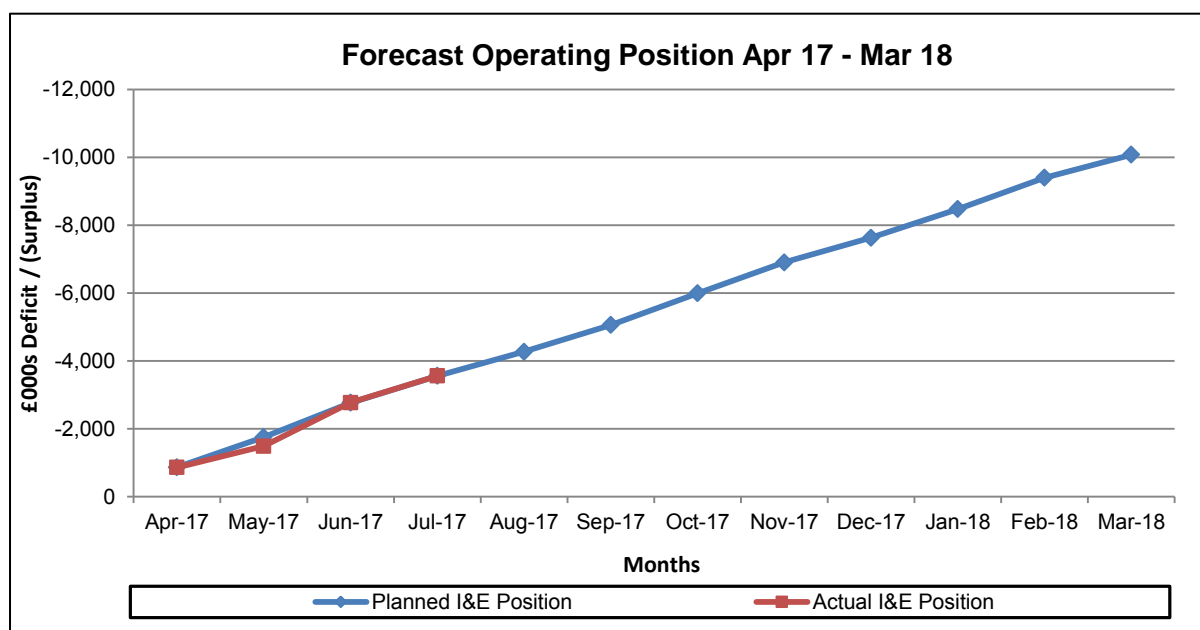
2.1 The financial reporting framework of a Foundation Trust places an increased emphasis on cash and the statement of financial position as well as the management of identified key financial drivers. The Board receives a monthly summary report on the Trust's finances as well as a more detailed analysis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

3. KEY ISSUES:

3.1 Statement of Comprehensive Income

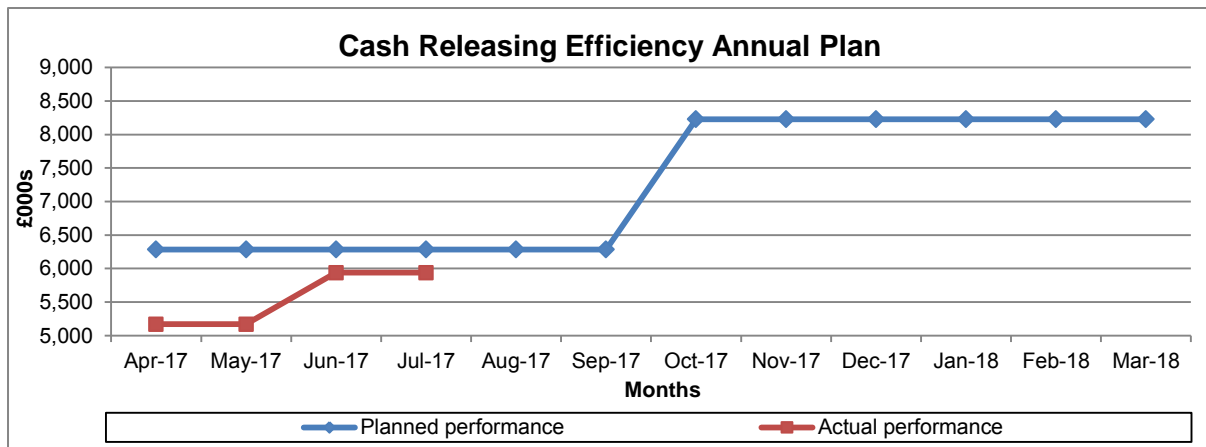
The comprehensive income outturn for the period ending 31 July 2017 is a surplus of £3,568k, representing 3.3% of the Trust's turnover and is £9k ahead of plan.

