

**AGENDA FOR THE MEETING OF THE BOARD OF DIRECTORS  
TUESDAY 25<sup>th</sup> APRIL 2017  
VENUE: LAKE HOUSE, 20 MANOR COURT, SCARBOROUGH  
BUSINESS PARK, EASTFIELD, YO11 3TU  
AT 10.30 A.M.**

**PLEASE NOTE THE START TIME OF THE MEETING**

Apologies for Absence

Standard Items (10.30 am)

<b>Item 1</b>	To approve the public minutes of the meeting of the Board of Directors held on <b>28<sup>th</sup> March 2017</b> .		<b>Attached</b>
<b>Item 2</b>	Public Board Action Log.		<b>Attached</b>
<b>Item 3</b>	Declarations of Interest.		
<b>Item 4</b>	Chairman's Report.	<b>Chairman</b>	<b>Verbal</b>
<b>Item 5</b>	To consider any issues raised by Governors.	<b>Board</b>	<b>Verbal</b>

Quality Items (10.45 am)

<b>Item 6</b>	To receive the report of the Quality Assurance Committee.	<b>HG/EM</b>	<b>Attached</b>
<b>Item 7</b>	To consider the monthly Nurse Staffing Report.	<b>EM</b>	<b>Attached</b>
<b>Item 8</b>	To receive and note a report on the Trust's position against the Stirling Dementia Design Guidelines.	<b>BK</b>	<b>Attached</b>

Performance (11.25 am)

<b>Item 9</b>	To consider the summary Finance Report as at 31 <sup>st</sup> March 2017.	<b>DK</b>	<b>Attached</b>
<b>Item 10</b>	To consider the Trust Performance Dashboard as at 31 <sup>st</sup> March 2017.	<b>SP</b>	<b>Attached</b>
<b>Item 11</b>	To consider the Trust Workforce Report as at 31 <sup>st</sup> March 2017.	<b>DL</b>	<b>Attached</b>

Governance (12.05 pm)

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| <b>Item 12</b> | To consider proposals to amend the Constitution with regard to the composition of the Council of Governors. | <b>PB</b> | <b>Attached</b> |
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*(Note: any changes to the Constitution must be approved by both the Board and the Council of Governors).*

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| <b>Item 13</b> | To consider a report on the Trust's position against the Single Oversight Framework. | <b>PB/SP</b> | <b>Attached</b> |
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Items for Information (12.20 pm)

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| <b>Item 14</b> | To receive and note a report on the use of the Trust's seal. | <b>CM</b> | <b>Attached</b> |
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| <b>Item 15</b> | Policies and Procedures ratified by the Executive Management Team. | <b>CM</b> | <b>Attached</b> |
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| <b>Item 16</b> | To note that the next meeting of the Board of Directors will be held on Tuesday <b>23<sup>rd</sup> May 2017</b> in the Board Room, West Park Hospital Darlington at 9.30 am. |  |  |
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Confidential Motion (12.25 pm)

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| <b>Item 17</b> | <b>The Chairman to move:</b> |  |  |
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*"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 any particular applicant for, or recipient or former recipient of, any service provided by the Trust.*

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

*The amount of any expenditure proposed to be incurred by the Trust under any particular contract for the acquisition of property or the supply of goods or services.*

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

*Information which, if published would, or be likely to, inhibit -*

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

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

***The meeting will adjourn for lunch***

**Mrs. Lesley Bessant  
Chairman  
19<sup>th</sup> April 2017**

**Contact:** Phil Bellas, Trust Secretary Tel: 01325 552312/Email: [p.bellas@nhs.net](mailto:p.bellas@nhs.net)

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**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON 28<sup>TH</sup>  
MARCH 2017 IN THE BOARD ROOM, WEST PARK HOSPITAL, DARLINGTON AT  
9.30 AM**

**Present:**

Mrs. L. Bessant, Chairman  
Mr. C. Martin, Chief Executive  
Mr. J. Tucker, Deputy Chairman  
Mr. M. Hawthorn, Senior Independent Director  
Mr. D. Jennings, Non-Executive Director  
Mrs. S. Richardson, Non-Executive Director  
Mr. R. Simpson, Non-Executive Director  
Mr. B. Kilmurray, Chief Operating Officer and Deputy Chief Executive  
Dr. N. Land, Medical Director  
Mr. D. Kendall, Interim Director of Finance and Information  
Mrs. E. Moody, Director of Nursing and Governance  
Mr. D. Levy, Director of HR and Organisational Development (non-voting)  
Mrs. S. Pickering, Director of Planning, Performance and Communications (non-voting)

**In Attendance:**

Mrs. J. Rayment, Public Governor for Hartlepool  
Mr. L. Buckley, Director of Operations for Forensic Services (minutes 17/61 & 17/62)  
Mr. D. Williams, Freedom to Speak Up Guardian (minute 17/62)  
Mr. P. Bellas, Trust Secretary  
Mrs. J. Jones, Head of Communications  
Mr. J. Chapman, Head of Financial Control

Ms. J. Cave, Ms. C. Fairless, Ms. V. Greensit, Ms R. Hales, Ms. C. Shields and Ms. M. Stewart, student nurses

**17/55 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr. H. Griffiths and Mr. P. Murphy, Non-Executive Directors.

Issues raised by Dr. Griffiths and Mr. Murphy in emails to the Chairman were discussed as part of the consideration of relevant agenda items.

**17/56 MINUTES**

*Agreed – that, subject to the replacement of “... to hold on to patients ...” with “... not to refer patients promptly ...” in item (4) of the eighth paragraph of minute 17/39, the public minutes of the last meeting held on 28th February 2017 be approved as a correct record and signed by the Chairman.*

**17/57 PUBLIC BOARD ACTION LOG**

Consideration was given to the Public Board Action Log noting the relevant reports provided to the meeting.

Arising from the report:

- (1) Further to minute 16/286 (29/11/16) Mrs Moody provided an update on the ongoing and significant work being undertaken in relation to nurse placements.

The Board noted that:

- (a) The Trust would be able to meet the demand for nurse placements in learning disability services; however, there were risks that Teesside University would not be able to attract sufficient students to fill its course for this specialty.
- (b) A report had been presented to the Operational Management Team on improving capacity for placements with a focus on expectations for mentoring.
- (c) The Trust had limited placement capacity due to the way the programme had been established i.e. it was not level loaded across the year.
- (d) The University was considering the implications of the new pre-registration standards for nurse education which the Nursing and Midwifery Council (NMC) was due to publish in 2018.
- (e) Overall, the immediate concerns about the provision of placements had been addressed.

In response to a question on applications for undergraduate nursing courses Mrs. Moody reported that:

- (a) Applications for mental health nursing courses had reduced by approximately one-third; however, the courses had previously been significantly oversubscribed.
- (b) There had been a reduction in applications for learning disability nursing courses by approximately 45%. This raised concerns as the number of applications for places generally matched those available. It was considered that the position reflected the national picture and the impact of the Transforming Care agenda.

Mrs. Moody advised that to seek to address the potential shortfall of nurses in the specialty the Trust had:

- Sought to encourage NHS Improvement to promote the continued importance of learning disability nurses in the future.
- Examined opportunities for present staff to train as nurses in the speciality e.g. through secondments or the provision of financial support.

- (2) Further to minute 17/08 (31/1/17) it was noted that the Recovery and Wellbeing Strategy had been amended to be explicit about the Trust's commitment to carers (see minute 17/65 below).
- (3) It was agreed to amend the status of the action under minute 17/31 (28/2/17), with regard to the identification of planned and unplanned staffing changes in nurse staffing reports, to "This information will be included in future reports when relevant".

**Action: Mr. Bellas**

**17/58            DECLARATIONS OF INTEREST**

There were no declarations of interest.

**17/59            CHAIRMAN'S REPORT**

The Chairman reported on her activities since the last meeting including:

- (1) Her visit to the liaison team at the Friarage Hospital in Northallerton on 7<sup>th</sup> March 2017 to present a "Living the Values" award.

Mrs. Bessant advised that her visit had been very interesting but drew attention to the poor condition of the team's accommodation.

- (2) Her attendance at a meeting of the Trust Chairmen for the North Yorkshire and Humber region on 22<sup>nd</sup> March 2017.

The Board discussed the different priorities and approaches to engagement with the STPs and collaboration of Trusts in the region compared to those in the North East region.

**17/60            GOVERNOR ISSUES**

No issues were raised.

**17/61            LOCALITY BRIEFING – FORENSIC SERVICES**

Mr. Buckley (Director of Operations) gave a presentation on the key issues facing Forensic Services.

A copy of the slides used in the presentation is attached as Annex 1 to these minutes.

The Board discussed the following matters:

- (1) The action being undertaken by the Locality on nurse preceptorships following issues raised during a Directors' visit.

Mr. Buckley reported that:

- (a) To date, action had focussed on improving the standard of placements, building on the experiences of those staff who had recently completed their training.
- (b) A key issue for the Locality was that it only received second year students for placements and would prefer to host some third year students.

Mrs. Moody explained that, under present arrangements, services could only receive third year students if they also provided first year placements. Whilst this approach could not be changed at the present time it was hoped to achieve some flexibility in the future through discussions with Teesside University.

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- (2) The progress, in terms of learning and change, arising from the model wards programme.

Mr. Buckley highlighted the following changes which had been made through the improvement events held to date:

- (a) The introduction of daily huddles enabling greater awareness of issues for Heads of Service and for resources to be marshalled more effectively.
- (b) Improvements to daily ward co-ordination and planning including diary management.

He also advised that the Locality had decided that it would cease validating data on compliance with mandatory and statutory training to enable staff to spend more time on patient facing activities. However, it was recognised that a robust system of booking training and monitoring compliance would need to be put in place.

- (3) Whether any issues had arisen in relation to the North West prison contract.

Mr. Buckley reported that the mobilisation of the contract had been challenging due to:

- (a) Delays in receiving the details of staff transferring to the Trust under the TUPE regulations.
- (b) Uncertainty about the continued provision of psychiatric sessions by the incumbent provider.

In response to questions from the Non-Executive Directors it was noted that, from information provided at the events held prior to the tendering exercise, the arrangements for the provision of psychiatric sessions had been expected to continue and further discussions were being held on this matter.

- (4) The new care models for forensic services.

Mrs. Pickering reported that NHS England was expected to launch the second wave of its initiative to test new models of care in tertiary mental health services, including adult medium and low secure services, in April 2017 and the Trust had made approaches to Northumberland, Tyne and Wear NHS Foundation Trust (NTW) with a view to a developing a regional bid.

- (5) The impact of the Transforming Care agenda on the provision of quality care.

Mr. Buckley advised that:

- (a) The Trust had tried to respond positively to the national initiative and had established a regional network to develop the clinical model, pathways and standards.
- (b) There were concerns and frustrations that some placements provided to service users did not meet their needs.
- (c) Although the Trust, and NTW, had reduced the number of beds, as required, bed occupancy had increased as there were insufficient placements to meet demand.

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- (d) Overall, it was recognised that improvements were required to predicting demand for supported living placements in the region and the Trust was working with the National Housing Federation and other providers to seek to address this matter.

The Board also noted that the development of an accountable care partnership in County Durham and Darlington and Teesside would also support market development.

At the conclusion of the discussions the Chairman thanked Mr. Buckley for his presentation and asked him to pass on the Board's appreciation to the staff in the Locality for their work.

## **17/62 REPORT OF THE FREEDOM TO SPEAK UP GUARDIAN**

Further to minute 16/C/236 (29/9/16) the Board received and noted a report from Mr. Dewi Williams, the Trust's Freedom to Speak Up Guardian.

Mr. Williams provided a briefing on his activities since taking up the position in October 2016 which had focussed on raising awareness and visibility of the role; engagement and networking with Freedom to Speak up Guardians at other Trusts, and establishing training to support staff raise concerns.

The Board discussed issues arising from two cases referred to Mr. Williams as follows:

- (1) The first case involved the lack of response to concerns which had been raised by staff over a period of five years. Whilst the staff did not consider the management's response represented bullying behaviour, it had left them feeling disempowered and had eroded their self-confidence.
- (2) The second case related to staffing and patient safety issues which had been raised by staff for some time.

Board Members considered that these cases highlighted a number of challenges for the Trust including:

- (1) How intelligence gathered from cases referred to the Guardian could be used to inform the Trust's understanding of quality and safety in view of its confidential nature and the need to ensure that staff raising concerns were not undermined.

Mr. Williams recognised the difficulties which arose from sharing the outcomes of investigations but advised that anonymised findings were provided to the Head of Quality Data so that they could be used to support the triangulation of information.

- (2) The apparent lack of a clear process, in view of the nature of the Guardian's role, for putting right concerns referred to him and for making staff aware of the actions taken to address them.

Mr. Martin stated that the Trust needed to be clear that all concerns would be heard and investigated and that visibility on any changes made would be provided. Whilst he recognised that this might, at times, be difficult due to the confidential nature of the concerns, he considered this could be overcome by the timing and detail of the feedback provided.

Board Members considered that the Guardian provided another route for staff to raise concerns and the Trust needed ensure that connections were made with other intelligence to add to the Trust's understanding of the quality of its services.

- (3) Whether the Trust's definition of bullying needed to be reviewed, in the light of the feedback from the staff in the first case mentioned above and from the staff survey, and further work undertaken to challenge inappropriate styles of management.

In relation to this matter the Board noted that:

- (a) As shown in the case referred to above, staff themselves could be unclear about what constituted inappropriate management behaviour as they could come to regard their team's culture as normal.
- (b) The issue had been considered in the development of the mandatory training for band 7 and above managers on how to handle concerns raised by staff which was due to commence in April 2017.

Mr. Levy explained that the key change to the training was to focus less on the legal framework for raising concerns and more on creating an environment within teams to provide staff with confidence that the management of concerns would meet their expectations.

- (c) The priority on the "TEWV Way", through instilling a just culture, would contribute to tackling inappropriate management styles.
- (d) A key issue was managers being cognisant of their own management style.
- (e) Team development had been undertaken in forensic services, based on working relationships and having frank conversations, to seek to avoid issues being escalated into concerns.

The Chairman highlighted that management behaviours could change when people became stressed and this was a risk in the present environment.

In addition:

- (1) Mrs. Moody highlighted the benefits which would accrue from the development of a central place for recording all concerns raised by staff (e.g. those made to the CQC, to the Guardian, through whistleblowing, etc.) particularly to support the identification of teams which might require additional support.

Board Members considered that the development of a managers' tool for recording concerns, highlighted in the report, provided an opportunity to introduce this approach.

**Action: Mr. Levy**

- (2) The Board sought clarity on how the development of the role in the Trust compared to that in other Trusts.

Mr. Williams reported that discussions at the Leadership and Management Network events had focussed on creating the right environment so that staff were comfortable in raising concerns. He considered that the Trust was in a better position than most in this area.

At the conclusion of the discussions, the Chairman thanks Mr. Williams for his report and asked that, in future communications, the Board's support for the Freedom to Speak Up Guardian's role was made clear.

**Action: Mr. Levy**

## **17/63 QUALITY ASSURANCE COMMITTEE**

The Board received and noted the report of the Quality Assurance Committee (QuAC) including:

- (1) The confirmed minutes of its meeting held on 2<sup>nd</sup> February 2017 (Appendix 1 to the report).
- (2) The key issues discussed by the Committee at its meeting held on 2<sup>nd</sup> March 2017.

The Board noted that:

- (1) Since the publication of the report, advice had been received that the three serious case reviews in Hartlepool were now expected to be published on 9<sup>th</sup> May 2017.
- (2) In relation to the section on the Infection, Prevention & Control Assurance Report, there had been improvements to compliance with the "Essential Steps" and to the return of audits since more robust escalation processes had been put in place.

In response to questions from the Non-Executive Directors Mrs. Moody:

- (1) Provided clarity that there had been two "stop the line" events in Scarborough in the last year. The first related to the number of serious incidents. The second, as mentioned in the LMGB report to the meeting of the Committee on 2<sup>nd</sup> March 2017, related to staffing issues and clinical acuity. The outcome of the "deep dive" review, which had commenced in response to the latter event, was due to be reported to the Board (minute 17/36 – 28/2/17 refers).

**Action: Mrs. Moody**

- (2) Assured the Board that discussions were held with the Internal Auditors to ensure that the internal audit plan and the clinical audit programme were aligned and reflected their respective roles under the "three lines of defence" model. In addition, where appropriate, joint audits were undertaken e.g. the joint audit of seclusion planned for 2017/18.

## **17/64 NURSE STAFFING REPORT**

The Board received and noted the exception report on nurse staffing for February 2017 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").

Board Members raised the following matters:

- (1) The incident raised at Westerdale South citing staffing issues.

Board Members sought clarity, given the high use of bank staff, whether the increase in the staffing establishment of the ward had been sufficient.

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In response it was noted that there were a number of pressures impacting on the ward including some delayed discharges, requirements for enhanced observations and staffing vacancies.

Mrs. Moody considered that it would be beneficial to highlight those wards with bank usage above planned establishment levels in future nurse staffing reports.

**Action: Mrs. Moody**

- (2) Whether there were any concerns relating to Clover Ward where five incidents had been raised in the month citing staffing issues.

Mrs. Moody advised that there were no particular concerns about Clover Ward but forensic services accounted for most staffing related incidents.

Assurance was provided that all the concerns had been appropriately raised, escalated and addressed.

Mrs. Moody offered to review the position in the Locality and provide further information on this matter.

**Action: Mrs. Moody**

## **17/65 RECOVERY AND WELLBEING STRATEGY 2017/2020**

Further to minute 17/08 (31/1/17), consideration was given to the Recovery and Wellbeing Strategy 2017/2020 together with its associated scorecard.

The Board noted that the Strategy Briefing event, as requested by the Board, was due to be held on 12<sup>th</sup> May 2017.

Arising from the report:

- (1) Mrs. Pickering suggested that further work was required on the definition/construction of the indicators included in the scorecard, and the documentation of this information, and offered to work with Dr. Brabban, the Recovery Lead, on this matter.
- (2) The Non-Executive Directors sought clarity on financial/value for money implications of the delivery of the Strategy in view of the comment in the report that "Recovery informed care is likely to be efficient because co-production of care eliminates non-value elements of care provision."

Mr. Kilmurray advised that significant resources had been made available to support the recovery agenda both through the provision of approximately £200k for the core elements of the programme and in view of its role in influencing other strategies. Overall he expected that the programme would provide a positive financial benefit for the Trust.

Mr. Kilmurray also informed the Board that the costs/benefits of the programme were monitored by the Executive Management Team, on a monthly basis, with visibility on progress provided to the Board through the quarterly strategic direction performance reports.

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Board Members considered that the discussions on the above matter highlighted the variations in the completion of the “implications” sections of reports and suggested that it might be worthwhile to develop a more standardised approach to the provision of this information.

The Chairman highlighted the excellent virtual recovery college, “Recovery Online”, which had recently been launched by the Trust.

*Agreed – that the Recovery and Wellbeing Strategy 2017-2020 and its associated scorecard be approved.*

**Action: Mr. Kilmurray**

## **17/66 LEARNING FROM DEATHS**

The Board received and noted a report on the new requirements for all NHS Trusts to learn from deaths, as set out in a letter sent to all Medical Directors at the end of February 2017 by NHS Improvement and the CQC, following the publication of the CQC’s report “Learning, Candour and Accountability” published in December 2016.

In her introduction to the report Mrs. Moody:

- (1) Advised that the new reporting requirements were due to come into effect on 1<sup>st</sup> April 2017.
- (2) Drew attention to the further guidance recently received from the National Quality Board (NQB) which would be reviewed during March and April 2017 by the Patient Safety Group with assurance on actions to take forward its recommendations being provided to the QuAC.
- (3) Reported that each trust was required to identify an executive director to take responsibility for mortality review processes and a non-executive director to have oversight of the whole process.

It was noted that that Mrs. Moody and Dr. Griffiths would be taking responsibility for the respective roles.

- (4) Advised that, on a quarterly basis, the Board was required to receive, in public session, reports containing specified information about deaths and also evidence of learning and action happening as a result of that information.
- (5) Considered that, whilst there was a lack of specificity within the guidance for mental health trusts, this provided an opportunity to work with other trusts, through the Northern Collaborative, to develop a joint and consistent approach to investigating deaths.

The Board noted that NHS Improvement had asked to be provided with the outcome of this work.

The Chairman reported that there were clear expectations regarding the role of Non-Executive Directors in learning from deaths and for training to be provided to them so they could provide proper challenge. The Trust’s approach to this would require further consideration but, in the meantime, discussions were ongoing with regard to the Non-Executive Director role for patient safety, as outlined in the NQB guidance, which would include Dr. Griffiths as, on reflection, there was work that needed to be shared with the other Non-Executive Directors before agreeing who would take on this role.

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**17/67 FINANCE REPORT AS AT 28<sup>TH</sup> FEBRUARY 2017**

The Board received and noted the Finance Report as at 28<sup>th</sup> February 2017.

Mr. Kendall reported that the position on receivables was unchanged on the previous month but was expected to improve through end of year processes.

**17/68 PERFORMANCE DASHBOARD AS AT 28<sup>TH</sup> FEBRUARY 2017**

The Board received and noted the Performance Dashboard Report as at 28<sup>th</sup> February 2017.

The overall positive position presented in the report, with only 4 of the KPIs not achieving target, was welcomed.

In accordance with minute 17/14 (31/1/17) the report highlighted that in February 2017 the Trust had not achieved the target for the metric “IAPT Services - Proportion of people completing treatment who move to recovery” included in NHS Improvement’s Single Oversight Framework.

Mrs. Pickering reported that action was being taken to address this matter but it was recognised that achieving compliance with the target would be challenging.

The Board noted that:

- (1) In the York and Selby Locality an action plan, agreed with the Vale of York CCG and based on informal feedback from the national intensive support team (IST), was being implemented and would be updated, if necessary, once the formal report from the IST was received.
- (2) A Trustwide group of IAPT leads had been established to support learning across the services.
- (3) The IST was also due to visit the County Durham and Darlington IAPT service.

In response to a question, it was noted that data for Worsley Court would cease to be included in KPI 3 (Bed Occupancy) from March 2017.

**17/69 INTERIM PROJECT MANAGEMENT FRAMEWORK**

On the recommendation of the Resources Committee, consideration was given to the approval of the proposed interim programme management framework for the Trust, including the governance arrangements set out Appendix 1 to the covering report.

The Non-Executive Directors sought assurance that the framework would not impact adversely on the capacity of members of the Executive Management Team.

In response it was noted that the framework sought to mitigate these risks with the EMT not being the Programme Board for every priority but providing overall oversight and direction to the individual programmes.

Mrs. Pickering also advised that the issue was being discussed with PWC as part of the support provided to her and the Chief Operating Officer on programme management.

**Agreed** – that the interim programme management framework be approved.

**Action: Mrs. Pickering**

**17/70 REPORTING OF STRATEGIES**

On the recommendation of the Resources Committee consideration was given to a report which set out proposals for monitoring and reporting on the delivery of relevant strategies underpinning the Trust’s Strategic Goals.

**Agreed** –

(1) that the proposed routes for reporting progress against the individual strategies be as follows:

<b>Strategic Goal</b>	<b>Relevant Strategies</b> ( <b>Bold text</b> represents key/primary strategies for each Strategic Goal)	<b>Progress Reported to:</b>
1	<b>Recovery and Well being</b>	Board of Directors
2	<b>Quality</b> Research and Development	QuAC QuAC
3	<b>Workforce</b> Library  Nursing	Resources Committee Medical Education Quality and Assurance Committee EMT (by exception)
4	(Note: no strategies but number of plans eg Stakeholder Engagement Plan)	
5	Data Quality  <b>Equality</b>  <b>Finance</b> <b>Information</b> <b>Leadership and Development</b> Records Lifecycle Management	EMT (by exception via Data Quality Group) Board of Directors (via Equality, Diversity and Human Rights Group) Resources Committee Resources Committee EMT (via Workforce and Development Group) EMT (via Information

(2) that the timescales within which all the strategies listed in (1), together with the associated scorecards, will be in place be agreed.

**Action: Mrs. Pickering**

**17/71 INFORMATION GOVERNANCE TOOLKIT SUBMISSION 2016/17**

Consideration was given to the Information Governance Toolkit (IGT) submission for 2016/17.

Mr. Kendall reported that the Trust’s overall level 2 score remained unchanged on the previous year.

In response to questions it was noted that:

- (1) “Break glass” referred to the process by which staff not directly involved in a patient’s care could access their clinical records.

Mrs. Moody assured the Board that “break glass” incidents were monitored to ensure access to clinical records was undertaken for appropriate reasons.

- (2) Compliance with the standards for “secondary use assurance” was challenging due to annual changes to NHS standard definitions, values and validation programmes.

In relation to this matter, Mr. Kendall undertook to provide Mr. Hawthorn with details of the relevant standards.

**Action: Mr. Kendall**

*Agreed – that the Information Governance Toolkit submission for 2016/17 be approved.*

**Action: Mr. Kendall**

#### **17/72 USE OF THE TRUST SEAL**

The Board received and noted the report on the use of the Trust Seal in accordance with Standing Orders.

#### **17/73 POLICIES AND PROCEDURES RATIFIED BY THE EXECUTIVE MANAGEMENT TEAM**

The Board received and noted the report on the Executive Management Team’s ratification of policies and procedures.

#### **17/74 DATE OF NEXT MEETING**

It was noted that the next meeting of the Board of Directors would be held on Tuesday 25th April 2017 in Lake House, 20 Manor Court, Scarborough Business Park, Eastfield, YO11 3TU.

#### **17/75 CONFIDENTIAL MOTION**

*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 any particular applicant for, or recipient or former recipient of, any service provided by the Trust.*

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

*The amount of any expenditure proposed to be incurred by the Trust under any particular contract for the acquisition of property or the supply of goods or services.*

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

*Information which, if published would, or be likely to, inhibit -*

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

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

*Information which is held by the Trust with a view to its publication, by the Trust or any other person, at some future date (whether determined or not), and it is considered reasonable, in all the circumstances, to withhold the information from disclosure until that date.*

Following the transaction of the confidential business the meeting concluded at 12.55 pm.

Tees, Esk and Wear Valleys   
NHS Foundation Trust



## Trust Board Briefing

# Forensic Service

Levi Buckley  
28<sup>th</sup> March 2017



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Tees, Esk and Wear Valleys   
NHS Foundation Trust



### To provide excellent services working with the individual users of our services and their carers to promote recovery and well-being

- **Inpatient Reconfiguration** - Development of options for configuration of inpatient provision which best places TEWV to respond to the market and effectively meets patient needs
- **Pathways** - Development of pathways and associated standard work in the following specialist areas: Autism, Perinatal, LD and Dementia
- **Implement the Transforming Care agenda in Learning Disability Services** - establishment and development of Secure Outreach Transitions Team, Inpatient Bed Reconfiguration
- **Implement the 5 Year Forward View for Mental Health** as agreed with each of our commissioners - Physical Health: In House Medical Management, Primary Care Interventions, Specialist Clinics, Obesity Strategy and Roseberry Park Site Wide opportunities.



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**To continuously improve the quality and value of our work**

- Evaluation of Daily Lean Management approach to ensure embedded across the Locality
- Further development of Patient Experience/Engagement

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**To recruit, develop and retain a skilled, motivated and compassionate workforce**

- Build upon previous learning from across professions and identify 'what works'
- Identification of opportunities for possible income generation in the delivery of training both to our staff and by our staff
- Review of Psychology Service to best meet patient needs

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**To have effective partnerships with local, national and international organisations for the benefit of the communities we serve**

- Assess the future market position for Forensic services
- Consider further opportunities for new business in line with agreed OH Business Strategy
- PD Pathway - Submission of bid in line with timescales specified by NOMS
- Arrange workshop to bring together AMH and OH staff and encourage greater joint working where appropriate
- Transfer Fulmar Ward to Tees locality (September 2017)
- To respond to NHSE NE prison procurement
- Implement NW Prisons contract (sub-contractor to Spectrum)
- Expand liaison and diversion service
- To respond to possible NHSE procurement in Forensic Mental Health

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**To be an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of the communities we serve**

- Daily Lean Management
- Model Ward Project
- Transforming Care Project

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FOR GENERAL RELEASE

BOARD OF DIRECTORS

<b>DATE:</b>	25 <sup>th</sup> April 2017
<b>TITLE:</b>	Board Action Log
<b>REPORT OF:</b>	Phil Bellas, Trust Secretary
<b>REPORT FOR:</b>	Information/Assurance

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

**Executive Summary:**

This report allows the Board to track progress on agreed actions.

**Recommendations:**

The Board is asked to receive and note this report.

## Board of Directors Action Log

### RAG Ratings:

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

Date	Minute No.	Action	Owner(s)	Timescale	Status
21/07/2016	16/176	A briefing on pathways to be provided to a Board Seminar	BK/PB	Apr-17	Completed
27/09/2016	16/218	Automatic reporting of seclusion from the PARIS system to be urgently addressed	DK	Jun-17	
29/11/2016	16/284	Report to be provided to assure the Board on future bed capacity taking into account the developments planned in Harrogate and York and the impact of work to reduce bed pressures	BK	Apr-17	Completed (Briefing provided to the Board Seminar on 11/4/17)
29/11/2016	16/286	A more refined approach to nurse recruitment focussed on experience as well as numbers to be looked into	DL	May-17	
29/11/2016	16/286	A progress report to be provided to the Board on the Recruitment and Retention Action Plan	DL	May-17	
29/11/2016	16/289	A report to be provided to the Board on the proposed values consultation in early summer 2017 prior to its launch	DL	Jun-17	
29/11/2016	16/289	A report on the findings of the values consultation exercise to be provided to the Board	DL	Mar-18	
29/11/2016	16/289	Team based culture metrics reports to be introduced	DL	Nov-17	
29/11/2016	16/290	Subject to the EMT being assured that sufficient resources are available to support the process, the Trust seek re-accreditation under the Investors in People scheme	DL	Nov-17	

Date	Minute No.	Action	Owner(s)	Timescale	Status
29/11/2016	16/293	A briefing to be provided to a Board Seminar on Teepa Snow's "Positive Approach to Care for people living with Dementia"	CM	May-17	
20/12/2016	16/312	Opportunities to develop RMNs to take responsibility in a learning disability setting to mitigate the lack of specialist nurses for this speciality to be looked into	EM	Apr-17	Completed
20/12/2016	16/312	A report to be provided to the QuAC detailing the proportion of experienced nursing staff versus those on preceptorship on each ward in forensic services	EM	Jun-17	To be included in the next Forensic Services LMGB report to the QuAC
20/12/2016	16/313	The operation of the Resources Committee to be reviewed in 12 months or sooner if issues arise	PB	Dec-17	
31/01/2017	17/07	A briefing to be provided to the Board on the Trust's position against the Stirling dementia design guidelines and the programme of work to address the gaps identified	BK	Apr-17	See Agenda item 8
31/01/2017	17/09	A further report on waiting times in CAMHS, including the Trust's position against the national reporting requirements being introduced by NHS England, to be presented to the Board	BK	Jul-17	
31/01/2017	17/12	A review of the Trust Performance Dashboard targets to be undertaken	SP	Jul-17	
31/01/2017	17/13	A stock take of recruitment activity, including in relation to AHPs and medical staff, to be undertaken	DL	May-17	
31/01/2017	17/13	The indicators included in, and the format of, the summary workforce dashboard to be reviewed	DL	Apr-17	See Agenda item 11

Date	Minute No.	Action	Owner(s)	Timescale	Status
28/02/2017	17/36	The following changes to the presentation of the severity scores in the nurse staffing reports to be introduced: - To group similar wards together - To group the information in columns based on inputs and outcomes - Following discussions with the Head of Quality Data to include cumulative information - To include additional narrative to provide context on the scoring of bank usage	EM	Apr-17	See Agenda item 7
28/02/2017	17/36	Report to be provided to the Board on the outcome of the comprehensive analysis of vacancies and staffing pressures being undertaken in the North Yorkshire Locality	EM	Jun-17	
28/02/2017	17/36	To review the staffing establishment and skill mix at The Orchards compared to other rehabilitation units	EM	Jun-17	
28/02/2017	17/36	To commence RAG rating data on agency usage in Appendix 2 to the nurse staffing reports	EM	Apr-17	See Agenda item 7
28/03/2017	17/57	To amend the status of the action under minute 17/31 (28/2/17) with regard to the identification of planned/unplanned staffing changes in nurse staffing reports to "This information will be included in future reports when relevant"	PB	-	Completed
28/03/2017	17/62	The potential for expanding the proposed managers' tool, for recording concerns raised to the Freedom to Speak Up Guardian to cover all concerns raised by staff, to be explored	DL	Jul-17	
28/03/2017	17/64	Wards with bank usage above planned establishment levels to be highlighted in nurse staffing reports	EM	Jul-17	
28/03/2017	17/64	The staffing position in the Forensic Services Locality to be reviewed and the outcome reported in a future nurse staffing report	EM	Jun-17	To be included in the next Forensic Services LMGB report to the QuAC
28/03/2017	17/65	Approval of the Recovery and Wellbeing Strategy and associated scorecard	BK	-	Approved

Date	Minute No.	Action	Owner(s)	Timescale	Status
28/03/2017	17/69	Approval of the interim programme management framework	SP	-	Approved
28/03/2017	17/70	Approval of arrangements for monitoring and reporting on the delivery of relevant strategies underpinning the Strategic Goals	SP	-	Approved
28/03/2017	17/71	Mr. Hawthorn to be provided with details of the standards for secondary use assurance contained in the Information Governance Toolkit	DK	-	Completed
28/03/2017	17/71	Approval of the Information Governance Toolkit submission to NHS England	DK	-	Approved

**FOR GENERAL RELEASE**

**BOARD OF DIRECTORS**

<b>DATE:</b>	Tuesday, 25 April 2017	
<b>TITLE:</b>	To receive the assurance report of the Quality Assurance Committee	
<b>REPORT OF:</b>	Dr Hugh Griffiths, Chairman, Quality Assurance Committee	
<b>REPORT FOR:</b>	Assurance	
<b>This report supports the achievement of the following Strategic Goals:</b>		
<i>To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing</i>		✓
<i>To continuously improve the quality and value of our work</i>		✓
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>		
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>		
<i>To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of the communities we serve.</i>		✓
<b>Executive Summary:</b>		
<p>The purpose of this report is to update the Board of Directors on any current areas of concern in relation to quality and to provide assurance on the systems and processes in place.</p> <p><u>Assurance statement pertaining to QuAC meeting held on 06 April 2017:</u></p> <p>The Quality Assurance Committee has consistently reviewed all relevant Trust quality related processes, in line with the Committee’s Terms of Reference. Issues to be addressed have been documented, are being progressed via appropriate leads and monitored via the appropriate sub-groups of QuAC.</p> <p>Key matters considered by the Committee are summarised as follows:</p> <ul style="list-style-type: none"> <li>• The Locality areas of Durham &amp; Darlington and York &amp; Selby, where key concerns were around patient leave, staffing, security and pressure on in-patient beds.</li> <li>• Updates from the Patient Safety and Patient Experience Groups, Clinical Audit &amp; Effectiveness quarterly update and the forward programme for Clinical Audit work for 2017/18.</li> <li>• CQC compliance and Safeguarding &amp; Public Protection assurance updates.</li> <li>• A memorandum of understanding on the Police use of restraint in MH and LD settings.</li> </ul>		
<b>Recommendations:</b>		
<p>That the Board of Directors:</p> <ul style="list-style-type: none"> <li>• Receive and note the report of the Quality Assurance Committee from its meeting held on 06 April 2017.</li> <li>• Note the confirmed minutes of the meeting held on 02 March 2017 (appendix 1).</li> </ul>		

<b>MEETING OF:</b>	<b>Board of Directors</b>
<b>DATE:</b>	<b>Tuesday, 25 April 2017</b>
<b>TITLE:</b>	<b>To receive the assurance report of the Quality Assurance Committee</b>

## 1. INTRODUCTION & PURPOSE

The purpose of this report is to advise the Board of Directors of the key issues, concerns, risks, exceptions and the mitigating actions in place to address these, together with assurances given, considered by the Quality Assurance Committee, at its meeting on 06 April 2017.

## 2. BACKGROUND INFORMATION AND CONTEXT

This report makes reference to the regular assurance reports from the clinical governance infrastructure, which includes the Locality Management and Governance Boards, together with the corporate assurance working groups of the Quality Assurance Committee, including progress reports of the Quality Account. Monthly compliance with the Care Quality Commission regulatory standards, with copies of assurance reports to support the regulatory standards were also considered.

## 3. KEY ISSUES

The Committee received updates from the Locality Directors of Operations around the principle risks and concerns, together with assurances and progress from Durham & Darlington and York & Selby localities.

## 4. QUALITY ASSURANCE - EXCEPTIONS/ASSURANCE REPORTS FROM SUB-GROUPS OF THE COMMITTEE

The Committee received key assurance and exception reports from standing Sub-Groups of the Committee, highlighting any risks and concerns.

