AGENDA FOR THE MEETING OF THE COUNCIL OF GOVERNORS

19 September 2018, 6.00pm
(Governor registration and hospitality available between 5.00pm and 5.45pm)
Holiday Inn, Scotch Corner, Darlington, DL10 6NR

NOTE:
1.   Meeting will take place between 6.00pm and 6.30pm and will be followed by a private special workshop session on the Trust's priorities for the business plan.
2.   In view of the reduced time available, no additional questions will be taken by the Chairman at the meeting.

Agenda:

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
6.00pm – 6.05pm Standard Items					
1.		Welcome and apologies for absence	**For information** To make sure that we have enough Governors present to be quorate and introduce any new attendees. To advise of housekeeping arrangements	Lesley Bessant, Chairman	Spoken
2.		Minutes of the meetings of the Council of Governors held on 16 May 2018 and 18 July 2018	**To agree** To check and approve the minutes of these meetings	Lesley Bessant, Chairman	Attached
3.		Public Council of Governors' Action Log	**To discuss** To update on any action items	Lesley Bessant, Chairman	Attached

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
6.05pm – 6.10pm Governance Related Items					
5.		Register of Interests	**For agreement** To approve the Registers of Interests of Governors	Phil Bellas, Trust Secretary	Attached
6.		Staff Interviews	**For information** To receive an update on the outcome of discussions around interview questions	Phil Boyes, Staff Governor	Attached
6.10pm Procedural					
7.		Agreement of 2019 meeting dates (venues to be agreed): - Thursday, **14 February** 2019, 2pm - Wednesday **22 May** 2019, 6pm - Wednesday, **10 July** 2019 6pm (special meeting if required) - Wednesday, **17 July** 2019, 6pm (Annual General and Members Meeting) - Wednesday,			Spoken

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
		18 September 2019, 6pm • Thursday, **21 November** 2019, 2pm Date and Time of next meeting: 29 November 2018, 2pm Holiday Inn, Scotch Corner, Darlington, DL10 6NR			
Items for Information					
8.		Items circulated for information: *Please note that any questions arising from these items should be submitted to the Board via the Trust Secretary's Department for response outside of the meeting.* To receive: i. A summary of the questions raised by Governors with responses provided.			Attached
		ii. A report on the summary of feedback from the meetings of the Board of Directors			Attached
		iii. A report on the latest information from Care Quality Commission Inspections of the Trust			Attached
		iv. A report on changes and improvements to services in the Trust.			Attached
		v. A report on the Q1 Quality Account 2018/19			Attached
		vi. A report on the Trust's Performance Dashboard as at end July 2018			Attached
		vii. A report on the Trust's Financial position as at end July 2018			Attached

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

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

Tees, Esk and Wear Valleys NHS Foundation Trust

MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 16 MAY 2018, 6.00 PM AT HOLIDAY INN, SCOTCH CORNER, DARLINGTON

PRESENT:
Lesley Bessant (Chairman)
Cliff Allison (Durham)
Gemma Benson (Selby)
Phil Boyes (Staff - Durham and Darlington)
Della Cannings QPM (Hambleton and Richmondshire)
Dr Martin Combs (York)
Hilary Dixon (Harrogate and Wetherby)
Mark Eltringham (Stockton on Tees)
Gary Emerson (Stockton on Tees)
Glenda Goodwin (Staff - Forensic)
Hazel Griffiths (Harrogate and Wetherby)
Dr Judith Hurst (Staff - Corporate)
Gary Matfin (Staff - York and Selby)
Jacci McNulty (Durham)
Dr Lakkur Murthy (Durham)
Jean Rayment (Hartlepool)
Zoe Sherry (Hartlepool)
Dr David Smart (CCG representative for Co Durham and Darlington)
Cllr Helen Swiers (North Yorkshire County Council)
Sarah Talbot-Landon (Durham)
Vanessa Wildon (Redcar and Cleveland)
Mac Williams JP (Durham)
Keith Mollon (Durham)
Cllr Ann McCoy (Stockton Borough Council)
Gemma Birchwood (Selby)
Mary Booth (Middlesbrough)
Dr Martin Combs (York)
Wendy Fleming-Smith (Selby)
Sandra Grundy (Durham)
Chris Gibson (Harrogate and Wetherby)

IN ATTENDANCE:
Colin Waller (Public)
Phil Bellas (Trust Secretary)
David Brown (Acting Chief Operating Officer)
Angela Grant (Administrator)
Dr Hugh Griffiths (Non Executive Director)
Marcus Hawthorn (Non Executive Director)
Wendy Johnson (Secretary)
Colin Martin (Chief Executive)
Elizabeth Moody (Director of Nursing and Governance)
Sharon Pickering (Director of Planning, Performance and Communications)
Paul Murphy (Non Executive Director)
Donna Oliver (Deputy Trust Secretary- Corporate)
Shirley Richardson (Non Executive Director)

Richard Simpson (Non Executive Director)
David Levy (Director of Human Resources and Organisational Development)
Patrick McGahon (Director of Finance and Information)

18/34 APOLOGIES
David Jennings (Non Executive Director)
Dr Ahmad Khouja (Medical Director)
Dr Peter Harrison (York)
Gillian Restall (Stockton on Tees)
Lee Alexander (Durham County Council)
Prof Hamish Williams (Appointed – Newcastle University)
Ailsa Todd (Hambleton & Richmondshire)
Judith Webster (Scarborough & Ryedale)
Alan Williams (Redcar and Cleveland)
Cllr Kaylee Sirs (Appointed – Hartlepool Borough Council)
Kathryn Ord (Deputy Trust Secretary)
Rachel Booth (Staff - Teesside)
Dr Nathaniel Drake (York)
Elizabeth Forbes-Browne (Scarborough and Ryedale)
Marion Grieves (Teesside University)
Kevin Kelly (Darlington Borough Council)
Cllr Ashley Mason (City of York)
Lisa Pope (representative for North Yorkshire Clinical Commissioning Groups)
Prof Graham Towl (Durham University)

18/35 WELCOME

The Chairman opened the meeting and noted apologies.

18/36 MINUTES OF PREVIOUS MEETINGS

The Council of Governors considered the minutes from the public meeting held on 22 February 2018.

Agreed
1. *That the public minutes of the meeting held on 22 February 2018 be approved as a correct record and signed by the Chairman.*

18/37 PUBLIC ACTION LOG

Consideration was given to the public action log.

Arising from the report:
1) Minute 18/08 – Governor access to Trust systems including email, e-learning and to consider the provision of IT equipment

    Agreement to defer this action until September 2018 to allow further research and investigations to be carried out.

    Action carried forward

2) Minute 18/18 – To liaise further regarding concerns around staff exploitation and modern slavery.

Action completed

3) Minute 18/19 – Circulate January Board round up to Governors.

Action completed

4) Minute 18/22 – Provide autism waiting times for North Yorkshire.

Action Completed

5) Minute 18/23 – to invite Governors to join a task group to review the Quality Account.

Action Completed

6) Minute 18/25 – update on redecoration of the faith room at Cross Lane Hospital

It was noted that good progress had been made on the redecoration of the Faith Room and discussions were underway between Mr Paul Foxton, the Acting Director of Estates and Facilities and the window contractor to ascertain what would be possible in terms of modifying the room.

7) Minute 18/26 – to approve the training schedule for the Council of Governors.

This matter would be covered on the agenda (minute 18/43 refers)

Action Completed

8) Minute 18/31- make available to the Council of Governors the private Board of Directors report on the gender pay gap.

Action Completed

18/38 DECLARATIONS OF INTEREST

There were no declarations of interest.

18/39 CHAIRMAN'S REPORT

The Chairman reported on her activities since February 2018. She had:

1) Visited Auckland Park Hospital with Non Executive Directors, Paul Murphy and David Jennings and they had been impressed with the positive atmosphere on the ward and from the staff.
2) Attended an Urgent Care Conference where it had been interesting to hear about the improvements being made by the Trust around urgent care and finding better ways to provide services.
3) Supported interviews for Consultants in Children's Services with four successful appointments for the Teesside and York localities.
4) Presented Living the Values Awards to:

- Staff at the Westwood Centre who had dealt with ongoing difficult challenges in providing patient care.
- Jason Newstead, staff member at the Eating Disorders Service in Norton for his excellent care.

In addition, the Chairman congratulated Della Cannings, QPM on her appointment as mental health representative to the Governor Advisory Committee at NHS Providers and looked forward to updates for Governors following the quarterly meetings.

18/40 GOVERNOR QUESTIONS

1) Alan Williams, Redcar and Cleveland

As a Governor I am concerned with an item that has appeared in a newsletter issued by a local MP. This states that an independent service for young people has had a 40% increase in demand over the last year.

However, I am however pleased that young people do ask for help but for me it does raise questions when it comes to quality of service and service availability from CAMHS for this increase seems not to agree with the presentations I have attended. Why do young people appear to favour Link over CAMHS?

It was noted that the following written response had been sent to Alan Williams:

The awareness of child and adolescent emotional and mental health and identification of difficulties is improving all the time and alongside this the stigma is decreasing so more individuals/families/carers are seeking guidance, signposting and help both from universal CAMHS provision (which is everyone's business) through to targeted provision (eg The Link) and specialist CAMHS (predominantly NHS based services).

The Link is a service that provides local services for children and adolescents with emotional health and emerging mental health difficulties (mild to moderate), within Redcar.

The Link and specialist CAMHS do work alongside one another and refer on as appropriate eg – The Link would refer to specialist CAMHS where additional support from more specialist services are required.

Specialist CAMHS referrals have also increased by 9.5% in 2017-18 from 2016-17.

There is always client choice when it comes to accessing services and it is appropriate that The Link, and other targeted services, are experiencing an increase in referrals for guidance, early intervention and interventions for mild to moderate emotional and mental health difficulties before specialist CAMHS are approached.
We offer different services in different contexts and both services can evidence increasing referral rates and activity.

2. Jacci McNulty, Durham

I have recently had sight of a Clinical Commissioning presentation which indicated that at present just over 15% of those needing Improving Access to Psychological Therapy (IAPT) services were receiving therapy.

But by 2019 it is expected that 25% will receive the therapy, but with no more funding. Can we as Governors have updates on the delivery of the IAPT service on a regular basis? The service update report does not include a lot of detail around these services.

It was noted that the following written response had been sent to Jacci McNulty:

As requested, we have included more information on IAPT in the current service update report and will continue to do this in future.

3. Mary Booth, Middlesbrough

Following a recent visit to a ward at Roseberry Park Hospital in Middlesbrough I was made aware of equipment for patient use that was broken and had been for some time, the computer and TV in quiet room.

Is there a system in place for recording the length of time the patient access to computers on various wards are out of action for an/other equipment such as TVs?

The question relates to the time from when the equipment was first "broken" to the time of repair / replacement, and the length of time from "breakage" to reporting. Evidence suggests this can be months.

At Roseberry Park Hospital, when the 'Patti' computer is broken unfortunately it can take some time to get the computer repaired, this is due to the PATTI computer requiring 'imaging' which is different to the standard Trust computers. The process for ordering is to via Cardea to the supplier 'TCTG' this can take some time due to the part needing to be sourced outside of the UK. I understand that last year, it took 5 months to get the 'Patti' computer repaired. This was due to the supplier initially sending the incorrect imaging for the PATTI and this resulted in a significant delay. Once the correct part arrived it then needed to be installed onto the computer. The ward clerk, regularly contacted the Supplier for an update.

It is unclear if it routinely takes months to access the required part to repair a PATTI computer, I therefore discussed this with Angela Gray, Engagement Manager around the length of time that the 'Patti' computer took to be repaired. She agreed that this was not an acceptable time scale and would escalate this with the current supplier to understand the anticipated timescale for repairs.

I am pleased to advise that when the 'Patti' computer recently broke, the 'Patti' computer that was at Lincoln Ward, Sandwell Park was immediately brought over to Roseberry Park Hospital.

If a television is broken, there is always at least one spare television available at Roseberry Park Hospital which can immediately replace the broken equipment, an

order is immediately raised to ensure that there is always a spare available for any of the Adult Acute wards.

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

On behalf of the members of the Involvement and Engagement Committee I would like to ask how Governors can seek information, feedback and assurance on the patient and carer experience information which is received from the completion of surveys and electronic kiosks?

Jennifer Illingworth advised that members of the Involvement and Engagement Committee could either see the performance report that is produced for the Patient Experience Group on a monthly basis either via the Governor representative or that it could sent to the administrator of the Committee for inclusion on the agenda.

Alternatively if the information is not needed that frequently or in such detail a quarterly summary report could be provided, similarly for Healthwatch.

5. <u>Vanessa Wildon, Public Governor Redcar and Cleveland</u>

a) *What talking and family therapies do we offer to ensure we meet NICE guidelines? Is there a set minimum needed to meet guidelines?*

b) *Family therapy is an integral part of the Triangle of Care, what is the minimum needed to ensure impatient and community services should provide to ensure they do not have a RED rating?*

David Brown noted that a response had been circulated before the Council of Governors meeting to Miss Wildon and a discussion had taken place before the Council meeting for further clarification.

6. <u>Cllr Ann McCoy, Appointed Governor, Stockton on Tees</u>

After attending a Health and Wellbeing Children's Partnership meeting a presentation was given on neurological paediatric brain damage and how some children are being misdiagnosed due to brain scans not being undertaken.

How do we cope with this? Do we ask the appropriate question when someone is being diagnosed if there is brain damage? Children are usually judged against the performances of other children rather than asking family and friends.
Can we see when we are diagnosing children if this is looked at as there was an example of a CAMHS child that had been in services for eight years?

Cllr McCoy was advised that a response would be provided to her directly in due course.

Action Item – David Brown

A suggestion was made regarding the work that Eastern Ravens Trust do with service users and young carers and suggested that services, when they are assessing families, if they see there is a hidden young carer that they are signposted to organisations such as Eastern Ravens Trust.

18/41 BOARD ROUND UP

Consideration was given to the Board of Directors roundup summaries from the meetings held on 27 February and 27 March 2018.

Agreed – The Council of Governors received and noted the content of the Board feedback from the meetings held on 27 February and 27 March 2018.

18/42 ANNUAL BOARD CERTIFICATES

The annual Board self-certifications were presented to the Council of Governors.

Mr Bellas highlighted that the Audit Committee, at its meeting held on 10 May 2018 had undertaken an assurance review on each of the four statements and recommended formal ratification at the Board of Directors meeting to be held on 22 May 2018, subject to any views from the Council of Governors.

All Governors agreed to support the confirmation of the statements contained in the reports:
  i)   Draft Corporate Governance Statement (May 2018) (Annex 1)
  ii) Continuity of Services Condition 7 – Availability of Resources (FTs designated CRS only) (Annex 2)

Agreed -   That the Council of Governors agreed to support the confirmation of the certificate including the positions provided in Annexes 1 and 2 to the report.

18/43 COUNCIL OF GOVERNORS TRAINING AND DEVELOPMENT PROGRAMME

Mr Bellas presented the Governor Training and Development Programme:

1) The programme had been developed following consultation with Governors at the Governor Development Day held on 25 January 2018.
2) The programme consisted of mandatory and optional/voluntary training/briefings on key topics to assist Governors to carry out their roles effectively.
3) Following approval by the Council of Governors, a full schedule of dates would be developed and issued.

Action item - Mrs Ord

It was noted that consideration was being given following the request for training to be delivered electronically and a further update would be brought back to the next Council of Governors meeting in September 2018.

A query was raised on page 7 of the Training Programme regarding 'Governwell Effective Questioning and Challenge' training and whether this was optional or mandatory.

It was noted that this was an error and should state it is 'mandatory training' and would be amended.

Action item – Mrs Ord

Agreed – The Council of Governors approved the programme of training and development.

18/44 GOVERNOR APPOINTMENTS

The following appointment was agreed by the Council:

Agreed – That Mac Williams be appointed to the Equality, Diversity and Human Rights Steering Group.

There had been no nominations received for the appointment of a Governor to the Mental Health Legislation Committee.

Following discussion agreement was given that an approach be made to the Recovery Experts by Experience group to seek a service user representative.

18/45 COMPLIANCE ACTIVITY RELATING TO THE CARE QUALITY COMMISSION (CQC)

Mrs Moody presented the following summary:

1) The Trust was now in the inspection window which would be in two parts, unannounced visits followed by a well led inspection.
2) There had been nine Mental Health Act Review inspections to the wards, two HMIP inspections to prisons and one Ofsted inspection.
3) There had been 53 peer review inspections since the beginning of the programme in July 2017 and these had been beneficial for localities in the preparations for the CQC inspection.

Agreed – That the Council of Governors received and noted the update in relation to compliance with Care Quality Commission requirements.

18/46 SERVICE CHANGES REPORT

The Council of Governors received the service changes report.

Mr Brown noted that there had been a briefing prior to the Council of Governors meeting and asked whether there were any further questions.

The following matters were raised:

1) Gary Emerson regarding Adult Mental Health services.
Could any assurance be provided with regard to the issue of out of area placements and whether the patients were given a bed nearby?

It was noted that there had been an overall reduction in bed capacity for adults of approximately 12 beds in these services and during April 2018 three Teesside patients had required access to beds out of the locality, however assurance was provided that these were within the Trusts own boundary areas.

2) Concerns had been raised by staff at The Friarage Hospital around when the wards might close given the issues at Roseberry Park Hospital.

   Mr Brown highlighted that a briefing had been circulated to staff addressing some of these issues; however the position would become clearer in September 2018 with a final decision to be made on when the older people's ward would move next year.

3) A comment was made that the report contained too many abbreviations and acronyms and could this be rectified for the next report.

   Mr Brown undertook to make these amendments for the next meeting.

4) Could an update be provided to the Council of Governors on the Sustainability and Transformation Partnerships (STP) (now replaced by the Integrated Care Systems (ICS)) including what the Governor role was in this process?

   It was noted that as the trajectory for each area of the Trust becomes clearer a governance update would be brought to the Council of Governors.

5) Are the pressures on the underfunded and stretched service of the North Yorkshire and York Eating Disorders due to the retreat receiving more patients?

   Mr Brown responded that the demand for the Eating Disorders service was way outstripping the resources and further meetings would take place to discuss how the service could be developed further. There was an emerging view that specialist disorder units for children in the community, as opposed to managing children in general units would obtain better outcomes.

6) Could the Council of Governors have a one sided briefing on the changes to Corporate Services?

   The provision of this would be considered.

                                                                                    Action item – Mr D Levy

18/47 QUALITY ACCOUNT REPORT 2017/18

Consideration was given to the Quality Account Report 2017/18.

In presenting the report Mrs Pickering highlighted that:

1) The report contained the final draft version of the 2017/18 Quality Account, including all end of year data and the early stakeholder feedback.
2) There had been no significant issues raised by the External Auditors.

3) The Quality Account would be presented to the Audit Committee at its meeting to be held on 18 May 2018 and then to the Board of Directors at the end of May 2018.

In response to questions it was noted that:

1) The priority of 'looked after children' had not emerged as a focus area for the Quality Account following stakeholder meetings and the Trust had to give priority to the issues that were raised.
2) Appendix 7: Feedback from our Stakeholders set out a list of questions which would be responded to following presentation of the Quality Account to the Audit Committee.
Mrs Pickering undertook to circulate the response letters in due course.
Action item – Mrs Pickering

Agreed – That the Council of Governors received and noted the Quality Account for 2017/18.

18/48 PERFORMANCE DASHBOARD

Consideration was given to the Performance Dashboard as at 31 March 2018.

In presenting the report Mrs Pickering highlighted that overall it had been a positive year with a good year end position and whilst some targets had not been achieved this had been mainly in activity areas due to the pressures in high levels of referrals and bed occupancy over 2017/18.

Following questions and discussion it was noted that:

1) The targets set each year by the Trust were based on historical information in order to establish a reasonable target with the aim to continuously make improvements. The targets were considered by the Executive Management Team individually and various other factors taken into consideration. Following that discussion the recommendations were made to the Board of Directors.

It was recognised that there was a psychological impact on staff when targets were not met despite working very hard to achieve the best outcomes.

2) An error was raised in appendix B, item 5, 6 and 9 where the percentage sums were incorrect.

Mrs Pickering undertook to correct the error.
Action item – Mrs Pickering

3) The target around serious incidents and unexpected deaths, for clarity, would include an explanatory narrative against it to explain that ideally the Trust would like this to be no unexpected deaths, however the figure is based on previous years, as it had been stated as 12 in the dashboard.

4) Some work would be undertaken in next year's Business Plan to look at predicting the levels of external referrals against the plans for service developments, as this was an area that the Trust could improve in.

Agreed – That the Council of Governors received and noted the Performance Dashboard as at 31 March 2018.

18/49 FINANCE REPORT

Consideration was given to the finance report for the period 1 April 2017 to 31 March 2018.

In presenting the report Mr McGahon highlighted:

1) That the Trust had a comprehensive outturn position for the period 31 March 2018 with a deficit of £27,983k, which was £38,059k behind the planned £10,076k surplus.
2) The deficit position included £41,086k of unplanned asset impairments largely due to the review of Roseberry Park Hospital to reflect the repair works.
3) It was anticipated that the Trust would receive £3,027k of incentivised sustainability and transformation funding matched to the surplus in excess of the control total, with the exact amount to be confirmed at a later date.

A concern was raised over increased agency costs, which seemed to be an ongoing trend and it was noted that this would be monitored by the Board.

Agreed – That the Council of Governors received and noted the Finance Report for the period 1 April 2017 to 31 March 2018.

18/50 COUNCIL OF GOVERNORS' SELF ASSESSMENT OF PERFORMANCE

Consideration was given to the results of the Council of Governors' annual self-assessment for 2017/18.

Mr Bellas highlighted that the results had been fairly static in comparison with the previous year, which had been a positive outcome despite the significant changes to the Council.

Following discussion it was felt that there may be some merit in a Task and Finish Group to look in more detail at the results that had scored lower. It had also been disappointing to see by Governors that there had only been a 48% return rate of the questionnaires and Ms Cannings urged all Governors to complete the questionnaire in the next round to gain a fuller understanding of views.

There was also the view expressed that it would be useful to review the questions set out in the questionnaire for next year.

Cllr McCoy undertook to lead on the piece of work to set up a Task and Finish Group.
Action item – Cllr McCoy

18/51 INVOLVEMENT AND ENGAGEMENT COMMITTEE UPDATE

Miss Wildon on behalf of the Committee updated the Council on the work of the Involvement and Engagement Committee which last met on 1 May 2018.

A query was raised around the selection of the guest speaker at the Annual General Meeting and Mr Bellas undertook to pick this up outside the meeting to clarify the process.

Action item – Mr Bellas

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

18/52 ADDITIONAL URGENT BUSINESS

The Chairman asked Governors if there was anything further that they wished to raise.

There were no issues raised.

18/53 DATE OF NEXT MEETING

The next meeting was confirmed as 19 September 2018, 6pm at Scotch Corner Hotel, Darlington,DL10 6NR.

18/54 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 7.00pm.