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

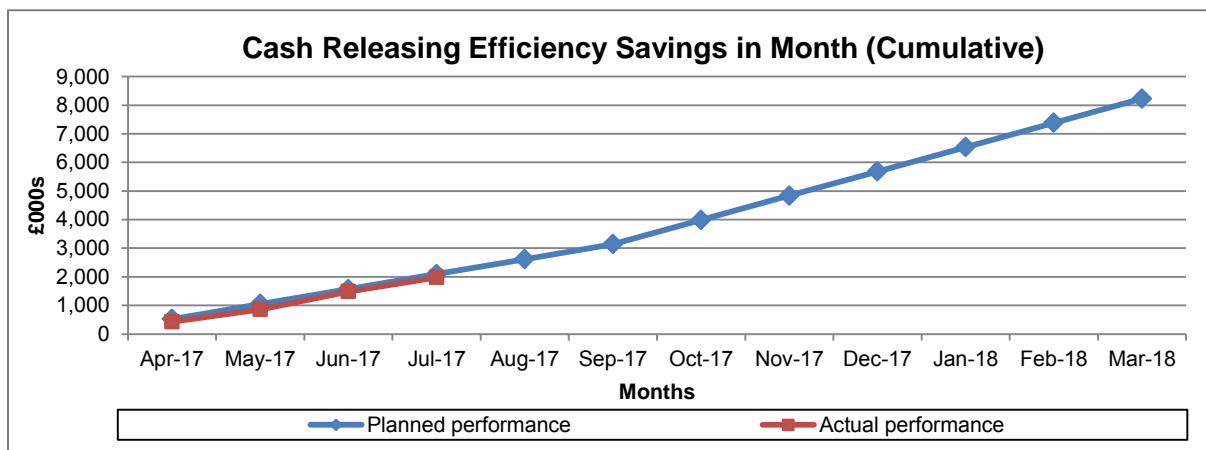


3.2 Cash Releasing Efficiency Savings

Total CRES identified at 31 July 2017 is £5,940k and is £344k behind plan, though the Trust continues to identify and progress schemes to deliver CRES in full for current and future years.

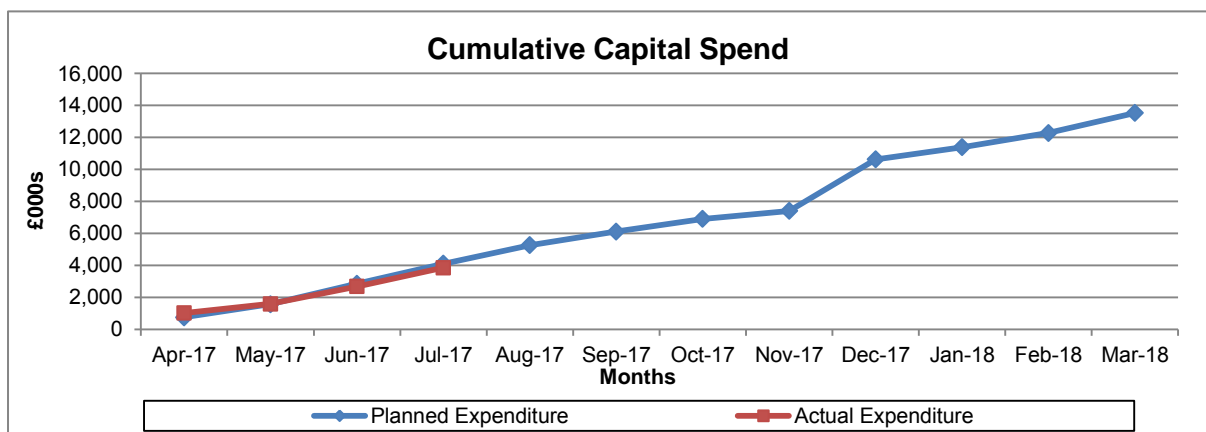


The monthly profile for CRES identified by Localities is shown below.