### 4.1 DURHAM AND DARLINGTON LMGB – where key issues raised were:

1. The concerns for staff and patient safety due to managing violent and aggressive patients. The Trust was working closely with the Police and Crisis Care Concordat to agree a collective work plan.
2. Access to Tier 4 beds has been problematic resulting in young people sometimes being placed inappropriately. This is a national issue, however local bed management and more complex patients across the locality was impacting on patients, their families and staff.
3. Covering shifts for the specialist care package on Talbot ward has been difficult, however a qualified nurse has been seconded in and agency staff have been recruited. The move to crisis/liaison/IHT to 24/7 cover has been delayed. PIPS are working on a transition plan.

### 4.2 YORK AND SELBY LMGB - where key issues raised were:

1. Safe Staffing with a significant number of vacancies and difficulties recruiting to some posts in MHSOP.

2. A contract Performance Improvement Notice and deep dive of the IAPT service has resulted in an action plan to increase the performance and activity. EIP Services have also been reviewed by NHSE and the service is considering recommendation from this visit.
3. CQC compliance in relation to the environment in MHSOP services on Acomb Garth, about cleanliness, patient safety, training and appraisal compliance. The Committee were assured that the windows at Acomb Garth would be fixed within a few weeks.

#### 4.3 Patient Safety Group Assurance Report

The key matters raised from the meeting of the Patient Safety Group, held on 20 March 2017 were as follows:

1. There have been problems accessing historical records for patients previously with LYPFT, which has been identified from 4 SI reports. Actions to remedy this matter have been taken.
2. The Behaviours that Challenge policy and new Clinical Procedure for the safe use of physical restraint has been approved by EMT.
3. The process of reporting Duty of Candour moderate harm has been discussed to standardise recording on Datix. A Trustwide communication was going to be cascaded to inform staff of the change.

#### 4.4 Patient Experience Report

The key matters raised from the meeting, held on 14 February 2017 and 14 March 2017 were as follows:

1. There is ongoing concern regarding the number of nursing home closures in the Teesside area, which is impacting on service users being accommodated out of the area.
2. The Forensic service have completed the planning for the implementation of PATTI pilot. There are issues with existing PATTI machines in the Resource Centre with websites required for educational purposes blocked and finding a resolution to this is proving difficult and impacting on patients.
3. The new Patient and Carer experience feedback data system was on track to go live on 1<sup>st</sup> April 2017. As a result of the software, some KPI's have been reviewed.
4. Discussion took place with regard to capturing complaints from MP's and others which currently sit outside the complaints system.

#### 4.5 Safeguarding & Public Protection Exception Report

The key matters covered in this report were:

1. A serious case review had commenced in Durham in respect of a young baby with serious injuries, where both parents were known to CAMHS, however only the father was open to services in the time period of the review.
2. In North Yorkshire there have been 2 deaths of children from suicide, 1 was known to TEWV however was receiving care in Norfolk.
3. A homicide in York was being considered for a Serious Case Review by York LSCB and the final decision was with the independent chair of the LSCB.
4. Reports from the CQC review of health services for Children Looked After and Safeguarding (CLAS) have been received from Durham for factual accuracy. The reports for York and North Yorkshire are still awaited.

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#### 4.7 Quality Account – Audit of Quality Indicators

The Committee were provided with a report around the audit of the Quality Indicators.

The key issues covered in this report were to endorse the proposal of the Governor Task Group, following the meeting held on 9 March 2017.

The Committee agreed the following:

1. That the data submitted for the indicator “percentage of clinical audits of NICE guidance completed” had been selected by the Council of Governors and would be subject to external audit.
2. That the data submitted for both ‘100% of enhanced Care Programme Approach patients receiving follow up contact within 7 days of discharge from hospital’ and ‘the proportion of admissions to inpatient services which had access to crisis resolution home treatment teams’ should be subjected to external audit.

#### 4.8 Drug & Therapeutics Report

The key issues following the Drug and Therapeutics Committee held on 23 March 2017 were as follows:

1. Updates were heard around policies, procedures, formulary issues, medicines safety and medicines optimisation.
2. Revisions have been made to the Psychotropic Drug Monitoring Guidance.
3. Implementation for formulary for the most cost effective medicines would be developed through the Pharmacy Leadership Team meeting.
4. D+T had supported a paper recommending the removal of a required 6 monthly review for patients on dementia medicines in line with NICE guidance.

### 5. COMPLIANCE/PERFORMANCE – EXCEPTION/ASSURANCE REPORTS

#### 5.1 Compliance with CQC Registration Requirements

The key issues raised in the report were:

1. The action plan following the CQC visit in November 2016 to MHSOP) and AMH services.
2. Compliance ratings and summary findings from compliance reports published by the CQC in the previous month.
3. A benchmarking of compliance ratings against other MH Trusts nationally.
4. Ofsted registration of Holly and Baysdale who had been visited as part of the registration process.

### 6 GOVERNANCE

#### 6.1 Memorandum of Understanding – The Police use of restraint in Mental Health and LD

The Committee received a report detailing the Memorandum of Understanding, which was published in February 2017 setting out the responsibilities of the Police service fit into the established roles and responsibilities of care providers.

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Mr Kilmurray would be taking the implications of this forward through the Crisis Care Concordats and to scope out the current practice and any arrangements that need to be enhanced.

## **7. IMPLICATIONS**

### **7.1 Quality**

One of the key objectives within the QuAC terms of reference is to provide assurance to the Board of Directors that the organisation is discharging its duty of quality in compliance with section 18 of the Health Act 1999. This is evidenced by the quality assurance and exception reports provided, with key priorities for development and actions around any risks clearly defined.

### **7.2 Financial/value for money**

There were no direct financial implications arising from the agenda items discussed.

### **7.3 Legal and Constitutional (including the NHS Constitution)**

The terms of reference, reviewed annually, outline compliance requirements that are addressed by the Quality Assurance Committee.

### **7.4 Equality and Diversity**

The Committee receives quarterly assurance reports from working groups, one of which is the Equality and Diversity Steering Group.

## **8. CONCLUSIONS**

The Quality Assurance Committee considered and noted the corporate assurance and performance reports that were received. The Committee were assured that all risks highlighted were being either managed or addressed with proposed mitigation plans.

## **9. RECOMMENDATIONS**

That the Board of Directors:

- Note the issues raised at the Quality Assurance Committee meeting on 06 April 2017 and to note the confirmed minutes of the meeting held on 02 March 2017 (appendix 1).

**Jennifer Illingworth**  
**Director of Quality Governance**  
**April 2017**

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**APPENDIX 1****MINUTES OF THE MEETING OF THE QUALITY ASSURANCE COMMITTEE,  
HELD ON 2 MARCH 2017, IN THE BOARD ROOM, WEST PARK HOSPITAL, DARLINGTON AT 2.00PM****Present:**

Dr Hugh Griffiths, Chairman of the Committee  
Mrs Lesley Bessant, Chairman of the Trust  
Mr Brent Kilmurray, Chief Operating Officer  
Dr Nick Land, Medical Director  
Mrs Elizabeth Moody, Director of Nursing & Governance  
Mrs Jennifer Illingworth, Director of Quality Governance  
Mr Colin Martin, Chief Executive  
Mr David Jennings, Non-Executive Director  
Mr Jim Tucker, Non-Executive Director, (Deputy Chairman of the Trust)  
Mrs Shirley Richardson, Non-Executive Director

**In attendance:**

Mr L Buckley, Director of Operations for Forensic Services  
Mrs Adele Coulthard, Director of Operations for North Yorkshire  
Mrs Leanne McCrindle, Head of Assurance & Effectiveness, Clinical Governance  
Dr Ahmad Khouja, Clinical Director, Forensic Services  
Ms Donna Oliver, Deputy Trust Secretary

**17/18 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Neil Mayfield, Deputy Medical Director, North Yorkshire, Mrs Karen Agar, Associate Director of Nursing & Governance and Mr Richard Simpson, Non-Executive Director.

**17/19 MINUTES OF PREVIOUS MEETING**

**Agreed** – that the minutes of the meeting held on 2 February 2017 be signed as a correct record by the Chairman of the Committee.

**17/20 ACTION LOG**

The Committee updated the QuAC Action Log, taking into account relevant reports provided to the meeting.

The following updates were noted:

16/169 More detail to be provided around 5 incidents in September graded level 3 on Cedar Ward.  
Mrs Illingworth reported that a thorough review had been undertaken of these incidents, 2 of which had been downgraded and had been dealt with through the Head of Service.

**Completed**

17/14 Escalated to the Board of Directors to include a separate strategic risk relating to medical recruitment in the integrated assurance framework and risk register.

**17/21 FORENSIC LMGB REPORT**

The Committee received and noted the Forensic LMGB Report.

Arising from the report it was highlighted that the top concerns at present were:

1. An estate security matter at Roseberry Park, following a missing set of keys, which had led to an independent review of security policies and practice due to be completed at the end of March 2017. This had resulted in patient leave being cancelled and limited patient movement over a weekend, however the matter had been resolved and back to normal patient and visitor movement in 4 days.
2. Patient leave, which had revealed that approximately 1,080 episodes of leave (2.1%) had been cancelled out of 51,000. A previous RPIW on leave planning under the Model Ward Project would be re-visited, together with an RPIW on daily allocation of duties and diary planning.

Mrs Bessant added that it would be important to look at episodes of cancelled patient leave, both from an individual perspective and whether there were any clusters on particular Wards and the impact of this on patients.

**Agreed:** That a piece of work to look at episodes of patient leave would be undertaken on Mallard, Clover and Ivy Wards.

**Action: Mr L Buckley**

3. Staffing and recruitment of suitably qualified and experienced staff remained challenging, as well as the effects of 'poaching' by other directorates and organisations. There were also added pressures around recruiting Psychologists and AHPs, due to 3 senior members on maternity leave and some Psychologists taking a higher band 6 in the community.

**Agreed:** that checks should be made to ensure that the Trust was not under resourced in the discipline of Psychology.

**Action: Mr B Kilmurray**

Following discussion it was noted that:

- a) There had been a new risk added to the Offender Health and Community risk register due to the waiting times within HMP Establishments. This was due to the lack of patient movement within prisons, when patients that had been referred could not be accessed by a Psychiatrist.
- b) There would be close monitoring of embedding the policies and procedures for 9 newly qualified nurses in FLD to mitigate against any errors and incidents.
- c) Concerns around staff safety and the environment in offender health would be looked into further and an update be brought back to QuAC in June 2017.

**Action: Mr L Buckley**

**17/22 NORTH YORKSHIRE LMGB REPORT**

The Committee received and noted the North Yorkshire LMGB Report.

Arising from the report it was highlighted that the top concerns at present were:

4. In AMH Scarborough CMHT a 'stop the line' was in place with a mitigation action plan in place, however the team were under significant pressure due to staff shortages and the increase in the number of complex referrals.

5. The 'stop the line' at MHSOP Rowan Lea, would shortly be coming to an end, however there had been an increase in delayed discharges compounded by recent Nursing Home closures. Complex case panels would be held to look at alternatives with Springwood being considered. Again this matter had been compounded by acuity levels running at 100% and over, together with complex patient needs.
6. The LD Transforming Care agenda continued to create pressures, with focus on reducing trajectories for inpatient beds across North Yorkshire and York, coupled with a failure to identify and fund alternative placements. There were gaps in care due to a lack of involvement from Specialist Commissioners and delayed discharges resulting from failure to identify and fund alternative placements for service users.

Following discussion it was noted that:

- a) The inability to access PICU beds was being addressed by joint working to improve the standard operating procedure to reflect admissions from non-TEWV beds and following EMT approval there would be recruitment to a Trust-wide lead.
- b) Sickness absence had increased to 17.86% in Scarborough and 11.5% in Whitby due to the added pressures of managing Rowan Lee Ward and providing higher levels of observation.

Mrs Moody highlighted that a deep dive would be undertaken around staffing in North Yorkshire, a hot spot that had been highlighted to the Board of Directors, particularly Cedar Ward where pathways and admission protocols were being reviewed.

## 17/23 PATIENT SAFETY GROUP REPORT

The Committee received and noted the Patient Safety Group report, including the Patient Safety Quality Report for period 2016.

Arising from the report it was highlighted that:

1. Work was underway to improve the development of a standard approach within community teams for reporting self-harm on Datix.

Mrs Bessant added that the response to self-harm should be considered Trust wide and also benchmarked with other Trusts, as well as being discussed with SDG's and LMGBs.

**Agreed:** *that a separate report would be presented to the Quality Assurance Committee in May 2017 to understand the different approaches and response to self-harm and to benchmark with other Trusts.*

**Action:** Mrs J Illingworth

2. A brief synopsis of each reported death in January 2017 had been categorised using the Mazars tool, with 2 of the deaths identified as warranting a mortality review. The findings would be reported back to the Patient Safety Group meeting in March 2017.

Mrs Moody commented that consideration would be given to conducting a joint mortality review with neighbouring Trusts.

3. There had been 13 Serious Incidents in December 2016, an increase of 1 from the previous month.
4. The number of level 3 self-harm incidents in December 2016 had been 64, (excluding self-harm) which had been a reduction of 8 from the previous month and the incidents involving control and restraint had decreased by 187 to 379.

- 
5. New metrics in the revised Quality Strategy Scorecard would be available from April 2017 and reported through to committees from June 2017.

**17/24 CLINICAL AUDIT & EFFECTIVENESS QUARTERLY PERFORMANCE REPORT**

The Committee received and noted the Clinical Audit & Effectiveness Quarterly Performance Report.

Mrs McCrindle highlighted the following matters from the report:

1. Clinical audit activity had significantly reduced in Quarter 2 & 3.
2. The current position of completed clinical audits was slightly lower than expected at 63% due to a number of factors including, reduced capacity in the team due to staff movements and the impact of the CQC inspection when capacity from clinical and corporate services was diverted.
3. Assurance was provided to the Committee that any issues around Clinical Audits had been documented and progressed via the appropriate leads and would be closely monitored by the Clinical Effectiveness Group going forward.
4. The Clinical Effectiveness Group had made recommendations to enhance the existing NICE Guidance implementation process and considered the use of NICE quality metrics. A dedicated Task and Finish Group had reviewed the QIS methodology and were currently piloting a process designed to improve the timeliness of the baseline assessment and the quality of the evidence generated to demonstrate NICE concordant care.

**17/25 DRAFT CLINICAL AUDIT PROGRAMMES 2017/18**

The Committee received and approved the Draft Clinical Audit Programmes for 2017/18.

Arising from the report it was noted that:

1. There had been a 20% reduction in the Clinical Audit Programme of work to enable more focus on the key priorities within capacity restraints.
2. The programme of planned clinical audits still included flexibility to allow any ad-hoc in-year requests to be undertaken in response to clinical need.

**17/26 SAFEGUARDING & PUBLIC PROTECTION EXCEPTION REPORT**

The Committee received and noted the Safeguarding & Public Protection Exception Report.

Mrs Moody highlighted the following from the report:

1. The expected publication date for the 3 serious case reviews in Hartlepool had been delayed from March 2017 to April 2017.
2. The reports from the 'Review of Health Services for Children Looked After and Safeguarding' by the CQC in Durham and York had not yet been received and the same review had also taken place in North Yorkshire. Some informal feedback on the latter review had been for enhanced supervision processes for children on child protection plans and focus would be given to this area. Another recommendation had been around the lack of peri-natal pathways.

**17/27 INFECTION, PREVENTION & CONTROL ASSURANCE REPORT**

The Committee received and noted the Infection, Prevention and Control Report.

Arising from the report it was highlighted that:

1. There has been a reduction in compliance with Essential Steps across localities, as well as non-return of audits. More robust escalation processes were now in place.
2. Detailed action plans would support non-compliance with IPC Environmental Audits, however all have returned a green compliance result of above 80%.
3. The newly reported national Specification for Cleanliness, where some sites have not achieved above 80% compliance compared to the 92% national standard. Work was underway to support improving this position.

**17/28 NATIONAL COMMUNITY MENTAL HEALTH SURVEY 2016 RESULTS**

The Committee received and noted a report for information on the National Community Mental Health Survey 2016 results.

Mrs Illingworth highlighted the following matters:

1. It had been difficult to determine any meaningful results from this survey since the Trust had scored as being “about the same” as other organisations, across all 10 parts of the survey.
2. A request for the raw data from the CQC to allow the Trust to undertake a more in depth look at the results had not yet been answered.

**17/29 COMPLIANCE WITH CQC REGISTRATION REQUIREMENTS REPORT**

The Committee received and noted the Compliance with CQC Registration Requirements Report.

Arising from the report it was noted that:

1. Final reports had now been received from the November 2016 CQC unannounced inspections to MHSOP and AMH wards across the Trust.
2. Reports had not yet been received for the visit in January 2017 (Well-Led, Community LD Teams and Rehabilitation Services).
3. NHS England and NHS Wales had visited Wards at West Lane Hospital. The initial informal feedback had been very positive.
4. There had been 6 MHA inspections and associated monitoring reports received since the last reporting period.
5. The CQC had published 5 reports following compliance visits to NHS Trust Mental Health services.

Following discussion it was noted that the compliance team would be addressing common themes raised following MHA inspections and information bulletins would be sent to staff to reinforce messages around procedural and technical matters.

**17/30 PROGRESS REPORT ON THE CLINICAL RISK AND HARM MINIMISATION PROJECT**

The Committee received and noted the progress report on the Clinical Risk and Harm Minimisation Project.

It was highlighted from the report that:

1. The Project would close at the end of March 2017 and harm minimisation would form a work stream as part of the Recovery Programme.

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2. Face to face training of registered staff had not quite reached the expected trajectory of 65%, however had managed to reach 50%. An approved request to EMT would provide resources for a further 6 months training.

The Committee supported the on-going developments regarding the proposed changes to the Engagement & Observation protocol, which would go to the Executive Management Team for final approval.

**17/31 EXCEPTION REPORTING (LMGBS, QUAC SUB-GROUPS)**

There were no exceptions to report.

**17/32 ANY MATTERS ARISING TO BE ESCALATED TO THE BOARD OF DIRECTORS OR PROPOSED FOR ADDITION TO THE TRUST RISK REGISTER, AUDIT COMMITTEE, RESOURCES COMMITTEE OR CLINICAL LEADERSHIP BOARD.**

**17/33 ANY OTHER BUSINESS**

There was no other business to note.

**17/34 COMMITTEE MEETING EVALUATION**

There was nothing to note.

**17/35 DATE AND TIME OF NEXT MEETING:**

The next meeting of the Quality Assurance Committee will be held on Thursday 6 April 2017,  
2.00pm – 5.00pm in the Board Room, West Park Hospital.  
Email papers/reports to Donna Oliver [donnaoliver1@nhs.net](mailto:donnaoliver1@nhs.net)

The meeting concluded at 3.40pm

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**Dr Hugh Griffiths**  
**CHAIRMAN**  
**6 April 2017**

FOR GENERAL RELEASE

BOARD OF DIRECTORS

<b>DATE:</b>	25 <sup>th</sup> April 2017
<b>TITLE:</b>	To consider the “Hard Truths” monthly Nurse Staffing Exception Report
<b>REPORT OF:</b>	Elizabeth Moody, Director of Nursing and Governance
<b>REPORT FOR:</b>	Assurance/Information

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

**Executive Summary:**

The purpose of this report is to present to the Board by ‘exception’ the monthly safe staffing information as required to meet the commitments of the ‘Hard Truths’ response to the Public Inquiry into Mid-Staffordshire Foundation Trust (Francis Review). This report refers to March 2017 data.

Key issues during the reporting period can be summarised as follows:

- The number of rosters equates to 68 inpatient wards.
- The number of ‘red’ fill rate indicators highlights Registered Nurses on Days as having the highest number of ‘reds’ equating to 32 wards.
- The Forensic directorate have the highest level of ‘red’ fill rates (11 in March)
- The lowest fill rate indicators in March related to Primrose Lodge (vacancies and sickness), Kestrel / Kite (new staff and supernumerary working) and Danby Ward (vacancies)
- The Highest fill rates in March were observed by Westwood (2:1 seclusion at Ridgeway), Merlin (2:1 enhanced observations) and Bedale (sickness and a vacancy unable to recruit to).
- In relation to bank usage there were no wards identified that was utilising in excess of 50% bank during March. The highest bank user was in relation to Westerdale South with 39% bank usage (Enhanced Observations, sickness, vacancies)

- Agency usage equated to 2.05% in March. The highest user of agency within the reporting period related to Acomb Garth.
- In terms of triangulation with incidents and complaints:
  - There were 3 Serious Incidents (SI) that occurred within the month of March. Cedar (NY) was cited as having a SI as well as using agency staff.
  - There were 2 level 4 incidents that occurred in March that were also classified as an SI.
  - There were 3 level 3 incidents (self-harm) that occurred in March. Bransdale were cited as having a level 3 incident as well as bank usage in excess of 25%.
  - There were 8 complaints raised in March with the following featuring within this report as follows:
    - Cedar Ward – bank usage in excess of 25%
    - Elm Ward – bank usage in excess of 25%
    - Rowan Ward – agency usage
  - There were 37 PALS related issues raised with the following featuring within this report as follows:
    - Bedale (1 PALS) – high staffing fill rate, bank usage in excess of 25%
    - Birch (1 PALS) – bank usage in excess of 25%
    - Bransdale (1 PALS) – bank usage in excess of 25% and a level 3 incident
    - Cedar (1 PALS) – bank usage in excess of 25% and a complaint
    - Cedar (NY) (1 PALS) – agency usage and a serious incident
    - Elm (4 PALS) – bank usage in excess of 25% and a complaint
    - Minster (1 PALS) – agency usage
    - Primrose Lodge (1 PALS) – low staffing fill rate
    - Westwood Centre (1 PALS) – high staffing fill rate
    - Northdale Centre (5 PALS) – bank usage in excess of 25%
    - Acomb Garth (3 PALS) – agency usage
    - Meadowfields (1 PALS) – bank usage in excess of 25% and agency usage
    - Rowan Ward (1 PALS) – agency usage and a complaint
  - A number of incidents requiring control and restraint occurred during March. The highest user was The Evergreen Centre with a total of 78 incidents. The Evergreen Centre have not been cited during this report.

There were 516 shifts allocated in March where an unpaid break had not been taken. From those shifts where breaks were not taken the majority were in relation to day shifts (397 shifts).

There were 17 incidents raised in March (13 in relation to inpatient areas) citing concern's in relation to staffing levels.

A severity calculation has been applied within this report to highlight any areas of concern from a safe staffing point of view. In March Esk had the highest score with 10 points awarded. A cumulative score has also been applied and highlights Sandpiper as having the highest score with 39 points (November to March). The top 10 for March can be found on page 9 of this report along with an explanation of severity scores and appendix 3 shows all scores for all wards. Appendix 4 shows the severity scores by speciality.

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A work stream approach to Safe Staffing is underway; this includes a review of roster planning efficiencies which is taking place during quarter 4.

**Recommendations:**

That the Board of Directors note the outputs of the report and the issues raised for further investigation and development

<b>MEETING OF:</b>	<b>Board of Directors</b>
<b>DATE:</b>	<b>25<sup>th</sup> April 2017</b>
<b>TITLE:</b>	<b>To consider the “Hard Truths” monthly Nurse Staffing Exception Report</b>

**1. INTRODUCTION & PURPOSE:**

- 1.1 To advise the Board of the exceptions falling out of the monthly information on nurse staffing as required to meet the commitments of the ‘Hard Truths’ response to the Public Inquiry into Mid-Staffordshire Foundation Trust (Francis Review). This report refers to March 2017 data.

**2. BACKGROUND INFORMATION AND CONTEXT:**

- 2.1 Further to the emergent lessons from the Francis review there were a number of issues raised about the impact of the nurse staffing arrangements upon the poor quality of care and increased patient mortality exposed in that organisation.
- 2.2 The commitments set by the DH response to the Francis Report (Hard Truths, November, 2013) are for NHS providers to address specific recommendations about nursing staff. The Trust has met these directives as required including the publication of this report and a dedicated web page on nurse staffing. (<http://www.tewv.nhs.uk/site/about/how-well-are-we-doing/nurse-staffing>). The full monthly data set of day by day staffing for each of the 68 areas split in the same way is available by web link on the Trust Nurse Staffing webpage.

**3. EXCEPTIONS:**

**3.1 Safe Staffing Fill Rates – March 2017**

- 3.1.1 The daily nurse staffing information aggregated for the month of March 2017 are presented at Appendix 1 of this report.

The highest numbers of red fill rate indicators relate to Registered Nurses on day shifts which equates to 32 in March. This is an increase of 3 when compared to February.

The top 3 inpatient areas within the reporting periods where a low staffing fill rate has been reported along with an explanation for each is as follows:

Ward	Fill Rate Indicator	Comments
March 2017		
Primrose Lodge	47.8% for RN on Days	This indicator is a slight improvement on last month whereby it was reporting at 48.2%. The shortfall is in relation to long term sickness, which was then filled by HCA's and staff from the Community Rehab team. They are

		flexing the HCA staff (129.3%) where appropriate to do so.
Kestrel / Kite	48.4% for RN on Nights 154.8% HCA on Nights	Over established shifts have been due to new staff and supernumerary shifts and increased staffing due to observations. There is always 1 RN nurse allocated to days and nights. The ward is flexing the HCA staff on nights (154.8%).
Danby Ward	57.6% for RN on Days	The ward has 3 Band 5 vacancies. Qualified nurses from community teams or other areas covering RN shifts on overtime or bank and B7 are supporting the ward. All Nurse in charge shifts were covered. Some RN shifts covered by HCA's.

It is also important to review the fill rates that exceed the budgeted establishment (shown in blue). In March there were 46 fill rate indicators that had staffing in excess of their planned requirements to address specific nursing issues. When compared to February this is a decrease of 4 fill rate indicators (50 in February 2017).

The top 3 inpatient areas whereby a staffing fill rate indicator in excess of the budgeted establishment along with an explanation for each is as follows:

Ward	Fill Rate Indicator	Comments
March 2017		
Westwood Centre	215.9% HCA on Nights 155.6% HCA on Days	Staffing in excess of budgeted establishments was necessary due to 2:1 seclusion at Ridgeway.
Merlin	213.1% HCA on Nights 154.4% HCA on Days	Seclusion and 2:1 enhanced observations (high acuity).
Bedale Ward	210.2% HCA on Days 133.3% HCA on Nights 132.3% RN on Nights 81.1% RN on Days	Due to sickness of RN, unable to cover with two qualified on their shifts. Ward manager available during weekend days and band 7 cover to support RN on a weekend. Ward also has 1 vacancy. Unable to appoint at the last interviews. Next interview 10/4/17

### 3.2 Bank Usage

There are recognised risks in high use of bank and agency working although these are mitigated by the use of regular bank and agency staff who know the clinical areas.

There were no wards reporting 50% or above for bank usage in March. The highest user of bank in March related to Westerdale South reporting at 39%. The reasons Westerdale South gave for requesting bank are as follows:

- Enhanced Observations (80 shifts)
- Sickness (68 shifts)
- Establishment Vacancies (19 shifts)
- Maternity (6 shifts)
- Unknown (7 shifts)
- Annual leave (3 shifts)

Wards reporting over 25% and above for bank usage in March are detailed below:

Westerdale South	39%
Mallard Ward	35%
Merlin	34%
Bedale Ward	33%
Northdale Centre	32%
Clover/Ivy	31%
Cedar Ward	30%
Birch Ward	29%
Kestrel/Kite.	29%
Elm Ward	27%
Bransdale Ward	26%
Meadowfields	26%
Nightingale Ward	25%
Bankfields Court Unit 2	25%

Bank usage is shown in full within the appendices of this report alongside the staffing fill rate.

### 3.3 Agency Usage

When considering staffing levels it is also important to consider the amount of agency worked within the reporting period.

In March the agency usage equated to 2.05% an increase of 0.67% when compared to February.

The highest user of agency within the reporting period related to Acomb Garth equating to approximately 37% of the total hours worked.

Wards reporting agency usage in March are detailed below:

Acomb Garth	37%
Ebor Ward	21%
Springwood Community Unit	21%

Minster Ward	16%
Cedar Ward (NY)	15%
Meadowfields	14%
Rowan Ward	7%
Oak Rise	6%

It is positive to note that agency usage is extremely low within the Trust. It continues to be used mainly in York and N.Yorkshire due to difficulties in accessing bank staff. It is important to continue to monitor this on an ongoing basis due to the potential risks that high agency working has on clinical areas

### 3.4 Quality Data Triangulation

The triangulation of the staffing data against a range of quality metrics has been undertaken for the month of March with the following reporting as an exception:

- There were 3 Serious Incidents (SI) that occurred within the month of March. Cedar (NY) was cited as having a SI as well as using agency staff.
- There were 2 level 4 incidents that occurred in March that were also classified as an SI.
- There were 3 level 3 incidents (self-harm) that occurred in March. Bransdale were cited as having a level 3 incident as well as bank usage in excess of 25%.
- There were 8 complaints raised in March with the following featuring within this report as follows:
  - Cedar Ward – bank usage in excess of 25%
  - Elm Ward – bank usage in excess of 25%
  - Rowan Ward – agency usage
- There were 37 PALS related issues raised with the following featuring within this report as follows:
  - Bedale (1 PALS) – high staffing fill rate, bank usage in excess of 25%
  - Birch (1 PALS) – bank usage in excess of 25%
  - Bransdale (1 PALS) – bank usage in excess of 25% and a level 3 incident
  - Cedar (1 PALS) – bank usage in excess of 25% and a complaint
  - Cedar (NY) (1 PALS) – agency usage and a serious incident
  - Elm (4 PALS) – bank usage in excess of 25% and a complaint
  - Minster (1 PALS) – agency usage
  - Primrose Lodge (1 PALS) – low staffing fill rate
  - Westwood Centre (1 PALS) – high staffing fill rate
  - Northdale Centre (5 PALS) – bank usage in excess of 25%
  - Acomb Garth (3 PALS) – agency usage
  - Meadowfields (1 PALS) – bank usage in excess of 25% and agency usage
  - Rowan Ward (1 PALS) – agency usage and a complaint
- A number of incidents requiring control and restraint occurred during March. The highest user was The Evergreen Centre with a total of 78 incidents. The Evergreen Centre have not been cited during this report.

### 3.5 Missed Breaks

The working time directive guarantees the right for all workers to have a rest break during working hours if the worker is on duty for longer than 6 hours. Inadequate rest time taken during duty hours is linked to staff burn out, exhaustion and the risk that this may ultimately impact on patient care.

A thorough analysis of the HealthRoster system has identified that there were 516 shifts in March where unpaid breaks had not been taken. This is an increase of 196 when compared to February (320 shifts).

The majority of the shifts where breaks were not taken occurred on day shifts (397 shifts). The number of night shifts where breaks were not taken equated to 119 shifts in March.

The detailed information in relation to missed breaks has been shared with the localities for discussion and monitoring at their Performance Improvement Groups.

### 3.6 Incidents raised citing Staffing Levels

It is also important to look at the number of incidents that have been raised and categorised in relation to staffing levels. There were 17 incidents reported in March 2017 on Datix citing issues with staffing (4 relating to community based teams and 13 in relation to inpatient areas).

In terms of triangulating this data with what has been reported within this report the following is of relevance:

- Minster raised 3 incidents in relation to staffing levels. In addition this ward has been cited in relation to agency usage and has a PALS related issue.
- Elm raised a Datix incident citing issues with staffing. In addition this ward has been cited for having bank usage in excess of 25%, a complaint and 4 PALS related issues.
- Northdale Centre – an incident was raised in relation to Hawthorne citing issues with staffing levels. Northdale have been cited in this report for bank usage in excess of 25% and 5 PALS related issues.
- Meadowfields raised 1 incident in relation to staffing levels. In addition this ward has been cited in this report in relation to bank and agency usage; and a PALS related issue.

The staffing concerns escalation process is currently undergoing a review, details will be provided in this report once completed.

### 3.7 Severity

Utilising the data contained within this report it is possible to assign a scoring system to highlight any potential areas of concern. The total score for each inpatient area is contained within Appendix 3 with a speciality view at Appendix 4. The higher the score the higher the number of episodes they have been cited in relation to the number of 'red' fill rate indicators, any over establishment, bank & agency usage and the quality metrics.

The severity rating has been compiled on a very basic model as follows:

- A 'red' fill rate = 2 points given for each occurrence
- A 'blue' fill rate = 1 point given for each occurrence
- Missed breaks = where there was no improvement from the previous month = 1 point awarded
- Any episode of agency worked = 1 point
- Bank usage = amber score = 1 point and a red rated score equals 2 points
- SUI = 1 point
- Level 4 = 1 point
- Level 3 = 1 point
- Complaint = 1 point
- Control and Restraint – 11 and 39 incidents requiring C&R = 1 point; 40+ incidents of C&R = 2 points.

The top 10 wards cited utilising the above scoring mechanism is identified below for each month:

WARD	Red Fill Rate	Blue Fill Rate	Missed Breaks	Agency Usage	Bank Usage	Serious Incidents	Level 4 Incidents	Level 3 Incidents	Complaints	Control & Restraint	TOTAL SCORE	YTD Total Score (Nov-Mar)
Ayckbourn Unit Esk Ward	2	2	1	0	1	0	0	1	2	1	10	46
Meadowfields	6	0	0	1	1	0	0	0	0	0	8	54
Bedale Ward	2	3	0	0	1	0	0	0	0	1	7	41
Newberry Centre	2	2	0	0	1	0	0	0	0	2	7	43
Northdale Centre	4	1	1	0	1	0	0	0	0	0	7	51
Cedar Ward	0	2	1	0	1	0	0	0	1	1	6	44
Cedar Ward (NY)	2	0	1	1	0	1	1	0	0	0	6	54
Mallard Ward	2	2	1	0	1	0	0	0	0	0	6	36
Newtondale Ward	4	1	0	0	1	0	0	0	0	0	6	48
Rowan Ward	2	1	0	1	1	0	0	0	1	0	6	48
Sandpiper Ward	2	1	0	0	1	0	0	0	0	2	6	72
Springwood Community Unit	2	2	0	1	0	0	0	0	0	1	6	62
Talbot Direct Care	2	2	1	0	0	0	0	0	0	1	6	20
The Orchards (NY)	6	0	0	0	0	0	0	0	0	0	6	46

### 3.8 Other

The Forensic directorate have the highest number (11 wards' in March) of 'red' fill rates for registered nurses on day shifts. This is an improving picture when compared to February whereby there were 14. In line with Transforming Care, there are plans to reconfigure a further ward which should ease staffing pressures going forward.

The safer staffing steering programme has been established to oversee a work plan to ensure the Trust has robust systems and processes in place to assure them that there is sufficient staffing capacity and capability to provide high quality care to patients on all wards / clinical areas day or night, every day of the week as appropriate. This is being led by the Director of Nursing and programme metrics are being developed.

In addition work is being undertaken Trust wide via a work stream approach which has previously provided an update to the Board in this report. Establishment reviews using the Hurst tool have now been undertaken and a series of interviews have been set up on a trust site basis to undertake professional judgement reviews with Ward Managers, Heads of Nursing and Matrons in relation to this. A template has been developed to assist this process based on the NQB guidance for mental health settings.

A safe staffing dashboard is now being reported by locality on a monthly basis to OMT which includes, missed breaks, number of 'red' shifts where planned staffing did not meet actual, shifts in excess of 13 hours broken down by ward and shifts where no RN recorded on rota.

## 4. IMPLICATIONS:

### 4.1 Compliance with the CQC Fundamental Standards:

No direct risks or implications to patient safety from the staffing data have been identified within this report, although there are a number of areas that are not able to meet their planned staffing levels on a regular basis particularly with regard to registered nursing staff fill rates on days. This issue has been highlighted as a concern by the CQC in recent inspection reports for other Mental Health Trusts and may pose a risk as to our ratings.

### 4.2 Financial/Value for Money:

It has been identified that there is little spare capacity in nursing establishments as they have been planned for maximum efficiency – it is therefore implied that the workforce deployment needs closer scrutiny to ensure those efficiencies do not constitute risks. This work is being progressed and will be a feature of this financial year Safe Staffing work stream referred to above

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

The Care Quality Commission and NHS England have set regulatory and contractual requirements that the Trust ensures adequate and appropriate staffing levels and skill mix to deliver safe and effective care. Inadequate staffing can result in non-compliance action and contractual breach.

The March 2013 NHS England and CQC directives set out specific requirements that will be checked through inspection and contractual monitoring as they are also included in standard commissioning contracts. The Trust has complied with these directives to date. The 2016 NQB guidance has also been taken into account in the Trust approach

**4.4 Equality and Diversity:**

Ensuring that patients have equal access to services means staffing levels should be appropriate to demand and clinical requirements.

**4.5 Other implications:**

From the data presented it is essential that a consistent reporting framework is maintained in particular the assigning of severity ratings.

**5. RISKS:**

- 5.1 Safe staffing and the risks regarding the Trusts ability to meet planned staffing levels on a daily basis have been escalated to the Trust Risk Register. Risks will be managed and mitigated through operational services and the work being undertaken as highlighted within the safe staffing work streams.