Appendix 1

BRIEFING FOR THE COUNCIL OF GOVERNORS
1ST MAY 2018
ON THE WORK OF THE INVOLVEMENT AND ENGAGEMENT COMMITTEE

The Committee last met on Tuesday 1st May 2018.

The Committee:

- Received an update on Q4 involvement and engagement activity against the scorecard. There were no areas of concern.

- Received a briefing on the implications of the General Data Protection Regulations (GDPR) and the potential impact on the Trust's membership and involvement registers.

- Agreed that the Trust would hold 4 public engagement events, including the Annual General and Members Meeting 2018.

- Agreed to defer the setting of public and staff member targets until the next meeting of the Committee until the impact of the GDPR becomes more clear. It was acknowledged that this may have an effect on the current membership numbers

- Reviewed the latest issue of Insight magazine and discussed the content of the Summer 2018 edition.

Future Priorities for the Committee were:

- The recruitment of new members.
- To encourage Governors to recruit new members, ensuring they have the training and resources to do so.
- To encourage representation on the Committee to ensure that Constituency areas had a direct representative.
- To continue monitoring the delivery of the Involvement and Engagement Framework and the scorecard.
- To look at the evaluations and feedback from the public engagement events, including the Annual General and Members Meeting 2018, held by the Trust.
- Plan engagement events for 2018/19.
- To explore the use of social media by Governors.

MINUTES OF THE COUNCIL OF GOVERNORS' ANNUAL GENERAL AND MEMBERS' MEETING HELD ON 18 JULY 2018, 6.00PM AT MIDDLESBROUGH FOOTBALL CLUB

PRESENT:
Lesley Bessant (Chairman)
Cliff Allison (Durham)
Cllr Ann McCoy (Stockton Borough Council)
Gemma Birchwood (Selby)
Mary Booth (Middlesbrough)
Prof. Tom McGuffog MBE (York)
Phil Boyes (Staff - Durham and Darlington)
Hilary Dixon (Harrogate and Wetherby)
Mark Eltringham (Stockton on Tees)
Chris Gibson (Harrogate and Wetherby)
Glenda Goodwin (Staff - Forensic)
Marion Grieves (Teesside University)
Hazel Griffiths (Harrogate and Wetherby)
Jacci McNulty (Durham)
Keith Mollon (Durham)
Jean Rayment (Hartlepool)
Gillian Restall (Stockton on Tees)
Graham Robinson (Durham)
Sarah Talbot-Landon (Durham)
Ailsa Todd (Hambleton & Richmondshire)
Zoe Sherry (Hartlepool)
Judith Webster (Scarborough & Ryedale)

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)
Patrick McGahon (Director of Finance and Information)
Brent Kilmurray (Chief Operating Officer)
Ahmad Khouja (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)
Sharon Pickering (Director of Planning, Performance and Communications)
Shirley Richardson (Non Executive Director)
Richard Simpson (Non Executive Director)
Cameron Waddell (Mazars LLP)

18/55 APOLOGIES
Gary Emerson (Stockton on Tees)
Dr Judith Hurst (Staff - Corporate)
Cllr Helen Swiers (North Yorkshire County Council)
Mark Eltringham (Stockon on Tees)
Audrey Lax (Darlington)
Rachel Booth (Staff - Teesside)
Christine Hodgson (York)
Stella Davison (York)
Della Cannings QPM (Hambleton and Richmondshire)
Vanessa Wildon (Redcar and Cleveland)
Mac Williams JP (Durham)
Kathryn Ord (Deputy Trust Secretary)
Lee Alexander (Durham County Council)
Wendy Fleming-Smith (Selby)
Elizabeth Forbes-Browne (Scarborough and Ryedale)
Dr Hugh Griffiths (Non Executive Director)
Sandra Grundy (Durham)
Kevin Kelly (Darlington Borough Council)
Lisa Pope (representative for North Yorkshire Clinical Commissioning Groups)
Dr David Smart (CCG representative for Co Durham and Darlington)
Alan Williams (Redcar and Cleveland)
Ian Hamilton (Appointed University of York)
Cllr Stephen Thomas (Appointed - Hartlepool Borough Council)
Prof. Graham Towl (Appointed – Durham University)

NOTE:
Prior to the formal Annual General and Members' Meeting:

1) Andy Bell, Deputy Chief Executive, The Centre for Mental Health gave a presentation, on: 'A mental health workforce for the future', covering the following information:

- The near future of mental health services: looking beyond the Five Year Forward View
- Challenges and opportunities for the workforce
- The importance of compassionate organisations & supporting wellbeing at work
- Ensuring equal employment opportunities for people who use mental health services. The presentation 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.

18/56 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 193 staff and members of the public attended including the formal attendance record noted above.

18/57 DECLARATIONS OF INTEREST

There were no declarations of interest.

18/58 ANNUAL REPORT 2017/2018

The Council of Governors received and noted:

1) The Annual Report 2017/2018 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 2017/18.

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

18/59 REVIEW OF THE YEAR

Mr Martin presented to the meeting an overview of the Trust's performance 2017/18 and its plans for the future. This presentation is attached at Appendix 1.

18/60 FINANCIAL ACCOUNTS

Mr McGahon 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.

18/61 EXTERNAL AUDIT REPORT

Mr Waddell, from Mazars LLP presented the findings of the external audit for the year 2017/18, together with a summary of external audit work undertaken.

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

18/62 APPROVAL OF CONSTITUTIONAL CHANGES

There were no Constitutional changes to approve for 2017/18.

18/63 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 raised concerns over the glass protective screening that had been erected in main reception at West Park Hospital. It was felt that this created a barrier between service users and the Trust when coming into the Hospital and that this did not fit with the Trust's vision and strategic goal to "seek and act on feedback", since feedback had been given on this.** **The Board was asked to reconsider this decision.**
A1	This point was acknowledged. NOTE: The glass screening was taken down the following day at West Park Hospital reception.
Q2	**A member of staff raised concerns over "value for money" for the beds used by the Trust after someone had commented that they could be purchased for less money.**
A2	Mr Waddell replied that whilst it could be appreciated that some items could be purchased at a cheaper price, the Trust based their value for money definition on a wider more balanced scope, including judgements about quality.
Q3	**A carer spoke about how impressed they had been with the staff and volunteers they had spoken to at the stalls in the Market Place.** **They also expressed concern around the way the Trust engages with carers and the lack of clear processes and protocols, particularly around discharge and that the Carers Strategy on the Trust website was out of date.**
A3	The Chief Executive acknowledged that the role of carers was crucial to the delivery of effective services and that whilst there was some really great engagement with carers and service users the Trust still had some way to go. The Carers strategy on the Trust website would be replaced with the up to date version as soon as possible.
Q4	**A member of the public who had attended the 2017 AGM was pleased to tell everyone present that the difficulties with bus companies, including the electronic displays had been remedied.**
A4	The Chairman and those present were delighted to hear such positive news.

Q5	**A carer in the Weardale area noted the difficulties in the lack of bus service which only ran once every hour and how this impacts on being able to attend appointments. The Trust did not acknowledge these difficulties and marks the service user as "not attending", when it is sometimes impossible to get to the bus on time for the carer and service user.**	
A5	The Chief Executive thanked the carer for raising this important issue and agreed to start a dialogue around this.	
Q6	**A Governor raised the issue of the lack of standardisation as services expand and asked when teams would start communicating.**	
A6	The Chief Executive agreed this was a fair point and that whilst the Trust would not be expanding geographically it was expanding services, such as the current development of the provision of services in prisons. He agreed that there was variation in standardisation and communication across the localities and that there were lessons to be learned by benchmarking with other mental health trusts which could be applied to the Trust.	

18/64 The Chairman concluded the meeting and thanked everyone who had attended with special thanks to the guest speaker, Andy Bell for his presentation.

Cameron Waddell of Mazars LLP, on behalf of the Chairman selected from the entries and the prize draw winner was John Brown.

The meeting closed at 7.30pm

Slide 1

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Welcome to our
Annual General and Members Meeting
18 July 2018

➢ 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

making a   difference   together

Slide 2

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Welcome by

Mrs Lesley Bessant

Chairman

making a   difference   together

Slide 3

Centre for
Mental Health

A mental health workforce for the future

Andy Bell, 18 July 2018
@Andy__Bell__ @CentreforMH

Slide 4

A priority for policymakers…

Centre for
Mental Health

☐ Growing media interest
☐ Consistent anti-stigma campaigns and narratives from lived experience
☐ Clear business case for action
☐ Evident imbalance in spending and services
☐ Concerns about equality
☐ 'Burning injustices'

Slide 5

Current plans

Centre for
Mental Health

☐ *Five Year Forward View for Mental Health:*
  ■ 58 recommendations
  ■ £1bn extra spending by 2020/21
  ■ 19,000 extra staff in mental health services
☐ *Future in Mind:*
  ■ Local Transformation Plans
  ■ £1.25bn over five years

Slide 6

More to come (soon)

Centre for
Mental Health

☐ Mental Health Act Review
☐ Farmer/Stevenson report
☐ Long-term funding plan for the NHS
☐ Social care reform
☐ Schools and mental health plans
☐ Employment and social security
☐ Criminal justice reform

The future of the mental health workforce
Centre for Mental Health

- Current workforce
- Policy direction
- Consultation events in
  - Birmingham
  - Bradford
  - London
  - Middlesbrough
  - Nottingham
  - Surrey

REPORT
Centre for Mental Health
The future of the mental health workforce
Graham Durcan, Jessica Stubbs, Steve Appleton and Andy Bell
Mental Health Network NHS CONFEDERATION

Recruitment and retention
Centre for Mental Health

- Hard to recruit into nursing and psychiatry
- Psychology and counselling courses popular but limited career opportunities outside IAPT
- High attrition & sickness absence rates in mental health nursing, especially inpatient
- Loss of some psychiatry specialties
- Opportunities with new roles (eg nurse and physician associates)

Primary care
Centre for Mental Health

- Increasingly important setting for mental health support yet many GPs lack mental health expertise and training
- Potential to create new services, roles and career opportunities alongside IAPT
- Key role for mental health professionals in educating and supporting other workers

Social care
Centre for Mental Health

- Mental health social work has critical role, especially in relation to Mental Health Act
- But mental health increasingly on margins of social work
- And local partnerships with NHS fracturing as councils struggle to deliver Care Act
- Opportunity to shift focus to prevention?

Voluntary and community sector (VCS)
Centre for Mental Health

- Increasing role in mental health support
- Innovative service funding short-term and insecure
- Limited opportunities for staff to move between sectors or train in VCS
- Can we create more flexible career paths in and out of VCS

The role of lived experience
Centre for Mental Health

- Many trusts have coproduction to some extent, eg Recovery Colleges & Peer Support
- Need for a range of opportunities
- Peer Support requires career structure and equal status

New opportunities
Centre for Mental Health

□ A range of new opportunities emerging, eg:
- Employment specialists
- Liaison & Diversion
- Crisis services
- Housing and welfare rights

New skills and competencies
Centre for Mental Health

□ Community engagement
□ Psychological interventions and formulations
□ Consultancy and education
□ Coproduction

Physical and mental health
Centre for Mental Health

□ Reducing health gap through improved physical health support, eg:
- Smoking
- Diet and exercise
- Screening
- Health checks
- 'Social prescribing'
- Medication management and advice

Equally Well UK

Older workers
Centre for Mental Health

□ Most new roles (associates, apprentices, etc) at lower end of career ladder
□ We need also to create new opportunities for older workers

"...it's a real shame, but if you don't make people want to stay in mental health by having a career path for them to follow, then you end up losing lots of experience..."

Making the change (1)
Centre for Mental Health

□ Promote mental health careers in schools and colleges
□ Equip new staff to work in wide range of places and organisations
□ Offer more combined training for different professional groups in new types of skill
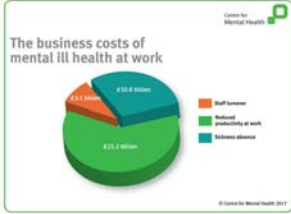
Making the change (2)
Centre for Mental Health

□ Develop professional and voluntary opportunities for those with lived experience
□ Enable people to build careers that change as they get older
□ Invest in staff wellbeing: 'compassionate organisations'

Poor mental health at work

Centre for
Mental Health

- Cost of poor mental health £1,300 per person employed (ie £1.3bn to NHS nationwide)

What causes poor mental health at work

Centre for
Mental Health

- Majority of poor mental health may not be due to workplace at all
- But work can cause or exacerbate problems:
  - Bullying and harassment
  - Lack of control/inflexibility
  - Insecurity
- And for some people a period of sickness presence & then absence leads to job loss

What helps?

Centre for
Mental Health

- Acknowledge and talk about mental health everywhere & at all levels
- Reduce risk factors: eg low control jobs, bullying, inflexible practices
- Train line managers in mental health
- Encourage people to seek help when they might need it
- Report about it at board level

Employment support

Centre for
Mental Health

- Half of mental health service users want help with employment
- About half of them are receiving any (CQC annual surveys)
- Individual Placement and Support is by far the most effective approach: 50-60% get paid work from high-fidelity IPS

IPS principles

Centre for
Mental Health

- No exclusions
- No compulsion
- Rapid, assertive job search based on preference & ability
- Co-located with health support
- Benefits advice
- Time unlimited support in work

Current and future provision of IPS

Centre for
Mental Health

- Estimated 20,000 places each year nationwide
- NHS England funding expansion to double this by 2020/21
- Also being tested in primary care, in addiction services & with forces veterans and prison leavers

Making progress in challenging times…

Centre for Mental Health

- More interest than ever in mental health: but stigma and discrimination remain
- Investment pledged but is it getting to where it's needed?
- Big plans to grow the workforce but will it keep pace with promised growth in services?
- How do we make changes for the long term when the short term is so difficult?

Can we do it?

Centre for Mental Health

- Keep talking about mental health (everywhere at every level)
- Raise our expectations (for what we can achieve)
- Shift the balance of power (no more 'them and us')
- Follow the evidence and test out the boundaries
- Never lose focus on wellbeing for all

Yes, we can

Centre for Mental Health

Centre for Mental Health

Thank you

For more information:
Email andy.bell@centreformentalhealth.org.uk
Follow @CentreforMH @Andy__Bell__
www.centreformentalhealth.org.uk

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Questions

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Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Break time – restart at 6pm

@TEWV #TEWVAGM

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Welcome by

Mrs Lesley Bessant

Chairman

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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Ann McCoy

Lead Governor

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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Chief Executive's Report

Reflections on 2017/18 and our future plans

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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Developing excellent services

- Recovery
- Improving services

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NHS Foundation Trust

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New developments

- Improving the environment
- Partnership working

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NHS Foundation Trust

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Slide 1 — Roseberry Park

Tees, Esk and Wear Valleys — NHS Foundation Trust

Roseberry Park

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Slide 2 — Our Quality Priorities – How did we do?

Tees, Esk and Wear Valleys — NHS Foundation Trust

Our Quality Priorities – How did we do?

Priority 1 - Continue to develop and implement recovery focussed services

Priority 2 – Ensure we have safe staffing in all our services

Priority 3 – improve the clinical effectiveness and patient experience at times of transition from child to adult services

Priority 4 – Reduce the number of preventable deaths

Priority 5 – Reduce the occurrences of serious harm resulting from inpatient falls

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Slide 3 — Our staff

Tees, Esk and Wear Valleys — NHS Foundation Trust

Our staff

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Slide 4 — How we performed

Tees, Esk and Wear Valleys — NHS Foundation Trust

How we performed

- **What do service users say?**
  - 91% of patients reported their overall experience as excellent or good
  - 86% of patients report that staff treated them with dignity and respect
  - 62% of inpatients said they always feel safe on the ward
- **Performance against targets**
  - 91% of people were seen within four weeks of referral
  - 91% staff completed mandatory and statutory training
  - 14% inpatients admitted out of area

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Slide 5 — Looking to the future

Tees, Esk and Wear Valleys — NHS Foundation Trust

Looking to the future

- Promoting recovery
- Improving the quality of our services
- Ensuring our services are purposeful and productive
- Supporting the whole health and social care system

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Slide 6 — 70 Years of the NHS

Tees, Esk and Wear Valleys — NHS Foundation Trust

70 YEARS OF THE NHS 1948 - 2018

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Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Annual General Meeting
Financial Review
2017 - 2018

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

Summary of Financial Performance

- In 2017-18 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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Tees, Esk and Wear Valleys **NHS**
NHS Foundation Trust

Progress against financial plans 2017/18

- Achieved the financial plan submitted to NHS Improvement. (NHSI)
- Delivered our planned Finance use of resources rating of 1 (which is the best rating possible).
- 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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Tees, Esk and Wear Valleys **NHS**
NHS Foundation Trust

Key Financial Statements

- Against a national context of challenging NHS Finances the NHS Provider sector delivered an aggregate **deficit** of £960m.

- The Trust delivered an Income and Expenditure **deficit** of £24.4m, however this included unplanned building impairments (mainly relating to Roseberry Park) of £41.2m.

- Excluding these (non cash) impairments, the Trust achieved a **surplus** of £16.8m against a planned surplus of £8.6m, including £4.3m of STF incentive funding.

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

Key Financial Statements

- The Trust was awarded £4.3m of STF incentive funding (£6.6m in total), and this additional cash will be used to support our future Capital programme.
- Excluding impairments the Trust's surplus equated to 4.8% of Turnover (page 223).
- Total Assets employed at 31 March 2018 were £139.7m which was a decrease of £33.7m from 31 March 2017 (page 224). This was mainly due to building impairments offset by the underlying Trust surplus.

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

Income

- Income for the financial year 2017/18 was £350.3m which was £4.4m higher than 2016/17.
- This increase related mainly to additional clinical contract income received in year, mainly related to New Care Models (Children's and Forensics), Acute Liaison, Autism and Offender Health.
- Trust income was predominantly from contracts with Clinical Commissioning Group's, with 93.2% of total income relating to provision of clinical services.

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Slide 1

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

Expenditure

- A 1% consolidated pay award was given to employees during 2017/18.
- Employee expenditure levels increased from 2016/17 mainly due to the pay award and investment in new services (New Care Models (Children's and Forensics), Acute Liaison, Autism and Offender Health).
- Non Pay expenditure was in line with 2016/17.
- 78% of operating expenses are due to staff expenditure (excluding impairments).

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Slide 2

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

Statement of Financial Position

- The value of the Trust's Property Plant and Equipment (PPE) decreased by £41.6m due to building impairments.
- The Trust's working capital position improved to a net current asset position of £46.1m.

	£000
Current Assets	20.3
Cash	58.4
Current Liabilities	-32.6
Net Current Assets	**46.1**

- Cash balances increased by £0.6m to £58.4m due to the underlying surplus, offset by capital additions.

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Slide 3

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

Charitable Funds

- The Trust manages Charitable Funds on behalf of the services it provides.
- The closing balance of the Trusts Charitable funds was £0.4m. These are used for a variety of purposes e.g. Social activities for patients, equipment purchases, and environmental improvements.
- On behalf of the Resources 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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Slide 4

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

Financial Planning

- The current UK economic position and forecasts for public sector expenditure from 2018 will present significant challenges to all public sector bodies.
- The NHS is required to deliver minimum efficiency gains of 2% in 2018/19.
- 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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Slide 5

MANAGEMENT LETTER

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

18 July 2018

MAZARS

Slide 6

What I am going to cover

Our Management Letter summarises the key messages arising from our work as your external auditor.

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

- What we do as your external auditor.
- What we found during our work.

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

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MAZARS

What we do and why we do it

Our responsibilities as the Trust's external auditor are set out in the NHS Act 2006 and 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 are also separately engaged to:

- Review your Quality Report and test a sample of indicators

55

MAZARS

Outcomes from our work on the Accounts and Value for Money

Another positive set of outcomes for the Trust:

- Cooperative approach to our work ensured a smooth audit process ending with an unqualified opinion
- Only a small number of errors in the draft accounts
- No evidence that proper arrangements were not in place to secure economy, efficiency and effectiveness (the 3 E's)
- Appropriate assurance provided to the NAO by the deadline

56

MAZARS

Outcomes from our work on the Quality Report

The Trust has now been preparing a Quality Report for many years and our work:

- Showed that the Quality Report was comprehensive, with no significant issues on content or consistency with the specified information
- Some scope for data quality improvements, however, the two mandated indicators, one of which after amendment, were reasonably stated

57

MAZARS

Concluding comments and questions

We have continued to provide a challenging external audit service, but once again, our audit of the Trust this year has gone smoothly and the Trust has continued to take a positive and constructive approach to our work.

We wish to thank everyone for their support and co-operation during our work.

While the Trust faces several key challenges in the current year, based upon our work to-date, we believe it remains well placed to meet these going forward.

58

MAZARS

Should you require any further information, please do not hesitate to contact:

Cameron Waddell
Partner

T: 0191 383 6300
E: cameron.waddell@mazars.co.uk

Salvus House
Aykley Heads
DURHAM
DH1 5TS

MAZARS

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Questions

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

Summary

- Prize Draw
- Evaluation
- Transport

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FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**19 September 2018**
TITLE:	**Public Action Log**
REPORT OF:	**Phil Bellas, Trust Secretary**
REPORT FOR:	**Assurance**

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

Executive Summary:
This report allows the Council of Governors to track progress on agreed actions.

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

Council of Governors Action Log   Item 3

RAG Ratings:

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

Date	Minute No.	Action	Owner(s)	Timescale	Status
25/01/2018	18/08	To respond to the request to allow Governors to access various Trust systems including, email e-learning and the consider the provision of IT equipment.	Kathryn Ord / Drew Kendall	~~February 18~~ ~~May 18~~ September 18	
22/02/2018	18/19	To invite the Freedom to Speak Up Guardian and the Guardian of Safe working to a future Governor Development Day.	Kathryn Ord	~~May 18~~ October 18	Deferred due to availability of personnel and agenda time availability.
16/05/2018	18/40	To provide a response to Cllr McCoy on her question relation to neurological paediatric brain damage.	David Brown	June 2018	
16/05/2018	18/43	To issue a full schedule of dates in support of the Governor Training Programme	Kathryn Ord	June 2018	Completed
16/05/2018	18/43	To amend the training programme in relation to Governwell Training: Effective Questioning and Challenge to optional	Kathryn Ord	June 2019	Completed
16/05/2018	18/46	To provide a summary update on changes to Corporate Services	David Levy	September 2018	
16/05/2018	18/47	To circulate the accompanying letters to the Council in relation to the Quality Account 2017/18	Sharon Pickering	June 2018	annual report published in July 18 with all letters included
16/05/2018	18/48	To amend a % errors in the performance dashboard in Appendix B	Sharon Pickering	June 2018	Completed
16/05/2018	18/50	To lead the establishment of a task and finish group to review the lower scoring areas of the Council's self assessment	Cllr Ann McCoy		
16/05/2018	18/51	To discuss the process undertaken regarding the selection of the Annual General and Members meeting guest speaker	Phil Bellas	June 2018	Completed

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**19 September 2018**
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:	✓
To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing	
To continuously improve the quality and value of our work	
To recruit, develop and retain a skilled, compassionate and motivated workforce	
To have effective partnerships with local, national and international organisations for the benefit of the communities we serve	
To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of the communities we serve.	✓

Executive Summary:
To 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 2018.