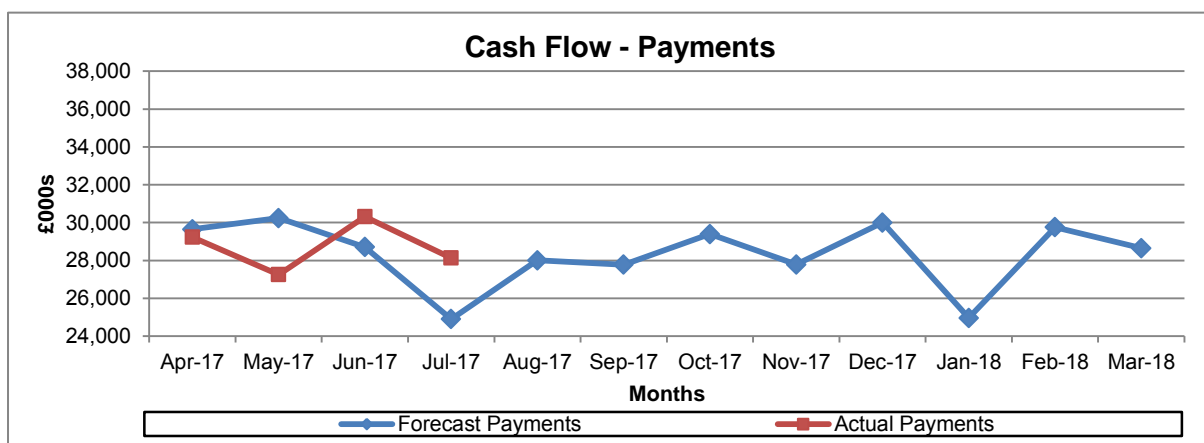
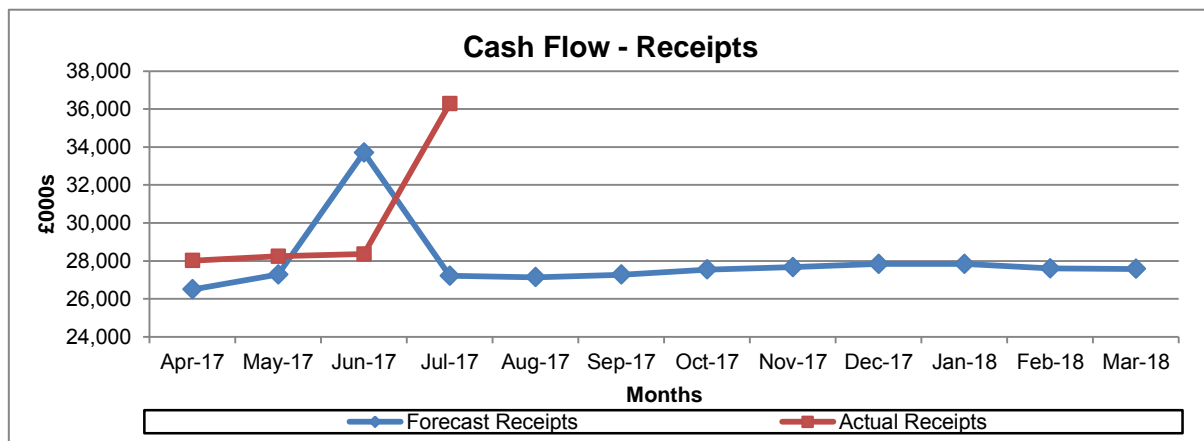
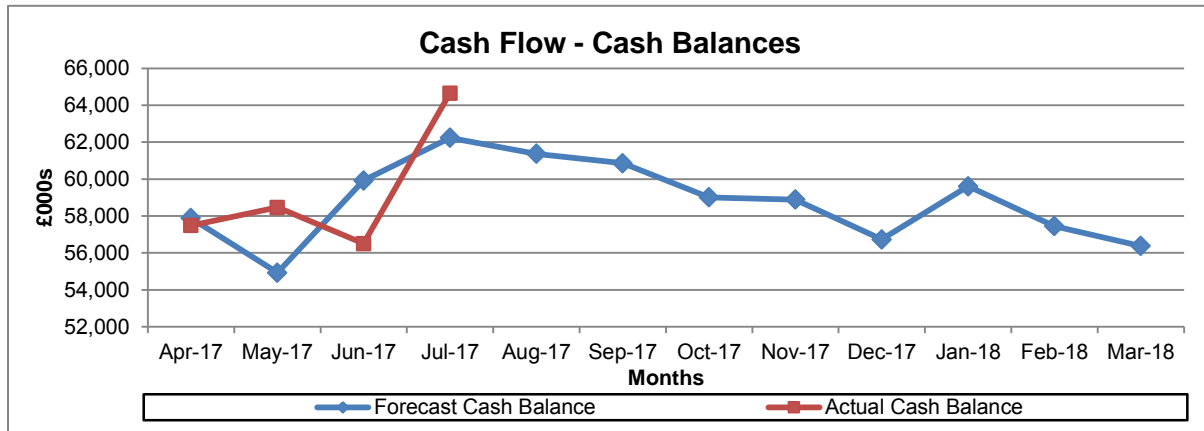
3.3 Capital Programme