**6. CONCLUSIONS:**

- 6.1 The Trust continues to comply with the requirements of NHS England and the CQC in relation to the Hard Truths commitments and continues to develop the data collation and analysis to monitor the impact of nurse staffing on patient safety, clinical effectiveness and experience.
- 6.2 The comparative analysis of complaints and incidents, particularly focussing on the areas where staff fell below the planned levels has not shown any significant impact to date. 'Hot-spots' are now being tracked through severity scores, there are a mix of localities that appear in the 'top 5' however N.Yorkshire, York (MHSOP) and Forensic services appear to be having the greatest difficulty in staffing services to planned establishments largely due to vacancies and sickness.
- 6.3 The greatest risk in relation to CQC compliance remains registered nursing fill rates on days where wards are unable to meet their planned establishments. This is of particular concern where this has been a trend for a number of months including The Orchards and Primrose Lodge. A more detailed staffing report from N.Yorkshire is due to be reported to the Board in June.

**7. RECOMMENDATIONS:**

- 7.1 That the Board of Directors notes the exception report and the issues raised for further investigation and development.

**Emma Haines, Head of Quality Data**  
**April 2017**

APPENDIX 1

TOTALS OF THE HOURS OF PLANNED NURSE STAFFING COMPARED TO ACTUAL TRUSTWIDE ACROSS 31 DAYS IN March							
WARD	Locality	Speciality	Bed Numbers	DAY		NIGHT	
				FILL RATE BETWEEN PLANNED AND ACTUAL (REGISTERED)	FILL RATE BETWEEN PLANNED AND ACTUAL (UN-REGISTERED)	FILL RATE BETWEEN PLANNED AND ACTUAL (REGISTERED)	FILL RATE BETWEEN PLANNED AND ACTUAL (UN-REGISTERED)
Ayckbourn Unit Danby Ward	North Yorkshire	Adults	11	57.6%	118.0%	103.2%	98.5%
Ayckbourn Unit Esk Ward	North Yorkshire	Adults	11	80.3%	121.3%	128.7%	90.9%
Bedale Ward	Teesside	Adults	10	81.1%	210.2%	132.3%	133.3%
Bilsdale Ward	Teesside	Adults	14	77.6%	150.2%	111.1%	93.8%
Birch Ward	Durham & Darlington	Adults	15	84.7%	111.4%	96.8%	98.4%
Bransdale Ward	Teesside	Adults	14	102.7%	132.3%	103.2%	133.9%
Cedar Ward	Durham & Darlington	Adults	10	111.5%	195.3%	106.5%	169.9%
Cedar Ward (NY)	North Yorkshire	Adults	18	81.8%	97.7%	91.1%	101.4%
Ebor Ward	York and Selby	Adults	12	95.3%	90.2%	100.0%	108.5%
Elm Ward	Durham & Darlington	Adults	20	81.7%	102.0%	100.0%	96.8%
Farnham Ward	Durham & Darlington	Adults	20	121.3%	97.2%	100.0%	98.5%
Kirkdale Ward	Teesside	Adults	16	94.0%	96.1%	116.4%	96.8%
Lincoln Ward	Teesside	Adults	20	101.4%	102.1%	93.7%	103.2%
Lustrum Vale	Teesside	Adults	20	85.4%	114.2%	100.6%	96.9%
Maple Ward	Durham & Darlington	Adults	20	95.2%	79.2%	96.8%	124.5%
Minster Ward	York and Selby	Adults	12	96.1%	91.6%	105.1%	122.1%
Overdale Ward	Teesside	Adults	18	83.5%	101.5%	96.8%	111.3%
Primrose Lodge	Durham & Darlington	Adults	15	47.8%	129.3%	100.0%	100.0%

Stockdale Ward	Teesside	Adults	18	96.9%	107.5%	93.5%	98.4%
The Orchards (NY)	North Yorkshire	Adults	10	107.0%	79.0%	66.1%	80.6%
Tunstall Ward	Durham & Darlington	Adults	20	118.3%	102.6%	129.0%	109.7%
Ward 15 Friarage	North Yorkshire	Adults	12	69.4%	149.5%	112.9%	95.2%
Willow Ward	Durham & Darlington	Adults	15	82.1%	190.6%	100.4%	100.0%
Baysdale	Teesside	CYPS	6	128.5%	99.5%	110.5%	98.4%
Holly Unit	Durham & Darlington	CYPS	4	143.3%	102.7%	102.6%	109.5%
Newberry Centre	Teesside	CYPS	14	87.5%	133.1%	102.8%	149.7%
Talbot Direct Care	Durham & Darlington	CYPS	1	106.1%	170.9%	60.8%	172.5%
The Evergreen Centre	Teesside	CYPS	16	89.1%	132.1%	103.2%	98.9%
Westwood Centre	Teesside	CYPS	12	108.4%	155.6%	97.5%	215.9%
Clover/Ivy	Forensics	Forensics LD	12	95.7%	132.9%	96.8%	154.8%
Eagle/Osprey	Forensics	Forensics LD	10	89.9%	97.8%	100.0%	100.0%
Harrier/Hawk	Forensics	Forensics LD	10	90.7%	100.6%	77.4%	99.3%
Kestrel/Kite.	Forensics	Forensics LD	16	91.6%	121.8%	48.4%	154.8%
Langley Ward	Forensics	Forensics LD	10	74.5%	112.9%	100.0%	100.0%
Northdale Centre	Forensics	Forensics LD	12	74.5%	122.7%	64.5%	97.6%
Oakwood	Forensics	Forensics LD	8	85.8%	153.8%	100.0%	100.0%
Thistle	Forensics	Forensics LD	5	70.0%	113.7%	100.0%	99.0%
Brambling Ward	Forensics	Forensics MH	13	92.6%	98.8%	100.0%	100.0%
Fulmar Ward.	Forensics	Forensics MH	12	96.3%	106.3%	100.0%	132.4%
Jay Ward	Forensics	Forensics MH	5	85.7%	110.5%	99.2%	98.4%
Lark	Forensics	Forensics MH	15	86.4%	109.3%	100.0%	99.1%
Linnet Ward	Forensics	Forensics MH	17	86.5%	99.7%	100.0%	98.4%
Mallard Ward	Forensics	Forensics MH	16	83.0%	128.6%	102.2%	173.0%
Mandarin	Forensics	Forensics MH	16	91.8%	104.0%	112.9%	95.2%
Merlin	Forensics	Forensics MH	10	99.7%	154.5%	93.5%	213.1%

Newtondale Ward	Forensics	Forensics MH	20	85.0%	112.4%	67.7%	141.9%
Nightingale Ward	Forensics	Forensics MH	16	77.1%	102.9%	100.0%	104.8%
Sandpiper Ward	Forensics	Forensics MH	8	90.4%	115.8%	67.0%	169.5%
Swift Ward	Forensics	Forensics MH	10	91.2%	99.6%	100.0%	109.0%
Aysgarth	Teesside	LD	6	130.6%	96.0%	103.3%	96.8%
Bankfields Court	Teesside	LD	19	80.3%	105.6%	96.5%	94.8%
Bankfields Court Unit 2	Teesside	LD	5	108.8%	102.1%	120.0%	122.8%
Bek-Ramsey Ward	Durham & Darlington	LD	11	104.8%	126.7%	103.2%	105.7%
Oak Rise	York and Selby	LD	8	121.4%	76.9%	98.5%	101.6%
Acomb Garth	York and Selby	MHSOP	14	73.7%	94.2%	109.1%	205.1%
Ceddesfeld Ward	Durham & Darlington	MHSOP	15	100.4%	114.4%	100.0%	116.1%
Cherry Tree House	York and Selby	MHSOP	18	81.4%	81.1%	90.5%	95.2%
Hamsterley Ward	Durham & Darlington	MHSOP	15	93.1%	117.8%	106.8%	103.2%
Meadowfields	York and Selby	MHSOP	14	76.6%	78.7%	106.5%	88.8%
Oak Ward	Durham & Darlington	MHSOP	12	96.2%	93.3%	100.0%	100.0%
Roseberry Wards	Durham & Darlington	MHSOP	15	99.6%	99.4%	100.0%	103.4%
Rowan Lea	North Yorkshire	MHSOP	20	98.2%	115.9%	103.2%	99.3%
Rowan Ward	North Yorkshire	MHSOP	16	78.8%	127.2%	100.1%	103.0%
Springwood Community Unit	North Yorkshire	MHSOP	14	62.6%	156.9%	103.5%	190.4%
Ward 14	North Yorkshire	MHSOP	9	69.9%	118.5%	100.3%	103.5%
Westerdale North	Teesside	MHSOP	18	98.9%	139.2%	103.5%	105.4%
Westerdale South	Teesside	MHSOP	14	98.3%	111.1%	96.8%	112.3%
Wingfield Ward	Teesside	MHSOP	10	95.7%	134.5%	103.1%	108.3%

Scored Fill Rate compared to Quality Indicators - March 2017				Agency Usage Vs Actual Hours			Bank Usage Vs Actual Hours			Totals for Quality Indicators					Incidents of Restraint			
Known As	Locality	Speciality	Bed Numbers	Total Actual Hours	Total Agency Hours	% Against actual Hours	Total Actual Hours	Total Bank Hours	% Against actual Hours	SUI	Level 4 Incidents	Level 3 Incidents	Complaints	PALS	Incidents	PRO used	Other	Restraint Total
Ayckbourn Unit Esk Ward	North Yorkshire	Adults	11	2806.75	0.00	0%	2806.75	426.50	15%			1	2		13	1	15	16
Bedale Ward	Teesside	Adults	10	4083.48	0.00	0%	4083.48	1356.00	33%					1	21		34	34
Bilsdale Ward	Teesside	Adults	14	2785.73	0.00	0%	2785.73	253.00	9%									
Birch Ward	Durham & Darlington	Adults	15	3202.50	0.00	0%	3202.50	929.33	29%					1				
Bransdale Ward	Teesside	Adults	14	3175.00	0.00	0%	3175.00	826.00	26%			1		1	7		7	7
Cedar Ward	Durham & Darlington	Adults	10	4719.55	0.00	0%	4719.55	1429.08	30%				1	1	16	1	19	20
Cedar Ward (NY)	North Yorkshire	Adults	18	3151.50	469.50	15%	3151.50	172.75	5%	1	1			1	4		4	4
Ebor Ward	York and Selby	Adults	12	2818.50	595.50	21%	2818.50	148.00	5%						3		3	3
Elm Ward	Durham & Darlington	Adults	20	2599.25	0.00	0%	2599.25	692.26	27%				1	4	8		8	8
Farnham Ward	Durham & Darlington	Adults	20	2853.67	0.00	0%	2853.67	60.00	2%									
Kirkdale Ward	Teesside	Adults	16	3143.97	0.00	0%	3143.97	308.25	10%						1		1	1
Lincoln Ward	Teesside	Adults	20	2931.00	0.00	0%	2931.00	145.50	5%						3		3	3
Lustrum Vale	Teesside	Adults	20	2779.50	0.00	0%	2779.50	448.00	16%						1		1	1
Maple Ward	Durham & Darlington	Adults	20	2745.75	0.00	0%	2745.75	517.83	19%						14		19	19
Minster Ward	York and Selby	Adults	12	2864.62	468.00	16%	2864.62	636.00	22%					1	6	1	7	8
Overdale Ward	Teesside	Adults	18	2749.00	0.00	0%	2749.00	216.00	8%	1		1			4		6	6
Primrose Lodge	Durham & Darlington	Adults	15	2509.65	0.00	0%	2509.65	271.50	11%					1				
Stockdale Ward	Teesside	Adults	18	2651.50	0.00	0%	2651.50	171.00	6%				1	2	1		3	3

The Orchards (NY)	North Yorkshire	Adults	10	2047.45	0.00	0%	2047.45	36.00	2%								
Tunstall Ward	Durham & Darlington	Adults	20	3143.67	0.00	0%	3143.67	108.00	3%								
Ward 15 Friarage	North Yorkshire	Adults	12	2662.33	0.00	0%	2662.33	552.25	21%					2		3	3
Willow Ward	Durham & Darlington	Adults	15	2950.00	0.00	0%	2950.00	391.33	13%				1	1		1	1
Baysdale	Teesside	CYPS	6	2634.37	0.00	0%	2634.37	243.12	9%								
Holly Unit	Durham & Darlington	CYPS	4	1088.42	0.00	0%	1088.42	135.84	12%					1		1	1
Newberry Centre	Teesside	CYPS	14	4362.42	0.00	0%	4362.42	672.64	15%				1	56		87	87
Talbot Direct Care	Durham & Darlington	CYPS	1	2815.53	0.00	0%	2815.53	0.00	0%					17		25	25
The Evergreen Centre	Teesside	CYPS	16	4942.25	0.00	0%	4942.25	206.75	4%					78		119	119
Westwood Centre	Teesside	CYPS	12	5790.82	0.00	0%	5790.82	1305.50	23%				1	38	1	70	71
Clover/Ivy	Forensics	Forensics LD	12	4714.25	0.00	0%	4714.25	1441.42	31%					11		23	23
Eagle/Osprey	Forensics	Forensics LD	10	3303.13	0.00	0%	3303.13	400.42	12%				1				
Harrier/Hawk	Forensics	Forensics LD	10	3688.93	0.00	0%	3688.93	472.67	13%				2	1		1	1
Kestrel/Kite.	Forensics	Forensics LD	16	4525.62	0.00	0%	4525.62	1333.25	29%					10	1	20	21
Langley Ward	Forensics	Forensics LD	10	2126.50	0.00	0%	2126.50	305.75	14%								
Northdale Centre	Forensics	Forensics LD	12	4748.30	0.00	0%	4748.30	1515.42	32%				5	1		1	1
Oakwood	Forensics	Forensics LD	8	2152.83	0.00	0%	2152.83	176.25	8%								
Thistle	Forensics	Forensics LD	5	2991.40	0.00	0%	2991.40	397.50	13%					8		24	24
Brambling Ward	Forensics	Forensics MH	13	2792.25	0.00	0%	2792.25	189.25	7%								
Fulmar Ward.	Forensics	Forensics MH	12	3493.37	0.00	0%	3493.37	484.75	14%					30		45	45
Jay Ward	Forensics	Forensics MH	5	2753.93	0.00	0%	2753.93	361.75	13%					1		1	1
Lark	Forensics	Forensics MH	15	2833.00	0.00	0%	2833.00	302.50	11%			1	2				
Linnet Ward	Forensics	Forensics MH	17	2774.50	0.00	0%	2774.50	329.50	12%				2				
Mallard Ward	Forensics	Forensics MH	16	3907.85	0.00	0%	3907.85	1356.50	35%					1		1	1
Mandarin	Forensics	Forensics MH	16	2899.72	0.00	0%	2899.72	247.50	9%								
Merlin	Forensics	Forensics MH	10	4981.48	0.00	0%	4981.48	1670.50	34%					38		51	51
Newtondale Ward	Forensics	Forensics MH	20	3995.87	0.00	0%	3995.87	724.50	18%				1				
Nightingale Ward	Forensics	Forensics MH	16	2781.75	0.00	0%	2781.75	690.25	25%								

Sandpiper Ward	Forensics	Forensics MH	8	4284.83	0.00	0%	4284.83	957.25	22%					2	62	1	142	143
Swift Ward	Forensics	Forensics MH	10	3146.50	0.00	0%	3146.50	646.00	21%						2		2	2
Aysgarth	Teesside	LD	6	2408.83	0.00	0%	2408.83	419.58	17%									
Bankfields Court	Teesside	LD	19	8175.68	0.00	0%	8175.68	866.34	11%						5		5	5
Bankfields Court Unit 2	Teesside	LD	5	2466.67	0.00	0%	2466.67	607.32	25%						1		1	1
Bek-Ramsey Ward	Durham & Darlington	LD	11	4473.67	0.00	0%	4473.67	239.00	5%						10		14	14
Oak Rise	York and Selby	LD	8	3862.17	231.00	6%	3862.17	355.58	9%						2		3	3
Acomb Garth	York and Selby	MHSOP	14	3883.00	1424.00	37%	3883.00	126.50	3%					3	6		8	8
Ceddesfeld Ward	Durham & Darlington	MHSOP	15	3349.25	0.00	0%	3349.25	251.50	8%	1	1				8		9	9
Cherry Tree House	York and Selby	MHSOP	18	3030.25	0.00	0%	3030.25	107.50	4%						4		8	8
Hamsterley Ward	Durham & Darlington	MHSOP	15	3196.67	0.00	0%	3196.67	365.35	11%						1		1	1
Meadowfields	York and Selby	MHSOP	14	2975.75	423.00	14%	2975.75	771.00	26%					1	4		4	4
Oak Ward	Durham & Darlington	MHSOP	12	2660.83	0.00	0%	2660.83	119.83	5%									
Roseberry Wards	Durham & Darlington	MHSOP	15	2882.83	0.00	0%	2882.83	281.33	10%						2		2	2
Rowan Lea	North Yorkshire	MHSOP	20	3751.00	0.00	0%	3751.00	87.52	2%				1		9		15	15
Rowan Ward	North Yorkshire	MHSOP	16	2709.42	184.00	7%	2709.42	363.50	13%				1	1	2		2	2
Springwood Community Unit	North Yorkshire	MHSOP	14	3845.25	794.50	21%	3845.25	300.17	8%						30		41	41
Ward 14	North Yorkshire	MHSOP	9	2520.50	0.00	0%	2520.50	48.25	2%						1		2	2
Westerdale North	Teesside	MHSOP	18	2871.50	0.00	0%	2871.50	215.00	7%					1	1		1	1
Westerdale South	Teesside	MHSOP	14	4253.92	0.00	0%	4253.92	1652.04	39%						1		1	1
Wingfield Ward	Teesside	MHSOP	10	2804.10	0.00	0%	2804.10	541.50	19%									

**Severity Scoring by Total Score**

**APPENDIX 3**

WARD	Locality	Speciality	Bed Nos	Red Fill Rate	Blue Fill Rate	Missed Breaks	Agency Usage	Bank Usage	SUI	Level 4 Incidents	Level 3 (Self-Harm) Incidents	Complaints	Control & Restraint	TOTAL SCORE	YTD Total Score (Nov-Mar)	Trust Ranking
Ayckbourn Unit Esk Ward	North Yorkshire	Adults	11	2	2	1	0	1	0	0	1	2	1	10	46	1
Meadowfields	York and Selby	MHSOP	14	6	0	0	1	1	0	0	0	0	0	8	54	2
Bedale Ward	Teesside	Adults	10	2	3	0	0	1	0	0	0	0	1	7	41	3
Newberry Centre	Teesside	CYPS	14	2	2	0	0	1	0	0	0	0	2	7	43	3
Northdale Centre	Forensics	Forensics LD	12	4	1	1	0	1	0	0	0	0	0	7	51	3
Cedar Ward	Durham & Darlington	Adults	10	0	2	1	0	1	0	0	0	1	1	6	44	4
Cedar Ward (NY)	North Yorkshire	Adults	18	2	0	1	1	0	1	1	0	0	0	6	54	4
Mallard Ward	Forensics	Forensics MH	16	2	2	1	0	1	0	0	0	0	0	6	36	4
Newtondale Ward	Forensics	Forensics MH	20	4	1	0	0	1	0	0	0	0	0	6	48	4
Rowan Ward	North Yorkshire	MHSOP	16	2	1	0	1	1	0	0	0	1	0	6	48	4
Sandpiper Ward	Forensics	Forensics MH	8	2	1	0	0	1	0	0	0	0	2	6	72	4
Springwood Community Unit	North Yorkshire	MHSOP	14	2	2	0	1	0	0	0	0	0	1	6	62	4
Talbot Direct Care	Durham & Darlington	CYPS	1	2	2	1	0	0	0	0	0	0	1	6	20	4
The Orchards (NY)	North Yorkshire	Adults	10	6	0	0	0	0	0	0	0	0	0	6	46	4
Acomb Garth	York and Selby	MHSOP	14	2	1	1	1	0	0	0	0	0	0	5	21	5
Bransdale Ward	Teesside	Adults	14	0	2	1	0	1	0	0	1	0	0	5	47	5
Cherry Tree House	York and Selby	MHSOP	18	4	0	1	0	0	0	0	0	0	0	5	27	5
Clover/Ivy	Forensics	Forensics LD	12	0	2	1	0	1	0	0	0	0	1	5	29	5
Kestrel/Kite.	Forensics	Forensics LD	16	2	2	0	0	1	0	0	0	0	0	5	49	5
Maple Ward	Durham & Darlington	Adults	20	2	1	0	0	1	0	0	0	0	1	5	27	5
Merlin	Forensics	Forensics MH	10	0	2	1	0	1	0	0	0	0	1	5	43	5
Oak Rise	York and Selby	LD	8	2	1	1	1	0	0	0	0	0	0	5	29	5
Overdale Ward	Teesside	Adults	18	2	0	1	0	0	1	0	1	0	0	5	33	5
The Evergreen Centre	Teesside	CYPS	16	2	1	0	0	0	0	0	0	0	2	5	29	5
Ward 15 Friarage	North Yorkshire	Adults	12	2	1	1	0	1	0	0	0	0	0	5	39	5
Willow Ward	Durham & Darlington	Adults	15	2	1	1	0	1	0	0	0	0	0	5	25	5
Ayckbourn Unit Danby Ward	North Yorkshire	Adults	11	2	0	1	0	1	0	0	0	0	0	4	44	6
Bilsdale Ward	Teesside	Adults	14	2	1	1	0	0	0	0	0	0	0	4	22	6

Eagle/Osprey	Forensics	Forensics LD	10	2	0	1	0	1	0	0	0	0	0	4	26	6
Elm Ward	Durham & Darlington	Adults	20	2	0	0	0	1	0	0	0	1	0	4	34	6
Fulmar Ward.	Forensics	Forensics MH	12	0	1	1	0	1	0	0	0	0	1	4	40	6
Jay Ward	Forensics	Forensics MH	5	2	0	1	0	1	0	0	0	0	0	4	34	6
Lark	Forensics	Forensics MH	15	2	0	1	0	0	0	0	0	1	0	4	12	6
Nightingale Ward	Forensics	Forensics MH	16	2	0	1	0	1	0	0	0	0	0	4	24	6
Oakwood	Forensics	Forensics LD	8	2	1	1	0	0	0	0	0	0	0	4	30	6
Primrose Lodge	Durham & Darlington	Adults	15	2	1	1	0	0	0	0	0	0	0	4	30	6
Westwood Centre	Teesside	CYPS	12	0	2	0	0	1	0	0	0	0	1	4	52	6
Bankfields Court	Teesside	LD	19	2	0	1	0	0	0	0	0	0	0	3	41	7
Bankfields Court Unit 2	Teesside	LD	5	0	2	0	0	1	0	0	0	0	0	3	15	7
Birch Ward	Durham & Darlington	Adults	15	2	0	0	0	1	0	0	0	0	0	3	21	7
Harrier/Hawk	Forensics	Forensics LD	10	2	0	0	0	1	0	0	0	0	0	3	53	7
Langley Ward	Forensics	Forensics LD	10	2	0	0	0	1	0	0	0	0	0	3	37	7
Linnet Ward	Forensics	Forensics MH	17	2	0	0	0	1	0	0	0	0	0	3	41	7
Lustrum Vale	Teesside	Adults	20	2	0	0	0	1	0	0	0	0	0	3	17	7
Minster Ward	York and Selby	Adults	12	0	1	0	1	1	0	0	0	0	0	3	35	7
Thistle	Forensics	Forensics LD	5	2	0	0	0	1	0	0	0	0	0	3	21	7
Ward 14	North Yorkshire	MHSOP	9	2	0	1	0	0	0	0	0	0	0	3	31	7
Wingfield Ward	Teesside	MHSOP	10	0	1	1	0	1	0	0	0	0	0	3	27	7
Aysgarth	Teesside	LD	6	0	1	0	0	1	0	0	0	0	0	2	20	8
Baysdale	Teesside	CYPS	6	0	1	1	0	0	0	0	0	0	0	2	4	8
Bek-Ramsey Ward	Durham & Darlington	LD	11	0	1	1	0	0	0	0	0	0	0	2	12	8
Ceddesfeld Ward	Durham & Darlington	MHSOP	15	0	0	0	0	0	1	1	0	0	0	2	14	8
Ebor Ward	York and Selby	Adults	12	0	0	1	1	0	0	0	0	0	0	2	34	8
Farnham Ward	Durham & Darlington	Adults	20	0	1	1	0	0	0	0	0	0	0	2	16	8
Hamsterley Ward	Durham & Darlington	MHSOP	15	0	0	1	0	1	0	0	0	0	0	2	40	8
Holly Unit	Durham & Darlington	CYPS	4	0	1	0	0	1	0	0	0	0	0	2	28	8
Stockdale Ward	Teesside	Adults	18	0	0	1	0	0	0	0	0	1	0	2	12	8
Swift Ward	Forensics	Forensics MH	10	0	0	1	0	1	0	0	0	0	0	2	50	8
Westerdale South	Teesside	MHSOP	14	0	0	1	0	1	0	0	0	0	0	2	26	8
Oak Ward	Durham & Darlington	MHSOP	12	0	0	1	0	0	0	0	0	0	0	1	11	9
Rowan Lea	North Yorkshire	MHSOP	20	0	0	0	0	0	0	0	0	1	0	1	11	9
Tunstall Ward	Durham & Darlington	Adults	20	0	1	0	0	0	0	0	0	0	0	1	7	9
Westerdale North	Teesside	MHSOP	18	0	1	0	0	0	0	0	0	0	0	1	13	9

Brambling Ward	Forensics	Forensics MH	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kirkdale Ward	Forensics	Adults	16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lincoln Ward	Teesside	Adults	20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mandarin	Forensics	Forensics MH	16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Roseberry Wards	Durham & Darlington	MHSOP	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**Severity Scoring by Speciality**

APPENDIX 4

WARD	Locality	Speciality	Bed Nos	Red Fill Rate	Blue Fill Rate	Missed Breaks	Agency Usage	Bank Usage	SUI	Level 4 Incidents	Level 3 (Self-Harm) Incidents	Complaints	Control & Restraint	TOTAL SCORE	YTD Total Score (Nov-Mar)	Trust Ranking
Ayckbourn Unit Esk Ward	North Yorkshire	Adults	11	2	2	1	0	1	0	0	1	2	1	10	46	1
Bedale Ward	Teesside	Adults	10	2	3	0	0	1	0	0	0	0	1	7	41	3
Cedar Ward	Durham & Darlington	Adults	10	0	2	1	0	1	0	0	0	1	1	6	44	4
Cedar Ward (NY)	North Yorkshire	Adults	18	2	0	1	1	0	1	1	0	0	0	6	54	4
The Orchards (NY)	North Yorkshire	Adults	10	6	0	0	0	0	0	0	0	0	0	6	46	4
Bransdale Ward	Teesside	Adults	14	0	2	1	0	1	0	0	1	0	0	5	47	5
Maple Ward	Durham & Darlington	Adults	20	2	1	0	0	1	0	0	0	0	1	5	27	5
Overdale Ward	Teesside	Adults	18	2	0	1	0	0	1	0	1	0	0	5	33	5
Ward 15 Friarage	North Yorkshire	Adults	12	2	1	1	0	1	0	0	0	0	0	5	39	5
Willow Ward	Durham & Darlington	Adults	15	2	1	1	0	1	0	0	0	0	0	5	25	5
Ayckbourn Unit Danby Ward	North Yorkshire	Adults	11	2	0	1	0	1	0	0	0	0	0	4	44	6
Bilsdale Ward	Teesside	Adults	14	2	1	1	0	0	0	0	0	0	0	4	22	6
Elm Ward	Durham & Darlington	Adults	20	2	0	0	0	1	0	0	0	1	0	4	34	6
Primrose Lodge	Durham & Darlington	Adults	15	2	1	1	0	0	0	0	0	0	0	4	30	6
Birch Ward	Durham & Darlington	Adults	15	2	0	0	0	1	0	0	0	0	0	3	21	7
Lustrum Vale	Teesside	Adults	20	2	0	0	0	1	0	0	0	0	0	3	17	7
Minster Ward	York and Selby	Adults	12	0	1	0	1	1	0	0	0	0	0	3	35	7
Ebor Ward	York and Selby	Adults	12	0	0	1	1	0	0	0	0	0	0	2	34	8
Farnham Ward	Durham & Darlington	Adults	20	0	1	1	0	0	0	0	0	0	0	2	16	8
Stockdale Ward	Teesside	Adults	18	0	0	1	0	0	0	0	0	1	0	2	12	8
Tunstall Ward	Durham & Darlington	Adults	20	0	1	0	0	0	0	0	0	0	0	1	7	9
Kirkdale Ward	Forensics	Adults	16	0	0	0	0	0	0	0	0	0	0	0	16	10
Lincoln Ward	Teesside	Adults	20	0	0	0	0	0	0	0	0	0	0	0	4	10
Newberry Centre	Teesside	CYPS	14	2	2	0	0	1	0	0	0	0	2	7	43	3
Talbot Direct Care	Durham & Darlington	CYPS	1	2	2	1	0	0	0	0	0	0	1	6	20	4
The Evergreen Centre	Teesside	CYPS	16	2	1	0	0	0	0	0	0	0	2	5	29	5
Westwood Centre	Teesside	CYPS	12	0	2	0	0	1	0	0	0	0	1	4	52	6
Baysdale	Teesside	CYPS	6	0	1	1	0	0	0	0	0	0	0	2	4	8

Holly Unit	Durham & Darlington	CYPS	4	0	1	0	0	1	0	0	0	0	0	2	28	8
Northdale Centre	Forensics	Forensics LD	12	4	1	1	0	1	0	0	0	0	0	7	51	3
Clover/Ivy	Forensics	Forensics LD	12	0	2	1	0	1	0	0	0	0	1	5	29	5
Kestrel/Kite.	Forensics	Forensics LD	16	2	2	0	0	1	0	0	0	0	0	5	49	5
Eagle/Osprey	Forensics	Forensics LD	10	2	0	1	0	1	0	0	0	0	0	4	26	6
Oakwood	Forensics	Forensics LD	8	2	1	1	0	0	0	0	0	0	0	4	30	6
Harrier/Hawk	Forensics	Forensics LD	10	2	0	0	0	1	0	0	0	0	0	3	53	7
Langley Ward	Forensics	Forensics LD	10	2	0	0	0	1	0	0	0	0	0	3	37	7
Thistle	Forensics	Forensics LD	5	2	0	0	0	1	0	0	0	0	0	3	21	7
Mallard Ward	Forensics	Forensics MH	16	2	2	1	0	1	0	0	0	0	0	6	36	4
Newtondale Ward	Forensics	Forensics MH	20	4	1	0	0	1	0	0	0	0	0	6	48	4
Sandpiper Ward	Forensics	Forensics MH	8	2	1	0	0	1	0	0	0	0	2	6	72	4
Merlin	Forensics	Forensics MH	10	0	2	1	0	1	0	0	0	0	1	5	43	5
Fulmar Ward.	Forensics	Forensics MH	12	0	1	1	0	1	0	0	0	0	1	4	40	6
Jay Ward	Forensics	Forensics MH	5	2	0	1	0	1	0	0	0	0	0	4	34	6
Lark	Forensics	Forensics MH	15	2	0	1	0	0	0	0	0	1	0	4	12	6
Nightingale Ward	Forensics	Forensics MH	16	2	0	1	0	1	0	0	0	0	0	4	24	6
Linnet Ward	Forensics	Forensics MH	17	2	0	0	0	1	0	0	0	0	0	3	41	7
Swift Ward	Forensics	Forensics MH	10	0	0	1	0	1	0	0	0	0	0	2	50	8
Brambling Ward	Forensics	Forensics MH	13	0	0	0	0	0	0	0	0	0	0	0	22	10
Mandarin	Forensics	Forensics MH	16	0	0	0	0	0	0	0	0	0	0	0	42	10
Oak Rise	York and Selby	LD	8	2	1	1	1	0	0	0	0	0	0	5	29	5
Bankfields Court	Teesside	LD	19	2	0	1	0	0	0	0	0	0	0	3	41	7
Bankfields Court Unit 2	Teesside	LD	5	0	2	0	0	1	0	0	0	0	0	3	15	7
Aysgarth	Teesside	LD	6	0	1	0	0	1	0	0	0	0	0	2	20	8
Bek-Ramsey Ward	Durham & Darlington	LD	11	0	1	1	0	0	0	0	0	0	0	2	12	8
Meadowfields	York and Selby	MHSOP	14	6	0	0	1	1	0	0	0	0	0	8	54	2
Rowan Ward	North Yorkshire	MHSOP	16	2	1	0	1	1	0	0	0	1	0	6	48	4
Springwood Community Unit	North Yorkshire	MHSOP	14	2	2	0	1	0	0	0	0	0	1	6	62	4
Acomb Garth	York and Selby	MHSOP	14	2	1	1	1	0	0	0	0	0	0	5	21	5
Cherry Tree House	York and Selby	MHSOP	18	4	0	1	0	0	0	0	0	0	0	5	27	5
Ward 14	North Yorkshire	MHSOP	9	2	0	1	0	0	0	0	0	0	0	3	31	7
Wingfield Ward	Teesside	MHSOP	10	0	1	1	0	1	0	0	0	0	0	3	27	7
Ceddesfeld Ward	Durham & Darlington	MHSOP	15	0	0	0	0	0	1	1	0	0	0	2	14	8
Hamsterley Ward	Durham & Darlington	MHSOP	15	0	0	1	0	1	0	0	0	0	0	2	40	8

Westerdale South	Teesside	MHSOP	14	0	0	1	0	1	0	0	0	0	0	2	26	8
Oak Ward	Durham & Darlington	MHSOP	12	0	0	1	0	0	0	0	0	0	0	1	11	9
Rowan Lea	North Yorkshire	MHSOP	20	0	0	0	0	0	0	0	0	1	0	1	11	9
Westerdale North	Teesside	MHSOP	18	0	1	0	0	0	0	0	0	0	0	1	13	9
Roseberry Wards	Durham & Darlington	MHSOP	15	0	0	0	0	0	0	0	0	0	0	0	12	10

FOR GENERAL RELEASE

BOARD OF DIRECTORS

<b>DATE:</b>	Tuesday 25 April 2017
<b>TITLE:</b>	Update of Essential Standards- Stirling Dementia Design Audit Mental Health Services For Older People (MHSOP) Report.
<b>REPORT OF:</b>	Brent Kilmurray
<b>REPORT FOR:</b>	Information

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

**Executive Summary:**

The Stirling Essential Standards Environmental Audit was first undertaken between November 2013 and January 2014 within Mental Health Services for Older People (MHSOP) organic wards in each locality.

The audit highlighted a number of areas across the localities where compliance against the standards had not been achieved hence detailed action plans were produced for each locality.

A review of work across MHSOP organic wards in February 2017 demonstrated steady and consistent progress in working towards the Stirling Essential Standards particularly where small scale changes could be made.

The majority of outstanding actions now relate to future refurbishment programmes and /or lifecycle works which will determine the pace at which full compliance can be achieved. However It has also been highlighted that some Stirling Essential Standards are unable to be met.

The review of progress has also highlighted a change in compliance against specific standards: Durham/Darlington and North Yorkshire are now showing non-compliance following recent changes to the ward environment and there continue to be marked variations across the speciality in terms of standards of accommodation in MHSOP wards.

**Recommendations:**

- **SDGs and QuAGs continue to monitor progress on local action plans**
- **Full audit of Essential and Recommended Standards across MHSOP during 2018/19**

**1. INTRODUCTION & PURPOSE:**

- 1.1 To provide the Trust Board with an update in relation to the progress of work associated with the Essential Standards - Stirling Dementia Design Audit within Mental Health Services for Older People (MHSOP) Services.

**2. BACKGROUND INFORMATION AND CONTEXT:**

- 2.1. The University of Stirling Dementia Design Audit Tool aims to provide dementia specific care services with an understanding of what constitutes as a good and safe environment for people with dementia.
- 2.2 There are 11 criteria to be assessed within the University of Stirling Dementia Design Audit Tool (DSDC Version 2, 2010). The 11 criteria refer to specific areas within a unit, eg entrance, bedrooms, lounges, external areas, etc. There are 345 standards in total, of which 118 standards are identified as Essential and 227 identified as Recommended.
- 2.3 This report focuses on an update of previous work undertaken on the essential standards only. The audit took place between November 2013 and January 2014 within the following organic wards in each locality.

*Table 1*

Locality	Ward Audited in 2014	Wards Audited in 2012
Durham and Darlington	Ceddesfeld	Binchester
	Hamsterley	Ceddesfeld
	Picktree	Hamsterley
Teesside	Westerdale South	
North Yorkshire	Rowan Lea	
	Rowan Ward	
	Springwood	

- 2.4 The action plans have been refreshed in line with ward changes in this period.