Tees, Esk and Wear Valleys NHS Foundation Trust

Register of Interests of Members of the Council of Governors

Date of review: September 2018

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**	**None**	**Yes** Volunteer with Healthwatch Durham Member of Royal College of Nursing Member of Old Forge Patient Participation Group	**Yes** Family member accesses Trust services
Gemma Birchwood	Public Governor	**None**	**Yes** Member of Peer Support Groups at Andrews Therapeutic Community York Member of Selby CommuniTea Member of Brighter Futures Selby	**Yes** Service Development for Post Traumatic Stress Disorder and Borderline Personality Disorder	**None**
Mary Booth	Public Governor	**None**	**Yes** Specialist Advisor Care Quality Ccommission (CQC) Member of the Royal College of Occupational Therapists	**None**	**Yes** Family member is a member of The Royal College of Occupational Therapists and another is a member of the British Dietetic Association Family member works for TEWV
Rachel Booth	Staff Governor	**None**	**None**	**None**	**None**
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 Yorkshire CQC Advisor	**Yes** Member of Hambleton and Richmondshire Mental Health Forum Member of Alzheimer's Society Community first responder for Yorkshire Ambulance Service	**None**

Stella Davison	Public Governor	**None**	**None**	**None**	**None**
Hilary Dixon	Public Governor	**None**	**None**	**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	**None**	**None**	**None**	**None**
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	**Yes** Member of the Council of Deans of Health Governance and Finance Review Group	**None**	**None**
Hazel Griffiths	Public Governor	**None**	**None**	**None**	**None**
Sandra Grundy	Public Governor	**None**	**None**	**None**	**None**
Ian Hamilton	Appointed Governor	**None**	**None**	**None**	**None**
Christine Hodgson	Public Governor	**None**	**None**	**Yes** A member of Healthwatch York as a volunteer	**Yes** Family member receiving care from TEWV and York City Council
Dr Judith Hurst	Staff Governor	**None**	**None**	**None**	**None**

Kevin Kelly	Appointed Governor	**Yes** Acting Assistant Director Adult Social Care	**None**	**None**	**None**
Audrey Lax	Public Governor	**None**	**None**	**None**	**None**
Prof. Hamish McAllister-Williams	Appointed Governor	**None**	**Yes** I am employed as a Professor of Affective Disorders by Newcastle University and have an Honorary Consultant Psychiatrist post at Northumberland, Tyne and Wear NHS Foundation Trust	**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 Member of the Public and Commercial Services Union	**None**
Professor Tom McGuffog MBE	Public Governor	**None**	**None**	**None**	**None**
Keith Mollon	Public Governor	**None**	**None**	**None**	**None**
Lisa Pope	Appointed Governor	**Yes** Deputy Chief Operating Officer Hambleton, Richmondshire and Whitby CCG	**None**	**None**	**Yes** Family member employed by North Yorkshire Police Investigating Critical Incidents
Jean Rayment	Public Governor	**None**	**None**	**None**	**None**
Gillian Restall	Public Governor	**None**	**None**	**Yes** Healthwatch Stockton Information Volunteer	**None**
Graham Robinson	Public Governor	**None**	**None**	**None**	**None**
Zoe Sherry	Public Governor	**None**	**Yes** Chair Healthwatch Hartlepool Mental Health Forum	**Yes** Mental Health Lead for Hartlepool Healthwatch	**None**

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**
Cllr. Stephen Thomas	Appointed Governor	**Yes** Employee of Healthwatch Hartlepool, Elected Member of Hartlepool Borough Council, Lay Member of NICE Perioperative Guideline Committee, Casual Contract with Sunderland University	**None**	**Yes** Member of Unison, Member of the Labour Party	**None**
Ailsa Todd	Public Governor	**None**	**None**	**Yes** Chair Phoenix Group Member of Hambleton and Richmondshire Mental Health Forum	**None**
Prof. Graham Towl	Appointed Governor	**None**	**Yes** CHC funded research, Member of the Health and Care Professions Council, Member of the Independent Advisory Panel on deaths in custody, Mental Health Advisor for the 'Nightline Association'	**None**	**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 Member of Downs Syndrome North East	**None**

COUNCIL OF GOVERNORS

FOR GENERAL RELEASE

Item 6

BRIEFING ON RECRUITMENT PRACTICES FROM PHIL BOYES, STAFF GOVERNOR DURHAM AND DARLINGTON

Dear Governors,

In August you were sent a briefing note (see appendix 1)as a Staff Member had raised concerns to me about recruitment. This concern was not in relation to the concept of "Values Based Recruitment", but that a list of interview questions had been collated, and that this list was been shared to some interview candidates. My own discreet enquiries lead me to believe this practice is wide spread and disadvantages external candidates (or those who are not friends / relatives of those unscrupulous staff who shared it), and hence are less prepared at interview.

In response to the note five Governors responded. Four expressed agreement that this was a concern, and one misunderstood the concern. I would hope the Trust considers this, and works to make TEWV recruitment fair to all.

Phil Boyes
Staff Governor (Durham and Darlington).

Phil Boyes
Staff Governor (Durham and Darlington)
Tees Esk & Wear Valleys NHS Foundation Trust

Darlington. 19th July 2018

Re: Governance of recruitment

Fellow Governors,

I am writing to you today to inform you of a potential governance issue relating to Trust recruitment I have been involved with and which is still on-going, as well as soliciting your opinion of this issue as a fairness and equality issue? I have already discussed this with our Lead Governor Councillor Ann McCoy. This issue was brought to me by a staff member who wishes to remain anonymous.

The issue relates to Values Based Recruiting (VBR), and the interview process, but does not concern VBR within itself. VBR is a system the Trust uses to ensure job applicants who demonstrate our Trust Values are recruited to the Trust. Although we have a HR department, recruitment and interviewing is carried out by individual teams, and so a Team Manager will also be a Recruiting Manager.

As part of VBR the Trust has produced a document that details how Recruiting Managers should score interviewees at interview on a 0 – 5 scale (using the STAR system – Situation, Task, Activity & Result). The document also contains a list of questions the interviewer might ask. The issue and concern here is this list of questions.

It has been brought to my attention that this list of questions has been shared amongst people who should not have seen it i.e. those people attending for an interview with TEWV. This means that someone who has seen this list of questions is better prepared for an interview (because they know what questions are coming), and hence more likely to be appointed over someone who has not seen the list of questions and had time to prepare. For me this is a fairness and equality issue as one of the problems people have at interviews is "salience" the ability to readily recall information, so if a person has seen this list of questions they will be able to prepare answers, and be able to recall those answers better than someone who has not seen the questions. Hence, an unsuccessful applicant could legitimately claim "it's not what you know but who you know". Ironically, this also means those whose values are around cheating and getting an advantage over others are more likely to be appointed.

In addition if a Recruiting manager themselves applies for another post in the Trust they will be in a better position than someone who is not a Recruiting Manager, or who has not seen the questions.

I have spoken with our HR Director David Levy on this issue, and his plan is to write a new list of questions, and look at clamping down on the illicit sharing of the document.

However, my perspective is that while we have a set list of questions then the potential for abuse remains, and I would prefer we do not support having a set list of interview questions.

Hence I am asking you, my fellow Governors for your thoughts on this?

Philip Boyes
Staff Governor (Durham and Darlington).
Philip.Boyes@nhs.net
You can also find me on facebook.

I have asked that David Levy also be given the opportunity to provide a statement below.

Statement from David Levy

We have used the Values Based Interview Framework, including questions and guidance for recruiting panels, for a number of years within TEWV and overall the feedback received has been positive. My understanding is that when the framework document has been issued to recruiting managers there has been no accompanying communication about not sharing the contents of the document with certain candidates as it has been believed that there is awareness of the importance of conducting the recruitment process in a way that is fair to all concerned.

Should specific examples of alleged unfair recruitment practice be provided then we will of course investigate these examples appropriately though to date no specific examples have been provided. The volume of TEWV recruitment activity is significant, we make approximately 1,300 appointments each year.

Phil and I discussed the difficulty of trying to ensure that a consistent approach is taken to the use of values based recruitment questions without needing to provide support in the form of written example questions and guidance. My recollection is that at our meeting we could not identify a practicable alternative to the use of written information.

The current Values Based Interview Framework questions are to be revised later this year as part of implementation of the TEWV Recruitment and Retention Plan. In addition potential guidance for recruiting managers about the development of 'wildcard questions' to complement values based questions within the framework document is also being developed.

In response to the concerns expressed by Phil we could consider including the Values Based Interview Framework document with other information that is sent to all candidates for posts within TEWV. This would ensure that no candidate gains an advantage compared to another whist leaving the interview panel free to select the

particular questions that they wish to ask on the day of the interview, along with the use of wildcard questions that are not included within any published list of questions.

We are happy to engage in dialogue about how to ensure that we can continue to use Values Based Recruitment in a way that is fair to all concerned and which enables TEWV to be able to continue to recruit high quality staff.

David Levy, Director of Human Resources and Organisational Development

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	19 September 2018
TITLE:	Council of Governors' Questions – Summary of Responses
REPORT FOR:	Information

COUNCIL OF GOVERNORS 19 SEPTEMBER 2018

Responses to Governor Questions

Question 1 - Cliff Allison, Public Governor Durham

'At a recent meeting I attended, mention was made of a new document entitled "Learning Disability Improvement Standards" with which I was not familiar. Can we please have a brief outline of the document, how it affects TEWV, and what is being done by TEWV to implement it?"

Response

From Chris Lanigan, Head of Planning

"It is an NHS Improvement initiative and Cliff can find out more about it here: https://improvement.nhs.uk/resources/learning-disability-improvement-standards-nhs-trusts/

The Trust's response to this is being led by the Adult Learning Disability Speciality Development Group. I know that the Adult Service Development Group are planning to discuss this at a forthcoming meeting, and that TEWV will be asked to survey some of our service users and carers, and some staff as part of this."

From Jacky Richardson, Service Development Manager

"The documents that Chris Lanigan will have pointed you to on the NHS Improvement (NHSI) website describe 4 standards NHSI have developed; the first 3 of which will be applied to all Trusts. As a Specialist Learning disability Trust, TEWV will also be measured for compliance against the 4th standard.

NHSI plan to release a toolkit in September 2018 which will enable all Trusts to measure themselves against the standards. The toolkit is planned to contain a series of metrics which have been designed by self-advocates, family members and NHS staff. The Adult Learning Disability Specialty Development Group (SDG) has

allocated time for our monthly meeting in October 2018 in order to review this toolkit and make plans for its application to our services. We have invited Chris Lanigan to this meeting so that we can incorporate his expertise into our planning work. It is my understanding that all of the SDG's are aware of the publication of the NHSI LD Standards and also have plans to review what they will need to do at their respective SDG meetings, once the toolkit for doing so has been published. As usual with such Trust wide initiatives, all Specialty SDM's will be in regular contact about progress – coordinating activity as necessary.

As for the survey of service users and staff. It is my understanding that TEWV has had such a request made for survey but we have requested that the benefits from complying with this request are made plain - given the number of questions, the detail required & the amount of time that it would take to complete – particularly when the returns will be different for the geographical areas. This intensity of work was the reason why we did not agree to participate in the last round and the actual focus of our benchmarking work will be developed round the NHSI toolkit. This benchmarking work will include the need to draw on the experience's and feedback of our service users, their families and carers.

Question 2 - Della Cannings QPM, Public Governor Hambleton and Richmondshire

'Can you confirm what the Trust's approach to General Data Protection Regulations (GDPR) has been including the initial set up costs of compliance the ongoing costs?'

Response

Elizabeth Moody has the responsibility in her department for Information Governance and she shared with you a report that was produced and submitted to our Executive Management Team back in May 2018.

Louise Eastham, who is our Data Protection Officer and heads up the Information Governance Department has offered to speak with you direct to talk through the implications and the work that has taken place within the Trust to comply with GDPR. A copy of the report can be found at Appendix 1 to this report.

NOTE: following this response a further request was received requesting confirmation of whether Trust had incurred costs, whether this was known or not.

Response 2

In terms of following up on the initial response from Elizabeth, she has confirmed that the Trust is unable to provide an overall cost of implementing the requirements of GDPR across the organisation. She is aware that there are some known costs to individual departments relating to communications for example.

The Information Governance Department did re-prioritise their workload, processes and planned training to address the impact of GDPR and other changes such as changes to computer systems were planned in to take place with other updates scheduled.

Therefore, in terms of overall costs this cannot be provided but some nominal figures could be made available if you did wish to have these.

Question 3 - Della Cannings QPM, Public Governor Hambleton and Richmondshire

'*Following receipt of the briefing from the Chief Executive on 19 July regarding TEWV EFM would the actions contained in the briefing be classed as a significant transaction and thus subject to the Council of Governors' agreement?*'

'*What is the Trust's response on the representation of Governors on the Board of the newly formed TEWV EFM subsidiary company. How can Governors be truly able to hold the Trust to account if not represented?*'

Response

From Phil Bellas, Trust Secretary

It is likely that the potential transfer of fixed assets, as part of the expansion of the subsidiary, will be classed as a "significant transaction" and require the approval of the Council of Governors.

The treatment of assets will be examined in detail, and legal advice will be taken, during the development of the full business case which is due to be presented to the Board on 25th September.

We should, therefore, be able to provide definitive advice at the Council's meeting on 19th September.

From Colin Martin, Chief Executive

I appreciate that Governors consider it is important for the Board of Directors of the company to be held to account, particularly in view of the potential expansion of its scope; however, the approach must take into account the role of Governors and the subsidiary's status as an independent limited company which is legally separate from the Trust.

As you are aware, the Council of Governors has a statutory duty to hold the Board of the Foundation Trust to account. I think that, in this case, this duty is properly exercised by Governors being assured that the Trust Board is holding the Board of the company to account for the delivery of services and is exercising proper and appropriate oversight of the company in its role as the shareholder.

In the latter case, the Foundation Trust must be careful not to undermine the independence of the company as this might breach HMRC guidance. Control versus independence is an issue which is subject to ongoing discussion by the Board and whilst the commercial advantages, provided by the subsidiary, were not the primary reason for its establishment they do remain important.

In terms of the arrangements for holding the Board of TEWV EFM Ltd to account:
(1)   In common with the approach to any major provider of services to the Trust, the role of the Trust Board is to ensure that TEWV EFM delivers the services that

are outlined in the contracts between the two parties. In practice this will be managed via monthly meetings between the Trust and TEWV EFM officers that will review performance against the activity and standards outlined in the different contracts. Any performance issues will be escalated to the Board and, if appropriate, the Council of Governors, in accordance with usual business arrangements.

(2) The Trust Board also receives assurance on the governance and performance of its subsidiaries and other trading vehicles (including TEWV EFM Ltd) through its Commercial Oversight Committee. Any risks or concerns raised in relation to these matters would be escalated to the Trust Board and be visible to Governors through the confidential minutes of Board meetings. I would, of course, also draw any significant risks/issues to the attention of Governors through my Chief Executive's Reports to the meetings of the Council.

(3) The Trust has appointed a representative, Elizabeth Moody, to exercise its powers and duties as the shareholder of the company and to act as a formal point of contact between the Trust and the subsidiary.

I recall that there was support, when the wider potential of the company was discussed at the meeting of the Council of Governors in May, for a Governor to be invited to attend meetings of its Board of Directors; however, although I believe it would be beneficial, this is a matter for the Board of the company and not the Trust.

At present the full business case for the potential transfer of estates and facilities management services to the company is being prepared and is due for consideration by the Trust Board in September. Subject to its approval by the Board, I will raise the Council's suggestion with David Brown who has replaced Brent Kilmurray as the Chairman and Management Director of the subsidiary. With his agreement, we will seek nominations for the appointment of an observer at the next meeting of the Council of Governors.

I would also emphasise that, if introduced, we will need to give some thought as to how this approach would work in practice given that the governance arrangements of TEWV EFM Ltd, as a private limited company, are designed to be agile and highly responsive. As such its Board meetings are not subject to the same notice periods, etc as are required of a public sector organisation.

Question 4 - Glenda Goodwin, Staff Governor Forensic

'Why are there so few clinical training sessions arranged at Roseberry Park?'

From David Levy, Director of Human Resources and Organisational Development

In terms of the approach for training the following has been taken into account:

- Evidence suggests that when training is on a clinical site it is harder for staff to leave the ward if they have gone onto the ward before the training starts than if they went straight to a training venue. This is not just a Roseberry Park issue.
- Many of the clinical skills trainers have a lot of equipment that they need to utilise to deliver the training which at designated education rooms can be stored rather than transported an the risks to the staff and the equipment during transportation.
- Often there is significant difficulty in obtaining room bookings, especially when these need to be booked some time in advance. Room availability may be there but is reserved for clinical need such as MHA reviews and not released until last minute for other usages, for training rooms tend to be booked a year in advance.
- In terms of specifics for Roseberry Park, the current position of the car parking pressures which is increased during the need for the remedial investigations and work on the premises has an impact and also the work itself, could impact delivery of training in terms of noise and room availability.

NOTE – Following further discussion a meeting has been arranged with Dr Judith Hurst, Head of Workforce Development

Question 5 - Hazel Griffiths, Public Governor Harrogate and Wetherby

a. 'Does the Trust have a backlog in maintenance work, if so, how assured are the Non-Executive Directors, that these are not impacting on patient care and experiences?'

b. '*How assured are the Non-Executive Directors on all decisions, made by the Board of Directors on all localities, but especially those within North Yorkshire?*'

Lesley Bessant and Marcus Hawthorn have considered your questions and collectively provide the following response:

In terms of your first question around maintenance:

Maintenance ie Life cycle maintenance, as well as reactive maintenance, is looked at as part of the capital plan and budgeting but the detail of the program and its progress is an operational matter left to the executive.

Resources Committee does not routinely consider progress reports on life cycle or reactive maintenance programs/plans. However, the Resources committee will by exception look at the maintenance program on behalf of the Board of Directors if problems with maintenance come to light that warrant this. Ways in which such issues might come to the attention of NEDs are via visits, findings during the investigation of Serious Incidents, Complaints, and staff and patient feedback and reviews, or indeed referral by the Executive Management Team. Such issues would need to be persistent, programmatic or systemic for the matter to come to Resources Committee rather than the hastening of a particular job which should be dealt with by the executive.

An example of where a specific maintenance problem arises and is examined by Resources Committee and Board of Directors is of course Roseberry Park Hospital.

Information below regarding maintenance management has been provided by Paul Foxton, Acting Director of Operations EFM to Lesley Bessant and Marcus Hawthorn

The Trust does a return annually linked to ERIC (Estates Return Information Collection) which confirms we do not have any critical back log maintenance risks, as linked to our capital investment over the past 10 years any buildings of high risk have been replaced eg County Hospitals and St Lukes.

The Trust has developed a 10 year plan for life cycle investment in all Trust properties and £600k is the annual amount in the current Trust Programme with separate amounts identified for Roseberry Park, West Park Hospital and Lanchester Road Hospital (current and previous PFI buildings)

This Trust sum covers North Yorkshire, where each of the properties have been reviewed by the Estates Team to review what needs investment, linked to decoration, flooring replacement, lighting replacements etc.

This is reviewed annually just before the new financial year starts and actual expenditure against the planned programme expenditure is reviewed through the Capital Investment Group (CIG) and any issues reported through to the Capital Project Steering Group through into Resources Committee.

If any specific issues are raised linked to any incidents or major issues then these are reported through CIG for additional funds if required to address any issues that may impact on patient care and experiences.

The PLACE audits are also used to advise on where funds need to be directed.

<u>In terms of your second question around assurance</u>:

There is challenge at two levels to Board level estate related decisions.

The first is that the majority of such issues would be discussed in detail at Resources Committee (Sub Committee of the Board of Directors). This includes the content and phasing of the Capital Programme. Historically, if Resources Committee were not totally assured on what was being proposed they would seek further information and/or make a visit to the building in question. Resources Committee report its views on the proposals to the full Board of Directors where further challenge by Board members not involved in the original discussion can take place.

With complex issues we have also had Board of Directors seminars on the proposals under discussion to ensure that we all understand what is being proposed. Exceptionally issues may come straight to Board of Directors and again there would always be a full discussion with the matter being deferred if members were not assured.

High-level monitoring of the build/refurbishment progress, and any additional major project decisions required are also undertaken through the Resources Committee and where necessary the Board of Directors to maintain full assurance at various stages.

Question 6 - Mark Eltringham, Public Governor Stockton on Tees

'I note from recent press articles (week commencing 10/7/18) that Leeds and York Partnership NHS Foundation Trust are to replace PARIS with CareWorks solution as they needed a system which would:
- *link into the local care record and other systems like electronic prescribing;*
- *offers fully mobile working and;*
- *offers workflow prompts to help make sure important steps in care processes are met.*

In the light of this is the Trust evaluating whether PARIS is fit for purpose?'

From Bob Craig, Associate Director of Information

When our PARIS contract was due for renewal, a range of the options available to the Trust were considered. The option of moving away from the current Patient Administration System was considered and it was recognised that it would be a large and complex project which massively impacts on Clinical Services and Patient Care. It was felt that the current provider of our electronic clinical record (Civica) could address the issues of PARIS and support the Trust's Digital Transformation agenda. Therefore it was felt that the best way forward was to continue using PARIS, but with the introduction of new technologies to enhance the clinical systems as well as a new model of working with the supplier which developed a closer developmental approach to improving the system and required them to work directly with clinical staff to determine their needs and produce solutions that improved their clinical work and reduced the administrative workload associated with clinical record keeping and enhance clinical decision making.

With this in mind, a new PARIS contract was negotiated with an additional clinical application called CITO being provided. This application was to developed to address the issues we were experiencing and was a major improvement that allowed us to significantly develop the PARIS system.

As a result there has been extensive work undertaken in order to ensure that the trust electronic patient record is fit for purpose in the coming years. This has included working directly with clinical staff to understand their needs in order that the new system meets their needs.

Work to date has already included significant upgrades to the infrastructure that the system operates on in preparation for the changes that are due to be released between August and December of this year.

The upgrades that are in the final stages of development includes the following elements as well as many others:

- Enabling mobile working mobile
- Improvement in speed and reliability of the system
- The introduction of electronic clinical pathways
- The provision of a service user portal to allow them to access and share information of their own

- Provides the functionality for interoperability with other service providers data/information and them to our information, subject to the appropriate permissions.
- Functionality to support e-referrals and discharges
- The ability to scan archived records digitally into the electronic record
- There is also an ePrescribing solution
- In addition the new approach will allow staff to directly dictate into the clinical record
- The system is built on a new workflow model that will enable much quicker access and retrieval of clinical information

Therefore I would like to re-assure Governors that a full evaluation of PARIS has been undertaken and what I have described above demonstrates that the areas he has raised are being addressed as well as many others to ensure that our electronic clinical record is fit for purpose and allows us to improve and build upon it into the future as and when required.