Capital expenditure to 31 July 2017 is £3,848k and is £251k behind plan due to minor delays against identified developments.



3.4 Cash Flow

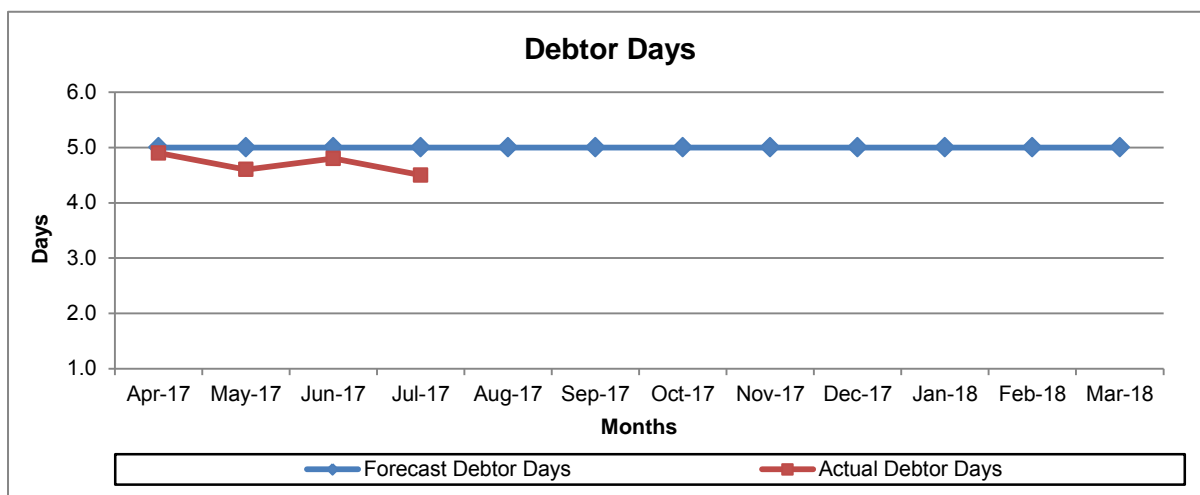
Total cash at 31 July 2017 is £64,656k, and is £2,420k ahead of plan largely due to working capital variations. £8,165k has been received in month for the 2016/17 incentivised Sustainability and Transformation Funding anticipated in June.



The receipts profile fluctuates over the year for 2016/17 Sustainability and Transformation Fund incentive scheme receipt. The payments profile fluctuates over the year for PDC dividend payments, financing repayments and capital expenditure.