### 3. KEY ISSUES:

- 3.1 The majority of “Quick Wins” identified at the time of the original audit have now been completed. These include improved signage, improvements in homeliness of the environments, improved contrast with walls and furniture and improved lighting in some wards.
- 3.2 A small number of “quick wins” still remain outstanding in some localities, for example sourcing appropriate wall art, which is due to be in place by June 2017 and providing signature colours for toilet doors, which will be addressed through the redecoration programme due 2017/18.
- 3.3 Picktree and Bowes Lyon Wards have already undergone redecoration. However the remaining sites with the exception of Rowan Ward are scheduled for 2017/2018. Rowan Ward has no further major redecoration planned due to its impending relocation, unless it fails other assessment standards.
- 3.4 The majority of outstanding actions now relate to future refurbishment/ scheduled work/ lifecycle works. These include consistency and contrast of flooring throughout the buildings including threshold strips, skirting boards and outdoor environments.
- 3.5 The flooring within the Bowes Lyon and Picktree Wards is due to be reviewed; however it should be noted that if the flooring requires replacement then this would link into the refurbishment programme which is not planned for several years. Similarly, Rowan Ward in Harrogate which is due to be relocated (scheduled for 2017/18) has no plans to replace the flooring, unless areas fail other assessment standards. It is evident however that the flooring on Rowan Ward has been damaged in several areas with temporary repairs being made; this does not currently meet the Stirling requirements. The issues on Rowan Ward have been raised with the appropriate department and any further remedial work will reflect Stirling standards.
- 3.6 Westerdale South operates from within a PFI building. Timescales for redecoration and refurbishment are not due until 2025. It is likely however that there will be some significant costs associated with the required changes at Westerdale South if this is to be completed ahead of the current schedule.
- 3.7 The replacement of furniture will be tied into service budgets unless damaged or vandalised by patients hence there is no expected investment in this area unless wards are reconfigured.
- 3.8 It has been highlighted by the Estates Department that some Stirling Essential Standards are currently unable to be met: toilet roll dispensers and wall coverings in bathrooms are unable to be changed in line with more domestic appliances, as they need to meet infection control requirements; teams are working with infection prevention control colleagues to identify how best this action can be taken forward. Threshold strips to external doors identified on Ward 14 are unable to be made level as they prevent ingress of water.

- 3.9 The Estates Department has attempted to rectify the issue concerning the shower/bath controls which have been found to be difficult to operate and not clearly labelled hot or cold. To address this in the short term the Estates Department have provided signage.
- 3.10 Two localities have indicated that recent changes to the ward environment now mean that they are not compliant with particular Stirling essential standards. Hamsterley and Ceddesfeld Wards in Durham/Darlington locality now cater for 15 patients. This has impacted on their ability to be compliant with the dining room standard; no more than 10 people with dementia eating together. This issue has been discussed and agreement given by the QuAC to continue with this arrangement. Ward 14 in North Yorkshire is currently undergoing Eliminating Mixed Sex Accommodation (EMSA) changes, due to be complete end of April 2017. A re audit against the Stirling standards will be undertaken once the work is complete.

#### **4. IMPLICATIONS:**

##### **4.1 Compliance with the CQC Fundamental Standards:**

The Stirling standards have been recognised in previous CQC reports as good practice in terms of safety and effectiveness.

##### **4.2 Financial/Value for Money:**

It has been recognised that a pragmatic approach is required in relation to Stirling standards which require major refurbishments. Clinicians and Estates Department staff continue to work together during periods of change in ward areas.

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

None.

##### **4.4 Equality and Diversity:**

None.

##### **4.5 Other implications:**

It has been identified during the development of this report that further training in the Stirling Dementia Environmental Standards is required across some of the Clinical and Estates teams to ensure all staff are aware of and assess patient areas against these standards. This will require staff to access training external to the Trust which will incur a cost.

In addition there are now two additional organic wards in York and Selby, Acomb Garth and Meadowfields, which have not had a Stirling Environmental Design baseline assessment. This will take place in 2018/19. Given the new build plans in York and Selby the locality is working with Estates Department to ensure Stirling standards are considered within planning and design.

## 5. RISKS:

Refurbishment and redecoration programmes are planned into the life cycle of all buildings whether this is part of the TEWV estate or a PFI project from which TEWV provides services.

For some areas the refurbishment plan is scheduled for 2017/18. However some areas such as Bowes Lyon, Picketree and Westerdale South have refurbishment programmes several years hence, therefore any bespoke requirements that are needing to be done ahead of the agreed refurbishment schedule are likely to incur a considerable cost.

The timelines and potential cost implications for all outstanding essential standards which relate to planned estate work will be a significant factor in complying fully with all 118 standards.

## 6. CONCLUSIONS:

There has been steady progress in working towards the Stirling Essential Standards; however it is evident that further progress to achieve all 118 essential standards will be impacted upon by the timeframes associated with the planned schedule of works and potentially the associated costs.

Teams continue to explore alternative solutions to address the outstanding issues to ensure that the MHSOP can achieve compliance in all the essential Stirling standards.

## 7. RECOMMENDATIONS:

- SDGs and QuAGs continue to monitor progress on local action plans
- Full audit of Essential and Recommended Standards across MHSOP during 2018/19

**S Tufnell**  
**Service Development Manager MHSOP**

**FOR GENERAL RELEASE**  
**BOARD OF DIRECTORS**

<b>DATE:</b>	<b>25 April 2017</b>
<b>TITLE:</b>	<b>Finance Report for Period 1 April 2016 to 31 March 2017</b>
<b>REPORT OF:</b>	<b>Drew Kendall, Interim Director of Finance and Information</b>
<b>REPORT FOR:</b>	<b>Assurance and Information</b>

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

**Executive Summary:**

The comprehensive income outturn for the period ending 31 March 2017 was a surplus of £12,121k, representing 3.6% of the Trust's turnover. The Trust was ahead of plan by £4,064k largely due to contract variations with commissioners, a refund of historic National Insurance payments, and vacancies.

The Trust has received confirmation it will be awarded income from the incentivised sustainability and transformation fund, however the amount is unconfirmed at the time of writing. The figures reported do not include any amounts related to this.

Identified Cash Releasing Efficiency Savings at 31 March 2017 were marginally ahead of plan. The Trust continues to progress schemes to deliver CRES for future years.

The Use of Resources Rating for the Trust was assessed as 1 for the period ending 31 March 2017 and was in line with plan.

The Trust's annual accounts are subject to external audit and any findings may alter the financial outturn position and associated financial risk rating indicators.

**Recommendations:**

The Board of Directors is requested to receive the report, to note the conclusions in section 6 and to raise any issues of concern, clarification or interest.

The Board of Directors is requested to approve the submission of the NHS Improvement quarter 4 return in accordance with the results detailed in this report, and to note the delivery of a surplus position compared to the Trust's annual plan and control total.

<b>MEETING OF:</b>	<b>Board of Directors</b>
<b>DATE:</b>	<b>25 April 2017</b>
<b>TITLE:</b>	<b>Finance Report for Period 1 April 2016 to 31 March 2017</b>

## 1. INTRODUCTION & PURPOSE

1.1 This report summarises the Trust's financial performance from 1 April 2016 to 31 March 2017.

## 2. BACKGROUND INFORMATION

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

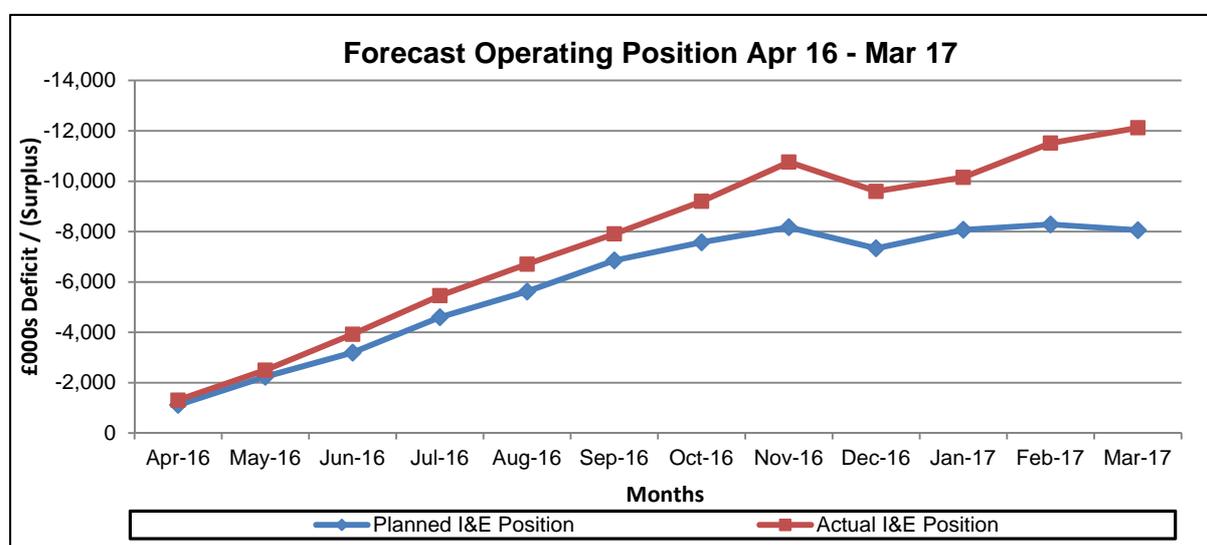
## 3. KEY ISSUES:

### 3.1 Statement of Comprehensive Income

The comprehensive income outturn for the period ending 31 March 2017 was a surplus of £12,121k, representing 3.6% of the Trust's turnover. The Trust was ahead of plan by £4,064k largely due to contract variations with commissioners, a refund of historic National Insurance payments linked to widening access trainees, and vacancies. Recruitment to posts is ongoing.

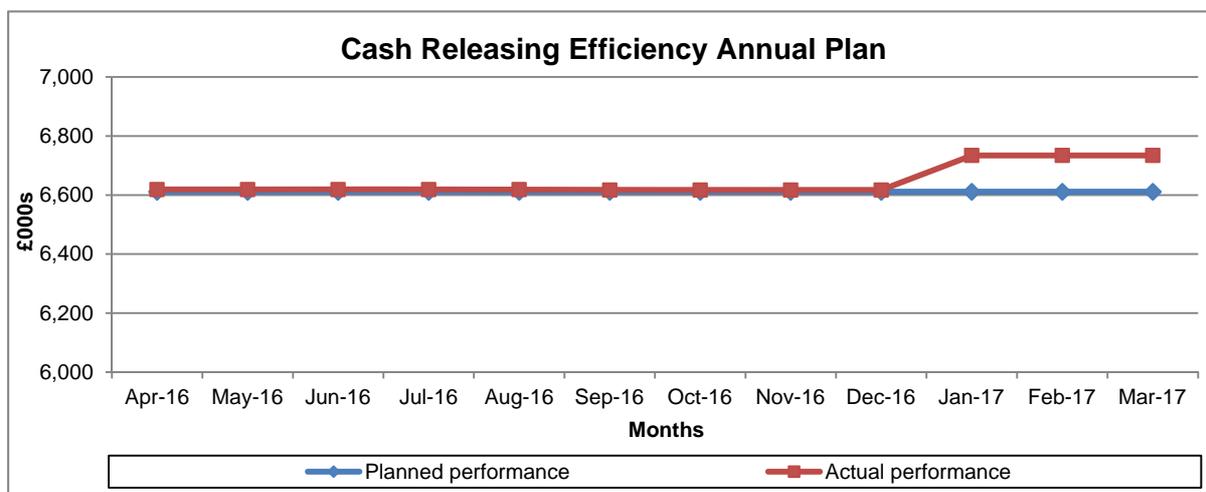
The Trust has received confirmation it will be awarded income from the incentivised sustainability and transformation fund, however the amount is unconfirmed at the time of writing. The figures reported do not include any amounts related to this.

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

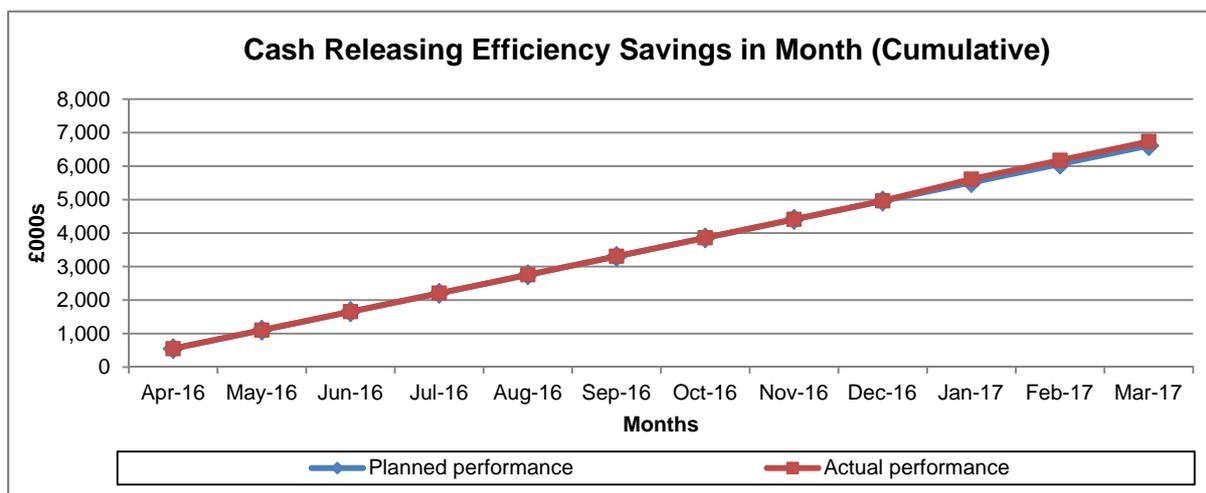


### 3.2 Cash Releasing Efficiency Savings

Total CRES identified at 31 March 2017 was £6,734k and was ahead of plan. The Trust continues to progress schemes to deliver CRES for future years.

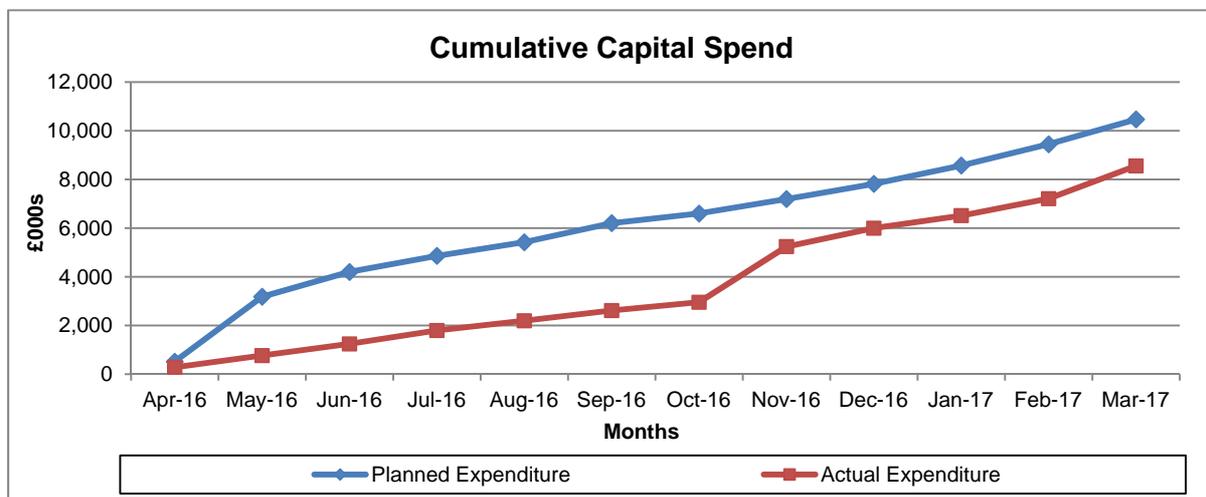


The monthly profile for CRES identified by Localities is shown below.



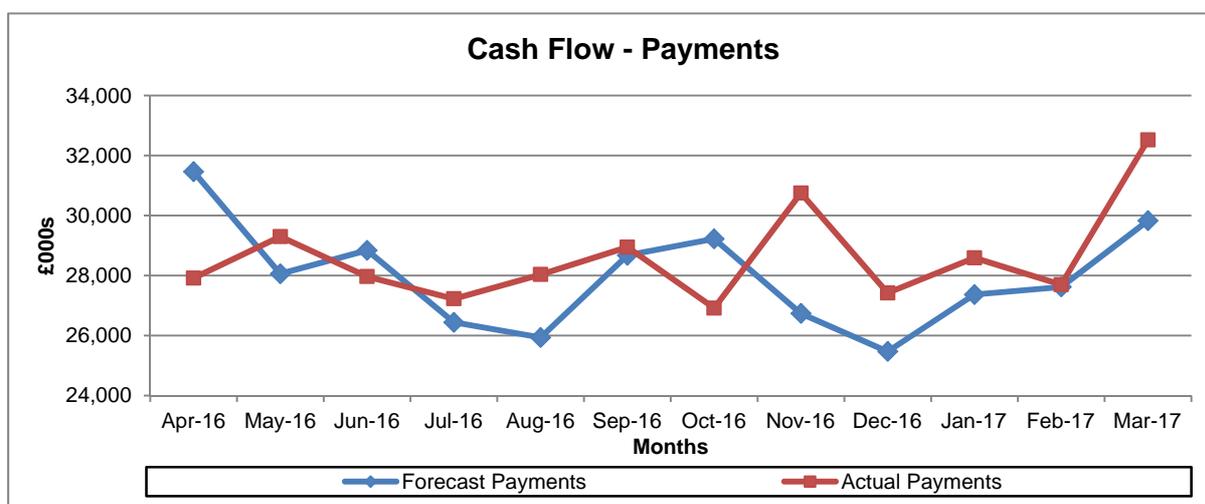
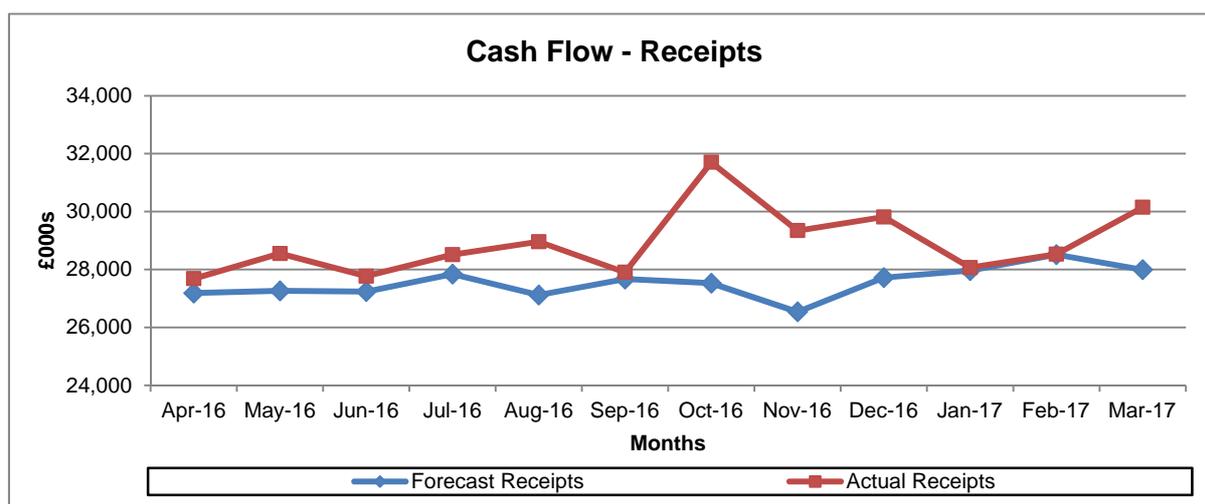
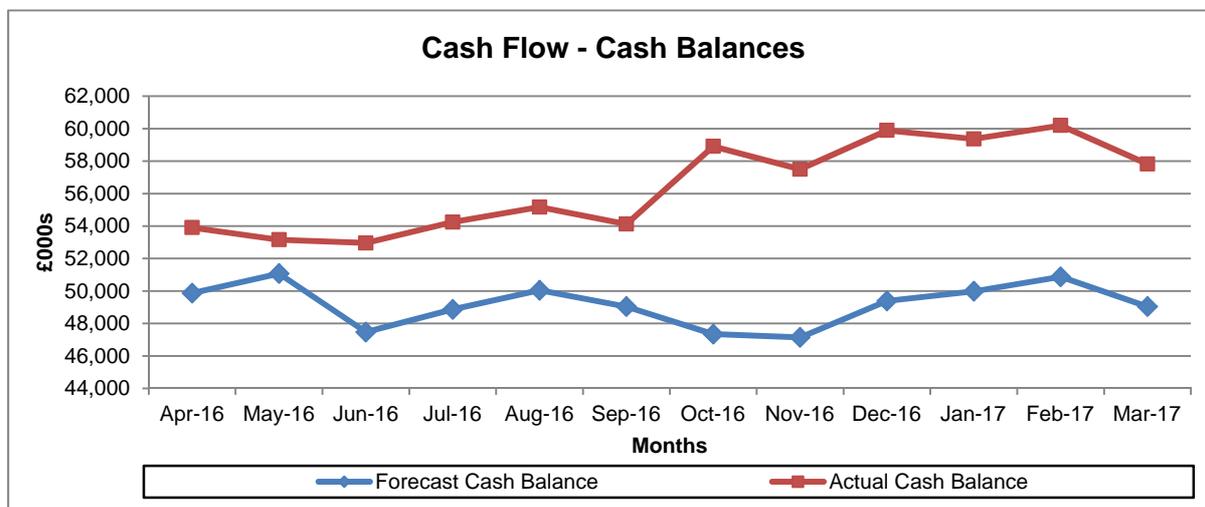
### 3.3 Capital Programme

Capital expenditure to 31 March 2017 was £8,555k and was behind plan with schemes now progressing.



### 3.4 Cash Flow

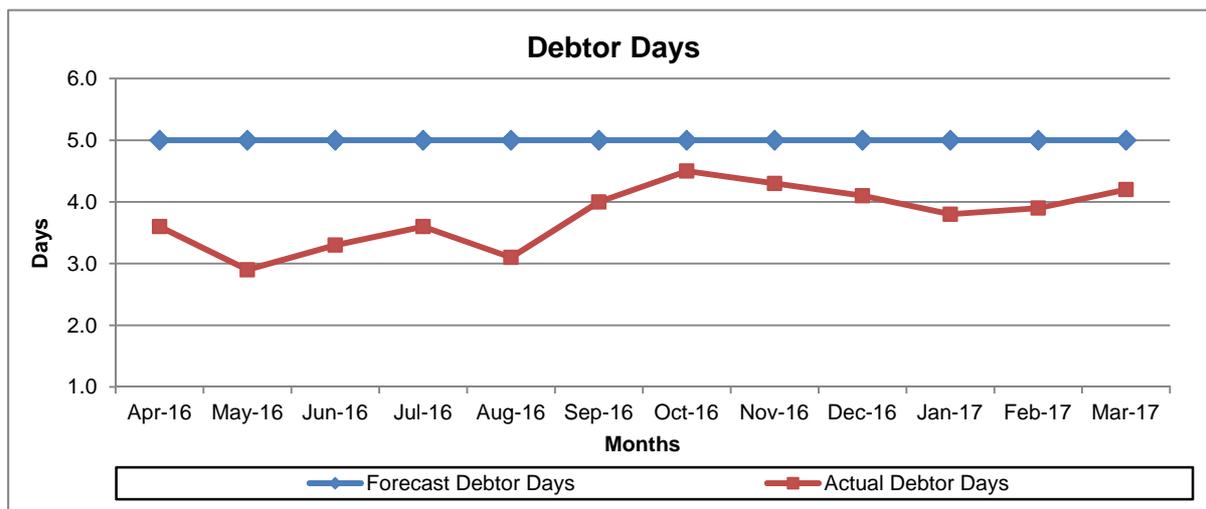
Total cash at 31 March 2017 was £57,824k and was ahead of plan largely due to the Trusts surplus position, unanticipated cash receipts related to projects and some delay in the capital programme.



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

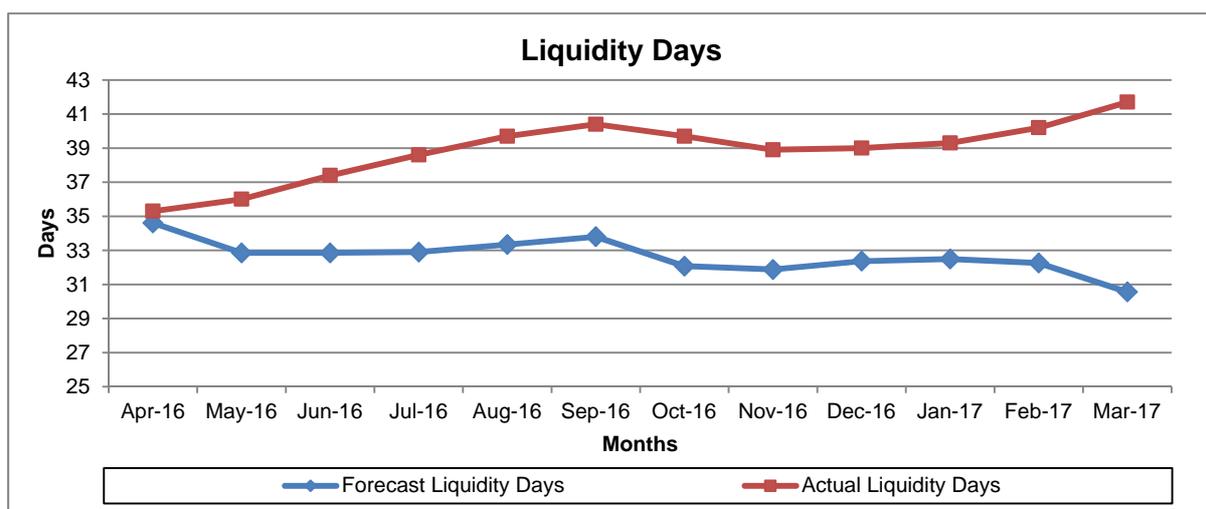
Working Capital ratios for period to 31 March 2017 were:

- Debtor Days of 4.2 days
- Liquidity of 41.9 days
- Better Payment Practice Code (% of invoices paid within terms)
  - NHS – 56.64%
  - Non NHS 30 Days – 97.14%



The Trust has a debtors' target of 5.0 days, and actual performance of 4.2 days at 31 March 2017, which was ahead of plan.

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



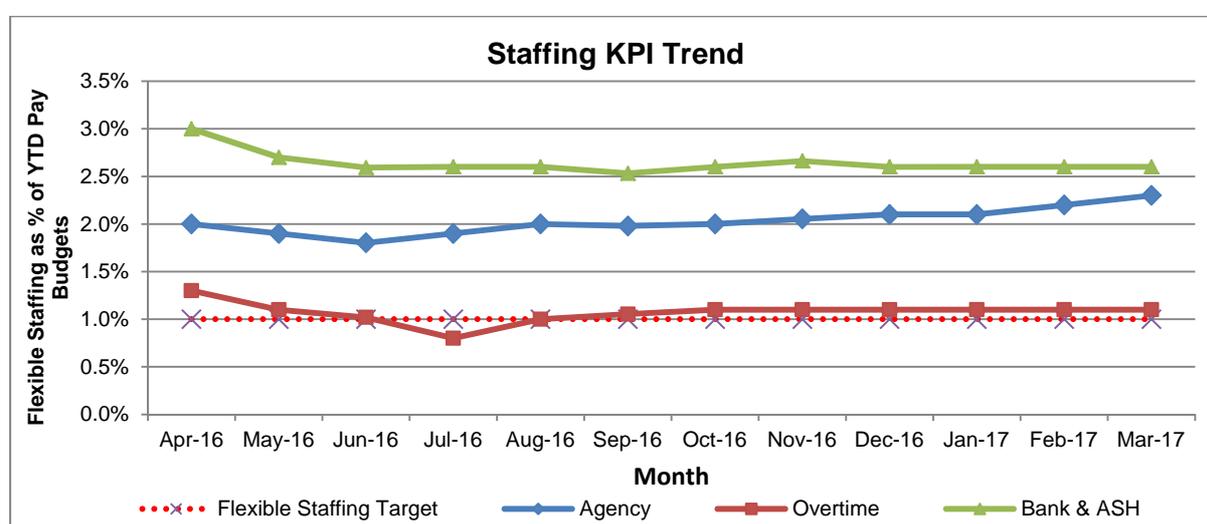
### 3.5 Financial Drivers

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

Tolerance	Oct	Nov	Dec	Jan	Feb	Mar
Agency (1%)	2.0%	2.1%	2.1%	2.1%	2.2%	2.3%
Overtime (1%)	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%
Bank & ASH (flexed against establishment)	2.6%	2.7%	2.6%	2.6%	2.6%	2.6%
Establishment (90%-95%)	94.6%	93.7%	93.7%	93.5%	93.9%	93.7%
<b>Total</b>	<b>100.3%</b>	<b>99.6%</b>	<b>99.5%</b>	<b>99.3%</b>	<b>99.8%</b>	<b>99.7%</b>

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 March 2017 the tolerance for Bank and ASH was 4.3% of pay budgets.

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



Additional staffing expenditure was 6.0% of pay budgets. The requirement for bank, agency and overtime was due to a number of factors including cover for vacancies (54%), enhanced observations (18%) and sickness (13%).

### 3.6 Use of Resources Rating and Indicators

3.6.1 The Use of Resources Rating was assessed as 1 at 31 March 2017, and was in line with plan.

3.6.2 The capital service capacity rating assesses the level of operating surplus generated, to ensure Trusts are able to cover all debt repayments due in the reporting period. The Trust had a capital service capacity of 1.92x (can cover debt payments due 1.92 times), which was ahead of plan and rated as a 2.

3.6.3 The liquidity metric assesses the number of days operating expenditure held in working capital (current assets less current liabilities). The Trust liquidity metric was 41.9 days, this was ahead of plan and rated as a 1.

- 3.6.4 The income and expenditure (I&E) margin assesses the level of surplus or deficit against turnover, excluding exceptional items e.g. impairments. The Trust had an I&E margin of 4.5% and rated as a 1.
- 3.6.5 The variance from plan assesses the level of surplus or deficit against plan, excluding exceptional items e.g. impairments. The Trust surplus was 1.5% ahead of plan and rated as a 1.
- 3.6.6 The agency rating assesses agency expenditure against a capped target for the Trust. Agency expenditure was less than the cap and rated as a 1.

The margins on Use of Resource Rating are as follows:

- Capital service cover - to reduce to a 3 a surplus decrease of £2,557k was required.
- Liquidity - to reduce to a 2 a working capital reduction of £36,091k was required.
- I&E Margin – to reduce to a 2 an operating surplus decrease of £11,918k was required.
- I&E Margin variance from plan – to reduce to a 2 an operating surplus decrease of £2,427k was required.
- Agency Cap rating – to reduce to a 2 an increase in agency expenditure of £393k was required.

### Use of Resource Rating at 31 March 2017

#### 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 variance from plan	20	>=0%	-1%	-2%	<=-2%
Agency	20	<=0%	-25%	-50%	>50%

TEWV Performance	Actual		YTD Plan		RAG Rating
	Achieved	Rating	Planned	Rating	
Capital service cover	1.92x	2	1.57x	2	
Liquidity	41.9 days	1	32.9 days	1	
I&E margin	4.5%	1	3.1%	1	
I&E variance from plan	1.5%	1	0.0%	1	
Agency	£5,778k	1	£6,170k	1	

<b>Overall Use of Resource Rating</b>	<b>1</b>	<b>1</b>	
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- 3.6.7 11.8% of total receivables (£538k) are over 90 days past their due date. This was above the 5% finance risk tolerance, but was not a cause for concern as £384k of debts are supported by a SLA and recent discussions to resolve debts have been positive.

Excluding debts supported by an SLA the ratio reduces to 3.4%.

3.6.8 1.3% of total payables invoices (£168k) held for payment are over 90 days past their due date. This was below the 5% finance risk tolerance.

3.6.9 The cash balance at 31 March 2017 was £57,824k and represents 67.9 days of annualised operating expenses.

3.6.10 The Trust does not anticipate the Use of Resources Rating will deteriorate below a 2 in the next 12 months.

#### **4. IMPLICATIONS:**

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

4.2 The Trust's annual accounts are subject to external audit.

#### **5. RISKS:**

5.1 Any findings from the external audit may alter the financial outturn position and associated financial risk rating indicators.

#### **6. CONCLUSIONS:**

6.1 The comprehensive income outturn for the period ending 31 March 2017 was a surplus of £12,121k, representing 3.6% of the Trust's turnover. The Trust was ahead of plan by £4,064k largely due to contract variations with commissioners, a refund of historic National Insurance payments linked to widening access trainees, and vacancies. Recruitment to posts is ongoing.

6.2 Total CRES identified at 31 March 2017 was £6,734k and was ahead of plan. The Trust continues to progress schemes to deliver CRES for future years.

6.3 The Use of Resources Rating for the Trust was a 1 for the period ending 31 March 2017 which was in line with plan.

#### **7. RECOMMENDATIONS:**

7.1 The Board of Directors is requested to receive the report, to note the conclusions in section 6 and to raise any issues of concern, clarification or interest.

7.2 The Board of Directors is requested to approve the submission of the NHS Improvement quarter 4 return in accordance with the results detailed in this report.

7.3 The Board of Directors is requested to note the delivery of a surplus position compared to the Trust's annual plan and control total.

**Drew Kendall**  
**Interim Director of Finance and Information**

**FOR GENERAL RELEASE**

**BOARD OF DIRECTORS**

<b>DATE:</b>	25 <sup>th</sup> April 2017
<b>TITLE:</b>	Board Dashboard as at 31 <sup>st</sup> March 2017
<b>REPORT OF:</b>	Sharon Pickering, Director of Planning, Performance & Communication
<b>REPORT FOR:</b>	Assurance

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

**Executive Summary:**

The purpose of this report is to provide the latest performance for the Board Dashboard as at 31<sup>st</sup> March 2017 (Appendix A) in order to identify any significant risks to the organisation in terms of operational delivery. The dashboard is now inclusive of performance relating to York and Selby.

As at the end of March 2017, 4 (21%) of the indicators reported are not achieving the expected levels and are red, which is the same position as at the end of February. Of those red indicators, 1 is showing an improving trend over the previous 3 month period. There are a further 7 indicators which whilst not completely achieving the target levels are within the amber tolerance levels (compared to 6 in February) and 5 of those show an improving trend over the previous 3 months. In terms of the full year position 6 indicators are red, and 7 are amber.

There has been some slight change in the key issues/risks. The key issues risk are:

- Referrals (KPI1)
- Bed Occupancy (KPI 3)
- Access – Waiting Times (KPI 7)
- Out of Locality Admissions (KPI 9)
- Actual Number of Workforce in the month (KPI14)

In respect of performance against the key NHSI operational indicators as at the end of March (and for Quarter 4) all operational indicators were met. However work is

continuing on the various IAPT action plans as the target is not being achieved in every CCG area. The first meeting of the Trust wide IAPT Steering Group is to be held in early May.

The report also contains an update in terms of the development of the 2017/18 Trust Dashboard including some additional recommendation on targets that were outstanding.

**Recommendations:**

It is recommended that the Board:

- Consider the content of this paper and raise any areas of concern/query.
- Agree to the proposed targets for the 2017/18 Dashboard and support the ongoing work to further develop some of the KPIs agreed within the dashboard.

<b>MEETING OF:</b>	<b>Board of Directors</b>
<b>DATE:</b>	<b>25<sup>th</sup> April 2017</b>
<b>TITLE:</b>	<b>Board Dashboard as at 31<sup>st</sup> March 2017</b>

**1. INTRODUCTION & PURPOSE:**

1.1 To present to the Board the Trust Dashboard as at 31<sup>st</sup> March 2017 in order to identify any significant risks to the organisation in terms of operational delivery.

**2. KEY ISSUES:**

2.1 The key issues are as follows:

- As at the end of March 2017, 4 (21%) of the indicators reported are not achieving the expected levels and are red, which is the same position as at the end of February. Of those red indicators, 1 is showing an improving trend over the previous 3 month period. There are a further 7 indicators which whilst not completely achieving the target levels are within the amber tolerance levels (compared to 6 in February) and 5 of those show an improving trend over the previous 3 months. In terms of the full year position 6 indicators are red, and 7 are amber.
- In respect of performance against the key NHSI operational indicators as at the end of March (and for Quarter 4) all operational indicators were met. (See Agenda Item 13). Work is continuing on the various locality IAPT action plans as previously described. The first meeting of the Trust wide IAPT Steering Group is to be held in early May.
- The Data Quality Scorecard is included in Appendix B. There has been no change from the previous month to highlight to the Board.
- Appendix C includes the breakdown of the actual number of unexpected deaths.

2.2 The key risks are as follows:

- Referrals (KPI1) – the number of referrals increased considerably in March to the highest level in the year. This continued increase in demand will impact on our ability to respond in a timely manner and work is ongoing in a number of localities on a demand and capacity analysis. In addition work has commenced on developing a better forecasting model for demand.
- Bed Occupancy (KPI 3) – The Dashboard shows that there has been a slight deterioration in the Trust wide position with only North Yorkshire now showing a bed occupancy level above 90%. Worsley Court has now been removed from the system and therefore the figure reported is no longer understated. York and Selby have the lowest Bed Occupancy figure which is mainly driven by low numbers of admissions in MHSOP services.

- External Waiting Times (KPI 7) – The Trust remains worse than the target of 90% at the end of March with a deterioration compared to the position reported in February. As highlighted last month this is likely to be linked to the increased referrals that were received in January and then again during March (indeed the increase in referrals in March may impact on the performance against this indicator in future months). It should however be noted that the position in 2016/17 has been consistently higher than that in the previous two years which is positive given that the number of referrals has increased year on year. The main areas of concern continue to be Children and Young Peoples Services in North Yorkshire and York and Selby and the agreed action plans are continuing to be implemented. The North Yorkshire service has identified a trajectory for recovery of June 2017.
- Out of Locality Admissions (OoL) (KPI 9). The performance for March continues to be worse than the target but there has been a further improvement in the position in March. Only Teesside are within target with North Yorkshire and York and Selby continuing to be outliers although both continue to show an improving position.
- Actual Number of Workforce in the Month (KPI14) – This indicator is continuing to report as amber and there has been a slight deterioration in March. York and Selby continue to be the areas of greatest concern and work is continuing to improve the recruitment of staff within all localities with a number of recruitment fayres planned over the next quarter. In addition there are 100 students who have been recruited to commence work with the Trust when they qualify in September 2017.