Question 7 – Judith Webster, Public Governor Scarborough and Ryedale

'Following a recent TV programme on suicide I would like to know if the Trust has signed up to the Zero Suicide Alliance and if so who is the Trust Lead?'

Response

(1)   The Trust has signed up to the Zero Suicide Alliance.

(2)   At present, the appointment of the Trust lead is under discussion but the approach is likely to be discussed by the Board at its business planning event in early October.

Question 8 – Phil Boyes, Staff Governor Durham and Darlington

'The Trust includes Huddles within the Community Productivity Dashboard.

1. *In the average month across the Trust, how many clinical hours are spent in Huddles assuming everyone who is able to attend attends? i.e a Team of 15 huddling every day for half an hour would equate to 28 hours a month (4 week month). How many hours is this extrapolated across the Trust?*
2. *How does the Trust demonstrate return of gains from this investment in evidential terms of increased productivity exceeding the investment in time?*
3. *Should attendance at huddles "talking about productivity", actually be counted as "doing productivity".'*

Response

This response will be circulated at the meeting due to be held on 19 September 2018.

Question 9 – Della Cannings QPM, Public Governor Hambleton and Richmondshire

'Following attendance at the briefing for Governors on Mental Health Legislation, in terms of the Associate Mental Health Act Managers can you advise:

1. *How many volunteers are there in the 'pool'*
2. *What is the demographics of volunteers - gender, ethnicity, age, geographical distribution, length of service on Panel and frequency of usage.*
3. *How many Panels have been convened in the last year and how many of the 'pool' have been used on these*
4. *In the last 12 months has any Panel ordered a discharge?'*

Response

The following response has been provided by Elizabeth Moody.

In terms of the number of Associate Hospital Managers, there are 44 currently active with another 2 people preparing to take on the role through observing hearings and undergoing training.

Of the 44, 26 are male and 18 are female, of the 2 preparing, 1 is male and 1 is female and age ranges are from 47 to 80 years.

In terms of ethnicity, this is something that was not captured historically, only the more recently recruited managers have been asked to declare this. However the team have identified that this is something that will need to be captured and will look to do this in the future. Also in terms of the ethnicity it is generally White British. The Mental Health Legislation Committee will discuss at a future meeting ways that this can be improved through potentially more targeted and broader recruitment.

The location of the individuals are geographically spread in terms of where they live across all areas of the Trust footprint – Teesside, Durham, Darlington, York, North Yorkshire and also Newcastle upon Tyne and West Yorkshire. We try to arrange for the panel to come from as geographically close to where the hearing is being held as possible, but this is not always possible.

The length of service of individuals ranges from 17 years to new Associate Hospital Managers currently in preparation.

All Hospital Managers are required to sit on at least 12 panels per year to maintain their competencies, though most sit on more than this and the number of panels attended ranges from 12 to 109 in the year 2017/18. They undergo appraisals undertaken by the staff within the Mental Health Act Office. Honorarium payments are offered and expenses for travel for participating in a hearing.

All panels must have 3 Associate Hospital Managers attending and in the year 2017/18 there were 603 hearings convened resulting in 5 discharges from detention or CTO.

In terms of the Mental Health Legislation Committee, there is a vacancy on this Committee, however as the Council had been unable to seek appointment from Governors, the decision was taken at the May Council meeting that a discussion would be held to seek a service user representative from the Recovery Experts by Experience Group. This is currently in process. The current Governor who is a member of this Committee is Cliff Allison who is the Governor carer representative.

Question 10 – Mary Booth, Public Governor Middlesbrough

I was disappointed to hear about the risk to ancillary workers in the new arms length subsidiary company.

When as a governor I heard and approved of the move to set up such a company I was pleased and assumed that the workers estates and any other roles transferred would now have the same terms and conditions as other Trust workers.

As a governor my question is, can and will the Trust commit to ensuring these vital and often low paid workers are given comparable terms and conditions as those directly employed by the Trust? I understand the Trust expects its subsidiary to up take the Trusts values and this is the only way we can be sure.

What is the reason for not making these staff full NHS staff?

Response

This item will receive a verbal response from the Chief Executive under the Chief Executive update within the private agenda of the meeting due to be held on 19 September 2018.

Question 11 – Rachel Booth, Staff Governor Teesside

Question 1
How will the trust ensure those staff being TUPE over remain valued, and what strategies do the trust plan to put in place to ensure they do not create an 'us and them' culture.

Question 2
If this change goes ahead can the trust guarantee that those NHS staff who TUPE over will maintain the same terms and conditions for the duration each staff members employment, including their pensions? Or if there is a difference in the terms and conditions what will they be, and will staff have the option to choose to accept new terms or stay on Agenda for Change terms?

Question 3
Are there any vacancies in the Estates and Facilities Department that the Trust has been unable to recruit into, and how will TEWV FM be able to attract staff over TEWV NHS FT?

Response

This item will receive a verbal response from the Chief Executive under the Chief Executive update within the private agenda of the meeting due to be held on 19 September 2018.

FOR GENERAL RELEASE

Executive Management Team

DATE:	**23 May 2018**
TITLE:	**To receive an update on progress with GDPR implementation**
REPORT OF:	**Elizabeth Moody, Director of Nursing & Governance**
REPORT FOR:	**Information**

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

Executive Summary:

The General Data Protection Regulation 2016 (GDPR) and the Data Protection Bill 2018 will replace the Data Protection Act 1998 (DPA1998) on the 25th May 2018. The new legislation, whilst very similar to the DPA 1998 makes some fundamental changes in regard to transparency of processing, privacy rights and compliance monitoring.

The upcoming changes to the Data Protection Act 1998 will mean that the asset registers and data flows that are embedded in these registers will become an essential component of Trust compliance evidence.

The introduction of robust processes with clinical staff so that patients and carers understand their information rights will also be key to the Trust embedding the new legislation successfully.

The key requirements for the implementation of GDPR will be in place by 25 May 2018. Work will continue in partnership with the Information department to further enhance systems and processes.

The impact of the GDPR will be kept under review and any implications for the IG team in terms of increased activity and workload will be monitored.

Recommendations:

The Executive Management Team are asked to consider this report and accept the conclusions drawn in section 6.

MEETING OF:	Executive Management Team
DATE:	23rd May 2018
TITLE:	To receive an update on progress with GDPR implementation

1. INTRODUCTION & PURPOSE:

1.1 In order that the trust meets its obligations in respect of GDPR,

1.2 This report is to provide the Executive Management Team (EMT) with an update on the progress made to date with the implementation of GDPR and on-going work-plan.

2. BACKGROUND INFORMATION AND CONTEXT:

2.1 The General Data Protection Regulation 2016 (GDPR) and the Data Protection Bill 2018 will replace the Data Protection Act 1998 (DPA1998) on the 25th May 2018. The new legislation, whilst very similar to the DPA 1998 makes some fundamental changes in regard to transparency of processing, privacy rights and compliance monitoring. This legislation will give individuals more control over how organisations use their personal information, setting new standards of protection.

3. KEY ISSUES:

3.1 GDPR requirements and implementation progress

In February 2018 the Information Governance Alliance (IGA) produced a GDPR checklist. This paper goes through the headings in the checklist to demonstrate where the Trust is in its implementation processes.

3.2 Accountability –
There is a new principle of accountability that means there is a need to demonstrate compliance. In this way, the Trust can be fined even if no 'harm' has occurred.
This includes demonstrating compliance, management awareness, staff and contractor awareness and policy framework.

- **Compliance** – A programme of work has been in place to move the Trust to a position of compliance since June 2016. The first steering group meeting took place on 8/6/17 and have taken place monthly to update on progress and take feedback. The group will continue to meet until autumn so that outstanding issues can be monitored.

- **Management and staff awareness** – EMT and Board have been periodically briefed on progress and requirements since July 2016. The NHS briefing for CEO's was also shared with NED's. Awareness raising sessions were held in 2017 and renewed again in the first

quarter of 2018. The latter stages have now seen a planned increase in briefings to include requesting a splash screen update and updating the Trust Internet.

- **Contractors –** This work is not complete. However, key contractors that process personal data on behalf of the Trust have been contacted and assurances of their compliance given. Letters will also be sent to other suppliers. The standard NHS contracts are also being revised.

- **Policy Framework** – All policies have been reviewed and amended as required.

3.3 Keep records of data processing activities

The Trust has a process for maintaining asset registers and information flows. This aspect of the Trusts work is given more focus in GDPR because it is how we understand what we are processing and why and as part of GDPR what the legal basis for that processing will be.

The ability to track assets and information flows is a burden to the IAO and IAA network and a piece of work is underway to try to automate and remove waste from the process. In the meantime two Kaizen events have been held to '5s' the information flows so that information is clearer and the legal basis can be clearly identified.
This initial review of the information flows will be complete by the 25th May but the review of the system will remain outstanding. This is likely to mean that we will have to manually review the information at least half yearly.

3.4 Data protection by design and default and DPIAs

The DPIA process has been built into the project management processes and change board that processes changes to information systems. The register of DPIA's is held by the incident management team on behalf of the Data Protection Officer. The work that is undertaken outside of these processes needs to be captured and is more problematic but good awareness raising sessions have brought it to staff attention.

3.5 Appoint a Data Protection Officer

All NHS bodies whose core business is the delivery of health must appoint a DPO. DPO's must be independent and must not be instructed on how to carry out the role within the organisation. DPO's are not personally responsible in case of non-compliance with GDPR. This is the responsibility of the data controller or the processor. EMT previously agreed to appoint Louise Eastham to this role in her existing job of Head of Information Governance. The role requires a review of resources and it has been decided that a full review will be undertaken once there is a better understanding of the impact of GDPR.

The job description is in process and will be fully in place by the end of June.

3.6   Identify the lawful basis for processing

This piece of work is linked to the work described in 3.3. It will be complete as a first review in time for the May deadline and key information will be fed into privacy notices for each speciality.

3.7   Demonstrate compliance with consent requirements

Where consent is the legal basis for processing this will be identified and the increased recording activity maintained. Processes have been updated to allow this. It is worth noting that just because consent is not our legal basis for processing information it will still be a required process within the Trust.

3.8   Comply with more stringent transparency requirements

The privacy notice is the platform for all processing activity in the Trust as it tells patients and staff how we will be using, storing and sharing their information for the purposes of their care. The Trust has developed a range of notices that are relevant not only for services but also staff, volunteers, students, members and governors. The privacy notices are currently being checked by the Trust solicitors and will be uploaded to the website and communicated to staff prior to 25th May.

3.9   Manage children's rights

The information flows have not so far identified any paid for online services for children. Children's services will be asked to review any on line services for compliance.

3.10   Support individuals' rights

The information governance team already handle enquiries from patients and staff in regard to queries about the accuracy of their records and any other breaches that they feel have occurred. The team will monitor this activity to see if the workload increases.

3.11   Manage subject access requests

All processes have been reviewed and documentation updated. The risk is that the loss of the 10 days (the timescale is now 30 days) could lead the trust to a breach situation in time but this will be monitored and reported to the Digital Safety Board on a monthly basis. The removal of fees may increase activity which will need to be monitored.

Individual rights are strengthened in relation to:
- Having accuracies corrected
- Having information erased
- Having a wider right 'to be forgotten' than currently exists.

The impact of the above will also require monitoring.
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3.12   Detect, report and investigate personal data breaches

There is a new duty to inform data subjects of high risk breaches. There is a duty to notify Information Commissioners Office (ICO) within 72 hours of breaches unless they are likely to result in a risk to the rights and freedoms of natural persons. There is a duty to report to ICO even if small numbers of service users are affected.
Policy changes and processes are in place to manage this activity.

4.   IMPLICATIONS:

4.1   Compliance with the CQC Fundamental Standards:

In all key areas of GDPR the Trust will be compliant by the 25 May 2018. The recording of handing out privacy notices may need to be reinforced because this is commonly not an activity that is recorded. This aspect of the clinical process will also need to be built into clinical activity and at first contact with the Trust.

4.2   Financial/Value for Money:

There are no direct financial implications from this report. All briefing sessions have been held in Trust sites with no additional costs incurred by the team. The impact of GDPR will be monitored for potential impact on resources.

4.3   Legal and Constitutional (including the NHS Constitution):

The change in legislation is imminent and the new IG Toolkit will help us in demonstrating compliance.

4.4   Equality and Diversity:

There have been no equality and diversity issues raised as part of the changes to the legislation.

4.5   Other implications:

None identified.

5.   RISKS:

- The upcoming changes to the Data Protection Act 1998 will mean that the asset registers and data flows that are embedded in these registers will become an essential component of Trust compliance evidence. The Trust has a manual process for maintaining asset registers and information flows which is not always clear and updated.

- The introduction of robust processes with clinical staff so that patients and carers understand their information rights is key to the Trust

embedding the new legislation successfully. There is a risk of non-compliance with GDPR if this is not understood or enacted.

6.   CONCLUSIONS:

6.1   The key requirements for the implementation of GDPR will be in place by 25 May 2018. Work will continue in partnership with the Information department to further enhance systems and processes.

6.2   The impact of the GDPR will be kept under review and any implications particularly for the IG team in terms of increased activity and workload will be monitored.

7.   RECOMMENDATIONS:

7.1   The EMT are asked to consider this report and accept the conclusions drawn in section 6.

Author: Elizabeth Moody
Title Director of Nursing and Governance

Background Papers:

Supplementary information for Public Agenda Item 8i – Governor questions

Question 8 – Phil Boyes, Staff Governor Durham and Darlington

'The Trust includes Huddles within the Community Productivity Dashboard.

1.   *In the average month across the Trust, how many clinical hours are spent in Huddles assuming everyone who is able to attend attends? i.e a Team of 15 huddling every day for half an hour would equate to 28 hours a month (4 week month). How many hours is this extrapolated across the Trust?*
2.   *How does the Trust demonstrate return of gains from this investment in evidential terms of increased productivity exceeding the investment in time?*
3.   *Should attendance at huddles "talking about productivity", actually be counted as "doing productivity".'*

Response

The primary purpose of huddles is not about increasing productivity. The primary aim is around quality, safety and wellbeing for both service users and staff. What it is definitely not, is spending time 'talking about productivity'. We know from the work which has been undertaken in teams that there have been a number of benefits from the use of huddles and one of the advantages of the huddles is that staff should be more productive by reducing the rework and 'corridor conversations' and planning work more effectively and efficiently. Examples are staff being able to share concerns or get other people's views, or reallocate work if people have rung in sick.

As part of our Trust wide work around understanding the activity in teams, there has been calculations to include the time taken in huddles into the working week. We know this can vary team by team (dependent upon team size etc) but the estimate is that approx. 4% of the available team capacity is spent in huddles.

We continue to review the effectiveness of huddles through our quality improvement work and work with teams to ensure that we capture all of the benefits and learning from the use of huddles.

Question 12 – Hazel Griffiths, Public Governor Harrogate and Wetherby

How is the 'model Hospital' been used in our trust and what does it tell us about our trust?

Response

Information provided by Elizabeth Moody, Director of Nursing and Governance,

The use of Model Hospital in the trust at present is currently very limited. The Single Oversight Framework that the Trust submits segment now includes this data (although currently February 2018).

The corporate benchmarking data will be used to inform the trusts future focus on the Carter/Naylor national work to review productivity, efficiency and reduce variation of trust services. Updated data from 17/18 will be published in October 2018.

In order to get reliable and regular national benchmarking on workforce productivity, it is recognised that further standardisation of the Mental Health services data set will be needed including defining services.

At present the use of the nursing and workforce sections are predominantly aimed at the Acute Hospitals, but will head towards Mental Health and Learning Disability services at some point soon.

One of the parameters collected is Care Hours per Patient Day which the trust has collected since April 2018 and is included in the monthly safe staffing board reports. This is reported centrally for Acute Trusts only at present who report that further work is required for this to be a useful resource to understand variation.

Work is ongoing at a national level to extend relevant mental health data sets for mental health and community services. NHS Improvement hopes to incorporate these additional metrics to the Model Hospital by April 2019.

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

ITEM NO 8ii

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	19 September 2018
TITLE:	Board round-up
REPORT OF:	Phil Bellas
REPORT FOR:	Assurance/Information

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

Executive Summary:

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

Recommendations:

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

MEETING OF:	COUNCIL OF GOVERNORS
DATE:	19 September 2018
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 by the Communications Department 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 during April 2018 to July 2018 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 during April 2018 and July 2018 (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 24 April 2018

Locality briefing – North Yorkshire
Tim Cate gave a presentation and update on key issues in the North Yorkshire locality.

The Board heard about the progress that been made across the patch; performance was improving which Tim felt was attributable to focussing on people and innovation.

He noted that recruitment remained one of the biggest challenges for the locality and one of the main areas of concern was the number and level of serious incidents. Tim advised that further work was being done to understand the reasons for this.

The Board commented on the low sickness absence rates in the locality and asked whether there was anything others could learn from this. Tim felt that staff across North Yorkshire were very resilient. He said that there were a number of isolated teams and that staff supported each other.

The Board were aware of the challenges in North Yorkshire and were pleased to note the progress that was being made. The Chairman asked Tim to pass on their thanks to staff.

Report of freedom to speak up guardian
The Board received and noted the six month report.

There was a lengthy discussion about a case study, included in the report, about someone who had chosen not to proceed (the individual was worried about the consequences of being identified). This highlighted the challenges of addressing concerns, which individuals choose not to take forward and how we can encourage and support staff to proceed. The Board noted the importance of the mandatory training for managers, particularly in helping them understand the difficulties faced by staff in raising concerns.

Board members asked how the Trust could improve the way it uses the intelligence gathered from various sources to better understand cultural issues. It was noted that following an improvement event in March the Trust was looking at having a more systemic approach to sharing intelligence.

Annual report of the guardian of safe working
The Board received and noted this report and that the Trust continued to comply with the 2016 junior doctor contract; that junior doctors were submitting exception reports which were being handled appropriately and that there were no immediate safety concerns.

The Board gave their support for the 'hospital at night' software which would support greater coordination of work and a reduction in inappropriate calls on junior doctors.

Nurse staffing report
The Board received and noted this monthly report.

Some of the key issues noted were:
- high levels of acuity on the organic wards with increased levels of one to one nursing
- high levels of admissions and incidents on Elm and Maple wards and action plans and staffing had been put in place at West Park to address this.
- Acomb Garth and high use of agency staff – recruitment continues to be a challenge; however it's hoped that the development of the new hospital will make working in this environment more attractive. It was also noted that staffing had been increased to help reduce the number of falls (this had been successful).

Quality Assurance Committee
The Board received and noted the report. Hugh Griffiths drew attention to the clinical audit of response bags where an improvement had been seen. However, there was still some non-compliance and it had therefore been agreed to have quarterly re-audits and fortnightly random sampling by modern matrons.

Hugh also noted the concerns the committee had highlighted about the quality of agency staff as well as the impact of illicit substances in inpatient areas.

Thematic review into 'feeling safe'
This review was undertaken following concerns expressed by a small number of service users and carers (in patient feedback) about not 'feeling safe'.

The Board support the proposal to invite experts by experience to work with each locality to further develop strategies for highlighting and appropriately escalating patient experience concerns.

Finance report
The finance report was received and noted. The importance of having realistic CRES plans was noted.

Performance
The Board received and noted the performance dashboard report. The overall position was positive – for instance we met all our mandatory and statutory training targets and appraisal levels were the highest we'd seen. Less positive was the number of unexpected deaths and Elizabeth Moody reported that other trusts had also seen an increase of around 20% in the number of unexpected deaths. She added that the patient safety annual report would provide greater focus on the analysis and understanding of the learning from these deaths.

Colin Martin recognised that despite continuing financial pressures and increased activity and demand, the levels of performance were a credit to staff and the Board formally recorded its appreciation of their hard work during 2017/18.

Feedback from Board of Directors meeting held 22 May 2018

Annual report on research and development
The board received and note the annual report on research and development, which was presented by Professor Reilly. Key highlights included:
- Board Members, whilst recognising there was a lot to celebrate in the report, sought assurance that action had been taken in relation to ethical standards following concerns raised by an international journal about an article submission which included work conducted in the Trust. Prof. Reilly advised that, whilst not being able to provide full assurance that a similar incident could not happen in the future, controls had been strengthened
- It was suggested that, in future, the objectives of the Research and Development Strategy should be used as the framework for the annual reports.
- Board Members highlighted the need for the Trust to maintain a balance between research and clinical delivery in view of the increase in the former activities.
- Clarity was sought on the number of participants needed for studies
- Prof. Reilly outlined the approach to the approval of studies but recognised that there was the need for an additional step in the process in the circumstances described.
- Dr. Khouja reported that he and Prof. Reilly were discussing how the Trust could utilise the University of York's expertise in health economics.

Report of the Quality Assurance Committee
The Board received and noted the report of the Quality Assurance Committee including:
The confirmed minutes of the meeting held on 5th April 2018
The key issues considered by the Committee at its meeting held on 3rd May 2018.

Key highlights included:
- The report on the clinical audit of CPA principles.
- The presentation provided to the Committee on "Positive and Safe" which focused on reducing the use of restrictive interventions. It was noted that overall the use of prone restraint by some specialities had reduced significantly but there were still some "hot spots". The Committee had discussed the use of rapid tranquilisation in CAMHS and had received assurance that a "deep dive" review would be undertaken on this matter with the outcome reported to it in due course.

Monthly Nurse Staffing Report
The Board received and noted the exception report on nurse staffing for April 2018 as required to meet the commitments of "Hard Truths", the Government's response to the Public Inquiry into Mid Staffordshire NHS Foundation Trust (the "Francis Review").

The Board's discussions focussed on the following matters:
- The competency of agency staff.

- Board Members recognised that the lack of fully developed staff banks for the North Yorkshire and York and Selby Localities contributed to agency staff usage.
- Mrs. Moody advised that the temporary staffing service continued to explore the development of the staff banks in the localities, that a number of other options were also being examined, with acute providers on the potential development of a regional staff bank. And that the Trust wanted to recruit sufficient staff and work was being undertaken with the Universities, e.g. in Scarborough, to achieve this.
- Mr. Levy considered that the Trust needed a new approach to temporary staffing and, to facilitate this, to understand the growth in demand as the Trust employed more nurses than ever before. Mr. Martin supported this view of needing a fresh approach to the supply and deployment of staff highlighting that 78% of expenditure on agency staff was for healthcare assistants.
- Care Hours per Patient Day (CHPPD) - the Board noted the Trust's first submission of data for this metric to NHS Improvement. It was noted that NHS Improvement would be undertaking benchmarking of the data which would inform the Trust's position.

Composite Staff Action Plan
The Board received and noted a progress report on the implementation of the Composite Staff Action Plan and locality and corporate directorate action plans.

Mental Health Legislation Committee
Mr. Simpson, the Chairman of the Committee, reported that the meeting on the 19th April 2018 was the first to be based on a new format, structured around high quality questions, which was aimed at aligning the business transacted more closely with legislation, including at an operational level, the Scheme of Delegation.