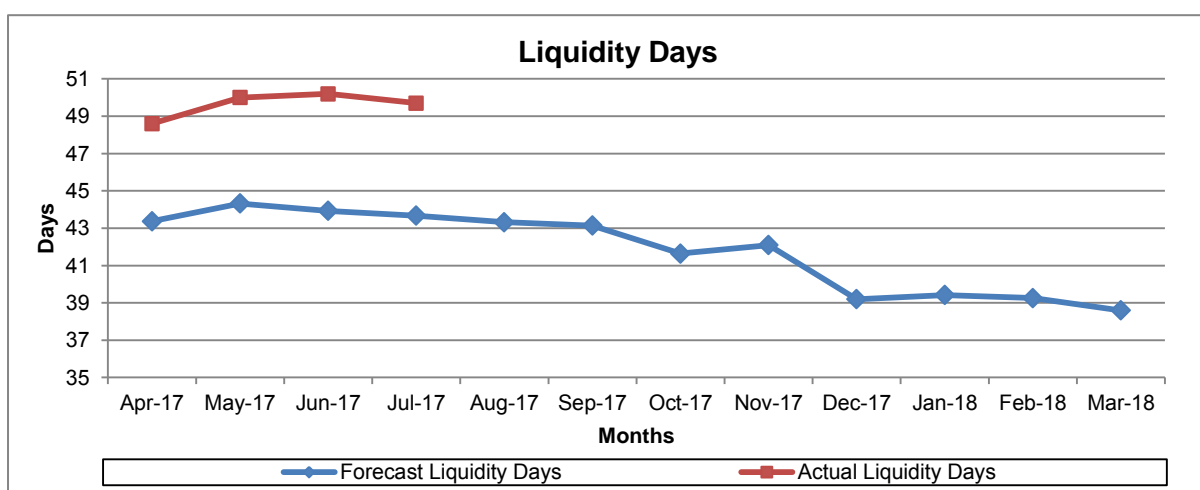
Working Capital ratios for period to 31 July 2017 are:

- Debtor Days of 4.5 days
- Liquidity of 49.7 days
- Better Payment Practice Code (% of invoices paid within terms)
 - NHS – 57.7%
 - Non NHS 30 Days – 97.0%



The Trust has a debtors' target of 5.0 days, and actual performance of 4.5 days at 31 July 2017, which is ahead of plan.

The liquidity days graph below reflects the metric within NHS Improvement's single oversight framework. The Trust's liquidity day's ratio is ahead of plan due to higher than planned net current assets.



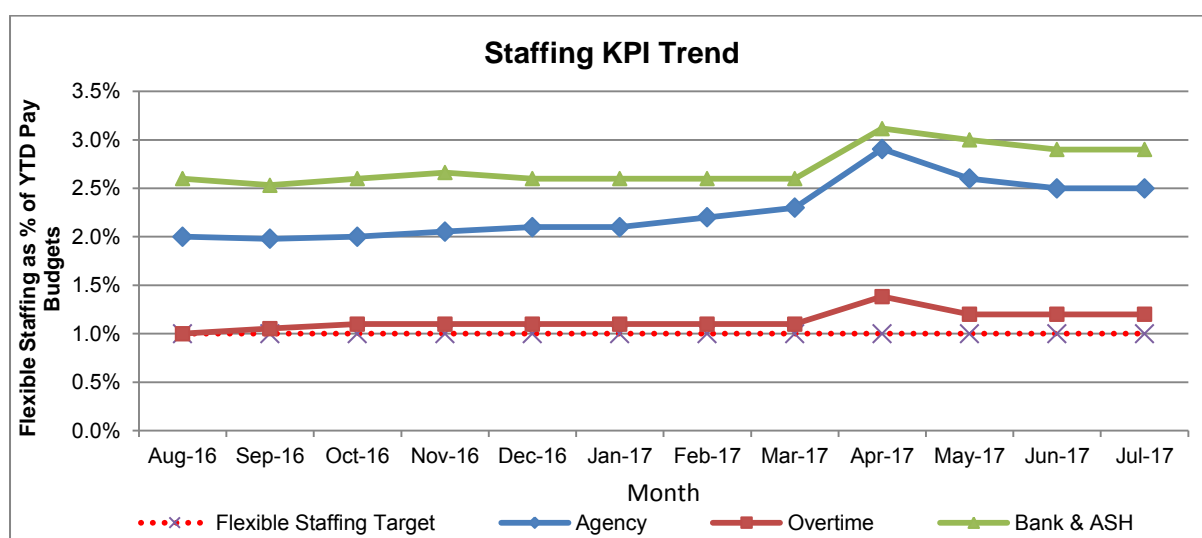
3.5 Financial Drivers

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

Tolerance	Feb	Mar	Apr	May	June	July
Agency (1%)	2.2%	2.3%	2.9%	2.6%	2.5%	2.5%
Overtime (1%)	1.1%	1.1%	1.4%	1.2%	1.2%	1.2%
Bank & ASH (flexed against establishment)	2.6%	2.6%	3.1%	3.0%	2.9%	2.9%
Establishment (90%-95%)	93.9%	93.7%	94.6%	94.0%	94.2%	93.1%
Total	99.8%	99.8%	102.0%	100.8%	100.9%	99.7%

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 July 2017 the tolerance for Bank and ASH is 4.9% of pay budgets.