### 2.3 2017/18 Trust Dashboard Development.

At its meeting in January the Board of Directors agreed the targets for a number of the KPIs within the 2017/18 Dashboard but recognised that there was further work required on a number of the KPIs where changes to the construction were needed. The bullets below give an update on the work undertaken since the January Board of Directors Meeting:

#### a) Proposed additional targets

Indicator	Proposed 17/18 Target	Comments
Percentage of appointments cancelled by the Trust	<b>10.00%</b>	This KPI has been revised to <u>only</u> include clinic appointments by the Trust in both the numerator and denominator. Previously the denominator included <u>any</u> appointments but it is not currently possible to report those cancelled accurately unless they are via the clinic (outpatient) module within PARIS. For example using community contact you cannot future date appointments so it was deemed that clinicians may not record these or may not record correctly hence the change to clinic appointments only.
	<b>10.00% or less</b>	
	<b>10.01%-12.00% (within 2% of target)</b>	
	<b>More than 12.00% (more than 2% above target)</b>	

		The baseline for 16/17 based on the new construction is 10.72%.
Percentage compliance with ALL mandatory and statutory training (snapshot)	<b>90%</b>	The target of 90% for mandatory and statutory training was proposed and agreed by EMT on 29 <sup>th</sup> March 2017. The 90% target is for 17/18 with an expectation that it will increase to 95% in 2018/19.
	<b>90% or more</b>	
	<b>83.00% -89.99%</b>	
	<b>Less than 83%</b>	
Delivery of our financial plan (I and E)	<b>Surplus of £10,076,000</b>	Confirmed by Finance in line with Financial Plan
	<b>At or above target</b>	
	<b>N/A</b>	
	<b>Below target</b>	
CRES delivery	<b>£6,284,000</b>	Confirmed by Finance in line with Financial Plan
	<b>At or above target</b>	
	<b>N/A</b>	
	<b>Below target</b>	
Cash against plan	<b>£52,227,000</b>	Confirmed by Finance in line with Financial Plan
	<b>At or above target</b>	
	<b>N/A</b>	
	<b>Below target</b>	

b) Outstanding KPI targets

- Following agreement from the Board to change the construction of the following KPIs the new construction are currently being built on the IIC. Once this is completed and tested; the IIC Team will be able to provide baseline information in order to propose the targets and associated RAG ratings:
  - Number of current inpatients with a length of stay of greater than 90 days (AMH & MHSOP A&T wards)
  - The percentage of inappropriate Out of Area Placements (AMH/MHSOP A&T/PICU)

**3. RECOMMENDATIONS:**

3.1 It is recommended that the Board:

- Consider the content of this paper and raise any areas of concern/query.
- Agree to the proposed targets for 2017/18 Board Dashboard as outlined in section 2.3a and note the ongoing development work described in 2.3b

**Sharon Pickering**  
**Director of Planning, Performance and Communications**

**Background Papers:**

# Trust Dashboard Summary for TRUST

## Activity

	March 2017				April 2016 To March 2017			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
1) Total number of External Referrals into Trust Services	7,793.00	9,321.00			91,759.00	100,109.00		91,759.00
2) Caseload Turnover	1.99%	2.39%			1.99%	2.39%		1.99%
3) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	85.00%	88.01%			85.00%	93.03%		85.00%
4) Number of patients with a length of stay (admission to discharge) of greater than 90 days (A&T wards)	24.00	20.00			277.00	355.00		277.00
5) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP) Rolling 3 months	15.00%	8.74%			15.00%	7.61%		15.00%
6) Number of instances where a patient has had 3 or more admissions in the past year to Assessment and Treatment wards (AMH and MHSOP) Rolling 3 months	20.00	24.67			237.00	291.66		237.00

## Quality

	March 2017				April 2016 To March 2017			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
7) Percentage of patients who were seen within 4 weeks for a first appointment following an external referral.	90.00%	86.65%			90.00%	85.65%		90.00%
8) Percentage of appointments cancelled by the Trust	0.67%	0.54%			0.67%	0.71%		0.67%
9) The percentage of Out of Locality Admissions to assessment and treatment wards (AMH and MHSOP) - post-validated	15.00%	24.66%			15.00%	23.07%		15.00%
10) Percentage of patients surveyed reporting their overall experience as excellent or good (mth behind)	91.44%	90.86%			91.44%	92.45%		91.44%
11) Number of unexpected deaths classed as a serious incident per 10,000 open cases - Post Validated	1.00	0.86			12.00	8.59		12.00

# Trust Dashboard Summary for TRUST

## Workforce

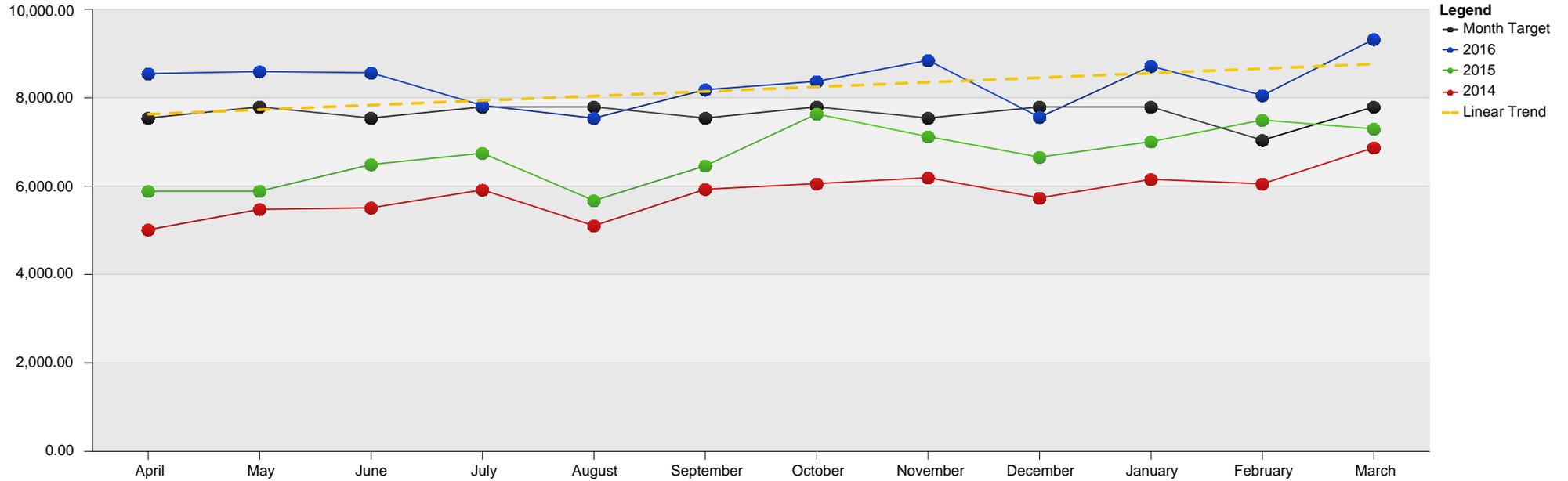
	March 2017				April 2016 To March 2017			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
14) Actual number of workforce in month (Establishment 95%-100%)	100.00%	93.74%			100.00%	93.74%		100.00%
15) Percentage of registered healthcare professional jobs that are advertised two or more times	15.00%	20.99%			15.00%	17.39%		15.00%
16) Percentage of staff in post more than 12 months with a current appraisal (snapshot)	95.00%	92.88%			95.00%	92.88%		95.00%
17) Percentage compliance with mandatory and statutory training (snapshot)	95.00%	89.18%			95.00%	89.18%		95.00%
18) Percentage Sickness Absence Rate (month behind)	4.50%	4.98%			4.50%	5.00%		4.50%

## Money

	March 2017				April 2016 To March 2017			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
19) Delivery of our financial plan (I and E)	225,441.00	-607,000.00			-8,057,087.00	-12,120,000.00		-8,057,087.00
20) CRES delivery	550,854.00	590,459.00			6,610,251.00	6,734,472.00		6,610,251.00
21) Cash against plan	49,036,000.00	57,824,000.00			49,036,000.00	57,824,000.00		49,036,000.00

# Trust Dashboard Graphs for TRUST

## 1) Total number of External Referrals into Trust Services



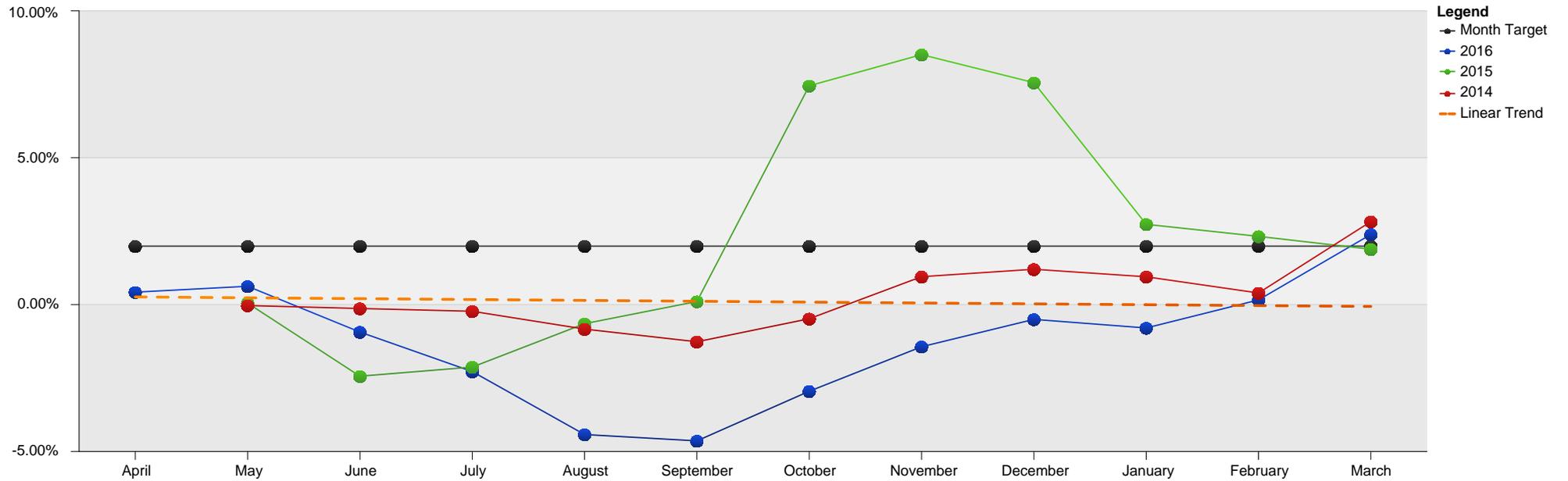
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
1) Total number of External Referrals into Trust Services	9,321.00	100,109.00	2,139.00	23,715.00	2,441.00	23,841.00	2,294.00	24,785.00	626.00	7,100.00	1,798.00	20,616.00

### Narrative

The Trust position for March 2017 is 9,321 which is 1,528 above the Trust target of 7,793 and a deterioration on the February position. The Trust position for the financial year is 100,109 which has exceeded the annual target by 8,350. This is an increase on the outturn of 77,262 recorded in 2015/16, and continues the increasing trend seen since 2013/14. The number of referrals has shown a considerable increase in each locality and the number of referrals is the greatest recorded in the whole of 2016/17. Data including the York and Selby locality only started to be collected from April 2016. If comparing the remaining 4 localities, the position is 7,523 which is greater when compared to the same period last year of 6,818.

# Trust Dashboard Graphs for TRUST

## 2) Caseload Turnover



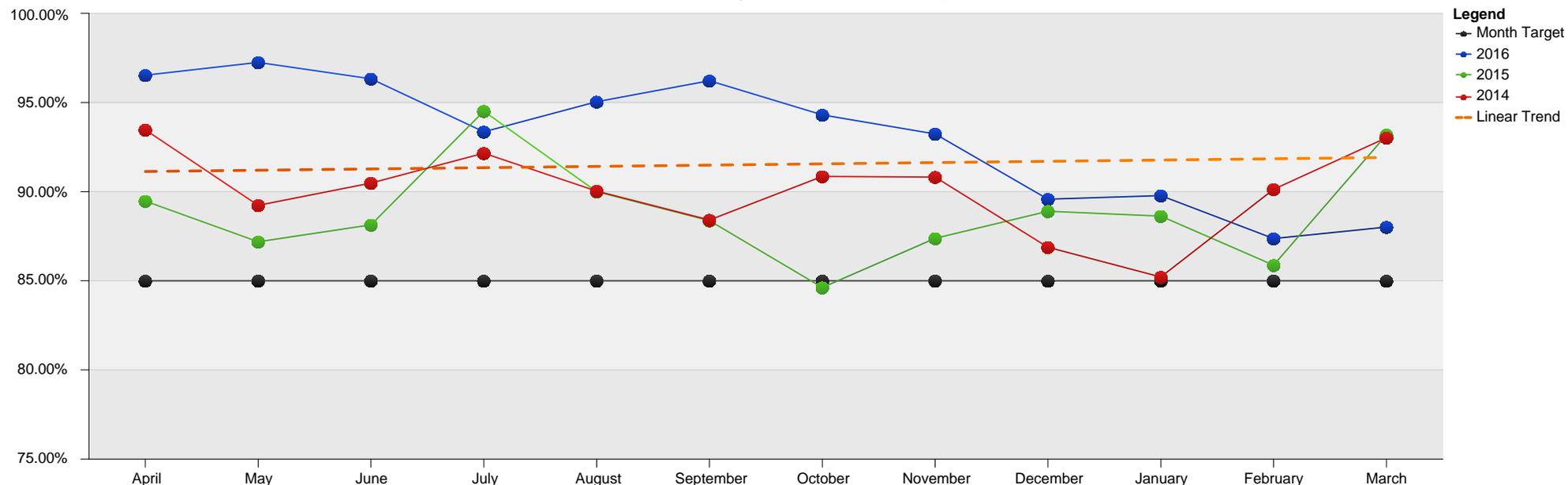
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
2) Caseload Turnover	2.39%	2.39%	0.05%	0.05%	3.95%	3.95%	0.04%	0.04%	NA	NA	8.04%	8.04%

### Narrative

The Trust position for March 2017 is 2.39% which is above the Trust target of 1.99%. This is an increase to that reported in February and the highest figure recorded in 2016/17. The Trust position for the financial year is 2.39% which has not met the annual target of 1.99%. Only Durham and Darlington and North Yorkshire are achieving target. The further deterioration in performance suggests that the caseload management tool may not be being used consistently, with Teesside and York and Selby being particular areas of concern. This position is also likely to be reflective of the increase in the number of referrals received by the Trust, highlighted above. Further work will be undertaken to understand the reasons for the poor performance and appropriate improvement action taken.

# Trust Dashboard Graphs for TRUST

### 3) Percentage of bed occupancy



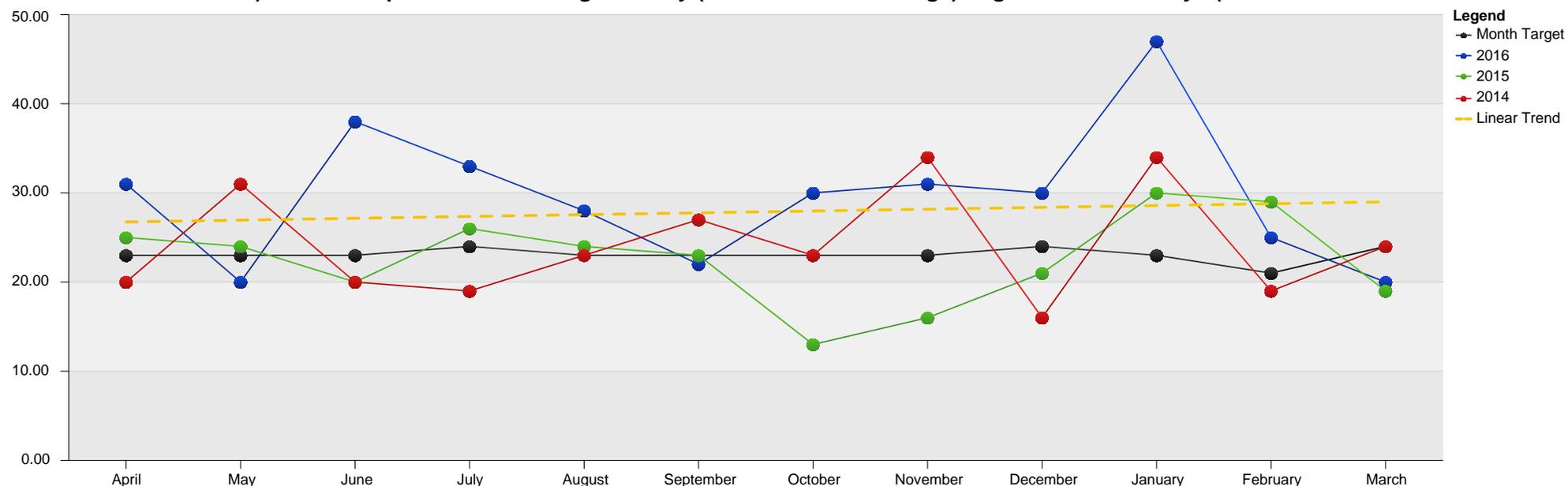
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
3) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	88.01%	93.03%	89.82%	92.66%	88.20%	94.99%	92.63%	95.44%	NA	NA	77.14%	85.16%

#### Narrative

The Trust position for March 2017 is 88.01% which is 3.01% worse than the Trust target of 85.00% and a deterioration on the February position. However this position is the second best figure reported in the financial year and lower than the position reported in March 2015 and 2016. All localities are exceeding the 85% target with the exception of York and Selby which had an occupancy level of 77.14%. This position is no longer understated as Worsley Court has been closed on Trust systems and is therefore no longer included in the denominator. The Trust position for the financial year is 93.03%, which is 8.03% worse than the annual target.

# Trust Dashboard Graphs for TRUST

## 4) Number of patients with a length of stay (admission to discharge) of greater than 90 days (A&T wards)



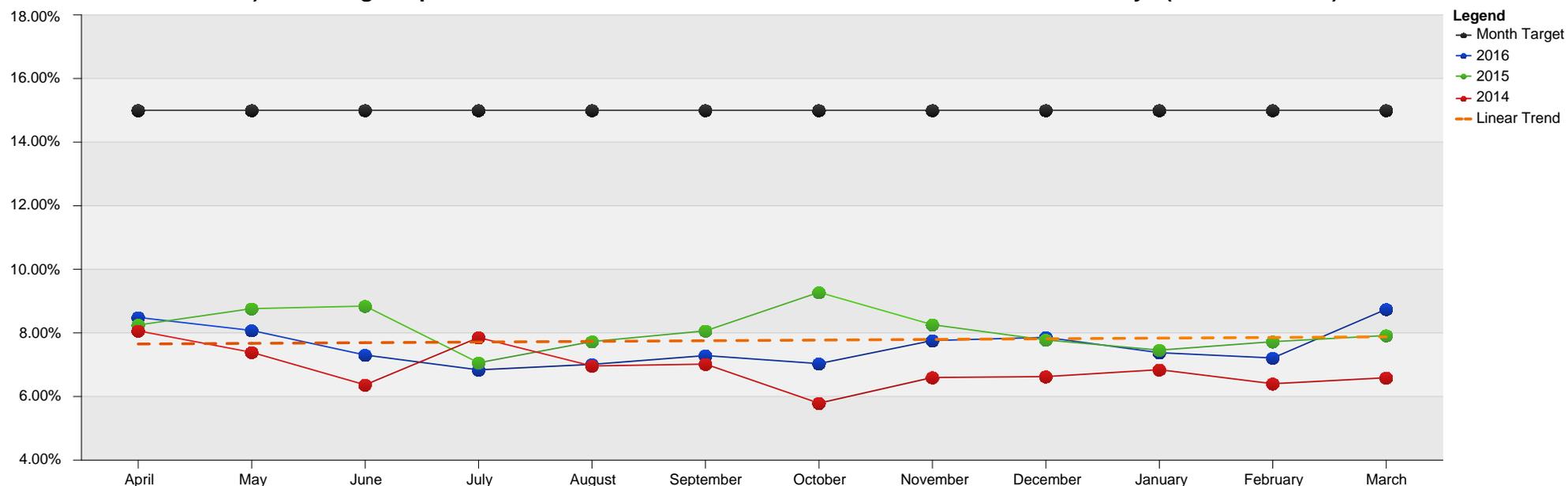
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
4) Number of patients with a length of stay (admission to discharge) of greater than 90 days (A&T wards)	20.00	355.00	5.00	90.00	4.00	91.00	6.00	83.00	NA	NA	3.00	74.00

**Narrative**

The Trust position for March 2017 is 20.00 and is meeting the target of 24.00. This is an improvement on the February position and is the best position reported in the financial year. The Trust position for the financial year is 355 which has exceeded the annual target of 277. All localities are achieving target with the exception of York and Selby. Of the 20 admissions with a LoS greater than 90 days: • 6 (30%) were within Durham and Darlington (2 MHSOP and 4 ADULTS) • 3 (15%) were within York & Selby (1 MHSOP AND 2 ADULTS) • 4 (20%) were within Teesside (1 MHSOP and 3 ADULTS) • 7 (35%) were within North Yorkshire (4 MHSOP and 3 ADULTS) The greatest reduction has been seen in Teesside MHSOP services. The service continually reviews patients with a long length of stay over 60 days in the report out process to ensure appropriate plans are in place and concerns addressed promptly. Comparative data is included in the dashboard, however York & Selby only started to be collected from April 2016 therefore it is not possible to make a direct comparison with the previous years' data.

# Trust Dashboard Graphs for TRUST

## 5) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP)



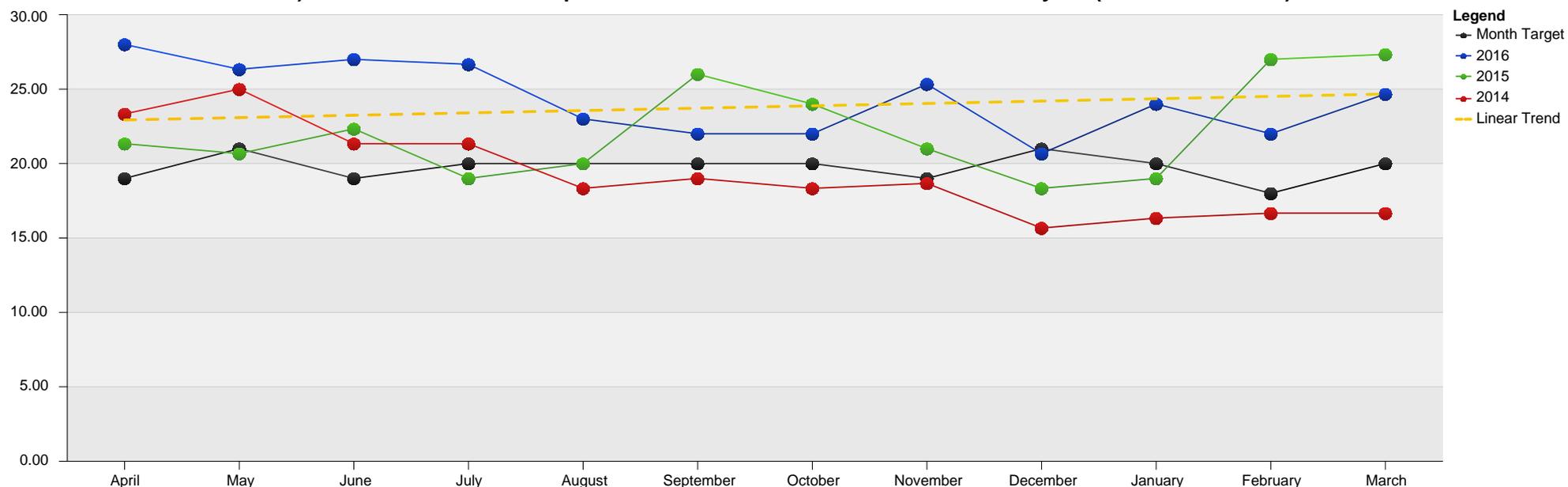
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
5) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP) Rolling 3 months	8.74%	7.61%	7.02%	7.08%	10.91%	7.33%	4.94%	6.77%	NA	NA	12.43%	11.57%

**Narrative**

The Trust rolling 3 month position ending March 2017 is 8.74%, which relates to 21.33 patients out of 244 that were readmitted within 30 days. This is meeting the target of 15% however it is a deterioration on the position reported in February and the worst position in the financial year. The Trust position for the financial year is 7.61% which has met the annual target of 15%. This is an improvement on the annual outturn for 2015/16 which was 24.16%. Of the 21.33 patients re-admitted: • 5.33 (25%) were within Durham & Darlington (4.66 AMH and 0.66 MHSOP) • 7.33 (34%) were within York and Selby (6.66 AMH and 0.66 MHSOP) • 2.66 (13%) were within North Yorkshire (2.66 AMH and 0.33 MHSOP) • 5.99 (28%) were within Teesside (5.33 AMH and 0.66 MHSOP) (\*Please note data is displayed in decimal points due to the rolling position being calculated.) All localities are meeting target.

# Trust Dashboard Graphs for TRUST

## 6) Number of instances of patients who have 3 or more admissions in a year (AMH and MHSOP)



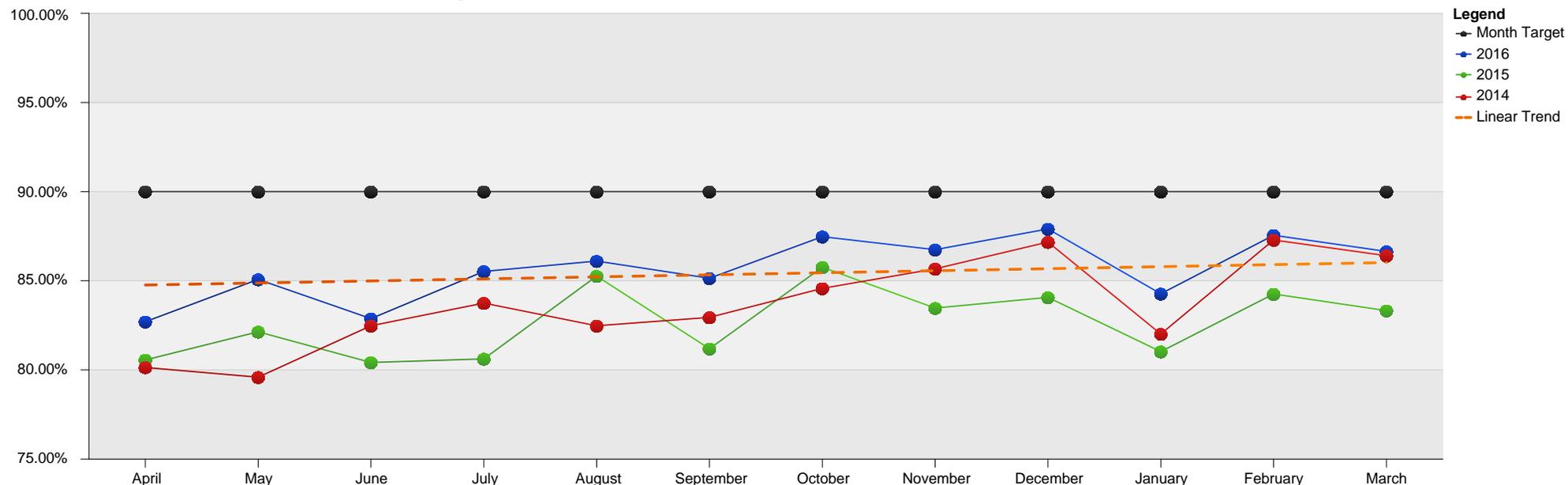
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
6) Number of instances where a patient has had 3 or more admissions in the past year to Assessment and Treatment wards (AMH and MHSOP) Rolling 3 months	24.67	291.66	6.33	95.33	5.67	77.00	5.33	77.33	NA	NA	7.33	42.00

**Narrative**

The Trust rolling 3 month position ending March 2017 is 24.67, which is 4.67 worse than the target of 20 and a deterioration on the position reported in February when the target was also not met. The Trust position for the financial year is 291.66, which has not met the target of 237 and an improvement on the annual outturn for 2015/16 which was 297. All localities are achieving target with the exception of Durham and Darlington and York and Selby. Of the 24.67 3 or more readmissions: • 6.33 (25%) were within Durham & Darlington (5.99 AMH and 0.33 MHSOP) • 5.66 (23%) were within Teesside (4.99 AMH and 0.66 MHSOP) • 5.33 (22%) were within North Yorkshire (4.66 AMH and MHSOP 0.66) • 7.33 (30%) were within York and Selby (7.33 AMH) (\*Please note data is displayed in decimal points due to the rolling position being calculated.) Comparative data is now included in the dashboard, however York & Selby only started to be collected from April 2016 therefore it is not possible to make a direct comparison with the previous years' data given the indicator measurement is a number.

# Trust Dashboard Graphs for TRUST

## 7) Percentage of patients seen within 4 weeks for a first appointment (external referral)



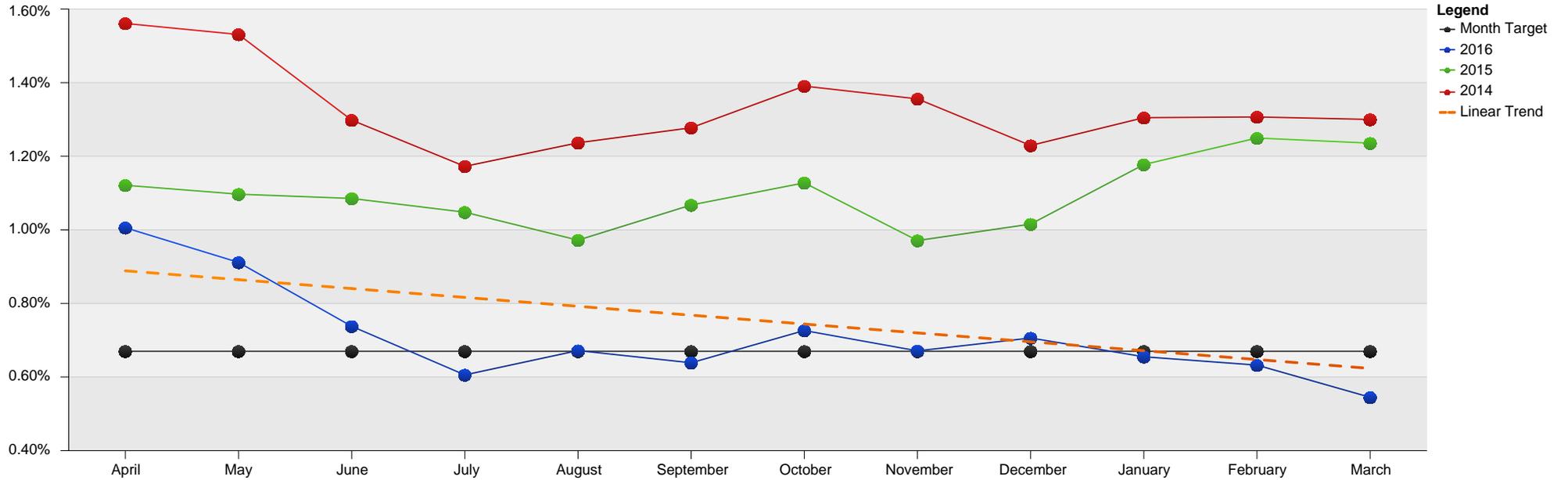
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
7) Percentage of patients who were seen within 4 weeks for a first appointment following an external referral.	86.65%	85.65%	84.79%	81.84%	97.78%	97.09%	74.32%	74.97%	99.52%	99.57%	71.25%	70.65%

### Narrative

The position for March 2017 is 86.65%, relating to 688 patients out of 5152 who waited longer than 4 weeks. This is 3.35% worse than target and deterioration on the February position. This follows seasonal trends, but is a better position than March 2016 and 2015. The position for the financial year is 85.65%, which is 4.35% worse than the annual target. However 2016/17 has seen the best performance in the previous 3 years. The annual outcome for 2015/16 was 82.65%. Areas of concern: • North Yorkshire CYP at 60.38% (96 of 159 patients). This is a 2.88% improvement on the position in February. An action plan is in place with work on capacity and demand analysis taking place with actions to address staff vacancies and sickness. The trajectory for recovery is June 2017. • York & Selby CYP at 18.99% (15 out of 79 patients) this is a 4.20% deterioration on February. An action plan continues to be implemented with data quality actions being addressed, analysis of current waiting lists carried out, utilisation of partnership working and a single point of access established. The reduction in performance is due to improvements required to the single point of access process to ensure suitability to meet demand. The required changes have now been made, however due to a backlog of referrals this continues to impact on performance.

# Trust Dashboard Graphs for TRUST

## 8) Percentage of appointments cancelled by the Trust



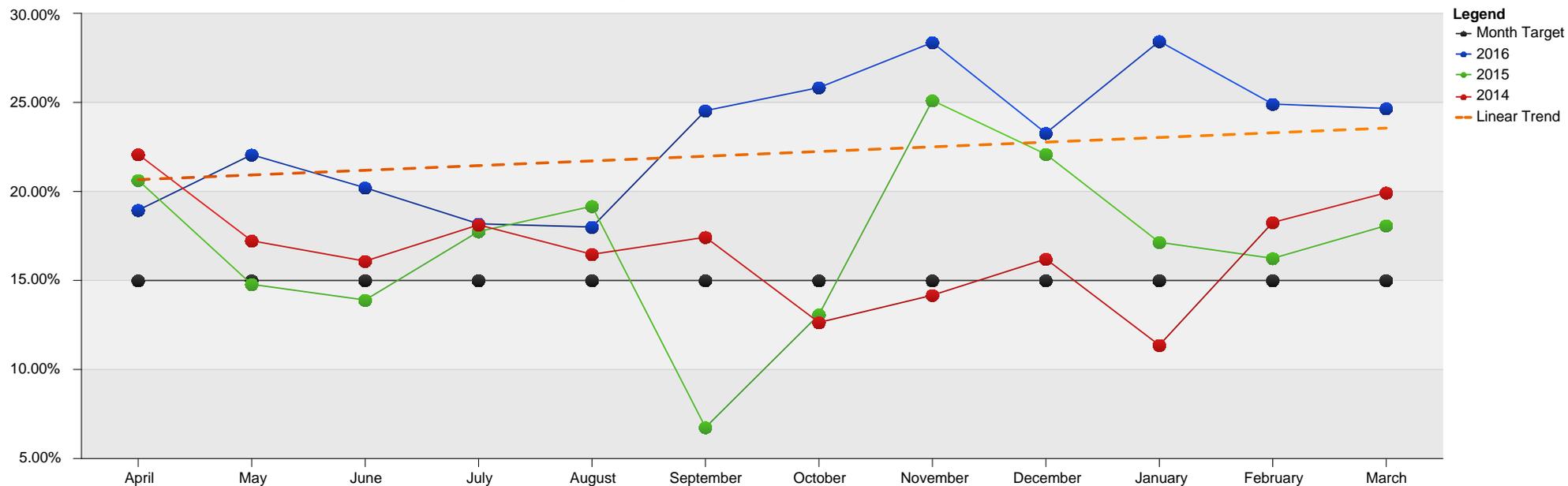
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
8) Percentage of appointments cancelled by the Trust	0.54%	0.71%	0.54%	0.84%	0.55%	0.56%	0.65%	0.91%	0.06%	0.15%	0.51%	0.49%

### Narrative

The Trust position for March 2017 is 0.54%, which relates to 529 appointments out of 97,059 that have been cancelled. This is meeting target, and an improvement on the position reported in February. The Trust position for the financial year is 0.71%, which is 0.04% worse than the annual target. This is an improvement compared to the 2015/16 outturn of 1.10% and the best year end position in the previous 3 years. All localities are meeting the target.