It was agreed that the Scheme of Delegation in respect of the Mental Health Act 1983, appended to the above report, be confirmed.

Annual report and accounts 2017/18
The following were approved:
- The Annual Report, including the Quality Report, and Annual Accounts 2017/18
- The Letter of Representation.
- The Trust's statement under the Modern Slavery Act 2015.

The Board approved the submission of the Annual Report, including the Quality Report, and Annual
Accounts, to NHS Improvement and Parliament and also authorised the submission of the Quality
Account to the Department of Health and Social Care.

Annual Board certificates required by NHS Improvement
These were signed off.

Finance report as at 30th April 2018
The Board received and noted the finance report as at 30 April 2018.

Trust performance dashboard as at 30th April 2018
The Trust received and noted the Performance Dashboard Report as at 30th April 2018.

It was considered that it would be beneficial to hold a Board Seminar on outcome measures and interesting to have a personal view on patient reported outcome measures and their impact on recovery. Mr. Martin agreed to find an appropriate slot on the Board Seminar programme for these discussions.

Strategic Direction Performance Report for Quarter 4, 2017/18
Consideration was given to the Strategic Direction Performance Report for Quarter 4, 2017/18 including proposals to approve changes to the Trust Business Plan (as set out in Appendix 1 to the covering report). The Board noted that the Executive Management Team (EMT), at its "Time Out" on 30 May 2018, was due to consider the Strategic Direction scorecard KPIs and it was hoped to present recommendations to the Board in July 2018.

Publication of information on compliance with the public sector duty under the Equality Act 2010
Consideration was given to the report which sought the ratification of the information contained in the Equality Data Document (Appendix 1 to the covering report) for publication as required by the Equality Act 2010.

The Chairman advised that the purpose of the report was to seek the Board's approval for the publication of the information and the data was due to be fully considered by the Resources Committee.

At the request of Mr. Hawthorn, the Chairman of the Resources Committee, Mr. Levy undertook, if practicable, to condense the information provided in the report when presented to the Committee.

Feedback from Board of Directors meeting held 3 July 2018

Locality briefing - Tees
Dominic Gardner, acting director of operations, gave a presentation and update on key issues facing the Tees locality.

He briefed the Board on some work they're doing to raise awareness about dementia and engage with the Asian community (this includes developing a video with a local community group). The Board were very interested and asked if they could see the video at a future seminar.

The Board were pleased to note the positive results arising from staff working in police control rooms. They also congratulated the service on the work they're doing in dual diagnosis.

Board members asked about nursing homes and the impact of closures on TEWV. Dominic acknowledged that it continues to be a challenge, noting the gap between standard and specialist nursing home provision. TEWV is looking at what can be done to support existing nursing homes by, for instance, helping to develop the skills of staff. We're also working with the CCG and local authorities to address this issue.

Lesley asked Dominic to pass on the Board's appreciation to staff for all their hard work and, in particular to thank staff at Rosebery Park (and those who have moved to other locations) for their co-operation and resilience during difficult circumstances.

Quality Assurance Committee
The Board received and noted the report and key issues considered by the committee held on 7 June.

Hugh Griffiths highlighted the following:
- There was concern about the recent increase in serious incidents and unexpected deaths in North Yorkshire. A review is being undertaken and QuAC have asked for an update at its meeting in December.
- The committee had asked for a report on what the Patient Safety Alert from NHS Improvement on nasogastric tubes means for the Trust
- Clinical audit of use of restraint in Tier 4 CAMHS – there was a disparity between the level of detail provided in incident reports and in clinical records; however the committee were also concerned about the incidence of the use of restraint. Information on the actual position on the use of restraint will be provided to the committee.
- Safeguarding – there had been a discussion about safeguarding training which, although meeting statutory requirement (and at the highest level it had ever been) was below contractual targets. It was noted that this was being monitored and action was being taken to make more courses available.

Safe staffing report
The Board received and noted the exception report on nurse staffing.

There was a discussion about Acomb Garth, which is an outlier and has also been identified by the locality as a significant concern. Ruth Hill updated the Board on action that was being taken including

- A review by the head of nursing and the governance directorate
- Exploring the use of zonal observation (this is where a member of staff would be allocated an area for observation rather than the traditional one staff member per patient)
- Where possible only using agency workers known to the service
- Action plan to be provided to the QuAC

Recruitment and retention plan

The Board received a progress report and sought clarity on a number of points including:

- There was a discussion about the Derbyshire model which uses a mobile team of staff who can undertake a broad range of clinical duties and can be deployed where needed. Feedback from the model which had been implemented on a small scale was positive and the Trust is reviewing this.
- David noted that the key lesson learned from the return to work scheme was that the Trust needed to provide greater flexibility to returners.
- There was no evidence at present that staff were considering leaving the Trust due to concerns about BREXIT but we would continue to monitor this.
- That it might be worth reconsidering overseas recruitment to compliment other approaches, now that the recruitment cap had been lifted.

Learning from deaths

The Board received the report and noted that these reports are still work in progress; that we're still learning about the process and what it tells us (other Trusts report having similar issues).

Annual report on patient safety

The Board received this report and noted that we are seeing an increase in the number of incidents that are being reported, which is positive. Lesley added that the incidents that were being identified were appropriate that our approach to identifying root causes of incidents had improved.

There was a discussion about the Trust's approach to identifying and responding to themes identified from serious incidents. Jen Illingworth advised the Board that the reporting of serious incidents to EMT had changed and that the quarterly report now examined what the issues were within key themes and what actions were required in response to them.

Finance report

The Board received the finance report and noted the action that is being taken to develop CRES. The CRES board, chaired by Colin, and a team lead by Bob Craig are looking at potential schemes.

Performance

The Board received the performance dashboard as at end of May 2018.

Data quality strategy

The strategy was approved.

Feedback from Board of Directors meeting held 19 July 2018

Chairman's report
Everyone agreed that the Annual General Meeting had been very successful and that Andy Bell, deputy chief executive at the Centre for Mental Health) had delivered an interesting speech.

Paul Murphy reported on an event he'd attended on behalf of the chair at York Minster with two members of staff (as part of the NHS70 celebrations). He said he had found the event profoundly moving. Brent Kilmurray added that he had also attended a service at Westminster Abby (also with two members of staff) both of whom had welcomed the opportunity of being part of the celebrations.

Guardian of safe working
Julian Whaley presented the report and confirmed that the Trust continues to comply with the 2016 Junior Doctor contract. He outlined some of the workload pressures and what's being done to tackle them noting that the Trust is good at tackling issues before they occur.

The Board asked about progress on work to reduce the volume of inappropriate calls in South Durham. They were advised that the duty night coordinators had been appointed, which should help, and that the impact of this would be assessed.

Quality assurance committee report
The Board received and noted this report. It was also agreed that the issues relating to the use of restraint and physical interventions in Tier 4 CAMHS would be considered at a future Board Seminar.

Nurse staffing report
The Board received and discussed the six monthly report. They also discussed 12 hour shifts and noted that the research project (in partnership with the University of York) was due to be completed by the end of the year. It was agreed that the researchers be invited to present their findings to the Board.

Gender pay gap
The Board received a report on the analysis undertaken to date. A number of issues were discussed including:
- The impact of breaks on length of service, which was highlighted in the report as the main thing that determined the pay gap, and what could be done to mitigate this
- The impact of clinical excellence awards and the potential cultural reasons why applications were more likely to be from men than from women (Ahmad Khouja noted that he had set up a working group to look at this)
- The importance of talent management in overcoming cultural issues

It was noted that a report was to be presented to the Council of Governors in September.

Leadership and management strategy
The Board received the draft strategy and discussed the notion of leadership within the strategy. The Board approved the strategy (subject to minimal changes).

Annual report on directors' visits
The Board received the annual report on directors' visits, which they felt had been very positive. They felt that undertaking visits by theme had been beneficial as it highlighted variations and prompted debate. They also noted that they had witnessed lots of examples of excellent practice.

Performance indicators
The Board approved the key performance indicators.

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS
PUBLIC AGENDA

DATE:	**19 September 2018**
TITLE:	**To assure the Council of Governors on the position of compliance with the Care Quality Commission and Ofsted registration requirements**
REPORT OF:	**Elizabeth Moody, Director of Nursing and Governance**
REPORT FOR:	**Information**

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

Executive Summary:

This report provides an update on the Trust's activity in providing assurance on the current position of compliance with the Care Quality Commission (CQC) and Ofsted registration requirements:
 	
• Trust Inspections: since submission of the previous report there have been:
  - 12 CQC MHA Review inspections to wards
  - 2 HMIP inspections to prisons
  - 1 Social Care inspection
• Update on the Quality Compliance Group
• Update on the Peer Review Inspection Programme
• Update on the CQC Engagement meetings

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

MEETING OF:	COUNCIL OF GOVERNORS
DATE:	19 September 2018
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 Trusts Care Quality Commission (CQC) and Ofsted registration and provide assurance of compliance with the Fundamental Standards for Quality and Safety required to maintain registration.

2. KEY ISSUES:

2.1 Trust CQC Inspection 2018

On 13 March 2018 the CQC issued the Trust with the formal Provider Information Request (PIR) which was submitted on 5 April and marked the commencement of the formal inspection for the Trust. Unannounced core services inspections commenced on 12 June where the following services were inspected by the CQC:

- AMH inpatient
- MHSOP inpatient
- CYPS inpatient
- Forensics inpatient
- AMH community
- Adult Autism/LD community

In total, 52 inpatient wards and 21 community teams were inspected. Between the 23rd and 25th July 2018 the CQC concluded the inspection with the well-led review (interviews with Board members and other key leads). The Trust anticipates the draft report will be issued in early September for accuracy checking with a potential publication date of October 2018.

Each core service that was inspected will receive a new rating and a rating for well-led. From this, the Trust overall position will be aggregated and scored. For those core services not inspected the ratings will remain the same as they were previously.

The Trust has received some initial feedback which has been largely very positive. The CQC advised that, without exception, all staff were enthusiastic, caring and compassionate. They could clearly see the pride everyone took in the work that they do. They particularly highlighted that the Trust has good medical engagement, professional nurse leadership and were impressed by Trust quality improvement activities; particularly daily lean management processes such as the huddles. When out visiting wards and teams, it was noted that there was always good interactions between staff and patients and across many areas care plans were

felt to be more person centred which is a great improvement from the last inspection. As would be expected with an inspection of this size they have also noted some areas for improvement, and the Trust have already begun to take action where possible at this stage. Once the draft reports are received the Trust will then be able to better understand any other issues that require action.

2.2 Trust Inspections

Since presentation of the previous report to the Council of Governors there have been: 12 unannounced CQC MHA inspections, 2 HMIP inspections and 1 CQC social care inspection:

Type of Inspection	Locality	Speciality	Ward/Team	Inspection Date
MHA	Forensic	FMH	Newtondale	22/03/2018
HMIP	Forensic	HMP	HMP Deerbolt YOI	16/03/2018
MHA	NY	MHSOP	Rowan Ward	18/04/2018
MHA	D&D	AMH	Tunstall Ward	08/05/2018
HMIP	Forensic	Forensic	HMP Frankland	14/05/2018
MHA	NY	AMH	Ward 15	23/05/2018
MHA	Tees	CYPS	Newberry Centre	01/05/2018
MHA	Forensic	FLD	Thistle	16/05/2018
MHA	Tees	AMH	Stockdale	14/06/2018
MHA	Forensic	FLD	Kestrel Kite	11/07/2018
MHA	Tees	AMH	Overdale Unit	15/08/2018
MHA	D&D	AMH	Primrose Lodge	17/07/2018
MHA	Forensic	FMH	Mallard Ward	31/08/2018
Social Care	Tees	ALD	367 Thornaby Road	30/07/2018
MHA	Y&S	AMH	Minster Ward	05/09/2018

2.3 Her Majesty's Inspectorate of Prisons (HMIP) and CQC Prison Inspections

HMP Holme House received a follow up focused inspection on 5 July 2018 following the Requirement Notice received during inspection in July 2017. It confirmed that all issues previously raised have now been addressed.

A draft report was received for factual accuracy checking in July following inspection to HMYOI Deerbolt by HM Chief Inspector of Prisons on 16–27 April 2018. There were some recommendations identified in the report which have been reviewed and actioned.

The Trust are currently awaiting the final report for HMP Kirkham following inspection on the 26th June 2018.

2.4 Ofsted Registration – Holly and Baysdale

The manager from Baysdale Unit recently retired from the Trust. A new manager has been appointed and has successfully completed the Ofsted application process and received status as the Registered Manager for Baysdale Unit.

2.5 Quality Compliance Group

The Quality Compliance Group meetings were suspended during the unannounced core services and well-led inspection. The next meeting is scheduled to take place on the 28 September 2018.

2.6 Peer Review Inspection Programme

The peer review inspections were suspended during the CQC inspection. The Compliance Team are in the process of drafting a new programme of peer review inspections to take place across the Trust.

2.7 Fundamental Standards Group

The Fundamental Standards Group last met on 8 June 2018. An update on the CQC inspection was presented including preparatory work that was being undertaken. Care planning and co-produced documentation was presented and reviewed by the group.

2.8 CQC Engagement Meetings

The CQC engagement meetings were suspended during the inspection window and will recommence once the final report has been released.

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.

3.2 **Financial/Value for Money:** Full CQC registration is an essential requirement of the NHS Improvement authorisation the Trust to operate as a Foundation Trust

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.

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

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 information provided within this report.

Jennifer Illingworth
Director of Quality Governance

Tees, Esk and Wear Valleys **NHS**

NHS Foundation Trust

ITEM NO 8iv

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**19 September 2018**
TITLE:	**Service Changes Report**
REPORT OF:	**Ruth Hill, Chief Operating Officer**
REPORT FOR:	**Information**

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

Executive Summary:

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

Recommendations:

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

MEETING OF:	Council of Governors
DATE:	19 September 2018
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
Acute Services
We continue with a pre engagement exercise for the Crisis and Recovery House. This will run for approximately 6 weeks and is intended to gather a wide range of views, opinions and ideas about how we make best use of the specific estate and the resource currently attached to it, to best benefit patients in crisis but potentially also other services. A briefing note with specific details of this will be circulated as soon as we are able to.

Specialist Services
The Regional Specialist Adult Eating Disorder Service continues to work hard to roll out new training linked to the new National Institute for Health and Care Excellence (NICE) Guidelines and to develop innovative ways of working in collaboration with other services to better meet increasing demand. This includes the continuation of joint work with Northumberland, Tyne and Wear NHS Foundation Trust. We will soon be working on New Models of Care with our partners.

We have begun to assemble the new Perinatal Mental Health service in Durham and Darlington. We are a good way through interviewing and have a team base identified. Managers/Lead Clinicians have also met with our colleagues in both University Hospital of North Durham and Darlington Memorial Hospital to plan arrangements for clinics and clinic space.

Improving Access to Psychological Therapies (IAPT)
We have received details of the tender process for Durham, Darlington and Teesside process, which will take place over the summer, with the contract to be awarded in September.

We are confirming our partnership arrangements for our bid and bid team.

Mental Health Services for Older People

Work to reduce falls

We are pleased to receive approval to roll out the Frailty Clinical Link Pathway (CLiP) to all of our Mental Health Services for Older People (MHSOP) wards following the successful pilot at Auckland Park Hospital. A training session for staff is planned for the beginning of September and a roll out plan will commence thereafter.

Our Clinical Lead Physiotherapist and Specialty Development Manager are supporting this work.

Behaviour that Challenge CLiP

One of our Psychologists has taken up the Trust wide lead for the Behaviours that Challenge CLiP and along with a Specialist Occupational Therapist (Care Home Liaison) will support our service to roll out and embed this work across our locality – inpatient and community services.

Dementia Care Pathway Review

New NICE guidelines for Dementia Care, published in June 2018, have led us to evaluate the services we provide for people with Dementia. An event to review the Dementia Care Pathway is planned for mid-September 2018 to consider changes we need to make to be consistent with the new guidelines.

A pharmacy/medicines review has already taken place led by the Deputy Chief Pharmacist and our Clinical Director and the outcome of this will be taken to the Area Prescribing Committee in the next few weeks.

In brief the positive implications for our patients and service are: more of a focus for ongoing treatment in primary care following diagnosis, that we will be able to discharge people who we only see for annual monitoring or who are settled in care homes. In turn this means we will be able to focus on those patients with more complex and challenging needs, who require our input in secondary care services.

Purposeful and Productive Community Services (PPCS) pilot team; Durham and Chester-Le-Street

We are continuing to work on the second phase of PPCS and have just had our 90 day report out. More staff are testing out direct inputting onto Paris whilst they are with patients, either in their own homes, clinics or care home settings. There are some practical challenges to this in relation to some of the environments staff visit, technology and old IT equipment which we are planning to update or replace and we are continuing to seek patient and carer feedback.

We are focusing on staff wellbeing within this work and part of the measurement is via a staff survey about extended working hours beyond their contracted time, stress and pressures relating to getting everything required

recorded properly in the standard timeframe (same day), managing their workload effectively.

A Master Coach is continuing to work with the leadership hub to support the development of Umbrella Goals.

Positive Approaches to Care Training
This training provides practical techniques for carers and staff to support people living with dementia in engaging in everyday activities.

Our Clinical Lead Occupational Therapist has set up and started training sessions in our locality and they are evaluating extremely well. Training dates are available throughout the year in a number of locations and open to our staff and any carer of a patient living in Durham and Darlington with dementia. We are also linked in with the Alzheimer's Society and have offered this training to their staff as a reciprocal arrangement.

Liaison Services and Intermediate Plus Service
We have been successful in our bid for additional resource (some on a non-recurring basis) for our Liaison service (Core 24) and Intermediate Care Plus service. Both services are mental health focused but crucially work with services and colleagues in the local Acute Trust (County Durham and Darlington NHS Foundation Trust). Additional resource has allowed us to enhance the service with Occupational Therapy and Physiotherapy staff, create a full time Consultant Psychiatry post, Triage nursing posts and psychological assistant posts to evaluate the outcomes of the service.

There is an exciting opportunity right now to employ a Pharmacist into Liaison services with an additional element of the job into 111 services. We are working with the Deputy Chief Pharmacist to consider how this would fit with our model of service but have indicated already that we are very interested in this opportunity and have identified funding for it.

Children and Young People's Services
General Waiting Times
The service continues to sustain waiting time targets for the initial assessment within 4 week of referral, however we have experienced deterioration in the target for second appointment in nine weeks and this is currently at 85%. The service has experienced an increase of 12% in referral in the past six months and has struggled to meet demand. Caseloads within the service are high with little capacity to allocate new cases within the timeframe. The service has reviewed referral trends and is working with commissioners and education to explore ways to address this increase. The service has participated in the Mental Health School Link programme which was facilitated by the Anna Freud Centre. The aim of this work is for Child and Adolescent Mental Health Services (CAMHs), Local Authorities and schools to work closer together, strengthening the understanding of roles and enhancing the emotional wellbeing provision within schools. The service is also working with commissioners to submit a bid as part of the trailblazer's pilot. This links in

with the green paper Transforming Young Peoples' Mental Health Provision and will focus on targeted work with schools.

Autism Spectrum Disorder Waiting Times
Following the successful waiting time pilot in Holly Ward, the service was successful in submitting a business case to implement the model. The service was allocated both non-recurrent and recurrent funding. The non-recurrent funding will provide additional capacity to manage the waiting list over the next twelve months, with the expectation that at the end of this period the service will not have any young person waiting for an autism assessment. The recurrent funding will provide additional capacity to enable us to meet the demand going forward. The new service became operational on 1st August 2018 and is based across two sites, one in Holly Ward in West Park and the other in Stanley Health Centre. The waiting time trajectory against current demand is that by June 2019 there will no longer be a wait for an Autism assessment for young people. The outputs from the pilot and the introduction of the new model have already reduced the waiting time for assessment to commence from the longest wait of 117 weeks to 60 weeks. This is based on those currently waiting for assessment to commence and we expect that the wait for these young people will be brought forward as the process is implemented. The new model will also see a reduction in the time from acceptance onto the pathway to formulation to be completed within 2 weeks; the longest wait had previously been 43 weeks.

Quality Improvement System (QIS)
The service has now rolled out the "THRIVE" model to all CAMHs teams. Findings support that the model reduced hand offs between Tier 2 and Tier 3 teams, with allocation from initial assessment onto the correct pathway. This has also supported additional capacity with a reduction in unnecessary assessments and/or appointments identified in the "before" value stream map.

The South Durham CAMHs team held the Children and Young People's Services (CYPS) Trust wide PARIS Rapid Process Improvement Workshop (RPIW); this is linked to the PPCS programme, with the aim of reducing non value added time inputting into PARIS and streamlining documentation. We have had the 30 day review and already seen some improvement with a reduction in inputting assessment from 62 minutes to 50 minutes. We have seen a significant improvement in the time from start of assessment to completion of all documentation from 9084 minutes to 160 minutes; this is largely due to implementing processes to ensure staff have protected time and are not disturbed during this process. The service will continue to monitor as part of 60 and 90 day review.

Learning Disability Service
The Transforming Care programme is due to end in March 2019 and already new plans are emerging for how the work will progress beyond 2019. There are plans for an Integrated Care System for North Cumbria and the North East and the Accountable Care Partnership across Durham, Darlington and Teesside will be part of this.

The reduction in beds has posed some challenges; however the Enhanced Community Service continues to support people in the community to prevent avoidable admissions.

A Kaizen event is planned for later in the year to develop clearer processes across Adult Learning Disability (ALD) and Adult Mental Health (AMH) in relation to Green Light admissions to hospital.

Following the event on 9th March, facilitated by Inclusion North, to identify changes required within the integrated learning disability teams to manage the changing demands as a result of the Transforming Care programme and the Care Act, a project plan has been developed and a review is due to commence in the Autumn.

The work to develop a Learning Disability Strategy by Durham County Council Commissioning team and local partners is ongoing and it is anticipated that the new strategy will be ready in October.

3.2 Tees

The Trust is currently in a contractual/legal process to allow it to take appropriate steps to commence the rectification process of Roseberry Park Hospital in the near future. The position should be clearer later in September 2018 on next steps.

Adult Mental Health and Substance Misuse
Clinical activity and referral rates have seen an increase. Bed occupancy within assessment and treatment wards has increased, averaging 101.3% over the last three months. There has as a consequence been an increasing number of service users admitted outside of the locality. The locality is developing plans to incorporate elements of the NHS Improvement Safer patient flow bundle within the Purposeful Inpatient Admission Process and is engaged in the Trust wide bed requirement review.

A Care Quality Commission Mental Health Act focused inspection was undertaken on Overdale Unit during August 2018. All previously identified actions had been rectified and no issues were identified on the visit.

Proposals in relation to the transformation of rehabilitation services are hoped to be presented to the Executive Management Team for approval by the end of October 2018. A further six months funding for the Force Control Room Pilot has been agreed by stakeholders. The report in relation to the Crisis Service review being undertaken by commissioners is awaited.