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



Additional staffing expenditure is 6.6% of pay budgets. The requirement for bank, agency and overtime is due to a number of factors including cover for vacancies (44%), service need (18%), enhanced observations (18%) and sickness (12%).

3.6 Use of Resources Rating and Indicators

3.6.1 The Use of Resources Rating is assessed as 2 at 31 July 2017, and is behind plan. The Use of Resources Rating is forecast to remain a 2 at the end of the financial year.

3.6.2 The capital service capacity rating assesses the level of operating surplus generated, to ensure Trusts are able to cover all debt repayments due in the reporting period. The Trust has a capital service capacity of 1.53x (can cover debt payments due 1.53 times), which is ahead of plan and rated as a 3.

- 3.6.3 The liquidity metric assesses the number of days operating expenditure held in working capital (current assets less current liabilities). The Trust liquidity metric is 49.7 days; this is ahead of plan and is rated as a 1.
- 3.6.4 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 3.2 and is rated as a 1.
- 3.6.5 The variance from control total assesses the I&E Margin against plan, excluding STF income. The Trust I&E margin variance from plan is 0.1% and is behind plan and is rated as a 2.
- 3.6.6 The agency rating assesses agency expenditure against a capped target for the Trust. Agency expenditure is higher than the cap and is rated as a 2.

The margins on Use of Resource Rating are as follows:

- Capital service cover - to improve to a 2 a surplus increase of £1,178k is required.
- Liquidity - to reduce to a 2 a working capital reduction of £41,777k is required.
- I&E Margin – to reduce to a 2 an operating surplus decrease of £2,463k is required.
- Variance from control total from plan – to improve to a 1 an operating surplus increase of £16k is required.
- Agency Cap rating – to increase to a 1 a reduction in agency expenditure of £69k is required.

NHS Improvement's Rating Guide

Capital service Cover
Liquidity
I&E margin
Variance from control total
Agency expenditure

Weighting %	Rating Categories			
	1	2	3	4
20	>2.50	1.75	1.25	<1.25
20	>0	-7.0	-14.0	<-14.0
20	>1%	0%	-1%	<=-1%
20	>=0%	-1%	-2%	<=-2%
20	<=0%	-25%	-50%	>50%

TEWW Performance	Actual		YTD Plan		RAG Rating
	Achieved	Rating	Planned	Rating	
Capital service cover	1.53x	3	1.45x	3	●
Liquidity	49.7 days	1	42.8 days	1	●
I&E margin	3.2%	1	3.3%	1	●
Variance from control total	-0.1%	2	0.0%	1	◆
Agency expenditure	£2,125k	2	£2,056k	1	◆

Overall Use of Resource Rating	2	1	◆
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19.4% of total receivables (£775k) are over 90 days past their due date, this is above the 5% finance risk tolerance. This is not a cause for concern as £257k of debt is supported by an SLA. Excluding debts supported by an SLA the ratio reduces to 13.0%, which represents 0.16% of the Trusts turnover.

Internal controls have been reviewed and improved to ensure future issues are resolved before the 90 day threshold.

3.6.7 4.8% of total payables invoices (£581k) held for payment are over 90 days past their due date. This is within the 5% finance risk tolerance.

3.6.9 The cash balance at 31 July 2017 is £64,656 and represents 76.7 days of annualised operating expenses.

3.6.10 The Use of Resource Rating is forecast to remain a 2 at the end of the financial year.

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 31 July 2017 is a surplus of £3,568k, representing 3.3% of the Trust's turnover and is £9k ahead of plan.

6.2 Identified Cash Releasing Efficiency Savings at 31 July 2017 are £344k behind plan; however, the Trust continues to identify and develop schemes to ensure full delivery of CRES for current and future years.

6.3 The Use of Resources Rating for the Trust is a 2 for the period ending 31 July 2017 which is behind plan. The rating is forecast to remain a 2 at the end of the financial year.

7. RECOMMENDATIONS:

7.1 The Council of Governors is 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