# Trust Dashboard Graphs for TRUST

## 9) Out of locality admissions (AMH and MHSOP) post validated



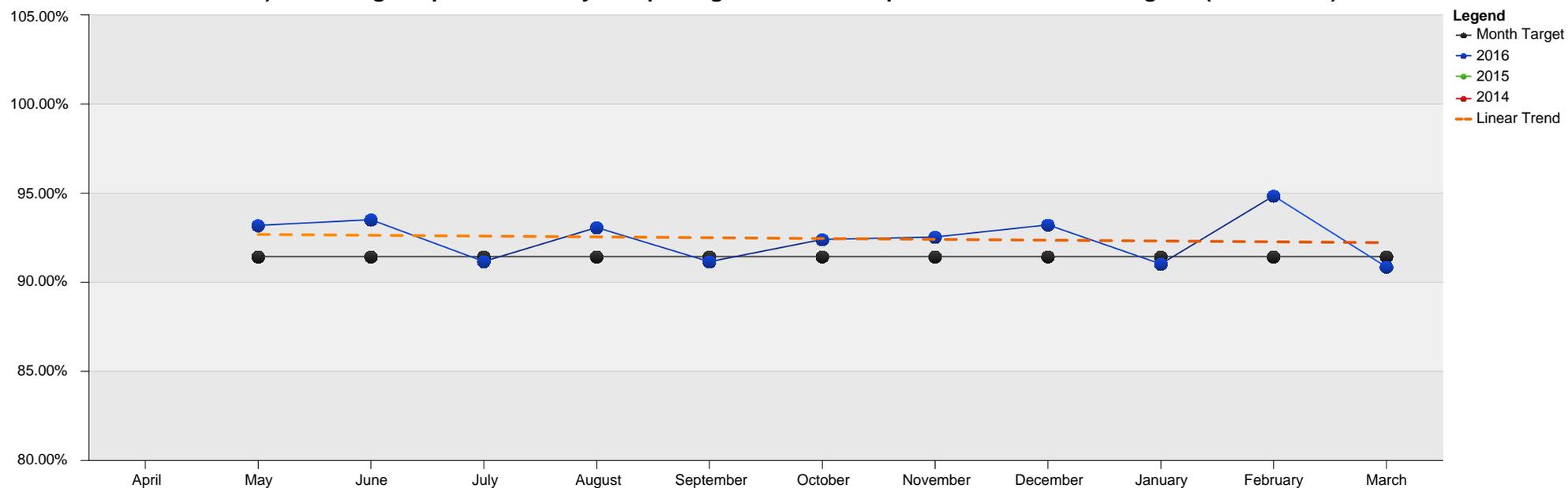
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
9) The percentage of Out of Locality Admissions to assessment and treatment wards (AMH and MHSOP) - post-validated	24.66%	23.07%	24.00%	21.14%	11.36%	14.27%	32.69%	34.91%	NA	NA	40.38%	29.22%

### Narrative

The Trust position for March 2017 is 24.66%, which relates to 72 admissions out of 292 that were admitted to assessment and treatment wards out of locality. This is 9.66% worse than the target of 15%, but a continued improvement on the position reported in February. The Trust position for the financial year is 23.07%, which is 8.07% worse than the annual target. This is also a deterioration on the annual outturn for 2015/16 of 17.01% and the poorest performance over the past 3 years. All localities are worse than target, with the exception of Teesside. The position for Tees is 11.36% which is 3.64% under target. All localities have seen a reduction in OOL admissions for March with the exception of North Yorkshire. The high level of bed occupancy in North Yorkshire will be impacting on this position, of which delayed transfers of care are a contributing factor. Of the 72 patients (AMH 51, MHSOP 21) admitted to an 'out of locality' bed, all were due to no beds being available at their local hospital. Data including the York and Selby locality only started to be collected from April 2016. If comparing the remaining 4 localities, the position is 21.25% which is a deterioration of 4.24% compared to March 2016.

# Trust Dashboard Graphs for TRUST

10) Percentage of patients surveyed reporting their overall experience as excellent or good (mth behind)



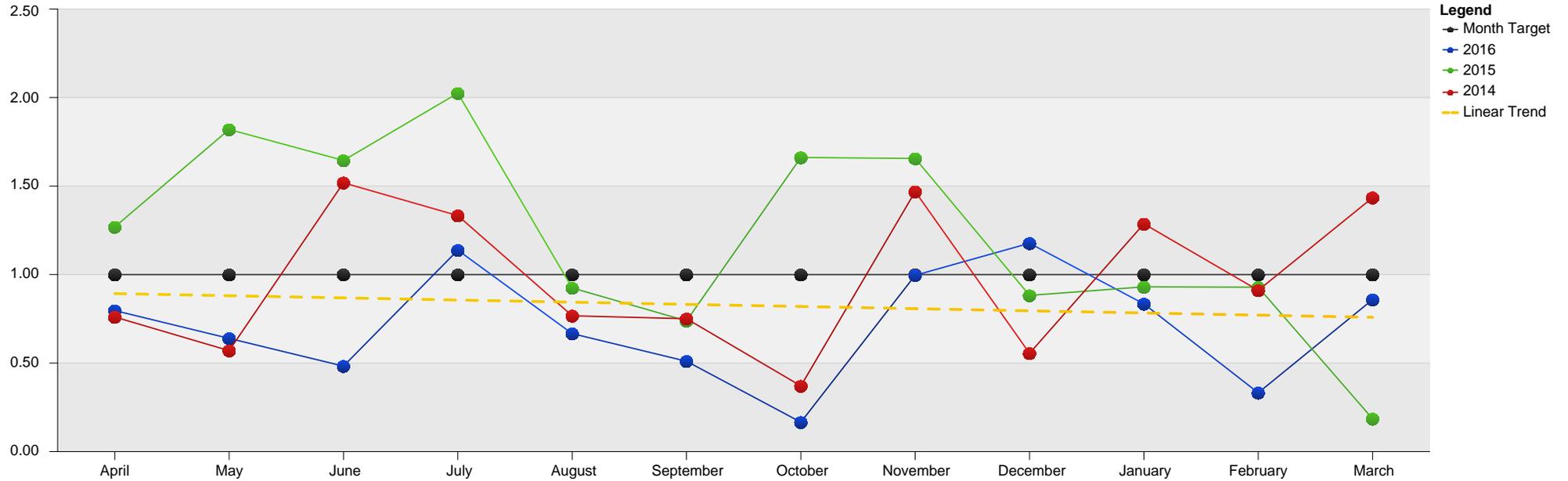
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
10) Percentage of patients surveyed reporting their overall experience as excellent or good (mth behind)	90.86%	92.45%	91.40%	93.67%	91.90%	92.95%	92.42%	93.23%	81.05%	82.04%	83.72%	91.10%

**Narrative**

The Trust position reported in March relates to February performance. The Trust position for February 2017 is 90.86% which is 0.58% worse than target and a deterioration the position reported for January. The Trust position for the financial year is 92.45%, which is 1.01% better than the annual target. Only Teesside and North Yorkshire are meeting target and Forensic services continue to report the poorest performance. As this indicator is reported a month behind, it must be noted the financial year is calculated from March of the previous year to February within the current year (inclusive). Due to an amendment to the indicator for this year, data only started to be reported in this dashboard from April 2016; therefore no comparative data for 2015/16 is available.

# Trust Dashboard Graphs for TRUST

## 11) Number of unexpected deaths classed as a serious incident per 10,000 open cases - Post Validated



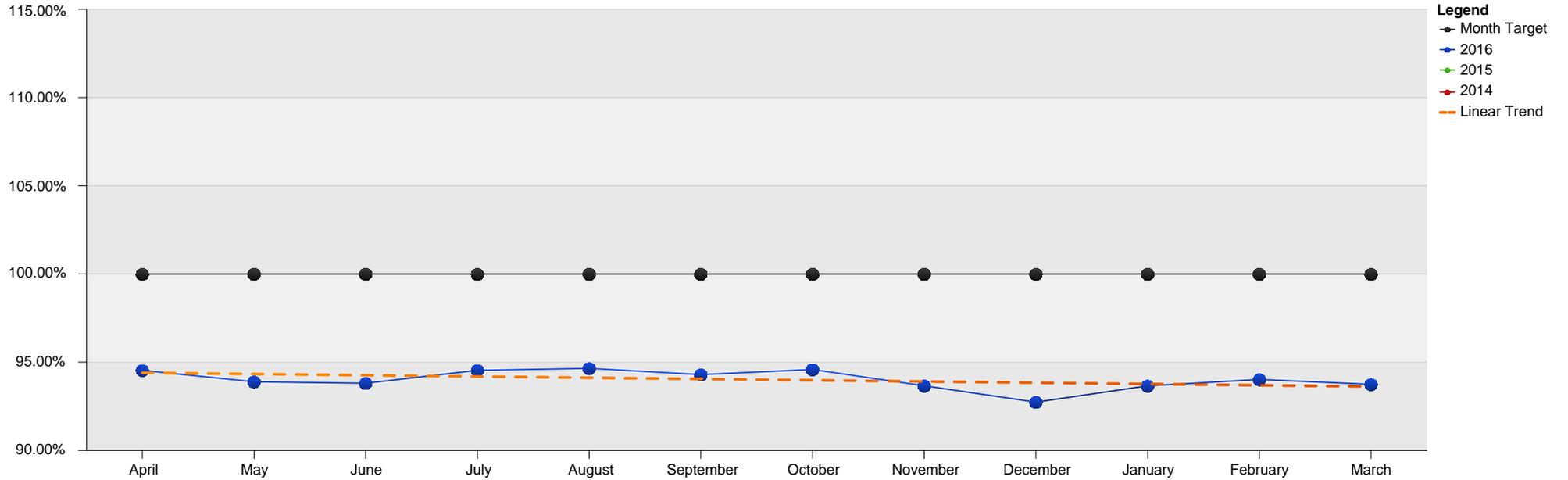
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
11) Number of unexpected deaths classed as a serious incident per 10,000 open cases - Post Validated	0.86	8.59	0.49	5.61	0.61	5.59	1.76	14.02	17.24	66.84	0.00	10.94

**Narrative**

The Trust position for March 2017 is 0.86, which is meeting the target of 1.00. This rate relates to 5 unexpected deaths which occurred in March. The Trust position for the financial year is 8.59 which is 3.41 better than the annual target. The Trust position for the financial year is 14.68, which is 2.68 above target. The annual outturn for 2014/15 was 12.16. The 5 unexpected deaths occurred in the following localities: 1 was within Durham and Darlington AMH 1 was within Forensics Offender Health 2 were within North Yorkshire, 1 AMH, 1 MHSOP 1 was within Teesside AMH. Given the 2015/16 data did not include York and Selby data it is not possible to compare the position with previous years totals. However the number of unexpected deaths reported in March 2016 was 4 and therefore the figure of 5 across the Trust area (minus York and Selby) in 2017 shows an increase of 1.

# Trust Dashboard Graphs for TRUST

14) Actual number of workforce in month (Establishment 95%-100%)



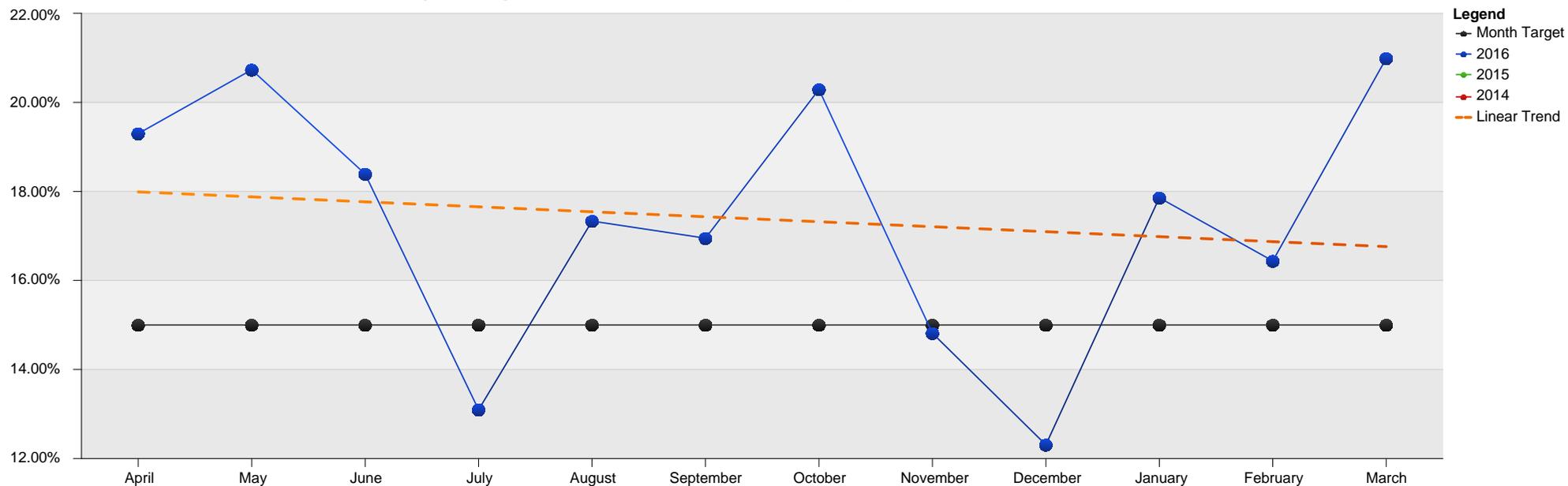
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
14) Actual number of workforce in month (Establishment 95%-100%)	93.74%	93.74%	94.75%	94.75%	96.45%	96.45%	92.23%	92.23%	96.90%	96.90%	89.09%	89.09%

Narrative

The Trust position for 31 March 2017 is 93.74% which is slightly below the targeted establishment level of 95-100% and a slight deterioration on that reported in February. The Trust position for the financial year is 93.74% which has not met the annual target. The recruitment strategy planned over the next quarter continues to have a focus on registered nursing staff which is expected to improve this position with a planned review of this approach and roll out to non-registered staff if appropriate. Data only started to be reported in the dashboard from April 2016; therefore no comparative data for 2015/16 is available currently in this dashboard.

# Trust Dashboard Graphs for TRUST

## 15) Percentage of registered healthcare professional jobs that are advertised two or more times



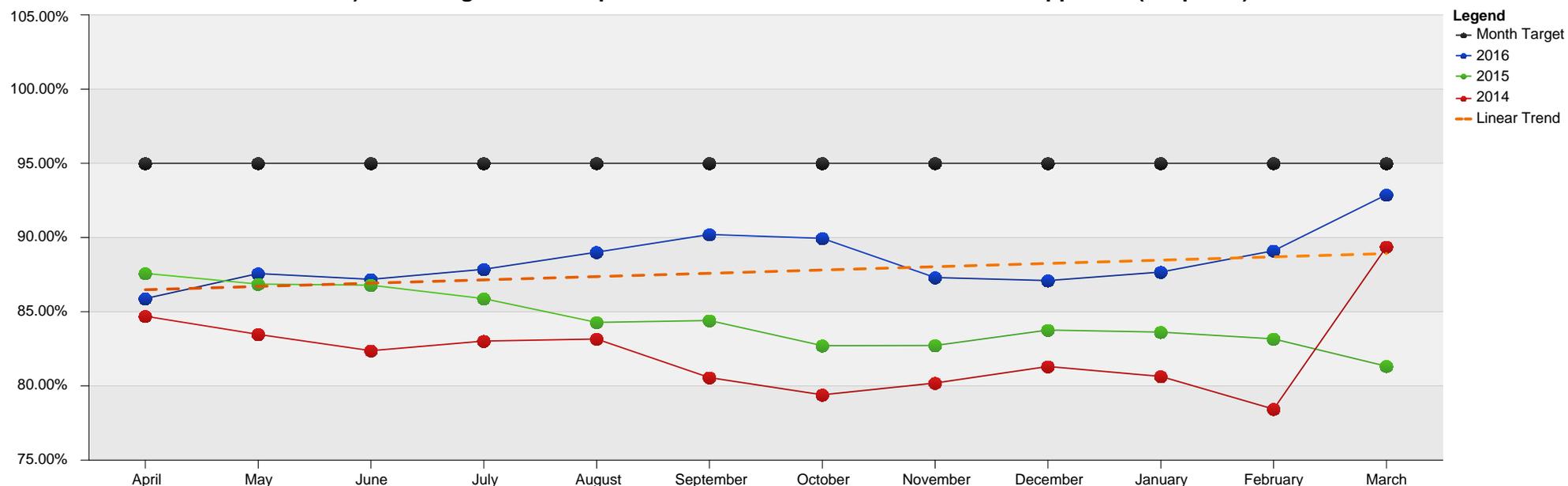
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
15) Percentage of registered healthcare professional jobs that are advertised two or more times	20.99%	17.39%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

### Narrative

The Trust position for March 2017 is 20.99% which is 5.99% over target. This is a deterioration on that reported in February and is the worst position reported in the financial year, however the overall trend for the financial year has shown improvement. The Trust position for the financial year is 17.39%, which is 2.39% over the annual target. There were 16 jobs re-advertised in March for registered healthcare professional jobs. The majority of the posts were nursing opportunities ranging in band from 5 – 7. The Trust has invested in holding recruitment fairs to improve recruitment opportunities which has proved a success, particularly in relation to attracting student nurses from university. There are over 100 student nurses waiting to commence employment when they qualify in September 2017 and January 2018. Data only started to be reported in this dashboard from April 2016; therefore no comparative data for 2015/16 is available.

# Trust Dashboard Graphs for TRUST

## 16) Percentage of staff in post more than 12 months with a current appraisal (snapshot)



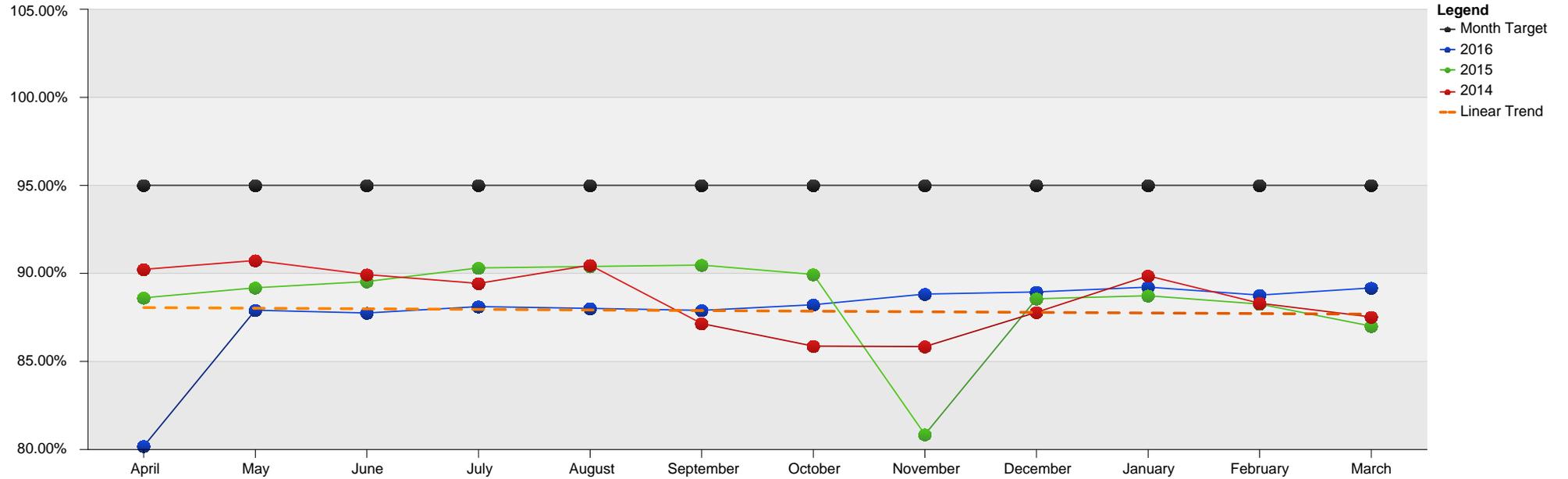
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
16) Percentage of staff in post more than 12 months with a current appraisal (snapshot)	92.88%	92.88%	91.84%	91.84%	97.24%	97.24%	90.08%	90.08%	94.06%	94.06%	88.10%	88.10%

### Narrative

The Trust position for March 2017 is 92.88% which relates to 405 members of staff out of 5689 that do not have a current appraisal; although not meeting the target of 95% this is a continued improving position on the figure reported in February and the best position in both the financial year to date and the previous 3 years. Teesside are the only locality that is still meeting target and York and Selby report the poorest performance, however this is a continued improvement when compared to February is seen. The use of operational management huddles is now embedded across the Trust which includes discussions on appraisal compliance levels; this has had a positive impact on performance levels being achieved.

# Trust Dashboard Graphs for TRUST

## 17) Percentage compliance with mandatory and statutory training (snapshot)



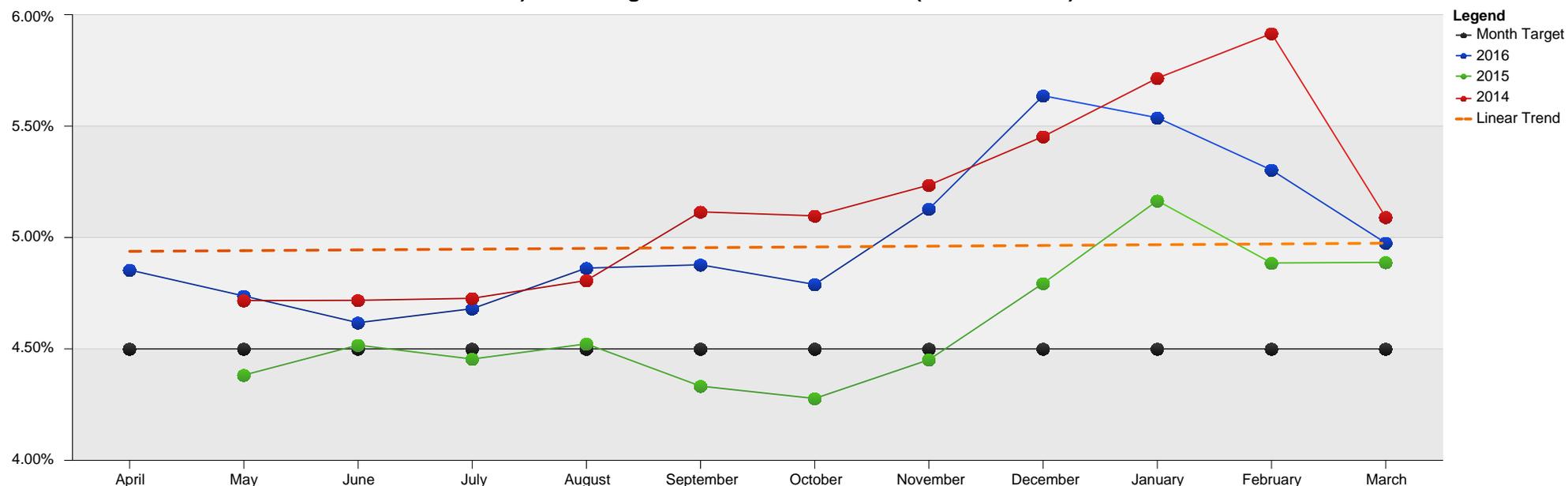
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
17) Percentage compliance with mandatory and statutory training (snapshot)	89.18%	89.18%	86.60%	86.60%	91.51%	91.51%	88.06%	88.06%	89.26%	89.26%	84.95%	84.95%

### Narrative

The position for March 2017 is 89.18%. This is 5.82% lower than the target of 95%. This is a similar position to that reported in February and is also the second best position reported in the financial year. The Trust position for the financial year is 89.18%, which has not met the annual target of 95%. Tees are below target but continue to perform above 90%. Durham and Darlington, North Yorkshire, Forensics and York and Selby are below 90%. York and Selby are achieving the lowest level at 84.95% but the trend of an improvement on previous months continues to be seen.

# Trust Dashboard Graphs for TRUST

## 18) Percentage Sickness Absence Rate (month behind)



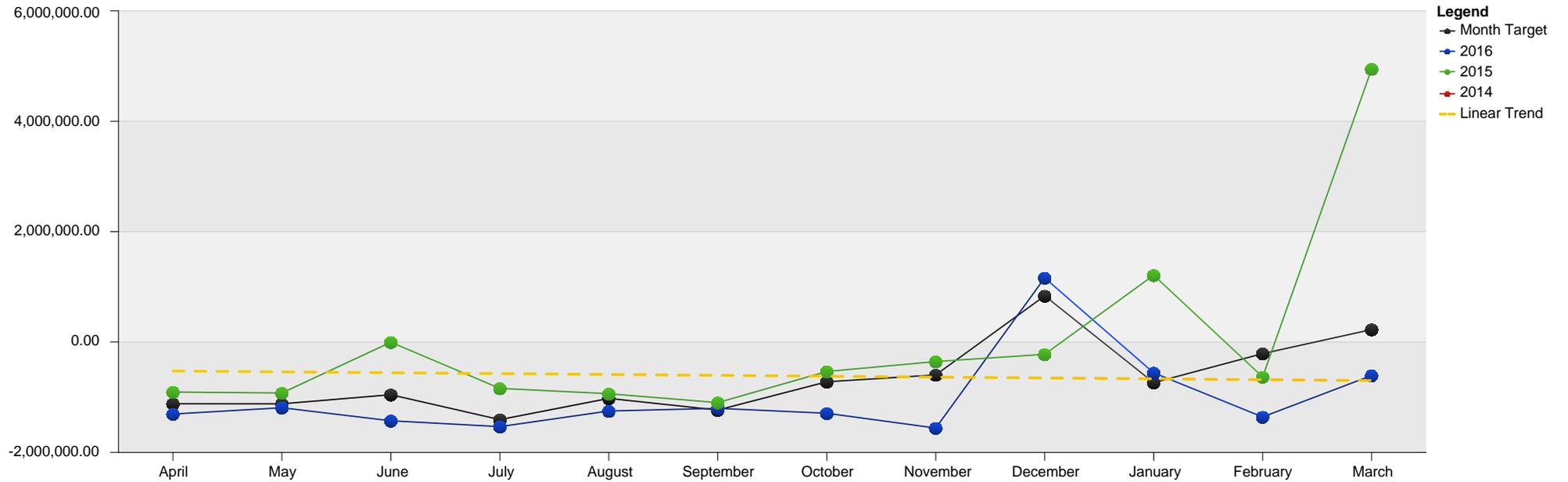
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
18) Percentage Sickness Absence Rate (month behind)	4.98%	5.00%	5.17%	5.54%	5.16%	5.10%	4.00%	4.39%	6.33%	5.85%	5.83%	5.70%

### Narrative

The Trust position reported in March relates to the February sickness level. The Trust position reported in March 2017 is 4.98%, which is 0.48% worse than the Trust target of 4.50%. The figure is an improvement compared to the position reported in the previous month and the best position recorded since October 2016.. The Trust position for the financial year is 5.00%, which is 0.50% worse than the annual target. This is a deterioration compared to the 2015/16 outturn of 4.62%. Only North Yorkshire locality is meeting target, Forensic services report the poorest position which is a deterioration on previous months. The analysis to improve understanding of the noted increase in the number of short term episodes of absence and the decrease in the percentage of staff experiencing no absences is ongoing. A report is due to be presented to OMT in May 2017. The long term sickness absence team continues to manage staff on long term sickness, proactively facilitating staff back to work or ultimately to the ending of the employment. The number of staff on long term sickness absence being managed by the long term sickness team is between 150 and 200 at any point in time. As this indicator is reported a month behind, it must be noted the financial year is calculated from March of the previous year to February within the current year (inclusive).

# Trust Dashboard Graphs for TRUST

## 19) Delivery of our financial plan (I and E)



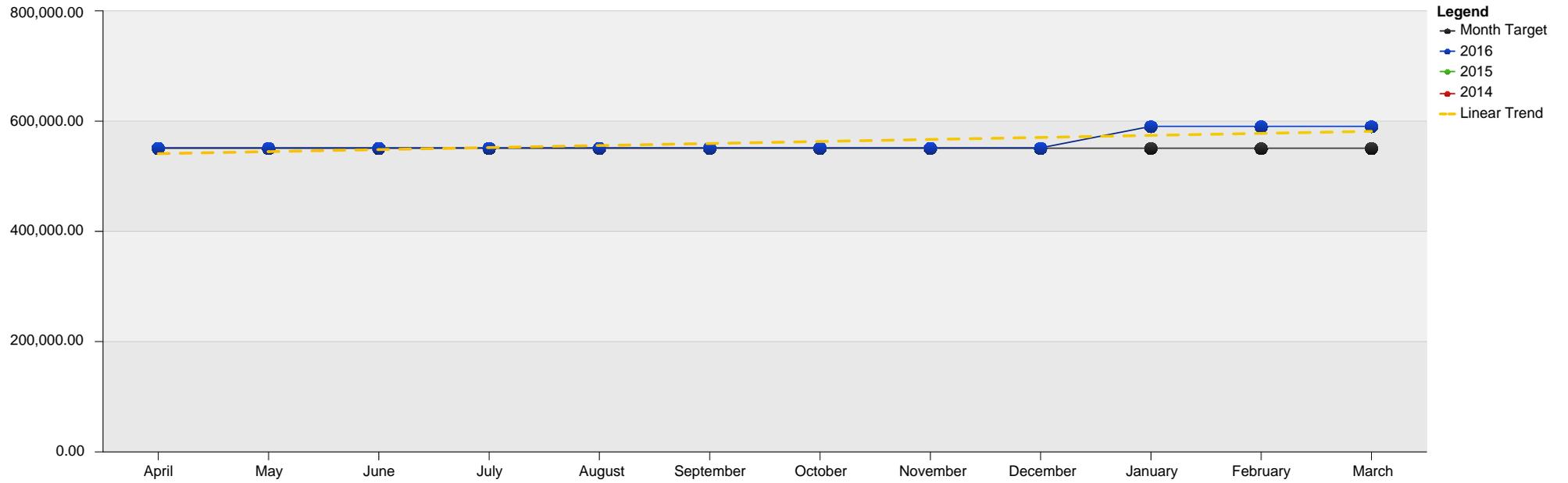
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
19) Delivery of our financial plan (I and E)	-607,000.00	-12,120,000.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

### Narrative

The comprehensive income outturn for the period ending 31 March 2017 is a surplus of £12,120k, representing 3.6% of the Trust's turnover. The Trust is ahead of plan largely due to contract variations with commissioners, a refund of historic National Insurance payments linked to widening access trainees, and vacancies. Recruitment to posts is ongoing.

# Trust Dashboard Graphs for TRUST

## 20) CRES delivery



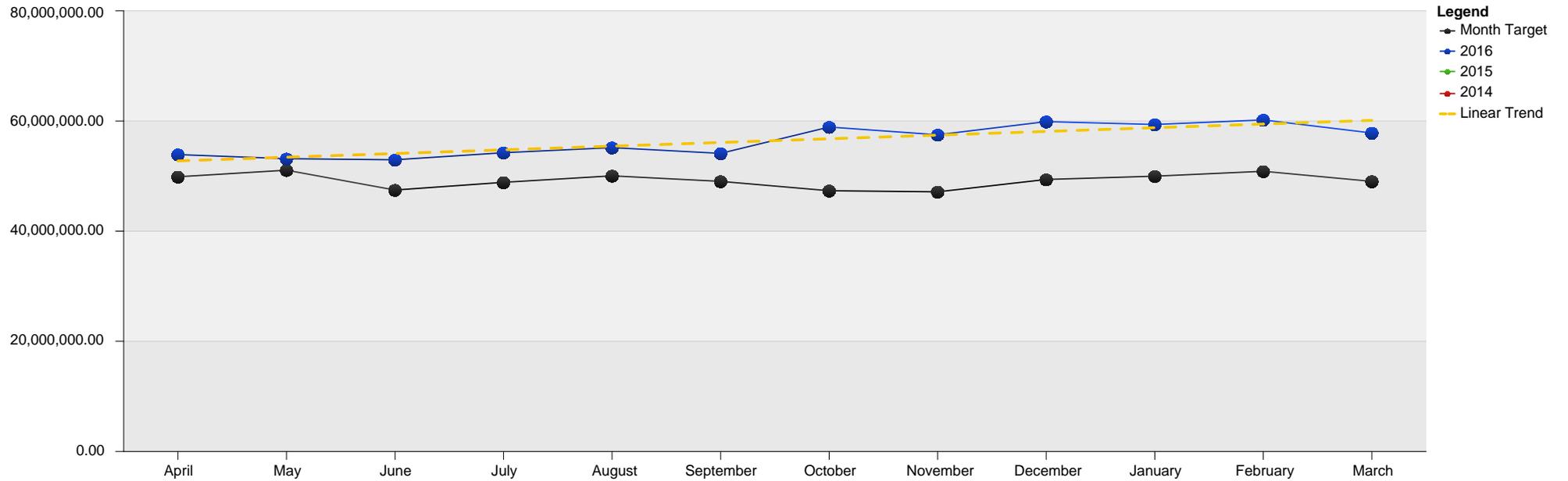
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
20) CRES delivery	590,459.00	6,734,472.00	196,833.00	2,361,996.00	94,000.00	1,128,000.00	23,584.00	282,999.00	26,834.00	321,999.00		

### Narrative

Total CRES delivery by the Trust for 31 March 2017 is £590,459. Identified Cash Releasing Efficiency Savings at 31 March 2017 was ahead of plan and recurrent plans were fully implemented at the year end with no issues anticipated into 2017/18 financial year.

# Trust Dashboard Graphs for TRUST

## 21) Cash against plan



	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
21) Cash against plan	57,824,000.00	57,824,000.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

### Narrative

Total cash at 31 March 2017 is £57,824k and is ahead of plan largely due to planned delays in the capital programme and the Trusts surplus position. Capital expenditure is behind plan due to scheme delays, though schemes are progressing.