Mental Health Services for Older People
Tees MHSOP has been shortlisted within three Royal College of Psychiatry award categories including:

Psychiatric Team of the Year: Quality Improvement
'Tees Mental Health Services for Older People are both enthusiastic and dedicated to delivering outstanding care to their local population. The service identified that they were spending a significant amount of time inputting onto the Trust's electronic care records instead of in direct patient contact. The objective of the improvement event was simply to increase time spent delivering direct patient care which was achieved.'

Psychiatric Team of the Year: Older-age adults
'Stockton Community Mental Health Team is a multi-disciplinary team providing assessment and intervention for older people. The team includes a Memory Service and Functional Service. Recently the Quality Improvement system has introduced Purposeful Productive Community Services which has empowered and supported staff to deliver high quality service to patients through care pathways.'

Specialty Doctor / Associate Specialist of the Year - Dr Thandar Win,
The awards ceremony is due to be held on 7th November 2018.

Children and Young People's Services
We are one of the first New Care Models sites for Children and Young People's Mental Health Services, working with partner organisations including Clinical Commissioning Groups (CCGs), Local Authorities, and two NHS England specialised commissioning hubs. Work continues on the implementation of a revised pathway aiming to reduce wherever possible the reliance on inpatient beds and deliver increased services within the community closer to the young person's home.

Inpatient services have been involved in a series of quality improvement events with the aim of ensuring a purposeful and productive inpatient stay, increased collaborative care planning and direct patient contact, timely decision making and actions, improved outcomes and experience for young people and their families.

The Quality Assurance Group is focusing on strengthening young people's participation and involvement in true service development and discussions are being held with the under 18s Recovery Lead on how to take this work forward.

Learning Disability Service
Progress continues to be made with the Transforming Care agenda and a number of long stay service users have been successfully transitioned from hospital to their own homes, with providers in the community.

Working in partnership with the Durham and Darlington locality, Local Authorities and Commissioners, we are completing benchmarking against national guidance and forming an options appraisal on the model of delivery of in reach support, training and advice to providers.

Discussions have begun with commissioners to clarify how the chosen respite provision option of continued delivery of bed based respite services, augmented with more community based forms of delivery will be progressed.

367 Thornaby Road had a Care Quality Commission inspection in July 2018 and was rated as 'good', the same rating as the previous inspection in 2016. Written feedback was very positive with no required actions.

3.3 North Yorkshire

Adult Mental Health and Substance Misuse
Hambleton and Richmondshire continue with the planning requirements to mobilise the transformation of services, supporting the staff groups through the organisational change processes. In addition, the visioning work within the Harrogate locality has now shaped an outline AMH offer for consideration by the clinical senate; planned formal consultation is scheduled from December 2018.

In response to the increased number of unexpected deaths in North Yorkshire, the suicide prevention advisory group has now met and developed a structured response that aims:

- To close the gap against the national suicide rate
- To have a percentage reduction of the number of suicides in secondary care mental health services
- To provide a person-centred & carer focused approach
- To provide a responsive, safe & effective in the way we deliver care
- To have a compassionate, competent workforce
- To understand the local context & make best use of research & evidence to evaluate the impact of our work

The membership of the group is inclusive of people with lived experience, professional groups, localities, services, public health and local authority. Key task and finish groups will be focussing on the training (culture and practice) for staff, carer involvement in care and care planning and support following suicide, understanding of need, risk, crisis and care planning and the critical incident stress management as support framework for all staff groups.

Recruitment has started against the perinatal mental health pathway and will look to provide specialist services in all three of our localities.

Mental Health Services for Older People
Work is under way in Springwood, Malton to "Plan Do Study Act" (PDSA) the trusted assessor approach regarding admissions. We have only trialled this once but with a good outcome – the patient's admission was timely and responsive and shows early signs that this will support patient flow across North Yorkshire. We also have a development day pending on the 4th September to explore the future options of Springwood and how we can maximise the skills and expertise of the service. Rowan Lea is also trialling

activity worker cover over a 7 day period rather than 5 days. This is being monitored and evidence is suggesting that the incidents of violence and aggression have decreased over this period. Rowan Lea has been nominated to attend the Quality Improvement in Practice Annual Conference 2018 which will take place in October. This is to present the work achieved and the sustained progress with the Purposeful Inpatient Admission Process (PiPA).

In Harrogate, Rowan Ward has a planned update and refresh of the Purposeful Inpatient Admission (PiPA) process which is due to commence on the 17th September which will help to improve the care patients receive on the ward and reduce the length of stay. The Health and Adult Social Mental Health Team (previously Vanguard staff) is now embedded within North Yorkshire County Council Services and is providing a valuable service providing advice and guidance to Local Authority Staff and providing low level mental health interventions to patients who are involved with Local Authority Services with a view to reducing demand on Secondary Care Mental Health Services.

We are now also welcoming our second cohort of 'Think Ahead' social work students following the successful completion of the first group of students. The students also facilitated a networking event for Hambleton and Richmondshire and secured representation from over 30 community groups. The event was well attended by service users and carers and we have been asked to share the methodology with Hambleton, Richmondshire and Whitby CCG due to its success.

Children and Young People's Services
We have successfully recruited six Children's Wellbeing Practitioners (CWPs) across all localities. This programme is part of a Department of Health initiative which aims to train a new workforce for CAMHS in response to the target for offering an evidence based intervention to 70,000 more children and young people annually by 2020. The Practitioners will be trained over the course of a year and will complement our existing workforce by offering brief, focused evidence-based interventions in the form of low intensity support and guided self-help to young people who demonstrate mild/moderate:

Anxiety (primary and secondary school age, Low mood, (adolescents) and Common behavioral difficulties (working with parents for under 8s).

The Psychologically Informed Partnership Approach 3 year pilot is now fully recruited. The initiative is delivered in partnership with North Yorkshire County Council who made a successful bid to central government to expand the No Wrong Door philosophy as a 'Partner in Practice' and develop systemic practice throughout Children's Services. The funding for this initiative continues until March 2020. Our team sits alongside local authority teams providing psychological input. The team has been acknowledged in the recent North Yorkshire OFSTED inspection which was 'outstanding' in all areas. As the pilot is due to finish in March 2020 currently we are working in collaboration with the local authority to develop a sustainable service model

for Psychologically Informed Partnership Approach and the existing CAMHS Looked After and Vulnerable Children's Service (LAC).

A concern for the service remains the capacity and resource within the North Yorkshire and York & Selby Enhanced Community Eating Disorder (CED) service. Based upon the Future in Mind funding allocation from the North Yorkshire and York & Selby CCGs in December 2015 it was not possible to establish a specialist CED team. As such, agreement with commissioners was reached to offer an enhanced service based upon a consultation model to the generic CAMHS teams. The service has made a significant improvement against the national access and waiting time standard. This means that when a young person is referred to the North Yorkshire with an eating disorder, they are offered a National Institute for Health and Care Excellence (NICE) concordant therapy within 28 days for routine referrals and 1 week for urgent referrals. This has been achieved; clinicians being able to access training in NICE concordant interventions and appropriate systems being put in place on PARIS so that clinicians can input the right intervention code to 'stop the clock'. The team has also worked hard to implement revised structures so that assessments are carried out in a timely and standard manner with families being offered NICE concordant interventions following a multi-disciplinary huddle and formulation meeting.

However, qualitatively, clinicians have noticed that the age of a young person at referral has reduced in the time that the service has been operational, with a significant number of primary school aged young people being referred recently. They have also identified that a lot of these younger children are at a significantly low weight at referral and have needed hospitalisation on a paediatric ward to restore weight before being able to engage in CAMHS intervention. Inpatient bed use is high for young people with eating disorders compared to other mental health presentations and currently a significant number of total mental health beds for young people are occupied by young people with eating disorders.

On 9 July 2018 we held an away day with York and Selby to look at the current service model in line with the national driver to have a dedicated Eating Disorder Team. During August and September we are running a series of focus groups for parents and young people who are currently accessing the service to give feedback about what they feel we are doing well and areas where we can improve. We have also attended a joint workshop with the four CCGs to develop a joint action.

Learning Disability Service
Transforming Care – Enhanced community model development and options are being explored – we have visited other areas to explore what models are in use in similar geographic areas and are working with Business and Planning to consider what the bed base need will be – although this is dependent on what the flow of patients would look like and how likely we are to have people with delayed discharges and what 'green light' use is possible. The Community Crisis Intervention Pilot is continuing, is being evaluated and has been presented back to the Transforming Care Partnership group and is

now awaiting a decision around sustainable funding been available to continue with the good work that has been delivered thus far. There are developments ongoing within North Yorkshire, York and Selby around an Accountable Care Partnership – but this is in early development/ negotiation. There has also been an agreement to develop a local Secure Outreach & Treatment Team (SOTT) for people with Learning Disability and forensic issues and this is now been recruited to.

Inpatient bed pressures/ work streams – there are difficulties re inpatient beds, delayed discharges and lack of commissioning progress to facilitate discharges when appropriate. However we have a monthly call with commissioners to discuss these issues and blocks. On a positive note Service Development Group/Trust Transforming care steering group plans re further work on the inpatient pathway and centralised bed management function to explore any support around these difficulties – this will be a Kiazen style event early in 2019.

Operational Delivery Network – has been established on the transforming care (Yorkshire and Humber) footprint on which we have representation. Learning Disability Consultant Psychiatrist for Scarborough, Whitby and Ryedale service – we remain on an interim arrangement under 'Mind the Gap' arrangements and have not been successful in appointing a locum or substantive post. We continue to prioritise this and are working with Medical Staffing to find a solution.

Purposeful and Productive Community Service (PPCS) re-fresh – the Hambleton and Richmondshire Learning Disability team are continuing to test out and develop new ways of working accessing master coaching support as appropriate and we are starting to consider how and when some of the learning will be ready to test out in other teams. From Specialist Development Group (SDG) we are looking to hold an Rapid Process Improvement Workshop regarding Initial assessments – date still to be confirmed as it needs to tie in with other work streams. The locality continues to engage with developments in Paris.

CQC – Harrogate team were visited by CQC during the recent inspection period and we believe performed well as no significant actions were highlighted at the time so we await the report.

3.4 York and Selby

Planning permission for the new hospital was agreed by City of York Council in December 2017. Work is progressing on the Full Business Case which will be considered by the Board in March 2018.

Adult Mental Health and Substance Misuse

Pocklington transfer: Successful transfer of services and staff transferred under TUPE (Transfer undertaken for protection of employment) arrangements (1 February). Six month evaluation completed recently with positive service user and carer feedback.

Peppermill Court: Currently high levels of acuity and clinical complexity but the unit continues to operate well (length of stay averaging 25 days). A trainee Approved Clinician was recently appointed, in line with new ways of working and addressing known workforce challenges. It is likely this individual will be qualified in time for the opening of the new hospital.

Improving Access to Psychological Therapies (IAPT): The team completed a record number of initial assessments in July but there are ongoing challenges linked to recovery rates. The team's clinical lead is looking at this further.

Access & Wellbeing: Now consistently meeting both urgent (3 day) and non-urgent (28 days) assessment targets. The team has worked through the backlog of waiters. At the start of the year the list stood at 800+ but this has reduced to approximately 50 (which are linked to patient choice and DNAs (did not attend).

Early Intervention: The team continues to experience difficulties with recruitment and retention. Recent work to understand this identified no common themes. An unusual set of individual circumstances and sickness has led to significant problems with retention.

Perinatal: Monies have been secured, the Consultant Psychiatrist is in post and a Team Manager was appointed recently. The team is linked into local, Trustwide and regional forums for the development of perinatal services, and the York team has already begun seeing a handful of patients ahead of the October target.

Acomb Garth (inpatient rehabilitation and recovery unit): This was temporarily closed in March 2016 and a meeting with the Clinical Commissioning Group (CCG) in August 2018 will begin the public consultation process for its formal closure. In the meantime, we are piloting (and evaluating) an enhanced community rehabilitation and recovery team. A key component of this team is to re-patriate local residents currently in out of area private placements. A number have already been repatriated.

Other workstreams: Working with the Local Authority on the development of a Mental Health Housing Strategy for the City of York.

Mental Health Services for Older People
Service transformation plans
In preparation for the new inpatient provision, the directorate has commenced a piece of work reviewing the model for the delivery of older age mental health services in York and Selby and exploring possibilities of what it should look like in the future. Staff have visited and reviewed a number of service models across TEWV and other organisations, and in conjunction with key stakeholders are in the process of designing options for the new service model and workforce plan in York and Selby across community and inpatient services.

INPATIENT SERVICES

Admissions process

June 2018 saw the implementation and testing of a new admissions process. The intended outcome was to ensure all admission decisions were of the highest possible quality through having a consistent standard approach. This includes a more rigorous process to exploring alternative to admissions and tests the benefit of a single point of access.

The benefits so far are generally positive and have seen a reduction in:

- The overall request for admissions
- Significant reduction in new out of locality admissions and reduction of those patients who have been in out of locality beds across the trust.
- Reduction in bed occupancy across the two organic units.

Other unintended benefits have been the learning and development needs of community staff when considering admissions and the growth in confidence when managing risks in the community.

It is the intention to continue with this new process in its current configuration and ensure it is a key part of the new future model.

High use of Bank and Agency

This continues to be a challenge for the inpatient units due to vacancies, sickness and until recently, high acuity of the patients. A number of approaches are being utilised to support the staff in the management of high acuity, use of observations and optimisation of the multi-disciplinary team. This includes:

- Becoming a pilot site for testing zonal observations led by the head of nursing (Autumn launch)
- Increasing staff skills and confidence through exploring the possibility of a staff exchange programme across units within the trust. We hope to start with the Health Care Assistant (HCA) role initially.
- Daily lean management review of staffing and rotas against patient needs.
- Review of clinical pathway implementation across all units.
- Use of the Master Coach with the leadership cell.
- Review of skill mix and potential opportunities to increase the access to physio and psychology.
- Engagement with the Head of Nursing and the recruitment strategy for all vacancies.

PIPA (Purposeful Inpatient Admission)

PIPA has been rolled out across all three inpatient units. Our functional unit has just had its 12 month report out with the two organic units having their 60 day report out. It has been identified further works are required to optimise

this tool for the benefit of patients and their families. In particular, a focussed piece of work is required to target length of stay. The input from the medical staff prevents one unit having their report out in the morning which is challenging and evident in their target progress report. Therefore the Modern Matron is leading a piece of work to ensure the unit managers are working collectively to ensure a standard approach is used for the application of PIPA.

Acomb Garth Award and Nominations
Acomb Garth was nominated by the people of York and successful in gaining the Healthwatch Making a Difference 2018 Award in recognition for excellent service to health and social care in York.

The unit has also had notification of a further nomination for the York Dementia Action Award from York Council of Voluntary Services (CVS) and York Dementia Action Alliance. The awards ceremony is on the 4th September 2018.

COMMUNITY SERVICES

PPCS (Purposeful and Productive Community Service)
Continues to be utilised across all community teams but there is evidence to suggest variability in its implementation. Therefore in the autumn a piece of work will commence to re-validate the position of the teams and agree standards of expectations with phase one tools. For example how often a huddle should occur and what the agenda should be, implementation of activity scheduling and diary management. MHSOP Speciality Development Group (SDG) reviewed the caseload weighting tool for PARIS which has recently been disseminated across the localities and the teams are now starting to implement.

Work is about to commence with the locality administrators to ensure the admin bundle is rolled out and implemented in full. This in turn will support the effectiveness of Purposeful Productive Community Service (PPCS).

Memory Service
The service continues to have people waiting for assessment showing no signs of improvement due to capacity within the service. On top of insufficient capacity and the right skill mix within the team to meet the demand, there are sickness and vacancies within the service. Part of this will be managed through the redesign of community services and a review of the workforce model, but a more robust recovery plan will be developed in the interim to prevent the waiting position from deteriorating further.

CMHTs (Community Mental Health Teams)
There continues to be a consistent increase in referrals of approximately 40-50 per month since taking on Pocklington. It is also becoming evident there is variability in how the caseloads are being managed across the two Community Mental Health Teams (CMHTs) and therefore in conjunction with our PPCS work plan. Our Locality and team managers are analysing the data

to understand this better and develop plans to improve on our productivity in line with the expected quality standards.

Patient Experience
Over the previous two months our patient and carer satisfaction fluctuates upwards from 83%. The main concern is the low numbers of people being captured, therefore teams have been tasked with increasing the numbers of patients and carers asked for feedback from within both inpatient and community.

As a directorate we are looking at how we can improve the involvement of the local population in the development of the new model and also the day-to-day governance of the services. Work has started to explore possibilities of how we can include service users and carers within QuAG (Quality Assurance Group) which we hope to start by December 2018. Heather Simpson, our involvement lead, is working with the team managers to identify a wider cohort of service users to become involved in the service transformation.

Children and Young People's Services
The service continues to work closely with the CCG to understand the capacity and demand pressures within the service. The CCG appreciates the additional information shared with them on the Waiting Times position and knows the challenges the service faces. A collaborative recovery plan is being developed to address this with the CCG and will be reviewed by the CMB (Contract Management Board).

Staff attrition and recruitment has been a focus over the last quarter. Three experienced nurses working into the neurodevelopmental pathway have successfully been promoted outside the service or retired. Some of the issues raised by them relate to caseload size and the lead professional role required for children and young people who remain in the service for significant periods of time. Exit interviews will be conducted by the Head of Nursing to help understand how the service can address this. Recruitment into these vacated posts has been successful and so disruption to service delivery will hopefully be kept to a minimum. Recruitment into the Consultant Psychiatry posts was successful with 1.5 posts being filled but there remains a vacancy for a 1WTE (whole time equivalent) post for which there is locum cover. Funding has been secured for two band 7 and two band 4 psychology posts and it is anticipated that these will contribute to the neurodevelopmental pathway and the emotional well-being pathway. Some non-recurring funding has been secured to try to address increasing demand for autism assessments.

The North Yorkshire and York Eating Disorders Service remains challenging and is under scrutiny from commissioners. The joint workshop scheduled between TEWV and the four CCGs to address this is looking at Locality wide changes with the embedding of family based interventions that are NICE compliant (The National Institute for Health and Care Excellence). The CCG is aware that the number of referrals is almost double the anticipated referral rate, creating further pressure on this already underfunded, stretched service.

Learning Disability Service

There was a Rapid Process Improvement Workshop (RPIW) held in June to improve the process of referral, triage and allocation of referrals for initial assessment. The event produced a great deal of output which has resulted in significant improvements. Referrals are now allocated to a professional within 48 hours and an initial assessment offered within four weeks. The results at 30 days have shown that the only deviation from this has been due to patient choice or DNAs (did not attend). The team has now split into two geographical cells to enhance multi-disciplinary team (MDT) working and the huddles are more recovery focussed.

There are challenges at Oak Rise due to the complexity and acuity of the patient cohort. Several patients have high levels of staff observations (2:1) which is a challenge to roster in the context of current vacancies. Recruitment for HCAs has been challenging, with very few applicants and adverts have had to go out several times. Recruitment is in progress and new starters should all be in place by end of September.

This also sits within the wider context of bed availability Trustwide, with long periods where there are no beds available in the Trust. There are regular phone calls from other Trusts nationally for beds demonstrating an overall effect of the transforming care agenda. There is ongoing work with North Yorkshire locality to develop a business model for an enhanced community service. An options appraisal will be completed and a model proposed at both Trust and TCP (Transferring Care Partnership) boards.

The Secure Outreach Transitions Team (SOTT) has been allocated some initial start-up money which has resulted in two staff beginning assessments of all forensic patients across North Yorkshire and York and Selby. The recurring money is being agreed and adverts have gone out to recruit to a Forensic Outreach & Liaison Service (FOLS) for the TCP footprint.

Learning Disability awareness training for GP practices continues to be offered via the community team

Non-medical Prescribing (NMP) is about to begin from the Advanced Nurse Practitioner to support the psychiatry team. This service will be extended as the second NMP qualified staff completes the competencies. This will result in an NMP in each cell aligned to a consultant and nurse led clinics being run.

3.5 Forensic Services

Estate/Security Issues

The rectification programme at Roseberry Park continues to require considerable operational and clinical involvement to support the design of Block 16, the rectification of existing estate and the security management of the works programme. In relation to ongoing rectification work, there has been an impact on unescorted patient minimised.

Work continues in conjunction with patients regarding excess property in bedrooms and stores with recommendation to limit the amount of property that can be safely stored within the hospital. A further decluttering exercise has taken place and we are planning a dedicated service improvement event with a high level of service user involvement to further address this issue.

The service continues to develop options for estate reconfiguration in line with the New Care Models business case which could realise opportunities to expand beds in line with clinical needs.

Nurse Staffing
Nurse staffing continues to be monitored using the Trust processes. Quality improvement events planned for autumn are focussed on areas that impact upon resources, especially within nursing.

We successfully recruited into the qualified nurse vacancies in a joint recruitment event in June 2018 and the next cohort of preceptees will commence in September 2018.

Model Ward
A Rapid Process Improvement Workshop took place week commencing 21st May 2018 which revised the current management of the Care Programme Approach (CPA), and replaced CPA meetings with Recovery meetings. The 60 day report out took place in July. Feedback has been very positive, with time savings been felt by all professionals. Medical secretary involvement in the process has led to a dramatic decrease in the paperwork burden previously felt by nursing teams. Commentary has also been very positive on the patient centric approach being adopted in the new process, in particular commentary was received about a patient who had previously not engaged in CPAs, who now felt empowered enough to chair their own recovery meeting.

Treatment and outcomes work stream commenced June 2018 to achieve greater standardisation of the patients' core pathway and reduce variation in the patient journey.

A Rapid Process Improvement Workshop is planned for September 2018, for the next phase of the recovery process for patients.

A QIS Recovery College course has been co-produced and was run in June. This will be co-facilitated by a QIS trained patient.

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. We continue to meet with NHS England (NHSE) and Northumberland Tyne and Wear (NTW) colleagues to manage the Transforming Care Partnership (TCP) bed trajectories across the region but these are becoming ever more challenging.

The local community model – Secure Outreach and Transitions Team (SOTT) continues to progress. The extended 8am – 8pm, 7 day per week service has been operational from 1st May 2017. The 12 month service evaluation report for NHS England was presented to the Executive Strategy Group last month and positively received.

Following further discussions with the North Yorkshire and York TCP Board and agreement to commission the SOTT from TEWV, the service has commenced on a 4 month mobilisation plan. This will involve recruitment and re-assessments of inpatients in secure care initially.

Forensic Learning Disability and Forensic Mental Health Inpatient Service
Planning permission for the Block 16 development has been approved.

Across the inpatient services at Roseberry Park we are experiencing a high level of patient acuity and challenges resulting in increased levels of additional observations and seclusion resulting in significant staffing pressures. This continues to be an ongoing concern that doesn't seem to be reducing.

We have recently been successful in recruiting two Speech and Language Therapists (SALT) and are hopeful that they will be in post during September. This is really positive as we have been without SALT cover for almost 6 months.

All ward and MDT (Multi-Disciplinary Team) staff underwent a two day Trauma Informed Care (TIC) staff training programme. All staff were given a basic understanding of trauma, how it develops and symptoms of trauma. Staff were also made aware of the trauma histories of all of the service users on the ward. A significant period of time was spent planning how to introduce TIC onto the ward, the skills that were needed to manage the symptoms of trauma and how this would become part of the day-to-day running of the ward.

The TIC work can be described using the following headings:
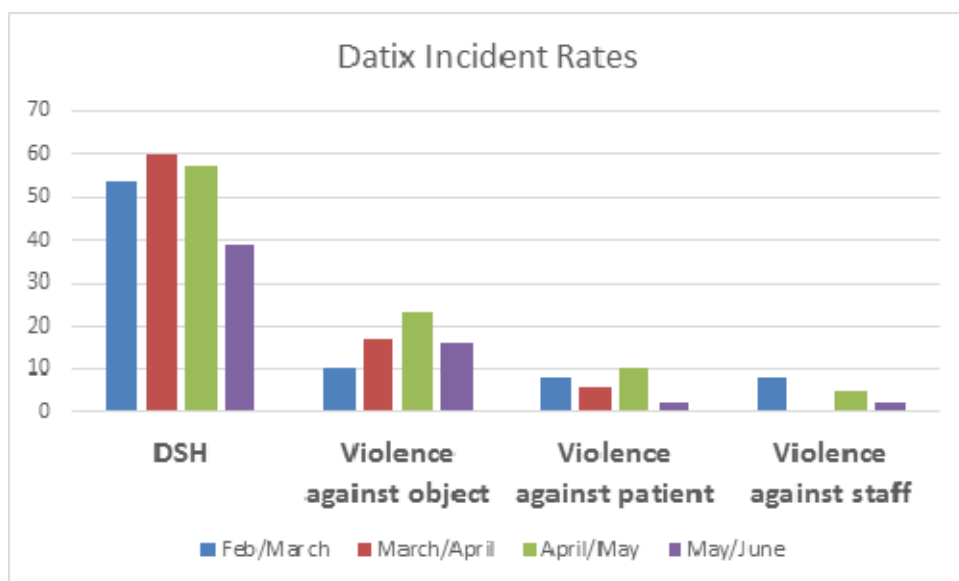
SAFE

EFFECTIVE

CARING

RESPONSIVE

WELL LED

Since the pilot commenced in February there has been a significant decrease in incidents on the ward, as shown in the table below:

Datix Incident Rates

A bar chart titled "Datix Incident Rates" with the y-axis ranging from 0 to 70. Four categories are shown on the x-axis: DSH, Violence against object, Violence against patient, and Violence against staff. Each category has four bars representing Feb/March, March/April, April/May, and May/June.

- DSH: Feb/March ~54, March/April ~60, April/May ~57, May/June ~39
- Violence against object: Feb/March ~10, March/April ~17, April/May ~23, May/June ~16
- Violence against patient: Feb/March ~8, March/April ~6, April/May ~10, May/June ~2
- Violence against staff: Feb/March ~8, April/May ~5, May/June ~2

Legend: Feb/March, March/April, April/May, May/June

Repeated mid pilot service user and staff surveys have also show significant improvements since the start of the pilot.

We will review all of the data when the pilot period ends in September 2018 and explore opportunities for rolling out this approach to other Forensic inpatient wards within the service.

Triangle of Care

As a service we continue to complete the self-assessments on a rolling programme for those yet to submit and are in a cycle of action planning and implementation for those that have submitted.

The forensic service has established a research group and as part of our involvement work are seeking the views of service users and carers relating to what they feel our research topics should be. We recognise that we need to be more creative in obtaining and engaging carers and are linking in with the Research Design Service, North East Public Involvement Fund, which supports public involvement to achieve this.

Offender Health and Community

Working with our partners we successfully mobilised HMP Haverigg mental health team who joined the TEWV North West Prison cluster on the 1st of July 2018.

We continue to support our teams through Rapid Process Improvement Workshops, with the HMP assessment process lessons learned and processes being shared and spread across all 11 prisons. The Trust have also supported HMPP's partners via an RPIW, completing reception process reviews in HMP Durham and Holme House focusing on the timely assessment of new prisoners. An RPIW within the Primrose team has continued to maintain and improve the resident care against the set targets.

We have also worked closely with a television production company, with the filming in HMP Durham of a documentary called 'Prison' which was aired in

July focusing upon the TEWV mental health team and highlighted the excellent care and professional service we provide within a challenging environment.

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

4.5   **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.

Ruth Hill
Chief Operating Officer

Tees, Esk and Wear Valleys NHS

NHS Foundation Trust

ITEM NO.8v

For General Release

COUNCIL OF GOVERNORS

DATE:	19th September 2018
TITLE:	Quality Account Quarter 1 2018/2019 Progress Report
REPORT OF:	Sharon Pickering, Director of Planning, Performance & Communication Elizabeth Moody, Director of Nursing & Governance
REPORT FOR:	Assurance

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

Executive Summary:

This is the first progress report for the Quality Account during 2018/2019 covering the period April to June 2018 (Quarter 1).

This report presents updates against each of the four key quality priorities for 2018/2019 identified in the Quality Account as well as performance against the agreed quality metrics.

The delivery of the four key quality priorities for 2018/2018 is largely on track. The three actions that are off track should be completed during Quarter 3.

In terms of Quality Metrics, 2 of 9 (22%) are reporting green. We are reporting red on 7 of 9 metrics (78%). There has been little movement in most indicators since last year.

Recommendations:
Governors are asked to receive an comment on the progress made against the Quality Account as at Quarter 1 2018/2019

MEETING OF:	COUNCIL OF GOVERNORS
DATE:	19th September 2018
TITLE:	Quality Account 2018/2019 Quarter 1 Performance Report

1. INTRODUCTION AND PURPOSE

1.1 This is the first progress report for the Quality Account during 2018/2019 covering the period 1st April 2018 to 30th June 2018 (Quarter 1)

1.2 This report presents updates against each of the four key quality priorities for 2018/2019 identified in the current Quality Account as well as performance against the agreed quality metrics.

2. BACKGROUND INFORMATION AND CONTEXT

2.1 All significant providers of NHS services must produce an annual Quality Account. This must include quality improvement priorities and priority metrics.

2.2 This report provides an update for Governors on the progress being made on both the quality priorities and the quality metrics during Quarter 1 (April – June) 2018/19.

2.3 The Quality Metrics reflect those within the Quality Strategy:

3. KEY ISSUES

Progress on the four Quality Priorities for 2018/2019

3.1 Within the 2017/2018 Quality Account the Trust agreed the following four quality priorities for 2018/2019:

- Reduce the number of Preventable Deaths
- Improve the clinical effectiveness and patient experience in time of transition from Child to Adult services
- Make our Care Plans more personal
- Develop a Trust-wide approach to Dual Diagnosis, which ensures that people with substance misuse issues can access appropriate and effective mental health services

3.2 There are a total of 28 actions set out in the Quality Account to deliver these priorities. **25 of these 28** quality improvement actions were **Green** at 30/06/2018 (89%)

Actions that were reporting red at 30/06/2018 are set out below**:**

Priority: Reduce the number of Preventable Deaths
Action: To develop a co-produced family/carer version of the learning from deaths policy
Update: This document has not yet been developed as the individual responsible for it had left the Trust and had not been immediately replaced. The new person is now in post and it is expected that the policy will be produced in Quarter 3 2018/2019

Priority: <u>Further improve the clinical effectiveness and patient experience at times of transition from CYP to AMH Services</u>
Action: Implement actions from the thematic review of patient stories
Update: There has been an historic issue with gathering patient stories. Patients who transition from CYP to AMH are contacted after 3 months to complete a post-transitions survey, and asked if they want to share the story of their experience with the Trust. To date there has been no response. There are further actions and meetings in place during the next couple of months to try and encourage more engagement.

Priority: <u>To improve the personalisation of Care Planning</u>
Action: Co-produce an action plan with service users, carers and staff teams based on the findings and recommendations of the audit
Update: Focus Groups have been held in all areas of the Trust to enable to the findings of the audit to be shared and actions are being collated. This aspect of the audit will be completed in Quarter 2 2018/2019. An action plan will be produced during Quarter 3 2018/2019.

<u>Performance against Quality Metrics at Quarter 1</u>

The following table shows the number and percentage of the Quality Metrics in each RAG Category as at Quarter 1. The RAG ratings used to monitor the metrics are simply green if the target is met and red if the target is not met.

RED	GREEN	GREY
Patient Safety Measures		
66%	33%	N/A
Clinical Effectiveness Measures		
66%	33%	N/A
Patient Experience Measures		
100%	0%	N/A

<u>Patient Safety Measures</u>

Metric 1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'

The Trust position for Quarter 1 2018/2019 is 62.40%, which relates to 571 out of 915 surveys. This is 25.60% below the Trust target of 88.00%. All localities are underperforming this Quarter; York and Selby are performing highest with 76.12% (51 out of 67 responses) and Forensic Services are performing lowest with 55.56% (75 out of 135 responses)

When inpatients do state that they do not feel safe we ask them to tell us why and categorise their reasons into sub-categories. A high percentage of patients surveyed during Q1 2018/2019 cited 'other patients' and 'personal illness' as the reasons they did not always feel safe.

It is also important to note that the level of patient acuity on inpatient units has significantly increased over the last ten years, in that only patients who are experiencing severe mental illness will be admitted to an inpatient unit, because of the increased level of support now available from crisis and other community services.

Metric 2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) - for inpatients

The Trust position for Quarter 1 2018/2019 is 0.17, which relates to 12 incidents out of 70529 OBDs. This is 0.18 better than the Trust target of 0.35. North Yorkshire are the only locality missing this target this Quarter with 0.42.

Metric 3: Number of incidents of physical intervention/restraint per 1000 occupied bed days

The Trust position for Quarter 1 2018/2019 is 34.23, which relates to 2414 incidents out of 70529 OBDs. This is 14.98 above (i.e. worse than) the Trust target of 19.25

Durham and Darlington are the only locality achieving the target this Quarter; of the underperforming localities North Yorkshire are performing next best at19.85 and Teesside are furthest away from the target at 70.80.

In Teesside, the majority of physical interventions take place in Children and Young People's (CYP) inpatient units, as a result of patients refusing to feed resulting in the use of a nasogastric tube. One patient alone accounts for over 20% of all Teesside's physical interventions during this Quarter.

Clinical Effectiveness Measures

Metric 4: Percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care:

The Trust position for Quarter 1 2018/2019 is 98.07%. This is 3.07% above the Trust target of >95%.

Metric 5: Percentage of Clinical Audits of NICE Guidance completed:

The Trust position for Quarter 1 2018/2019 is 0%, which is 100% below the target of 100%. The percentage of clinical audits of NICE Guidance completed is based on the number of audits of NICE guidelines completed against the number of audits of NICE guidelines planned. Data for this metric is taken from audits undertaken by the Clinical Directorates supported by the Clinical Audit Team.

There was one audit due for completion by the end of June; Clinical Audit of NICE CG78: Borderline Personality Disorder: recognition and management. Delays were incurred due to lack of response from project lead and this has been escalated to the Specialty Clinical Audit Subgroup. The audit tool is yet to be agreed therefore this is likely to be postponed within AMH Services.

Metric 6: Average length of stay for patients in Adult Mental Health Services and Mental Health Services for Older People Assessment and Treatment Wards:

The average length of stay for patients in Adult Mental Health Services for Quarter 1 2017/2018 is 24.76 days. This is 5.44 below the Trust target of <30.2.

The average length of stay for patients in Mental Health Services for Older People for Quarter 1 is 65.89 days. This is 13.89 above the Trust target of <52.

Data for average length of stay is taken from the Trust's patient systems.

The median length of stay within MHSOP was 49 days, which is within the target threshold of less than 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.

The length of stay of patients is closely monitored by all services within the Trust. When assessing the average length of stay across both specialties a small number of patients who were discharged after a very long length of stay have skewed the overall average. In total 80.17% of lengths of stay were between 0 and 50 days, with 13.58% between 51 and 100 days; the majority were attributable to the complex needs of the patients (including physical health problems) with some delays incurred in finding suitable placements for patients subsequent to discharge.

Patient Experience Measures

Metric 7: Percentage of patients who reported their overall experience as 'excellent' or 'good'

The Trust position for Quarter 1 2018/2019 is 90.82%, which relates to 4850 out of 5340 surveyed. This is 3.18% below the Trust target of 94.00%. All localities are underperforming this Quarter; Durham & Darlington are performing highest with 92.57% and Forensic Services are performing lowest with 77.53%

Metric 8: Percentage of patients that report that staff treated them with dignity and respect

The Trust position for Quarter1 2018/2019 is 84.60%, which relates to 4170 out of 4929 surveyed. This is 9.40% below the Trust target of 94%.

All localities are underperforming this Quarter; of the underperforming localities, North Yorkshire are performing best with 89.52% and Forensic Services are performing lowest with 66.24%.

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 2018/2019 is 85.81%, which relates to 4649 of 5418 surveyed. This is 8.19% below the Trust target of 94.00%.

All localities are underperforming this Quarter. Of the underperforming localities, Durham and Darlington are performing highest with 88.72% and Forensic Services are performing lowest with 71.14%.

In relation to the Patient Experience Measures, the Trust is working hard to try and ensure that these targets are met in future. If there are areas/teams where specific issues are identified then action plans are put in place to address these.

Further detail is provided in Appendix 2

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 2017/2018 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 plans and project plans will be impact assessed for the equality and diversity implications associated with the Quality Account.

4.5. Other Implications

None

4.6. Risks

There are no specific risks associated with this progress report

5. CONCLUSIONS

The delivery of all quality priorities for 2018/2019 are mostly on-track

In terms of Quality Metrics, 2 of 9 (22%) are reporting green. We are reporting red on 7 of 9 metrics (78%)

6. RECOMMENDATIONS

Governors are asked to receive and comment on this report on the progress made against the Quality Account improvement priorities and metrics as at Quarter 1 2018/2019.

Laura Kirkbride
Planning and Business Development Manager

Appendix 1: Performance with Quality Metrics at Quarter 1 2018/2019

Quality Metrics											
Patient Safety Measures											
	Quarter 1 18/19		Quarter 2 18/19		Quarter 3 18/19		18/19		2017/2018	2016/2017	2015/2016
	Target	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**			
1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'	88.00%	62.40%	88.00%		88.00%		88.00%		62.30%	N/A	N/A
2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) - for inpatients	0.35	0.17	0.35		0.35		0.35		0.12	0.37	N/A
3: Number of incidents of physical intervention/restraint per 1000 occupied bed days	19.25	34.23	19.25		19.25		19.25		30.65	20.26	N/A
Clinical Effectiveness Measures											
4: Existing percentage of patients on Care Program Approach who were followed up within 7 days after discharge from psychiatric inpatient care	>95%	98.07%	>95%		>95%		>95%		94.78%	98.35%	97.75%
5: Percentage of clinical audits of NICE Guidance completed	100%	0%	100%		100%		100%		100%	100%	100%
6a: Average length of stay for patients in Adult Mental Health Assessment and Treatment Wards	<30.2	24.76	<30.2		<30.2		<30.2		27.64	30.08	26.81
6b: Average length of stay for patients in Mental Health Services for Older People Assessment and Treatment Wards	<52	65.89	<52		<52		<52		67.42	78.08	62.67

Tees, Esk and Wear Valleys **NHS**

NHS Foundation Trust

Patient Experience Measures										
7: Percentage of patients who reported their overall experience as excellent or good	94.00%	90.82%	94.00%		94.00%		94.00%		90.50%	90.53%	N/A
8: Percentage of patients that report that staff treated them with dignity and respect	94.00%	84.60%	94.00%		94.00%		94.00%		85.90%	N/A	N/A
9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment	94.00%	85.81%	94.00%		94.00%		94.00%		87.20%	86.58%	85.51%

Tees, Esk and Wear Valleys NHS

NHS Foundation Trust

Appendix 2: Performance against Quality Metrics by Locality

Quality Metric	Trust	Durham & Darlington	Teesside	North Yorkshire	Forensic Services	York & Selby
Metric 1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'	62.40% (571/915)	64.53% (151/234)	58.43% (208/356)	69.92% (86/123)	55.56% (75/135)	76.12% (51/67)
Metric 2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) - for inpatients	0.17 (12/70,529)	0.06 (1/17,013)	0.16 (3/18,728)	0.42 (4/9,521)	0.11 (2/18,882)	0.31 (2/6,385)
Metric 3: Number of incidents of physical intervention/restraint per 1000 occupied bed days	34.23 (24,14/70,529)	18.05 (307/17,013)	70.80 (1326/18,728)	19.85 (189/9,521)	24.31 (459/18,882)	20.83 (113/6,385)
Metric 4: Percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care:	98.07%	N/A	N/A	N/A	N/A	N/A
Metric 5: Percentage of Clinical Audits of NICE Guidance completed:	0%	N/A	N/A	N/A	N/A	N/A
Metric 6a: Average length of stay for patients in Adult Mental Health Services Assessment and Treatment Wards:	24.76	N/A	N/A	N/A	N/A	N/A
Metric 6b: Average length of stay for patients in Mental Health Services for Older People Assessment and Treatment Wards:	65.89	N/A	N/A	N/A	N/A	N/A
Metric 7: Percentage of patients who reported their overall experience as 'excellent' or 'good'	90.82% (4,850/5,340)	92.57% (1,359/1,468)	92.49% (2,095/2,265)	91.62% (700/764)	77.53% (307/396)	87.02% (389/447)
Metric 8: Percentage of patients that report that staff treated them with dignity and respect	84.60% (4,170/4,929)	88.18% (1,201/1,362)	84.78% (1,693/1,997)	89.52% (666/744)	66.24% (261/394)	80.79% (349/432)
Metric 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment	85.81% (4,649/5,418)	88.72% (1,314/1,481)	86.06% (1,994/2,317)	88.56% (681/769)	71.14% (286/402)	83.30% (374/449)

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	19 September 2018
TITLE:	**Board Dashboard as at 31st July 2018**
REPORT OF:	**Sharon Pickering, Director of Planning, Performance & Communication**
REPORT FOR:	**Assurance**

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

Executive Summary:

The purpose of this report is to provide the Council of Governors with the Board Dashboard as at 31st July 2018 (Appendix A) in order to inform them of the performance of the organisation against the KPIs within the Trust Dashboard.

As at the end of July 2018, 5 (29%) of the indicators reported are not achieving the expected levels and are red. This is an improvement on the 7 indicators that were reported red as at the end of June. The indicators which are rated red are spread across all 4 domains. In addition there are 9 KPIs (53%) that whilst not achieving the target are within the 'amber' tolerance levels.

Of the 14 indicators that are either red or amber 5 (36%) are showing an improving trend over the previous 3 months.

The year to date position is that there are 6 KPIs (35%) which are reported as red which is an improvement on the position as at the end June 2018.

The new KPI for "Percentage of patients starting treatment within 6 weeks of external referral" has now been developed and the Board of Directors will be asked to formally approve the proposed target of 60% in September, by Executive Management Team.

In terms of the Single Oversight Framework targets the Trust did not achieve the KPI

"IAPT/Talking Therapies – proportion of people completing treatment who move to recovery" as at the end of July 2018. This was due to the target not being achieved in 4 CCG areas: Darlington, Durham Dales, Easington and Sedgefield, North Durham and Vale of York. Further details are included within the report.

There is no change in the Data Quality Assessment against the 2018/19 Dashboard KPIs which indicates a high level of data quality. Work is progressing on a further dimension for inclusion in the assessment and details are included within the report.

Recommendations:

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

MEETING OF:	Council of Governors
DATE: 19 th September 2018	
TITLE:	Board Dashboard as at 31st July 2018

1.   INTRODUCTION & PURPOSE:

1.1   To present to the Council of Governors the Trust Dashboard as at 31st July 2018 (Appendix A). Further detail for each indicator, including trends over the previous 3 years, will be available within the information pack available at the Council of Governors meeting or can be provided electronically on request from the Trust Secretary's department tewv.ftmembership@nhs.net .

2. KEY   ISSUES:

2.1   The key issues are as follows:

- As at the end of July 2018, 5 (29%) of the indicators reported are not achieving the expected levels and are red. This is an improvement on the 7 indicators that were reported red as at the end of June. The indicators which are rated red are spread across all 4 domains. In addition there are 9 KPIs (53%) that whilst not achieving the target are within the 'amber' tolerance levels.

  Of the 14 indicators that are either red or amber 5 (36%) are showing an improving trend over the previous 3 months.

  The year to date position is that there are 6 KPIs (35%) which are reported as red which is an improvement on the position as at the end June 2018.

  The new KPI for "Percentage of patients starting treatment within 6 weeks of external referral" has now been developed and the Board of Directors will be asked to formally approve the proposed target of 60% in September, by Executive Management Team.

- In terms of the Single Oversight Framework targets the Trust did not achieve the KPI   "IAPT/Talking Therapies – proportion of people completing treatment who move to recovery" as at the end of the month of July 2018. This was due to the target not being achieved in 4 CCG areas: Darlington, Durham Dales, Easington and Sedgefield, North Durham and Vale of York.   Actions are in place to address these issues.

2.2   The key risks are as follows:

1. Use of Beds (KPIs 3 12,13 and 14) – During July there has been a reduction in bed pressures on inpatient assessment and treatment beds across AMH and MHSOP; however there has been a further increase on KPI 3 (Number of inappropriate OAP days over the reporting period) and

KPI 14 (% of patients readmitted within 30 days). Whilst the position in July for KPI 3 was still better than target there is a clear worsening trajectory. Action plans are in place to improve performance in this area (one for Durham and Darlington and Tees and one for North Yorkshire and York) which have been agreed with commissioners and these are performance managed via the Contract Management Boards. The use of beds continues to be monitored on a daily basis and the localities are undertaking deep dives of patients who have a LOS over 30 days to ensure that they can address issues that may be preventing discharge. However there are a number of very complex patients on the wards who require longer lengths of stay in addition to a number of delayed discharges particularly in York and Selby and Teesside. There has been a noticeable improvement in KPI 12 (% Bed Occupancy) and a slight improvement in KPI 13 (Number of patient occupying a bed with a LoS >90 days) compared to last month.

2. Number of Unexpected Deaths Classed as a Serious Incident (KPI 5) – The rate per 10,000 open cases remained fairly static in July which is the highest level since before 2016/17 at 2.23 (compared to an expected level of 1). This related to 14 deaths the majority of which were in Durham and Darlington. No particular themes have been identified.

3. Outcome Indicators (KPIs 6 and 7) – Performance against the two outcome indicators (clinically reported (HONOS) and patient reported (SWEMWEBS)) is considerably below target although both are improving with KPI 7 being much closer to target than KPI 6. The PBR team are sharing reports with services to allow them to focus on the reasons for the 'breaches' and work is being undertaken in all localities on reemphasising the need to record outcome scores in order to be able to demonstrate improvement made. Following the Performance Improvement Group (PIG) in May, chaired by the COO, it has been agreed that there will be a further PIG meeting dedicated to these indicators in the coming months to follow up on whether the actions agreed in May are having an impact.