Trust Dashboard - Locality Breakdown for TRUST

1 - Activity

	March 2017												April 2016 To March 2017											
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY		TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
1) Total number of External Referrals into Trust Services	15,586.00	18,642.00	3,768.00	4,278.00	3,830.00	4,862.00	3,696.00	4,598.00	1,172.00	1,252.00	3,118.00	3,596.00	183,518.00	200,218.00	44,388.00	47,430.00	45,112.00	47,682.00	43,524.00	49,570.00	13,790.00	14,200.00	36,704.00	41,232.00
2) Caseload Turnover	1.99%	2.39%	1.99%	0.05%	1.99%	3.95%	1.99%	0.04%	NA	NA	1.99%	8.04%	1.99%	2.39%	1.99%	0.05%	1.99%	3.95%	1.99%	0.04%	NA	NA	1.99%	8.04%
3) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	85.00%	88.01%	85.00%	89.82%	85.00%	88.20%	85.00%	92.63%	85.00%	NA	85.00%	77.14%	85.00%	93.03%	85.00%	92.66%	85.00%	94.99%	85.00%	95.44%	85.00%	NA	85.00%	85.16%
4) Number of patients with a length of stay (admission to discharge) of greater than 90 days (A&T wards)	24.00	20.00	8.00	5.00	6.00	4.00	6.00	6.00	NA	NA	3.00	3.00	277.00	355.00	95.00	90.00	75.00	91.00	75.00	83.00	NA	NA	32.00	74.00
5) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP) Rolling 3 months	15.00%	8.74%	15.00%	7.02%	15.00%	10.91%	15.00%	4.94%	NA	NA	15.00%	12.43%	15.00%	7.61%	15.00%	7.08%	15.00%	7.33%	15.00%	6.77%	NA	NA	15.00%	11.57%
6) Number of instances where a patient has had 3 or more admissions in the past year to Assessment and Treatment wards (AMH and MHSOP) Rolling 3 months	20.00	24.67	6.00	6.33	6.00	5.67	7.00	5.33	NA	NA	2.00	7.33	237.00	291.66	65.00	95.33	65.00	77.00	79.00	77.33	NA	NA	28.00	42.00

Trust Dashboard - Locality Breakdown for TRUST

2 - Quality

	March 2017												April 2016 To March 2017											
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY		TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
7) Percentage of patients who were seen within 4 weeks for a first appointment following an external referral.	90.00%	86.65%	90.00%	84.79%	90.00%	97.78%	90.00%	74.32%	90.00%	99.52%	90.00%	71.25%	90.00%	85.63%	90.00%	81.84%	90.00%	97.09%	90.00%	74.87%	90.00%	99.57%	90.00%	70.65%
8) Percentage of appointments cancelled by the Trust	0.67%	0.54%	0.67%	0.54%	0.67%	0.55%	0.67%	0.65%	0.67%	0.06%	0.67%	0.51%	0.67%	0.71%	0.67%	0.84%	0.67%	0.56%	0.67%	0.91%	0.67%	0.15%	0.67%	0.49%
9) The percentage of Out of Locality Admissions to assessment and treatment wards (AMH and MHSOP) - post-validated	15.00%	24.66%	15.00%	24.00%	15.00%	11.36%	15.00%	32.69%	NA	NA	15.00%	40.38%	15.00%	23.07%	15.00%	21.14%	15.00%	14.27%	15.00%	34.91%	NA	NA	15.00%	29.22%
10) Percentage of patients surveyed reporting their overall experience as excellent or good (mtb behind)	91.44%	90.86%	91.44%	91.40%	91.44%	91.90%	91.44%	92.42%	91.44%	81.05%	91.44%	83.72%	91.44%	92.45%	91.44%	93.67%	91.44%	92.95%	91.44%	93.23%	91.44%	82.04%	91.44%	91.10%
11) Number of unexpected deaths classed as a serious incident per 10,000 open cases - Post Validated	1.00	0.86	1.00	0.49	1.00	0.61	1.00	1.76	1.00	17.24	1.00	0.00	12.00	8.59	12.00	5.61	12.00	5.59	12.00	14.02	12.00	66.84	12.00	10.94

Trust Dashboard - Locality Breakdown for TRUST

	March 2017												April 2016 To March 2017											
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY		TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
14) Actual number of workforce in month (Establishment 95%-100%)	100.00%	93.74%	100.00%	94.75%	100.00%	96.45%	100.00%	92.23%	100.00%	96.90%	100.00%	89.09%	100.00%	93.74%	100.00%	94.75%	100.00%	96.45%	100.00%	92.23%	100.00%	96.90%	100.00%	89.09%
15) Percentage of registered healthcare professional jobs that are advertised two or more times	15.00%	20.99%	15.00%	NA	15.00%	NA	15.00%	NA	15.00%	NA	15.00%	NA	15.00%	17.39%	15.00%	NA	15.00%	NA	15.00%	NA	15.00%	NA	15.00%	NA
16) Percentage of staff in post more than 12 months with a current appraisal (snapshot)	95.00%	92.88%	95.00%	91.84%	95.00%	97.24%	95.00%	90.08%	95.00%	94.06%	95.00%	88.10%	95.00%	92.88%	95.00%	91.84%	95.00%	97.24%	95.00%	90.08%	95.00%	94.06%	95.00%	88.10%
17) Percentage compliance with mandatory and statutory training (snapshot)	95.00%	89.18%	95.00%	86.60%	95.00%	91.51%	95.00%	88.06%	95.00%	89.26%	95.00%	84.95%	95.00%	89.18%	95.00%	86.60%	95.00%	91.51%	95.00%	88.06%	95.00%	89.26%	95.00%	84.95%
18) Percentage Sickness Absence Rate (month behind)	4.50%	4.98%	4.50%	5.17%	4.50%	5.16%	4.50%	4.00%	4.50%	6.33%	4.50%	5.83%	4.50%	5.00%	4.50%	5.54%	4.50%	5.10%	4.50%	4.39%	4.50%	5.85%	4.50%	5.70%

Trust Dashboard - Locality Breakdown for TRUST

4 - Money

	March 2017												April 2016 To March 2017											
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY		TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
19) Delivery of our financial plan (I and E)	225,441.00	-607,000.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	-8,057,087.00	-12,120,000.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
20) CRES delivery	550,854.00	590,459.00	183,500.00	196,833.00	168,250.00	94,000.00	117,595.00	23,584.00	92,909.00	26,834.00			6,610,251.00	6,734,472.00	2,202,000.00	2,361,996.00	2,019,000.00	1,128,000.00	1,411,144.00	282,999.00	1,114,908.00	321,999.00		
21) Cash against plan	49,036,000.00	57,824,000.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	590,103,000.00	57,824,000.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

	Data Source					Data Reliability					KPI Construct/Definition					Total Score	Percentage as at April 2016	Percentage	Notes	Notes
	A (5)	B (4)	C (3)	D (2)	E (1)	5	4	3	2	1	5	4	3	2	1					
	Direct Electronic transfer from System	Data extracted from Electronic System but data is then processed manually	Other Provider System	Access database or Excel Spreadsheet	Paper or telephone collection	Always reliable	Mostly reliable	Sometimes reliable	Unreliable	Untested Source	KPI is clearly defined	KPI is defined but could be open to interpretation	KPI is defined but is clearly open to interpretation	KPI construction is not clearly defined	KPI is not defined					
1	Total number of external referrals into trust services	5				5					5					15	100%	100%		
2	Caseload Turnover	5				5					5					15		100%		
3	Number of patients with a length of stay over 90 days (AMH & MHSOP A&T wards)	5				5					5					15		100%		
4	Bed occupancy (AMH & MHSOP A&T wards)	5				5					5					15		100%		
5	Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP)	5					4				5					14	93%	93%		York and Selby historic data is not in the system so any admissions prior to 1st April may not be on the system. As a result it may appear that Y&S locality position deteriorates as the year progresses.
6	Number of instances where a patient has had 3 or more admissions in the past year to Assessment and Treatment wards (AMH and MHSOP)	5					4				5					14	100%	93%		York and Selby historic data is not in the system so any admissions prior to 1st April may not be on the system.
7	Number of unexpected deaths classed as a serious incident per 10,000 open cases		4			5					5					14	67%	93%		Data will be directly extracted from Datix into the IIC; however, this process is not fully embedded. IAPT caseload is currently a manual upload.  Data reliability has improved following the introduction of the central approval team
8	Percentage of patients who have not waited longer than 4 weeks following an external referral	5					4				5					14	93%	93%		Data reliability is 4 due to issues over recording of Did not attends which would stop the clock. Although this is improving, York and Selby locality still have data quality issues to amend following transfer onto PARIS.
9	Percentage of out of locality admissions to assessment and treatment wards (AMH and MHSOP) - post validated		4				4				5					13	87%	87%		Data is now imported back into IIC following manual validation. This increases reliability; however, there will be some discharges discounted because complete validation has not been possible within the time. These could subsequently be determined to be breaches. In addition there is an issue with staff updating a patient's GP but overwriting historical data - work is underway with Civica in order to amend PARIS to prevent this.
10	Percentage of patients surveyed reporting their overall experience as excellent or good.				2	5					5					12		80%		All questionnaires are paper-based, except for some CAMHS units, where patients use a touch screen facility to record their comments. The manual questionnaires from Trust are sent to CRT and scanned into their system. Raw data files are received from CRT, which are accessed by IPT and uploaded into the IIC. TEVV are changing provider during the year. Procurement is currently underway. Transition from CRT to new system will be planned and closely monitored.
11	Percentage of appointments cancelled by the Trust	5								1				2		8	87%	53%		Codes have been changes and KPIs updated however this is only for outpatient appointments. Community contacts have not been updated and there is an issue because you cannot future date appointments. The release of staff diary on PARIS should resolve this however this will not be until next financial year.

	Data Source					Data Reliability					KPI Construct/Definition					Total Score	Percentage as at April 2016	Percentage	Notes	Notes
	A (5)	B (4)	C (3)	D (2)	E (1)	5	4	3	2	1	5	4	3	2	1					
	Direct Electronic transfer from System	Data extracted from Electronic System but data is then processed manually	Other Provider System	Access database or Excel Spreadsheet	Paper or telephone collection	Always reliable	Mostly reliable	Sometimes reliable	Unreliable	Untested Source	KPI is clearly defined	KPI is defined but could be open to interpretation	KPI is defined but is clearly open to interpretation	KPI construction is not clearly defined	KPI is not defined					
14	Percentage of staff in post more than 12 months with a current appraisal – snapshot	5					4				5					14	93%	93%		Issues with appraisal dates being entered to ESR have lessened - there appears to be greater confidence in the data being reported. York and Selby staff were transferred on 1st October and will begin to be reported in November through the IIC. Robust process recently implemented within York and Selby to regularly review appraisal compliance information as part of regular management meeting. Fortnightly reports being produced by Workforce Information team to support monitoring.
15	Percentage compliance with mandatory and statutory training – snapshot	5					4				5					14	93%	93%		Issues with training dates being entered to ESR have lessened - there appears to be greater confidence in the data being reported. York and Selby staff were transferred on 1st October, training information input ESR. There is an ongoing issue associated with identification of training requirements linked to training matrix. There is a piece of work being undertaken associated with this which may provide a resolution.
16	Percentage Sickness Absence Rate (month behind)	5					4				5					14	87%	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.  York and Selby services are now in line with the remainder of the Trust using MSS or the rostering system - so actions highlighted above will be replicated.
17	Actual number of workforce in month		4			5					5					14		93%		Data extracted electronically but processed manually
18	Percentage of registered health care professional jobs that are advertised two or more times				2		4				5					11		73%		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.

	Data Source					Data Reliability					KPI Construct/Definition					Total Score	Percentage as at April 2016	Percentage	Notes	Notes
	A (5)	B (4)	C (3)	D (2)	E (1)	5	4	3	2	1	5	4	3	2	1					
	Direct Electronic transfer from System	Data extracted from Electronic System but data is then processed manually	Other Provider System	Access database or Excel Spreadsheet	Paper or telephone collection	Always reliable	Mostly reliable	Sometimes reliable	Unreliable	Untested Source	KPI is clearly defined	KPI is defined but could be open to interpretation	KPI is defined but is clearly open to interpretation	KPI construction is not clearly defined	KPI is not defined					
19	Are we delivering our financial plan (I and E)	4				5					5					14	93%	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.
20	Delivery of CRES against plan			2		5					5					12		80%		Data is collected on Excel with input co-ordinated and controlled by the Financial Controller and version control in operation.
21	Cash against plan	4				5					5					14		93%		An extract is taken from the system then processed manually to obtain actual performance.

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

	Number of unexpected deaths in the community					Number of unexpected deaths of patients who are an inpatient and took place in the hospital					Number of unexpected deaths where the patient is an inpatient but the death took place away from the hospital					Number of unexpected deaths where the patient was no longer in service					Total
	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	
Accidental death																					0
Natural causes	1	1															1				3
Hanging					1												1				2
Suicides	4	1	2		2							1	2					1			13
Open			1																		1
Drug related death																					0
Drowning													1								1
Misadventure																					0
Awaiting verdict	6	3	8	2	6	1					1						1	1	2	1	32
<b>Total</b>	<b>11</b>	<b>5</b>	<b>11</b>	<b>2</b>	<b>9</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>52</b>

**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	4	3	1	6	7	5	2	5

**Number of unexpected deaths total by locality**

Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby
13	9	16	4	10

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

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

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

**Number of unexpected deaths classed as a serious untoward incident**

April	May	June	July	August	September	October	November	December	January	February	March
7	10	9	10*	5	4	9	9	7	6	8	2

**Number of unexpected deaths total by locality**

Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby
35	25	22	4	0

Y&amp;S recorded in old Datix not included

## FOR GENERAL RELEASE

## BOARD OF DIRECTORS

<b>DATE:</b>	25 <sup>th</sup> April 2017
<b>TITLE:</b>	Quarterly Workforce Report
<b>REPORT OF:</b>	Director of Human Resources and Organisational Development
<b>REPORT FOR:</b>	Information

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

**Executive Summary:**

The report provides information about medical staff key workforce issues during the last quarter of 2016/17, non-medical staff key workforce performance information for 2016/17 along with information about the latest Staff Friends and Family Test results.

**Recommendations:**

To note the contents of the report and to comment accordingly.

<b>MEETING OF:</b>	<b>Board of Directors</b>
<b>DATE:</b>	<b>25<sup>th</sup> April 2017</b>
<b>TITLE:</b>	<b>Quarterly Workforce Report</b>

**1. INTRODUCTION & PURPOSE:**

1. The purpose of this report is to provide Directors with information about key workforce performance. Medical workforce information in respect of the period January to March 2017 is provided in Appendix 1 and non-medical workforce information for the period April 2016 to March 2017 is provided in Appendix 2. Information about the latest Staff Friends and Family Test results is provided in Appendix 3.

**2. BACKGROUND INFORMATION AND CONTEXT:**

- 2.1 The information within this report is shared with the Executive management team, the Workforce and Development Group and the Joint Consultative Committee to help raise awareness of workforce issues and to inform related thinking and decision making.

**3. KEY ISSUES:**

- 3.1 Work is being undertaken to review long term and short term sickness absence amongst some medical staff (Appendix 1). This review has been prompted by a combination of long term sickness absence due to major illness and an increase in the amount of short term sickness absence.
- 3.2 During 2016/17 a total of thirty medical staff left TEWV and twenty eight medical staff joined TEWV. Procuring agency locums has proved to be more difficult since the introduction of capped pay rates during 2016/17 and very recent NHS-wide changes to off-payroll taxation arrangements, known as IR35, are expected to have a potentially adverse impact upon the recruitment and retention of agency locums at least in the short term. The position will continue to be kept under review.
- 3.3 Overall TEWV labour turnover remained stable at 10.7% though there was some variation between localities with York and Selby, North Yorkshire and Estates and Facilities Management reporting the highest rates. The stability index has been reported for the first time by TEWV to measure the extent to which TEWV retains more experienced employees. Though it is acknowledged that this is only one measure it does indicate that the TEWV workforce may be a little more settled than is typical of other mental health trusts.
- 3.4 The TEWV 2016/17 target sickness absence rate of less than 4.5% is not expected to be achieved. There was a small increase in both long term and short term sickness absence during 2016/17 which is not untypical within the wider NHS however, when compared to other local trusts TEWV does seem to have higher rate of short term absence than most. The findings of a recent

review into the management of short term sickness absence within TEWV are due to be reported to the EMT in May.

- 3.5 All fifty two disciplinary investigations that progressed to a formal hearing during 2016/17 led to action being taken, whether counselling or formal disciplinary warnings or dismissals. Forty six disciplinary investigations resulted in decisions being made not to progress to a formal disciplinary hearing. The number of disciplinary appeals remained steady during 2016/17 and no new employment tribunal claims were made involving TEWV. The actual time taken to conclude disciplinary investigations exceeded the target time of eight weeks in 32% of investigations though not to a particularly significant extent. The reasons for the delays experienced included witness availability, staff representative availability, delays in receipt of information governance reports and police requests to halt TEWV investigations. In a small number of cases the commissioning manager sought additional information to aid decision making which increased the investigation completion timeframe.
- 3.6 Bullying and harassment claims accounted for one in four of all grievances received during 2016/17. The number of bullying and harassment claims made using the Grievance Procedure remains small however, and contrasts with the much larger number of staff using the annual staff survey to say that they have been bullied at work. It has recently been agreed at the Joint Consultative Committee that a TEWV anti-bullying and harassment procedure will be developed as an alternative to asking staff to use the Grievance Procedure to raise allegations of bullying and harassment. The development of the anti-bullying procedure will form part of wider efforts within TEWV to respond to a recent NHS-wide call to action to do more to tackle bullying and harassment.
- 3.7 Appraisal and core mandatory training completion rates were higher at the end of 2106/17 than twelve months earlier. There is now more confidence in ESR data quality than before though further effort is needed to ensure that training activity is accurately captured and acted upon in a timely way .
- 3.8 Corporate and local induction compliance rates continued to be below target levels and proposals to refresh how induction is organised and delivered are to be presented to the Executive Management Team in May.
- 3.9 Recruitment activity increased sharply during 2016/17 due mainly to the use of recruitment fairs as part of efforts to recruit more nurses. The increase in nurse recruitment fill rates reported for most of 2016/17 was however, reversed in the final quarter of 2016/17. A report about progress made with implementation of the TEWV Recruitment and Retention Action Plan is to be presented to the Executive Management Team on 26<sup>th</sup> April and a report about nurse recruitment is to be provided at the Board of Directors meeting in May.
- 3.10 Appendix 3 includes feedback about the most recent Staff Friends and Family Test results. The percentages of TEWV staff likely to recommend TEWV as a

place to receive treatment or to work for have remained very consistent for more than a year as has the response rate of almost 50%. The latest narrative however, does include a number of instances of the use of abusive language which has been deleted from the published text and replaced by the use of the \*\*\*\* symbol. This is a recent development and it remains to be seen whether these very negative sentiments that are expressed in the narrative will be repeated in future. Organisational Development are continuing to work with a number of teams to help them to respond constructively to Staff Friends and Family Test results should less than 60% of team members would be likely to recommend TEWV as a place to receive treatment or to work or no team reports are generated. TEWV has recently been asked by the Work Foundation, along with two other NHS trusts, to take part in a project to explore what works to improve staff engagement. In addition to contributing to this important project it is believed that participation will complement the TEWV Way Business Plan priority activities. The Work Foundation invitation has been accepted.

- 3.11 It is proposed that the quarterly workforce report in July 2017 includes a key performance indicator about nurse recruitment fill rates and an indicator about the proportion of staff leaving TEWV for positive reasons. The current indicators about recruitment times could be removed from the report.

#### **4. IMPLICATIONS:**

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

- 4.2 **Financial/Value for Money:** The cost of sickness absence continues to be significant with an estimated annual spend on occupational sick pay of approximately £8,000,000.

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

- 4.4 **Equality and Diversity:** None identified.

- 4.4 **Other implications:** None identified.

5. **RISKS:** The risk to future workforce supply continues to be a particular concern.

#### **6. CONCLUSIONS:**

- 6.1 Many aspects of workforce performance remained reasonably stable during 2016/17 with some improvements reported despite evidence of growing pressures being experienced within TEWV. There remains scope for further improvement however, and the challenge of enhancing staff engagement as part of efforts to help improve staff and service user experiences and outcomes during 2017/18 will continue to be a key one.

**7. RECOMMENDATIONS:**

- 7.1 To note the contents of this report and to comment accordingly.
- 7.2 To agree to the proposals made in paragraph 3.11 concerning future performance reporting.

**David Levy**  
**Director of Human Resources and Organisational Development**

**Background Papers:**

# Medical Workforce Report (2017 Quarter 4) - Appendix 1

## MEDICAL DIRECTORATE

This report provides information about the medical workforce during the fourth quarter (January, February and March 2017).

**The report will be divided into the following sections:**

- Section 1 - Medical staffing profile
- Section 2 - Medical staffing monitoring profile
- Section 3 - Vacancies
- Section 4 - Sickness
- Section 5 - Appraisals & revalidation
- Section 6 - Turnover
- Section 7 - Mind the gap payments

## Section 1: Medical Staffing Profile

The following table (Table 1) highlights the number of doctors working in the Trust categorised into our five localities. The status of the contract held is included on the left hand side of the table. It should be noted that the figures include all junior doctors on placement in the Trust.

Table 1	D&D	Tees	N Yorks	Forensic	York and Selby	Overall Total
Permanent	92	86	55	29	46	308
Trust Locums	5	3	11		3	22
Agency Locums	5	3	6	1	6	21
Flex Retirement	4	3	3			10
Career Break						
Honorary	3	1		1	1	5
<b>Total</b>	<b>108</b>	<b>96</b>	<b>75</b>	<b>31</b>	<b>56</b>	<b>366</b>

Table 1 shows another slight decrease in workforce since quarter 3 (371). The table shows that 30% of our permanent workforce is in the Durham & Darlington locality. Of concern is that 27% of the North Yorkshire workforce is temporary. The number of agency doctors has increased by 2. Currently there are 10 agency doctors over capped rates. The table identifies that the permanent workforce make up 84% of the total medical workforce. This is comparable with the percentage in 2013.

The following tables (2, 3, 4 and 5) highlight the number of medical staff by grade – Consultants, Specialty Doctors and junior doctors in training.

### Consultant Psychiatrists

Table 2	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
Permanent	61	32	29	13	12	7	154
Trust Locums	2		2				4
Agency Locums	7	2	2				11
Flex Retirement	4	4	1	1			10
Vacant not cov'd							
Career Break							0
Honorary	3	1			1		5
<b>Total</b>							

Table 2 shows the number of consultants currently working within the Trust defined by specialty. Please note that out of the 11 agency doctors, 8 are covering vacant posts and 3 are covering sickness.

The consultant workforce in CYPS is of concern given that 31% of its workforce is not permanent and may pose a risk in the future. This remains equal to last quarter and is slightly higher than figures in 2014.

## SAS Doctors

Table 3	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
Permanent	15	4	12	1	2	3	37
Trust Locums	2		4				6
Agency Locums	2	3	4		1		10
Flex Retirement							0
Vacant not cov'd							
Career Break							0
Honorary							0
<b>Total</b>							

Table 3 shows the number of SAS grade doctors currently working within the Trust defined by specialty. Out of the 10 agency locums, 1 is covering sickness, 6 are covering vacancies and 3 are helping out with the workload. Of concern, is that over half (67%) of the MHSOP workforce is not permanent, increased from last quarter.

## Junior Doctors

Table 4	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
Current	65	11	27	8	7	0	118
Vacancies not covered	8	5	3	1	2	1	20
Trust Locums	7	1	3		1		12
Agency Locums							0
<b>Total number of posts</b>	80	17	33	9	10	1	<b>150</b>

Table 4 shows all Trust junior doctor training posts. The number of vacancies are those posts that remain unfilled after trust doctor and agency locums have been appointed. For information, Trust Doctors are used to fill vacant training posts and are not on a formal training programme. There are currently 32 vacancies that are either filled by locums or that remain empty. For the third quarter in a row, the trust is not using agency doctors to fill the vacancies. The number of trust doctors has increased slightly.

You will note that the Trust has 12 Trust doctor posts compared to 3 in 2013. This is quite unique and the Trust Doctor Programme was developed to make the doctor better equipped to be successful on their application for core training. The Trust went to Budapest in January and successfully appointed 7 Trust Doctors; two have since withdrawn, however the remaining 5 are on track to commence in July.

Table 5	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
Foundation Yr 1	9	0	5	0	0	0	14
Foundation Yr 2	8	0	4	0	1	0	13
CT 1-3	23	6	9	6	4	0	48
ST 4-6	12	5	5	2	2	0	26
GP Registrars	13	0	4	0	0	0	17
<b>Total</b>	65	11	27	8	7	0	<b>118</b>

Table 5 shows the breakdown of junior doctors that are currently in post in the Trust. We continue to do all we can to support core trainees in passing their written and clinical papers. We have introduced the independent assessment of clinical skills (IACS), and this is now held twice yearly. A structured day long CASC programme was launched last year and we continue to encourage opportunistic clinical skills training with trained supervisors. Of concern though, is that a third of

senior registrar posts are unfilled, which will have implications in the future with consultant recruitment.

## Section 2: Medical Staffing Monitoring Profile

This section provides analysis of gender, age and ethnicity of the medical staff workforce.

### Consultants by Age & Gender

Table 1	D&D		Tees		NY		Forensic		York & Selby		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	M	F
30 – 34	1	1		1		1		1	1		2	4
35 – 39	3	6	7	4	2	1	4	2	3	1	19	14
40 – 44	6	5	8	4	4	2	3	1	1	5	22	17
45 – 49	7	5	4	5	8	5	3	2	3	2	25	19
50 – 54	5	6	3	2	3	3	3	1	3	1	17	13
55 – 59	3	1	1	2	1				2		7	3
60 – 64	3	1	1		2				1		7	1
65 – 69			1		1						2	
70+									1		1	
<b>Total</b>	<b>28</b>	<b>25</b>	<b>25</b>	<b>18</b>	<b>21</b>	<b>12</b>	<b>13</b>	<b>7</b>	<b>15</b>	<b>9</b>	<b>102</b>	<b>71</b>

Table 1 shows the number of male and female consultants categorised by age profile in each locality. The data includes all staff (eg permanent, locum, flexible retiree – except agency locums).

The modal average age of the consultant workforce is between the 45-49 age group. This remains unchanged from last quarter. In contrast, Forensic Services remain relatively young with no-one over the age of 54. The male and female split in Durham and Darlington and York and Selby are fairly equal which is not replicated in the other localities (there are twice as many males than females in Forensics and North Yorkshire). Overall, there is a 59/41% male/female split respectively (the same as last quarter).

Figures from the GMC are showing an increase in females graduating – in 2011, 53% of those gaining GMC registration were female. In addition, the number of females on the register is expected to exceed the number of males by 2017 (GMC, 2012). This suggests that the male to female ratio may even out in the Trust over the next few years.

## Consultants by Age & Gender in Specialties

Table 2	AMH		CYPS		MHSOP		LD		Forensic MH		Forensic LD		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
30 – 34	2	1		1		1				1			2	4
35 – 39	6	4	2	6	4	2	3		4	1		1	19	14
40 – 44	8	9	4	2	6	2	1	3	1		2	1	22	17
45 – 49	11	4	4	7	5	5	2	1	3			2	25	19
50 – 54	10	2	1	6	2	3	1	1	2	1	1		17	13
55 – 59	4	1	1	1		1	2						7	3
60 – 64	4	1	2		1								7	1
65 – 69	2												2	
70+	1												1	
<b>Total</b>	<b>48</b>	<b>22</b>	<b>14</b>	<b>23</b>	<b>18</b>	<b>14</b>	<b>9</b>	<b>5</b>	<b>10</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>102</b>	<b>71</b>

Table 2 shows the number of male and female consultants in various age brackets defined by specialty. This includes all types of staff, eg permanent, locum, flexible retiree – except agency locums. Interestingly, Forensic Services remains with a relatively young workforce with only 4 out of 20 doctors over the age of 50. Altogether, 30% of the consultant workforce is over the age of 50. Of concern is that 37% of the Adult Mental Health workforce is over the age of 50. In addition, the lack of a female workforce in Adult Mental Health and Forensic Mental Health remains evident from the data.

## SAS Doctors by Age & Gender

Table 3	D&D		Tees		NY		Forensic		York & Selby		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	M	F
30 – 34	1	1			1						2	1
35 – 39	1		1	1		1					2	2
40 – 44	3	2	1	1			1				5	3
45 – 49	1	2		2		1	1	2			2	7
50 – 54	1	3	2	3		1					3	7
55 – 59		2		1	1		1				2	3
60 – 64			2	2							2	2
65 – 69												
70+	1										1	
<b>Total</b>	<b>8</b>	<b>10</b>	<b>6</b>	<b>10</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>2</b>			<b>19</b>	<b>25</b>

Table 3 shows the number of male and female SAS doctors in various age brackets defined by locality. This includes all types of staff, eg permanent, locum, flexible retiree – except agency locums. Please note there are no specialty doctors in York and Selby. In comparison to the consultant workforce, there is a 43/57% split in favour of females (3% increase/decrease in males/females since last quarter). In addition, the modal average workforce age has increased to between 50 and 54, with almost a half (45%) being over the age of 50. It is also worth noting that our Teesside locality has a high proportion of its workforce in the over 50 category (63%).

## SAS Doctors by Age & Gender in Specialties

Table 4	AMH		CYPS		MHSOP		LD		Forensic MH		Forensic LD		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
30 – 34	2	1											2	1
35 – 39		1			2	1							2	2
40 – 44	2	1		2	2				1				5	3
45 – 49	1	2		1		2				1	1	1	2	7
50 – 54		4			3	3							3	7
55 – 59	1	1		1		1					1		2	3
60 – 64	1	1			1			1					2	2
65 – 69														
70+					1								1	
Total	7	11		4	9	7		1	1	1	2	1	19	25

Table 4 shows the number of male and female SAS doctors in various age brackets defined by specialty. This includes all types of staff, eg permanent, locum, flexible retiree – except agency locums. It should be noted that male and female numbers are fairly even, except in CYPS. Of concern is that 56% of the MHSOP workforce are over the age of 50.

## Ethnic Origin

### Consultants

Table 5	D&D		Tees		NY		Forensic		York & Selby		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
White British	8	19	8	12	9	8	6	3	10	6	41	48
White Irish	1								1		2	
White European	2		3	1	3		1				9	1
White Other		1				1				1		3
Asian British – Indian	10	4	10	1	3	1	3	4	3		29	10
Asian British–Pakistani	1				1		1				3	
Asian British–Bangladesh					1						1	
Asian British–Other	2		1	1	1				1		5	1
Black British–African		1	2	2	2					1	4	4
Black British - Nigerian	1										1	
Black British–Other	1						1				2	
Mix White/Black–African	1										1	
Mixed – Other			1				1				2	
Chinese										1		1
Other	1			1	1	1					2	2
Not Stated						1						1

Table 5 shows the number of male and female consultants in ethnic origin categories defined by locality. This includes all types of staff, eg permanent, locum, flexible retiree – except agency locums. The table shows that just over half of the consultant workforce are 'White British' (89 White British and 84 non-White British).

When considering BAME consultants, 104 are from Europe while 69 are from Asia, Africa or elsewhere (60/40% respectively) which is a 2% decrease/increase to last quarter. Interestingly, the male/female split between Europe and BAME areas is quite distinct – 50% of the European workforce are male and 50% are female; in BAME areas, 72% of the workforce are male compared to 28% female. Also of note, is that the Durham & Darlington, Teesside and Forensic localities have fairly even numbers of European/other doctors (58%, 56% and 50% respectively in favour of Europe), however, it's quite evident that North Yorkshire and York and Selby highly favour European doctors (64% and 75% respectively).

## SAS Doctors

**Table 6**

	D&D		Tees		NY		Forensic		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	M	F
White British	1	4		4	1	2	1		3	10
White European		1								1
White Other	1	1		1	1			1	2	3
Asian British–Indian	1	2	4	3				1	5	6
Asian British–Pakistani	2		1	1			1		4	1
Asian British- Banglaesh	1								1	
Asian British–Other						1				1
Black British–African	1	1					1		2	1
Black British			1						1	
Vietnamese				1						1
Other	1	1							1	1

Table 6 shows the number of male and female SAS doctors in various ethnic origin categories defined by specialty. This includes all types of staff, eg permanent, locum, flexible retiree – except agency locums. This table shows the opposite trend to consultants in that 30% of the SAS workforce are 'White British' (13 are White British and 31 (70%) are non-White British). When considering BAME SAS doctors, 19 are from Europe and 25 are from Asia and Africa or elsewhere (43/57% respectively). In contrast to consultants, the male/female split in BAME areas is (56/44% respectively) whereas the European workforce is highly biased towards females (26% males/74% females). In addition, Teesside has twice as many BAME doctors than European ones.

## Full Time / Part Time

**Table 7**

<b>Consultant</b>												
	D&D		Tees		NY		Forensic		York & Selby		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	M	F
Full Time	25	12	23	12	14	7	11	6	9	5	82	42
Part Time	3	13	2	6	7	5	2	1	6	4	20	29
<b>Specialty Doctors</b>												
Full Time	8	6	6	4	2		2	1			18	11
Part Time		4		6		3	1	1			1	14

Table 7 shows the number of male and female consultants / SAS doctors who are currently working full or part time defined by locality. This includes all types of staff, eg permanent, locum, flexible retiree – except agency locums. This shows that almost half (46%) of the career grade workforce are full time males with less than a quarter (24%) of females in full time positions. In addition, 10% of males and 20% of females are working part time. Seventy two percent of the consultant workforce are full time, whereas the gap is slightly less distinct within the SAS group (66% full time).

Overall, 71% of the career grade workforce are full time. The number of part time workers has increased by 1% since last quarter and could continue to increase over the next few years due to the introduction of flexible working options open to all doctors.

**Table 8**

<b>Consultant</b>														
	AMH		CYPS		MHSOP		LD		Forensic MH		Forensic LD		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Full Time	40	14	9	10	17	10	5	2	8	3	3	3	82	42
Part Time	8	8	5	13	1	4	4	3	2			1	20	29
<b>Specialty Doctors</b>														
Full Time	7	5		3	9	2			1	1	1		18	11
Part Time		6		1		5		1			1	1	1	14

Table 8 shows the number of male and female consultants / SAS doctors who are currently working full or part time defined by specialty. This includes all types of staff, eg permanent, locum, flexible retiree – except agency locums. Interestingly, the gap between full time males and females is quite evident in AMH, MHSOP and Forensic MH (53/22%, 54/25% and 60/27% male/female respectively).

## Section 3: Vacancies

This section considers the number of current vacancies in the trust and the plans for recruitment, including whether a locum is covering at present.

<b>Table 1</b>	<b>D&amp;D</b>	<b>Tees</b>	<b>NY</b>	<b>Forensic</b>	<b>York &amp; Selby</b>	<b>Total</b>
Consultant	3	10	6	1	4	24
SAS	0	0	1	2	2	5

Table 1 above shows the current vacancies in each directorate. The number of consultant vacancies has decreased by 7 since last quarter and the SAS vacancies have decreased by 3.

<b>Table 2</b>	<b>AMH</b>	<b>CYPS</b>	<b>MHSOP</b>	<b>LD</b>	<b>FMH</b>	<b>FLD</b>	<b>Total</b>
Consultant	8	7	8	0	1	0	24
SAS	1	0	2	0	2	0	5

Table 2 above shows the current vacancies in each specialty. The number of CYPS vacancies has reduced since last quarter.

### Vacancy Breakdown

**Table 3**

<b>Vacancies</b>	<b>Locum in place</b>	<b>Times Advertised</b>	<b>Date of Advert</b>	<b>Date of Interview</b>	<b>Appt made</b>	<b>Start date</b>
Consultant in AMH (PICU) RPH	No	2	<del>21/05/16</del> 01/04/17	<del>11/07/16</del> 24/05/17	No	
Consultant in AMH (S'ton Inpatient / Crisis) RPH	Acting Cons	0				
Consultant in AMH (S'ton Inpatient) RPH	Agency Cons	0				
Consultant in AMH (ADHD), Lancaster House	No	0				
Specialty Doctor in AMH (Rehabilitation) Lustrum Vale/RPH	No	2	<del>23/07/16</del> 16/01/17	<del>13/09/16</del> 31/01/17	<del>No</del> Yes	15/04/17
Consultant in Liaison North Tees	No	2	<del>14/05/16</del> 17/12/16	<del>04/07/16</del> 15/02/17	No No	
Consultant in CYPS The Ridings, Redcar	No	2	<del>07/05/16</del> 08/04/17	<del>29/06/16</del> 25/05/17	No	

Vacancies	Locum in place	Times Advertised	Date of Advert	Date of Interview	Appt made	Start date
Consultant in CYPS (6 PA) Dover House, Hartlepool	No	2	<del>07/05/16</del> 08/04/17	<del>29/06/16</del> 25/05/17	No	
Senior Specialty Doctor in CYPS (ADHD), West Lane Hospital	No	1	07/01/17	27/02/17	Yes	June 2017
Consultant in MHSOP (8PA) (Liaison) North Tees/Hartlepool	No					
Consultant in MHSOP Lustrum Vale	Acting Cons					
Consultant in MHSOP (R&C), Guisborough	No					
Consultant in AMH (Community Eating Disorders) Imperial House	Agency Cons	1	04/06/16	01/08/16	No	
Consultant in AMH (Affective Disorders) North End House	No	3	<del>04/06/16</del>	<del>12/09/16</del> <del>03/01/17</del> 06/03/17	No No Yes	August 2017
Consultant in AMH (EIP) Bishop Auckland	Agency Cons	3	<del>04/06/16</del>	<del>01/08/16</del> <del>03/01/17</del> 06/03/17	No No Yes	June 2017
Consultant in AMH (In-patient) LRH	Agency Cons	2	12/11/16	03/01/17	No	
Specialty Doctor in AMH (5 PA) (Affective Disorders) Enterprise House	No	2	<del>04/06/16</del> 17/09/16	<del>01/08/16</del> Jan 2017	No Yes	Feb 2017
Specialty Doctor in AMH (5PA) (Affective Disorders) North End House	No	2	<del>04/06/16</del> 17/09/16	<del>01/08/16</del> Jan 2017	No Yes	Feb 2017
Consultant in MHSOP West Park Hospital	No	1	07/01/17	27/03/17	Yes	TBC
Consultant in MHSOP (6PA) (Liaison) LRH	No	4	28/05/16	18/07/16	No	
Consultant in AMH (Working Age Psychiatry) Ellis Ct, Sbr	Trust Cons	2		27/04/15	No	
Specialty Doctor in AMH Friarage Northallerton	Trust Doctor	2	30/07/16	<del>12/09/16</del> 18/11/16	No	
Consultant in MHSOP Cross Lane Hospital / Malton	Trust Cons	2	05/12/15	<del>30/07/15</del> 19/01/16	No	
Consultant in MHSOP (6PA) Whitby / Cross Lane Hospital	Acting Cons					
Consultant in MHSOP Clinical Academic, Scarborough	No					
Consultant in CYPS Scarborough	No	1	Jan 2017	Feb 2017	No	
Consultant in CYPS (6PA) Scarborough	Trust Cons					
Consultant in Forensics (Offender Health) HMP Preston	No					
Consultant in Forensic (Forensic Mental Health), RPH	Subs Cons	1	26/11/16	13/01/17	Yes	Feb 2017
Specialty Doctor in Forensics (Forensic Mental Health), RPH	Agency					
Specialty Doctor in Forensic (Forensic Mental Health), RPH	Agency	2	23/07/16	<del>13/09/16</del> 27/11/16	No	
Consultant in MHSOP (8PA) York	Agency Cons	1	11/06/16	29/07/16	No	
Specialty Doctor in MHSOP York	Agency Doctor	1	30/07/16	06/09/16	No	
Specialty Doctor in MHSOP (6PA) York	Agency Doctor	1	30/07/16	06/09/16	No	
Consultant in CYPS York	Agency Cons					

Vacancies	Locum in place	Times Advertised	Date of Advert	Date of Interview	Appt made	Start date
Consultant in CYPS (7PA) York	No					
Consultant in CYPS (5PA) York	No					

Table 3 shows the breakdown of each vacancy in the Trust and the number of times the post has been advertised (including any current adverts).

The table below shows the recruitment activity in this period (January and March 2017). Within this period 11 posts were advertised with 8 (73%) successfully recruited to (compared to 2 of 6 posts in the last quarter).

Table 4

Vacancies advertised	Times advertised	No of candidates applied	No of candidates shortlisted	Appointment made
Specialty Doctor in AMH (Rehab) Roseberry Park/Lustrum Vale	2	1	0	Yes
Consultant in Liaison North Tees Hospital	2	1	0	No
Senior Specialty Doctor in CYPS (ADHD) Dover House	1	1	1	Yes
Consultant in AMH (Affective disorders) North End House	3	1	1	Yes
Consultant in AMH (EIP) Bishop Auckland	3	2	2	Yes
Consultant in AMH Lanchester Road	2	0	0	No
Specialty Doctor in AMH (5PA) North End House	2	2	2	Yes
Specialty Doctor in AMH (5PA) Enterprise House	2	2	2	Yes
Consultant in MHSOP West Park	1	1	1	Yes
Consultant in CYPS Scarborough	1	0	0	No
Consultant in Forensic (FMH) Roseberry Park	1	1	1	Yes

Interestingly, over the last year, 18 posts have been successfully recruited to (9 in Durham & Darlington, 7 in Teesside and 2 in Forensics). There was no recruitment in North Yorkshire or York.