4. Actual Number of workforce (KPI 15) - Performance is worse than the target in July with a further deterioration on the June position. It is expected that this will improve over the coming months following some recent successful recruitment events. However this improvement may not be seen until September when a number of existing student nurses who have been recruited into the organisation will qualify and be able to take up the posts they have been appointed to.

5. Financial Targets (KPIs 20 and 21) – In the month of July (and Year to Date) we have not achieved the target for KPI 20 Delivery of the Financial Plan and have not yet delivered the target for KPI 21 CRES. Work is ongoing via the CRES Programme Board to identify further CRES schemes and it is expected that the target will be achieved by the year end.

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:

Trust Dashboard Summary for TRUST

Quality

	July 2018				April 2018 To July 2018			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
1) Percentage of patients who were seen within 4 weeks for a first appointment following an external referral	90.00%	87.43%	🟠	🔻	90.00%	87.23%	🟠	90.00%
3) The total number of inappropriate OAP days over the reporting period (rolling 3 months)	2,431.00	2,236.00	🟢	🔻	2,431.00	2,236.00	🟢	2,431.00
4) Percentage of patients surveyed reporting their overall experience as excellent or good	92.45%	90.79%	🟠	🔻	92.45%	90.85%	🟠	92.45%
5) Number of unexpected deaths classed as a serious incident per 10,000 open cases - Post Validated	1.00	2.23	🔴	🔻	4.00	6.36	🔴	12.00
6) The percentage of in scope teams achieving the agreed improvement benchmarks for HoNOS total score (AMH and MHSOP) - month behind	67.25%	59.14%	🟠	🔺	67.25%	55.49%	🔴	67.25%
7) The percentage of in scope teams achieving the agreed improvement benchmarks for SWEMWBS total score (AMH and MHSOP) - month behind	78.25%	71.43%	🟠	🔺	78.25%	63.77%	🔴	78.25%

Activity

	July 2018				April 2018 To July 2018			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
12) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	85.00%	92.22%	🔴	🔺	85.00%	95.32%	🔴	85.00%
13) Number of patients occupying a bed with a length of stay (from admission) greater than 90 days (AMH and MHSOP A&T Wards)	68.00	66.00	🟢	🔺	68.00	66.00	🟢	68.00
14) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP) - in reporting month	23.93%	24.55%	🟠	🔻	23.93%	20.69%	🟢	23.93%

Workforce

Trust Dashboard Summary for TRUST

	July 2018				April 2018 To July 2018			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
15) Actual number of workforce in month (Establishment 95%-100%)	95.00%	92.78%	🟠	🔻	95.00%	92.78%	🟠	95.00%
16) Vacancy fill rate	90.00%	71.67%	🔴	🔻	90.00%	74.92%	🔴	90.00%
17) Percentage of staff in post more than 12 months with a current appraisal (snapshot)	95.00%	91.37%	🟠	🔺	95.00%	91.37%	🟠	95.00%
18) Percentage compliance with ALL mandatory and statutory training (snapshot)	92.00%	88.45%	🟠	🔻	92.00%	88.45%	🟠	92.00%
19) Percentage Sickness Absence Rate (month behind)	4.50%	4.84%	🟠	🔻	4.50%	4.68%	🟠	4.50%

Money

	July 2018				April 2018 To July 2018			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
20) Delivery of our financial plan (I and E)	-563,000.00	-528,163.00	🔴	🔺	-2,278,000.00	-2,288,598.00	🟢	-6,864,000.00
21) CRES delivery	686,782.00	509,686.00	🔴	🔻	2,747,128.00	2,148,487.00	🔴	8,241,384.00
22) Cash against plan	67,722,500.00	69,288,000.00	🟢	🔺	67,722,500.00	69,288,000.00	🟢	56,640,000.00

Data Quality Scorecard 2018/19

	Data Source					Data Reliability					KPI Construct/Definition					Total Score	Percentage	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 Pergentage of patients who were seen within 4 weeks for a first appointment following an external referral	5					5					5					15	100%	
3 Total number of inappropriate OAP days over the reporting period (rolling 3 months)		4				5					5					14	93%	Data is extracted electronically, validated manually and reuploaded into the system. Work is underway to amend PARIS to enable this to be recrrded completely on the system.
4 Percentage of patients surveyed reporting their overall experience as excellent or good.				2		5					5					12	80%	Patient and carer experience feedback is managed by the PaCE Team supported by the Meridian system, provided by an external provider; Optimum Contact. The system was implemented trust-wide on 1 April 2017. Data is collected via electronic devices for inpatient areas, on paper surveys for community teams as well as via kiosks in team bases where there are large footfalls. There is also a phone Application now where clinicians can send the survey to patients and carers phones via email or SMS. The Data Quality Team access the system to generate reports.
5 Number of unexpected deaths classed as a serious incident per 10,000 open cases		4				5					5					14	93%	Data will be directly extracted from Datix into the IIC; however, this process is not fully embedded. IAPT caseload is currently a manual upload. Data reliability has improved following the introduction of the central approval team
6 The percentage of teams achieving the agreed improvement benchmarks for HoNOS total score		4					4				5					13	87%	Data is extracted electronically and then processed manually. Work is underway with the services to ensure the data recorded on PARIS is accurate and this will improve data reliability.
7 The percentage of teams achieving the agreed improvement benchmarks for SWEMWBS total score		4					4				5					13	87%	Data is extracted electronically and then processed manually. Work is underway with the services to ensure the data recorded on PARIS is accurate and this will improve data reliability.
12 Bed Occupancy (AMH & MHSOP A&T wards)	5					5					5					15	100%	

Data Quality Scorecard 2018/19

	Data Source					Data Reliability					KPI Construct/Definition					Total Score	Percentage	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			
13 Number of patients occupying a bed with a length of stay (from admission) greater than 90 days (AMH & MHSOP A&T Wards)	5					5					5					15	100%	
14 Percentage of patients readmitted to Assesement and treatment wards within 30 days	5					5					5					15	100%	
15 Actual number of workforce in month		4				5					5					14	93%	Data extracted elecronically but processed manually
16 Vacancy Fill rate				2		5					5					12	80%	Data recorded on the recruitment tracker database and manually uploaded into the system
17 Percentage of staff in post more than 12 months with a current appraisal	5						4				5					14	93%	Issues with appraisal dates being entered to ESR have lessened considerably. Compliance levels are effectively being monitored via monthly Huddle meetings. There feels to be greater confidence in the data being reported through IIC.
18 Percentage compliance with ALL mandatory and statutory training	5						4				5					14	93%	Issues with training compliance figures being reported have lessened - there appears to be greater confidence in the data being reported.

Appendix B

		Data Source					Data Reliability					KPI Construct/Definition					Total Score	Percentage	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 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			
19	Percentage Sickness Absence Rate (month behind)	5						4				5					14	93%	Whilst the sickness absence data for inpatient services is now being taken directly from the rostering system which should help to eliminate inaccuracies the remainder of the Trust continue to input directly into ESR and there are examples whereby managers are failing to end sickness in a timely manner or inaccurately recording information onto the system – this is picked up and monitored through sickness absence audits that the Operational HR team undertake.
20	Delivery of our financial plan (I and E)		4				5					5					14	93%	Mostly reliable - the form to capture this information has been amended but 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.
21	CRES Delivery				2		5					5					12	80%	Data is collected on Excel with input co-ordinated and controlled by the Financial Controller and version control in operation.
22	Cash against plan		4				5					5					14	93%	An extract is taken from the system then processed manually to obtain actual performance.

Number of unexpected deaths and verdicts from the Coroner April 2018 - March 2019

Number of unexpected deaths classed as a serious untoward incident											
April	May	June	July	August	September	October	November	December	January	February	March
10	4	14	15								

Number of unexpected deaths total by locality				
Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby
17	7	10	3	6

Number of unexpected deaths and verdicts from the Coroner April 2017 - March 2018

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	11	5	11	10	10	10	10	10

Number of unexpected deaths total by locality				
Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby
28	20	27	6	11

Number of unexpected deaths and verdicts from the Coroner 2016 / 2017
This table has been included into this appendix for comparitive purposes only

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

Trust Dashboard 2018/19

Glossary of Indicators

		KPI	*Target*	*Definition*
1		Percentage of patients who were seen within 4 weeks for a first appointment following an external referral	90%	This measures, the number of patients who attend their first appointment in 4 weeks of their referral date out of the total number of people who attend their first appointment following their referral. This KPI has been amended for 2018/19 and the clock will now NOT restart if the patient DNAs or the patient cancels an appointment. This looks at patients with an external referral only. This Excludes IAPT patients.
2		Percentage of patients starting "treatment" within 6 weeks of external referral	TBC	This measures, the number of people starting treatment within 6 weeks of an external referral against number of people starting treatment. This looks at patients with an external referral only.
3		The total number of inappropriate OAP days over the reporting period (Rolling 3 months)	2,494	This measures, the total number of days patients have spent in an out of area bed inappropriately. In line with national reporting this measures a rolling 3 months time frame
4		Percentage of patients surveyed reporting their overall experience as excellent or good	92.45%	Within all inpatient and community services, this measures: Of the number of people in the Patient Survey who answered the question: - "Overall how would you rate the care you have received?," the number of patients who have scored "excellent" or "good".
5		Number of unexpected deaths classed as a serious incident per 10,000 open cases	12	This measure looks at the number of unexpected deaths classed as a serious incident per 10,000 open cases. This mirrors the data that is reported to the National Reporting and Learning System (NRLS)
6		The % teams achieving the agreed improvement benchmarks for HoNOS total score	67.25%	This measure relates to patients discharged from TEWV In Scope services (Spells ended with a Adult or MHSOP subject to Currency & Tariff National requirements). Patients total HoNOS scores are compared from the first rating against the last. A reduction in total HoNOS score is classified as improvement. 80% of patients in the Non Psychotic and Psychotic superclass and 40% in the organic superclass are expected to achieve this reduction. Teams are subject to the measure if they discharge more than 5 patients in any of the superclasses. The measure will report against the team the patient was with at the point they are discharged entirely from TEWV not if they are transferred to a different In Scope team.

Trust Dashboard 2018/19

KPI Guide

7	The % teams achieving the agreed improvement benchmarks for SWEMWBS	78.25%	This measure relates to patients discharged from TEWV In Scope services (Spells ended with a Adult or MHSOP subject to Currency & Tariff National requirements). Patients total SWEMWBS scores are compared from the first rating against the last. An increase in SWEMWBS score is classified as improvement. 80% of patients in the Non Psychotic and Psychotic superclass and 50% in the organic superclass are expected to achieve this reduction. Teams are subject to the measure if they discharge more than 5 patients in any of the superclasses. The measure will report against the team the patient was with at the point they are discharged entirely from TEWV not if they are transferred to a different In Scope team.
8	*Number of new unique patients referred*	*TBC*	*This measures the number of new individual patients referred ie a patient is only counted once. This is when the patient is not open to any other team in the Trust.* *This Excludes IAPT patients.*
9	*The number of external referrals with an Assessment completed*	*TBC*	*This measures the number of all external referrals into Trust with an assessment completed* *This Excludes IAPT patients.*
10	*The number of external referrals which were subsequently accepted onto caseload*	*TBC*	*This measures all external referrals to all services that have been accepted onto teams caseload.* *This Excludes IAPT patients.*
11	*The number of discharges from total caseload*	*TBC*	*This measures **all discharges** excluding* • *Patients who were not appropriate to accept onto caseload* • *Patients who had a referral closed without being seen* • *Patients who were assessed but not offered treatment.* • *IAPT patients.*
12	Bed Occupancy (AMH & MHSOP A & T Wards)	85%	This measures the number of days beds that are occupied out of the number of possible bed days available. (The calculation is on the number of beds available and the days in the month). This looks at AMH and MHSOP Assessment and Treatment wards only
13	Number of patients occupying a bed with a length of stay (from admission) greater than 90 days (AMH & MHSOP A&T Wards (Snapshot)	68	This measures the number of patients occupying a bed with a length of stay longer than 90 days from the day they were admitted. This looks at AMH and MHSOP Assessment and Treatment wards only

Trust Dashboard 2018/19

KPI Guide

14	Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP)	TBC	This measures the number of patients who are readmitted onto a ward within 30 days of their last discharge. This looks at AMH and MHSOP Assessment and Treatment wards only
15	Actual number of workforce in month	95%	This measures the total number of contracted staff against the number of budgeted staff.
16	Vacancy fill rate	90%	This measures the number of vacancies where an offer of employment has been made out of the number of vacancies that are being recruited to. There are vacancies that have been advertised and not filled due to no applicants or no one shortlisted, however from a recruitment vacancy perspective are closed off as an episode – These are not included in the figures as they do not go over the 8 week time frame. This looks at posts that have been vacant longer than 8 weeks. This KPI will exclude bank staff and only include professional health care posts of Band 5 and above
17	Percentage of staff in post more than 12 months with a current appraisal	95%	This measures the number of staff in post more than 12 months and of those how many have a current appraisal. For medical staff this is monitored against 13 months.
18	Percentage compliance with ALL mandatory and statutory training	92%	This measures the total number of courses completed by each member of staff for ALL mandatory and statutory training out of the number of courses due to be completed for each member of staff
19	Percentage Sickness Absence Rate	4.50%	This measures the number of days lost to sickness out of the number of days within the month
20	Delivery of our financial plan (I&E)	-8556,000	This shows the Trusts surplus or deficit position (£). The target is the planned surplus position.
21	CRES delivery	8,241,384	This shows the CRES Identified against the planned amount
22	Cash against plan	56,640	This shows the actual cash held by the Trust against the amount of cash forecasted to be held

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Item 8vii

FOR GENERAL RELEASE
COUNCIL OF GOVERNORS

DATE:	**19 September 2018**
TITLE:	**Finance Report for Period 1 April 2018 to 31 July 2018**
REPORT OF:	**Patrick McGahon, Director of Finance and Information**
REPORT FOR:	**Assurance and Information**

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

Executive Summary:

The comprehensive income outturn for the period ending 31 July 2018 is a surplus of £2,288k, representing 2.0% of the Trust's turnover and is £11k ahead of the revised plan.

Performance Against Plan – year to date (3.2)

The Trust is currently £11k ahead of its year to date financial plan (revised control total).	Variance £000	Monthly Movement £000	Movement
	-11	34	⬇

Cash Releasing Efficiency Savings (CRES) (3.3)

	CRES Type	Annual Variance £000	Movement
Identified CRES schemes for the financial year are £105k **behind** financial plan.	Recurrent	4,416	➡
	Non recurrent	-4,311	➡
	Target	0	
	Variance	105	➡

	CRES Type	Annual Variance £000	Movement
Identified CRES schemes for the rolling 3 year period are £14,932k **behind** the £21,000k CRES target.	Recurrent	14,932	➡

A Waste Reduction Programme has been established to assist the Trust in delivering the recurrent CRES requirements in full, and a 3 year CRES plan.

Capital (3.4)

The Trust is currently £427k **in excess** of its capital plan.	Variance £000	Monthly Movement £000	Movement
	427	295	⬇

The Trust received a capital rebate relating to prior year schemes (£2,289k), with this included, capital expenditure is £1,862k behind plan.

Workforce (3.5)

The Trust is currently £671k (35%) **in excess of** its agency cap.	Variance £000	Movement £000	Movement
	671	317	⬇

Agency expenditure has increased in month 4 across all localities and is required to support enhanced observations with complex clients.

Use of Resources Risk Rating (UoRR) (3.7)

	Plan	Actual	Movement
The Trust is currently **behind** its planned UoRR which is rated 1 to 4 with 1 being good.	1	3	2 ⬇
The Trust is forecasting to **achieve** its planned UoRR at the financial year end.	1	1	0 ➡

The 3 rating arises due to revenue available to pay debt being lower than planned, which impacts on the Capital Service Cover score. Agency expenditure is reported as a 3 and is not currently forecast to improve.

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:	19 September 2018
TITLE:	Finance Report for Period 1 April 2018 to 31 July 2018

1.   INTRODUCTION & PURPOSE:

1. 1   This report sets out the financial position for 1 April 2018 to 31 July 2018.

2.   BACKGROUND INFORMATION AND CONTEXT:

2.1   This report will enable the Council of Governors to monitor the Trust's key financial duties and performance indicators which are both statutory requirements.

2.2   NHS Improvement's Use of Resources Rating (UORR) evaluates Trusts based on ability to service debt, liquidity, I&E margin, achievement of planned I&E margin and agency expenditure.

3.   KEY ISSUES:

3.1   Key Performance Indicators

The Trust is achieving targets set by NHSI at an aggregate level, although there are variances within categories. The amount of CRES identified is below required levels, and actions taken to rectify are detailed in section 3.3.

3.2   Statement of Comprehensive Income

The comprehensive income outturn for the period ending 31 July 2018 is a surplus of £2,288k, representing 2.0% of the Trust's turnover and is £11k ahead of the revised plan.

Table 1	Annual Plan £000	Year to Date Plan £000	Year to Date Actual £000	YTD Variance £000
Income From Activities	(331,636)	(108,482)	(108,348)	134
Other Operating Income	(15,152)	(6,132)	(6,157)	(26)
Total Income	**(346,788)**	**(114,614)**	**(114,505)**	**109**
Pay Expenditure	261,269	87,142	86,980	(162)
Non Pay Expenditure	67,338	21,424	21,552	128
Depreciation and Financing	11,317	3,770	3,685	(85)
Variance from plan	**(6,864)**	**(2,277)**	**(2,288)**	**(11)**

3.3   Cash Releasing Efficiency Savings (CRES)

The Trust's performance against the 2018/19 CRES target is shown in table 2 below. The Trust is marginally (£105k) behind plan and continues to identify schemes to ensure full delivery of recurrent CRES requirements.

Table 2

Identified CRES schemes for the financial year are £105k **behind** financial plan.	CRES Type	Annual Variance £000	Movement
	Recurrent	4,416	→
	Non recurrent	-4,311	→
	Target	0	
	Variance	105	→

3.4   Capital

Expenditure against the capital programme to 31 July 2018 is £3,131k and is £427k in excess of plan largely due to expenditure incurred on the Roseberry Park MIST system being offset by delays on the York and Selby Inpatient facility.

The Trust received a capital rebate relating to prior year schemes (£2,289k), with this included, capital expenditure is £1,862k behind plan.

3.5   Workforce

The following table (table 3) show the Trust's performance on some of the key financial drivers identified by the Board.

Pay Expenditure as a % of Pay Budgets (table 3)							
Tolerance	Tolerance Jul-18	Feb	Mar	Apr	May	Jun	Jul
Establishment (a) (90%-95%)	92.8%	93.70%	93.80%	94.60%	93.70%	93.41%	92.77%
Agency (b)	1.0%	2.50%	2.60%	2.70%	2.80%	2.80%	2.98%
Overtime (c)	1.0%	1.30%	1.30%	1.60%	1.20%	1.12%	1.12%
Bank & ASH (flexed against establishment) (100%-a-b-c)	5.2%	2.90%	2.90%	3.30%	2.90%	3.08%	2.93%
Total	**100.0%**	**100.40%**	**100.60%**	**102.20%**	**100.60%**	**100.41%**	**99.80%**

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 2018 the tolerance for Bank and ASH is 5.2% of pay budgets.

NHS Improvement monitors agency expenditure against a capped target. Agency expenditure at 31 July 2018 is £2,601k which is £671k (35%) in excess of the agreed year to date capped target of £1,930k. Recruitment options are being explored to reduce dependency on agency, and progress continues to inform conversations with NHSI.

3.6   Cash

Total cash at 31 July 2018 is £69,288k, and is £335 behind plan largely due to working capital variations.

3.7   Use of Resources Risk Rating (UoRR) and Indicators

3.7.1   The Use of Resources Rating for the Trust is assessed as 3 for the period ending 31 July 2018 and is behind plan (table 4). The 3 rating arises due to revenue available to pay debt being lower than planned, which impacts on the Capital Service Cover score. Agency expenditure is reported as a 3 and is not currently forecast to improve.

Use of Resource Rating at 31 July 2018 (table 4)

NHS Improvement's Rating Guide	Weighting %	Rating Categories			
		1	2	3	4
Capital service Cover	20	>2.50	1.75	1.25	<1.25
Liquidity	20	>0	-7.0	-14.0	<-14.0
I&E margin	20	>1%	0%	-1%	<=-1%
I&E margin distance from plan	20	>=0%	-1%	-2%	<=-2%
Agency expenditure	20	<=0%	-25%	-50%	>50%

TEWV Performance	Actual		YTD Plan		RAG Rating
	Achieved	Rating	Planned	Rating	
Capital service cover	1.23x	4	1.27x	3	🔴
Liquidity	51.0 days	1	53.1 days	1	🟢
I&E margin	2.0%	1	2.0%	1	🟢
I&E margin distance from plan	0.0%	1	0.0%	1	🟢
Agency expenditure	£2,601k	3	£1,930k	1	🔴
Overall Use of Resource Rating		**3**		**1**	🔴

3.7.2   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 1.23x (can cover debt payments due 1.23 times), which is marginally behind plan and rated as a 4. The 4 rating arises due to revenue available to pay debt being lower than planned, which impacts on the Capital Service Cover score. This rating is expected to be in line with plan by the end of quarter 2.

3.7.3   The liquidity metric assesses the number of days operating expenditure held in working capital (current assets less current liabilities). The Trust liquidity metric is 51.0 days; this is marginally behind plan and is rated as a 1.

3.7.4   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 2.0% and is rated as a 1, which is in line with plan.

3.7.5   The I&E margin distance from plan ratio assesses the I&E Margin against plan, excluding STF income. The Trust I&E margin distance from plan is 0.0% and is in line with plan and is rated as a 1.

3.7.6   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 3. The margins on Use of Resource Rating are as follows:

- Capital service cover - to improve to a 3 a surplus increase of £82k is required.

- Liquidity - to reduce to a 2 a working capital reduction of £45,370k is required.
- I&E Margin – to reduce to a 2 an operating surplus decrease of £344k is required.
- I&E margin distance from plan – to reduce to a 2 an operating surplus decrease of £2k is required.
- Agency Cap rating – to improve to a 2 a reduction in agency expenditure of £296k is required.

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   At the end of July the Trust is behind the targets set by NHSI due to revenue available to pay debt being lower than planned, which impacts on the Capital Service Cover score and agency expenditure being higher than plan.

6.2   The amount of CRES identified for the financial year and rolling 3 year period is below required levels; however, the Trust continues to identify schemes to ensure full delivery of recurrent CRES requirements.

6.3   The Use of Resources Rating for the Trust is assessed as 3 for the period ending 31 July 2018 and is in line with plan. This is forecast to improve to a 1 by the end of quarter 2.

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.

Patrick McGahon
Director of Finance and Information