## Section 4: Sickness

### Doctors on Long Term Sick Leave by Locality

Figure 1

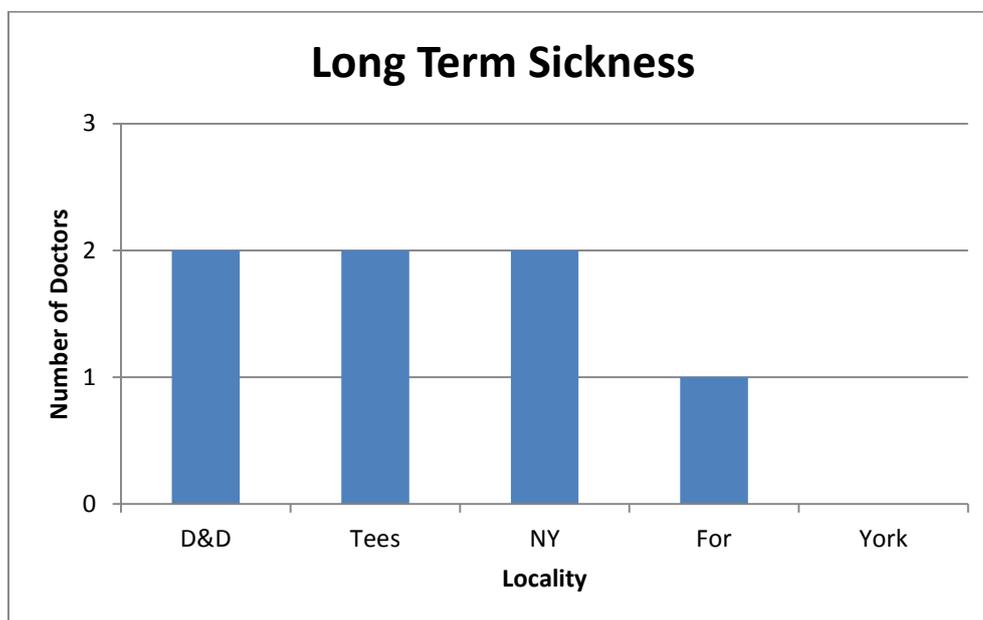


Figure 1 shows the number of doctors on long term sick on 31<sup>st</sup> March 2017. This has remained the same as last quarter. Four people who were off sick leave last quarter remain on sick leave this quarter. One of the long term sickness is due to cancer, two to musculoskeletal issues, one due to heart problems, one due to pregnancy related illnesses and two for stress.

### Reasons for Sickness Absence

Figure 2

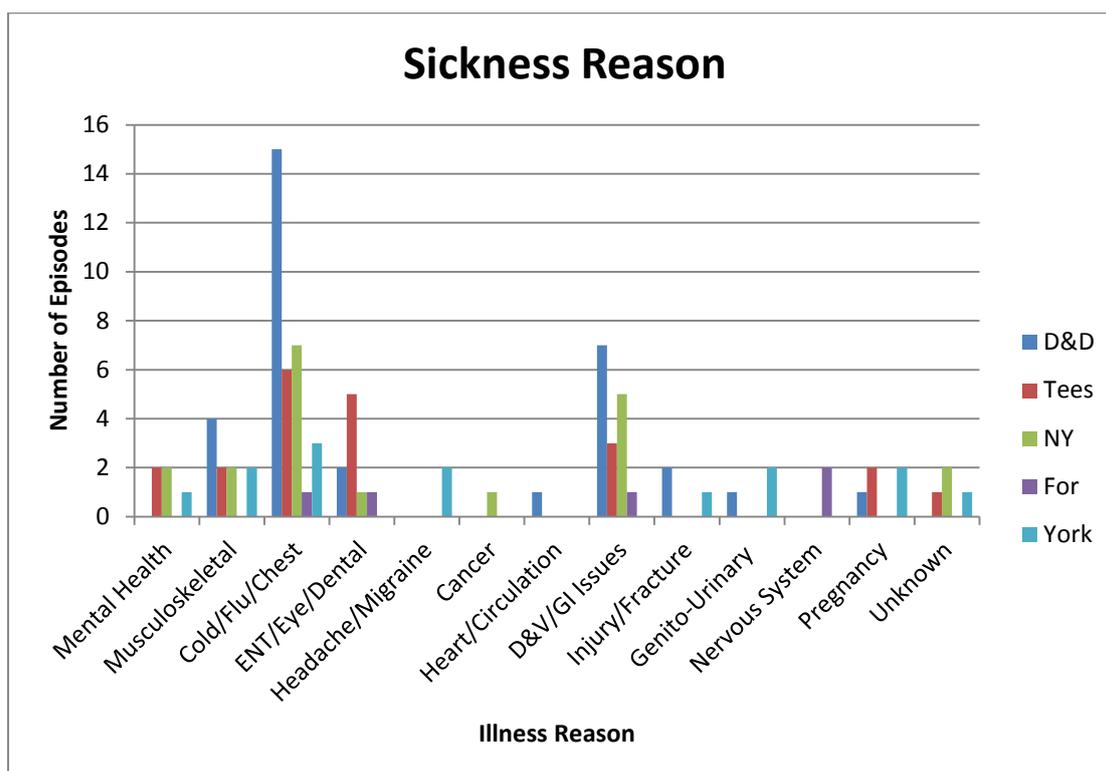


Figure 2 shows the reasons for sickness absence (including long term sickness) during the period January to March 2017. This includes all grades of doctor except agency locums. The number of cold, flu and chest problems has decreased slightly from 35 to 32; North Yorkshire has reduced by half and Durham and Darlington has increased by a third. The number of mental health issues has increased slightly from 4 to 5 overall. The number of GI issues has reduced from 22 to 16 overall, with a reduction in Teesside following the dramatic increase last quarter.

Overall, 789 work days were lost due to sickness (179 days more than last quarter) out of which 394 days were for short term illnesses (an increase of 37 from last quarter) and 395 were for long term illnesses (an increase of 142). This increase has occurred over the last three quarter periods.

Interestingly, over the last year, the number of doctors on long term sick has increased from 1 to 7. Overall, there have been 18 episodes of long term sick, however, some of these may have continued from previous quarters (4 have been in Durham & Darlington, 5 from Teesside, 6 from North Yorkshire, 2 from Forensics and 1 in York).

## Section 5: Appraisals and Revalidation

### Consultants

Table 1	D&D	Tees	NY	For	Y&S	Total
<b>Appraisals Due</b>	11	15	8	7	9	50
<b>Appraisals Actual</b>	9	15	5	7	9	45

Table 1 shows the number of consultant appraisals that were due between 1<sup>st</sup> January and 31<sup>st</sup> March 2017 and how many were actually completed. The total number is broken down into locality.

Table 2	D&D	Tees	NY	For	Y&S	Total
<b>Revalidation Due</b>	0	0	0	0	0	0
<b>Revalidation Actual</b>	0	0	0	0	0	0

Table 2 shows the number of consultants who were due revalidation between 1<sup>st</sup> January and 31<sup>st</sup> March 2017 and those who were successfully revalidated. The numbers are broken down into locality.

### SAS

Table 3	D&D	Tees	NY	For	Y&S	Total
<b>Appraisals Due</b>	6	4	2	1	0	13
<b>Appraisals Actual</b>	6	3	2	1	0	12

Table 3 shows the number of SAS doctor appraisals that were due between 1<sup>st</sup> January and 31<sup>st</sup> March 2017 and how many were actually completed. The total number is broken down into locality.

Table 4	D&D	Tees	NY	For	Y&S	Total
<b>Revalidation Due</b>	0	0	0	0	0	0
<b>Revalidation Actual</b>	0	0	0	0	0	0

Table 4 shows the number of SAS doctors who were due revalidation between 1<sup>st</sup> January and 31<sup>st</sup> March 2017 and those who were successfully revalidated. The numbers are broken down into locality.

### Trust Doctor

Table 5	D&D	Tees	NY	For	Y&S	Total
<b>Appraisals Due</b>	0	0	2	0	0	2
<b>Appraisals Actual</b>	0	0	1	0	0	1

Table 3 shows the number of Trust doctor appraisals that were due between 1<sup>st</sup> January and 31<sup>st</sup> March 2017 and how many were actually completed. The total number is broken down into locality.

Table 6	D&D	Tees	NY	For	Y&S	Total
<b>Revalidation Due</b>	0	0	0	0	0	0
<b>Revalidation Actual</b>	0	0	0	0	0	0

Table 4 shows the number of Trust doctors who were due revalidation between 1<sup>st</sup> January and 31<sup>st</sup> March 2017 those who were successfully revalidated. The numbers are broken down into locality.

## Section 6: Turnover

This section considers the number of doctors who have commenced in the Trust between 1<sup>st</sup> January and 31<sup>st</sup> March 2017. It also highlights the number of doctors leaving the Trust and their leaver destination.

### New Starters vs Leavers by Locality

Table 1	D&D	Tees	NY	Forensic	York & Selby	Total
<b>New Starters</b>	6		2	2		10
<b>Leavers</b>	2	2		1		5

Table 1 highlights the number of new starters against the number of leavers. Again, this includes all types of staff except agency locums. The number of leavers has reduced since last quarter; however, the number of new starters has increased from 3 to 10.

### New Starters vs Leavers by Specialty

Table 2	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
<b>New Starters</b>	4	1	2	1	2		10
<b>Leavers</b>	2	1	1		1		5

Table 2 shows the number of new starters against the number of leavers defined by specialty. This includes all types of staff, eg permanent, locum, trust doctors – except agency locums.

### New Starters vs Leavers Grade Breakdown

Table 3	Consultants	SAS	Trust Doctors
<b>New Starters</b>	6	2	2
<b>Leavers</b>	3	1	1

Table 3 shows the number of new starters against the number of leavers defined by grade. This includes all types of staff, eg permanent, locum, trust doctors – except agency locums.

### Leaver Destination by Locality

Table 4	D&D	Tees	NY	Forensic	York & Selby	Total
<b>Flexible Retirement</b>	1					1
<b>Retired (ill health)</b>						
<b>Fully Retired</b>						
<b>Moved Abroad</b>						
<b>Needed to Relocate</b>						
<b>Left (alternative work)</b>						
<b>Other Local Trust</b>						
<b>Training Scheme</b>		1				1
<b>End of Contract</b>	1	1				2
<b>Private Work</b>				1		1

Table 4 shows the destination of doctors after leaving the Trust, defined by locality. This includes all types of staff, eg permanent, locum, trust doctors – except agency locums.

### **Leaver Destination by Specialty**

Table 5	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
<b>Flexible Retirement</b>	1						1
<b>Fully Retired (ill health)</b>							
<b>Fully Retired</b>							
<b>Moved Abroad</b>							
<b>Needed to Relocate</b>							
<b>Left (alternative work)</b>							
<b>Joined Local Trust</b>							
<b>Joined Training Scheme</b>	1						1
<b>End of Contract</b>		1	1				2
<b>Private Work</b>					1		1

Table 5 shows the destination of doctors after leaving the Trust, broken down by specialty. This includes all types of staff, eg permanent, locum, trust doctors – except agency locums.

### **Leaver Destination by Grade**

Table 6	Consultants	SAS	Trust Doctors
<b>Flexible Retirement</b>	1		
<b>Fully Retired (ill health)</b>			
<b>Fully Retired</b>			
<b>Moved Abroad</b>			
<b>Needed to Relocate</b>			
<b>Left (alternative work)</b>			
<b>Joined Local Trust</b>			
<b>Joined Training Scheme</b>			1
<b>End of Contract</b>	1	1	
<b>Private Work</b>	1		

Table 6 shows the destination of doctors after leaving the Trust, broken down by grade. This includes all types of staff, eg permanent, locum, trust doctors – except agency locums.

Interestingly, over the last year there has been 28 new starters (12 in Durham & Darlington, 7 in Teesside, 7 in North Yorkshire and 2 in Forensics) and 30 leavers (10 in Durham & Darlington, 9 in Teesside, 4 in North Yorkshire, 4 in Forensics and 3 in York). Five of the 30 leavers have joined the training scheme, 5 have gone abroad and 7 have retired.

## Leavers over the last 2 years

The tables below show a breakdown of the leavers over the last 2 years (from 1<sup>st</sup> April 2015).

Table 7	D&D	Tees	NY	Forensic	York	Total
Flexible Retirement	1	2		1		4
Retired (ill health)	2		1			3
Retired Fully	2	2	1	1	1	7
Moved Abroad	6			2		8
Needed to Relocate		2		1		3
Joined Another Trust	2	3			1	6
Joined Private Organisation	1	1	1	1		4
Joined Training Scheme	4	4	4	1		13
End of Contract	3	2	3			8
Left (alternative work)	3		1			4

Table 7 shows that the majority of leavers came from the Durham & Darlington and Teesside localities. Interestingly, 22% of doctors left the Trust to join a training scheme, while those who either moved abroad, joined another Trust or left to find alternative work (eg with an agency or outside of medicine) make 30% of leavers. In addition, those who retired make up just under a quarter (23%) of the total leavers.

Table 8	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
Flexible Retirement	1	1	1			1	4
Fully Retired (ill health)	2	1					3
Fully Retired	2	2	1	1	1		7
Moved Abroad	5			1	1	1	8
Needed to Relocate	2					1	3
Joined Another Trust	1	2	3				6
Joined Private Org	1	2			1		4
Joined Training Scheme	9	1	1	1	1		13
End of Contract	3	2	3				8
Left (alternative work)	1	1	2				4

Table 8 shows that 45% of leavers were from Adult Mental Health (possibly due to the fact that the majority of Trust doctors are placed within AMH services) while 20% were from Child and Young Person's Services.

Table 9	Consultants	SAS	Trust Doctors
Flexible Retirement	4		
Fully Retired (ill health)	1	2	
Fully Retired	4	3	
Moved Abroad	7	1	
Needed to Relocate	2	1	
Joined Another Trust	5		1
Joined Private Org	4		
Joined Training Scheme		3	10

Table 9	Consultants	SAS	Trust Doctors
End of Contract	4	2	2
Left (alternative work)	2	2	

Table 9 shows the grade of leavers. Fifty five per cent of leavers were consultants.

## Section 7: Mind the Gap Payments

This section includes the number of extra PA payments that are being made within 'Mind the Gap', eg for providing cover during sickness or vacancies, over the last 3 months. It is broken down into locality and specialty.

Table 1	AMH	CYPS	MHOSP	LD	FMH	FLD	Total
D&D	14.6						14.6
Teesside	7	12.88	7	4			30.88
NY	3.7	2	3	1			7.7
Forensic					5	8.5	13.5
York	3	2	2				7
<b>Total</b>	28.3	16.88	12	5	5	8.5	<b>73.68</b>

Table 1 shows the number of additional PAs under Mind the Gap. This shows that the number of additional PAs has increased since last quarter (63.08). The most dramatic increases are in Adult Mental Health in Durham and Darlington and CYPS in Teesside. However, CYPS in Durham and Darlington have ceased to reduce the overall figure. While Durham & Darlington have reduced the number of overall payments, Teesside, York and Forensics have increased. Teesside makes up 42% of the total additional payments.

**HUMAN RESOURCES AND  
ORGANISATIONAL DEVELOPMENT  
DIRECTORATE**

**QUARTERLY WORKFORCE REPORT –  
12 MONTH END OF YEAR REPORT  
KEY PERFORMANCE INDICATORS  
APRIL 2016 TO MARCH 2017**

## 1.0 INTRODUCTION

This report provides information about a range of key workforce performance during the last 12 months, covering the reporting period April 2016 to March 2017.

## 2.0 Staff in Post

Figure 1 shows the staff in post position during the last quarter.

- The total Trust workforce has remained stable over the last 12 months. The increase with Teesside Locality and decrease with North Yorkshire Locality is attributable to the transfer of Tier 4 Children and Young People's services.

**Figure 1 Staff in Post**

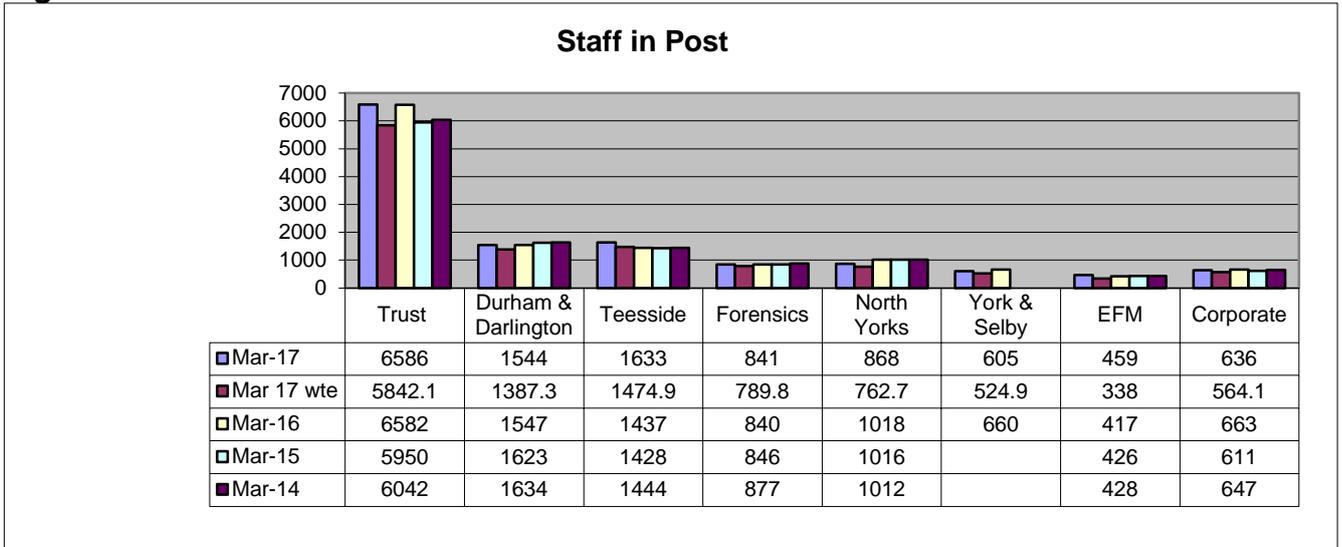
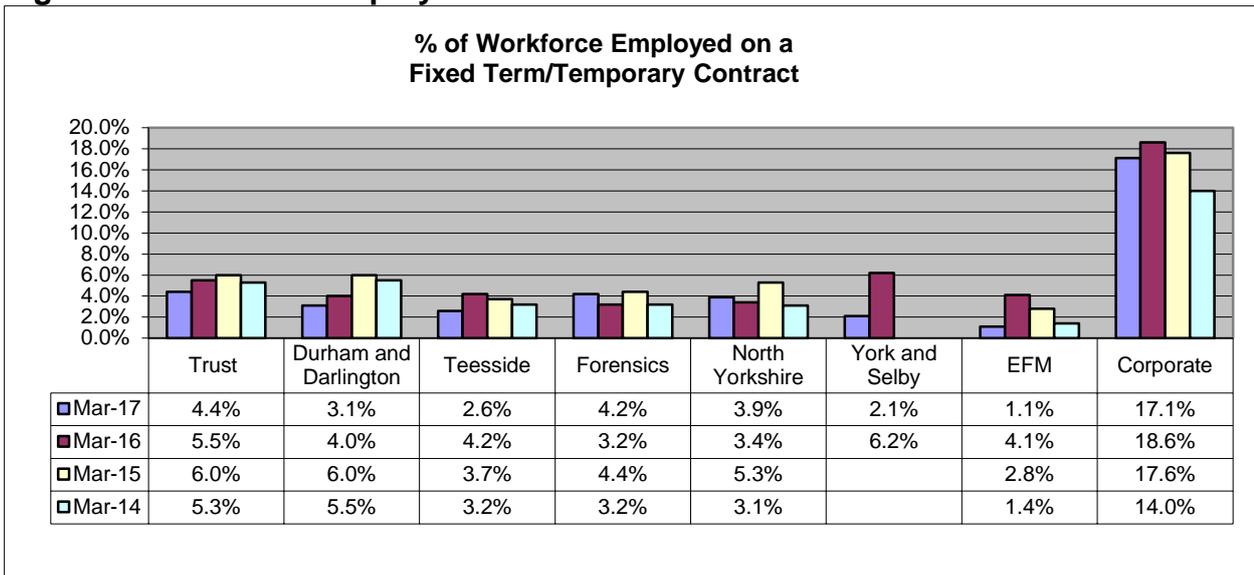


Figure 2 highlights the number of staff employed on a fixed term/temporary contract as a percentage of the total number of staff employed. Corporate Services continue to have the highest percentage of staff employed on a fixed term/temporary contract, due to the use of project-related posts.

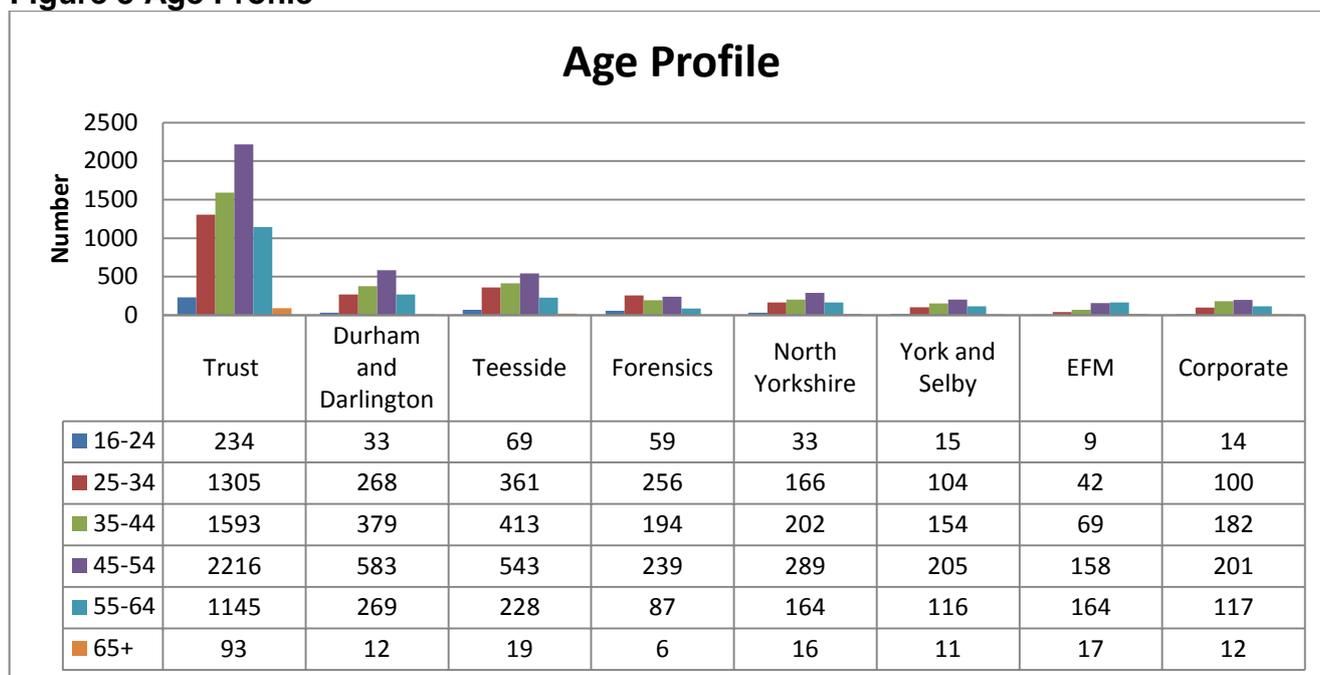
**Figure 2 Fixed Term Employment**



- figures exclude doctors in training and trainee clinical psychologists

Figure 3 highlights the age profile of the Trust. Analysis shows 52.4% of staff aged between 44 and over 65. This figure is comparable to the figure at March 2016. The figure is increasing due to the ageing workforce, in March 2012 the figure was 49%. The figure increases to 56.0% in Durham and Darlington, 54.9% in York and Selby and 54% in North Yorkshire Locality. The figure in Teesside lower at 48.4% with Forensic Services reporting the lowest rate at 39.5%. The figure is significantly higher in Estates and Facilities Management at 73.9%.

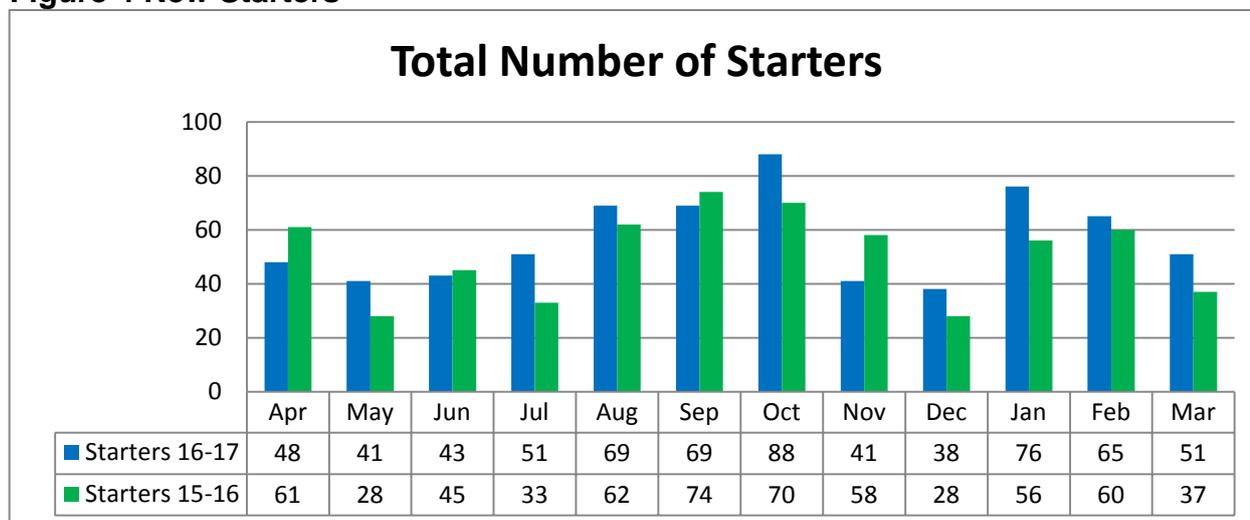
**Figure 3 Age Profile**



#### 4.0 New Starters and Leavers

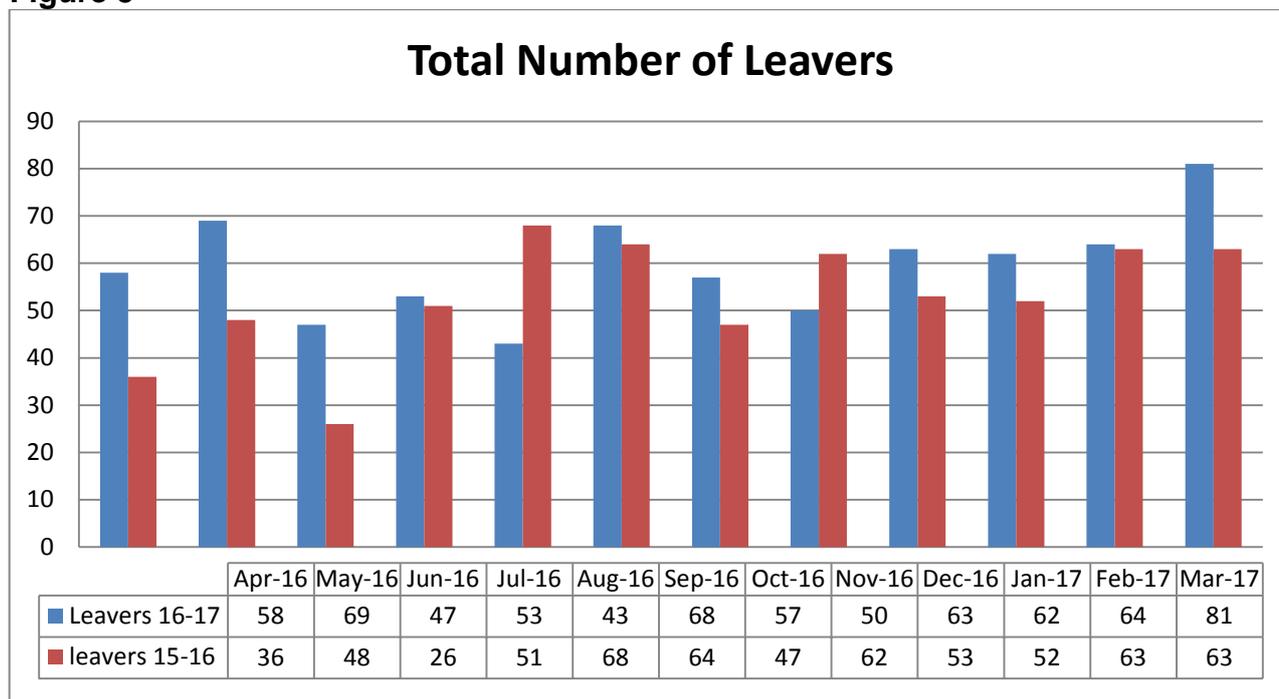
The graph at Figure 4 provides a breakdown of the number of new starters by month for the last two years. The total number of new starters has increased by 10% during 2016-17.

**Figure 4 New Starters**



The graph at figure 5 provides a breakdown of the number of leavers by month for the last two years. The total number of leavers has increased by 11% in 2016-17

**Figure 5**

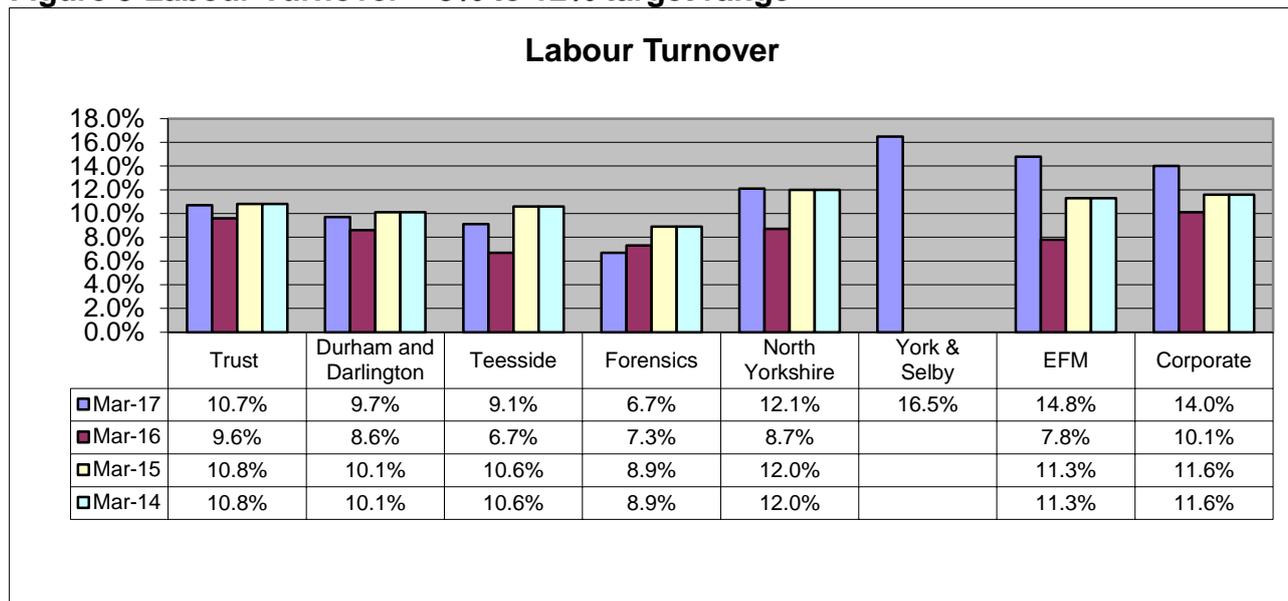


## 6.0 Labour Turnover

Figure 6 provides information about labour turnover rates up to 31<sup>st</sup> March 2017. A total of 707 staff left the Trust during the last 12 months. The calculation **excludes doctors in training** that have left the Trust.

- 47 leavers were employed on a fixed term contract when their **employment with the Trust ended**.
- The Trust turnover rate falls to 10.0% when fixed term contract leavers are excluded from the labour turnover calculation.
- 49 members of staff chose to retire flexibly and return to the Trust after the requisite break in service. This represents a 57% increase on the figure reported in the period April 2015 – March 2016.
- 137 members of staff left for reason of age related retirement which is an increase on the figure of 101 reported for the same period ending March 2016.
- 17 staff opted to voluntarily retire early which is a decrease on the figure of 23 reported as at 31<sup>st</sup> March 2016..

**Figure 9 Labour Turnover – 8% to 12% target range**



\*figures exclude doctors in training.

The Trust labour turnover figure is less than the figure for all Mental Health NHS Trusts which is 12.75%. The labour turnover figure for the NHS as a total is 8.98%.

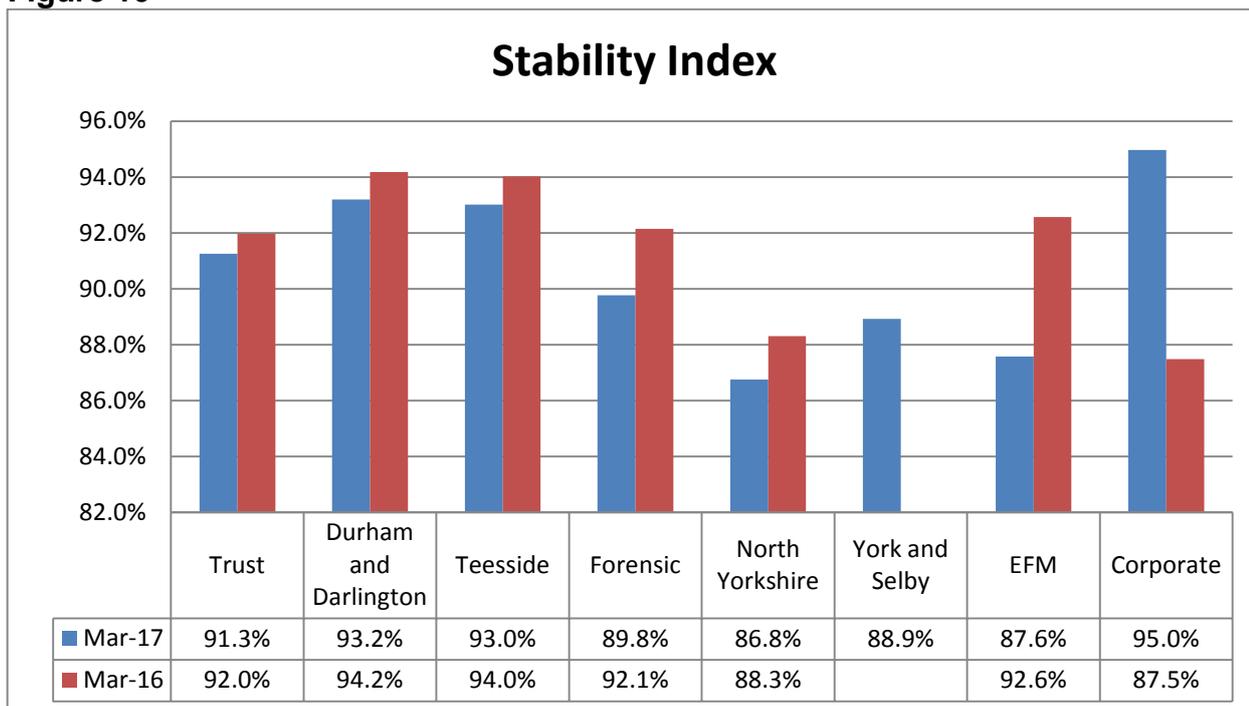
The table below highlights analysis undertaken in to the **most prevalent reasons** for leaving the Trust over the last 12 months. The analysis excludes doctors in training and staff leaving with a reason of end of fixed term contract.

	Trust	Durham & Darlington	Teesside	Forensics	North Yorkshire	York & Selby	EFM	Corporate
<b>Number of leavers</b>	659	141	142	56	99	96	58	67
<b>Age retirement</b>	20.3%	21.9%	22.5%	12.5%	21.2%	26.0%	17.2%	15.0%
<b>Voluntary resignation – Other/unknown</b>	20.0%	23.4%	18.3%	25.0%	12.1%	18.7%	18.9%	25.3%
<b>Voluntary resignation -relocation</b>	10.5%	7.1%	10.5%	14.2%	17.2%	9.3%	12.0%	3.0%
<b>Voluntary resignation -promotion</b>	10.0%	14.2%	6.3%	8.9%	19.6%	7.3%	0.0%	7.5%
<b>Voluntary resignation – work-life balance</b>	6.7%	5.7%	4.9%	7.1%	9.1%	10.4%	3.4%	6.0%

The average length of service of staff leaving the Trust is 7 years.

Another tool for measuring employee retention is the stability index which provides an indication of the retention rate of experienced employees. The stability index is calculated based on the number of staff employed by the organisation for one year and over. The graph at figure 10 provides details of the Trust stability index.

**Figure 10**

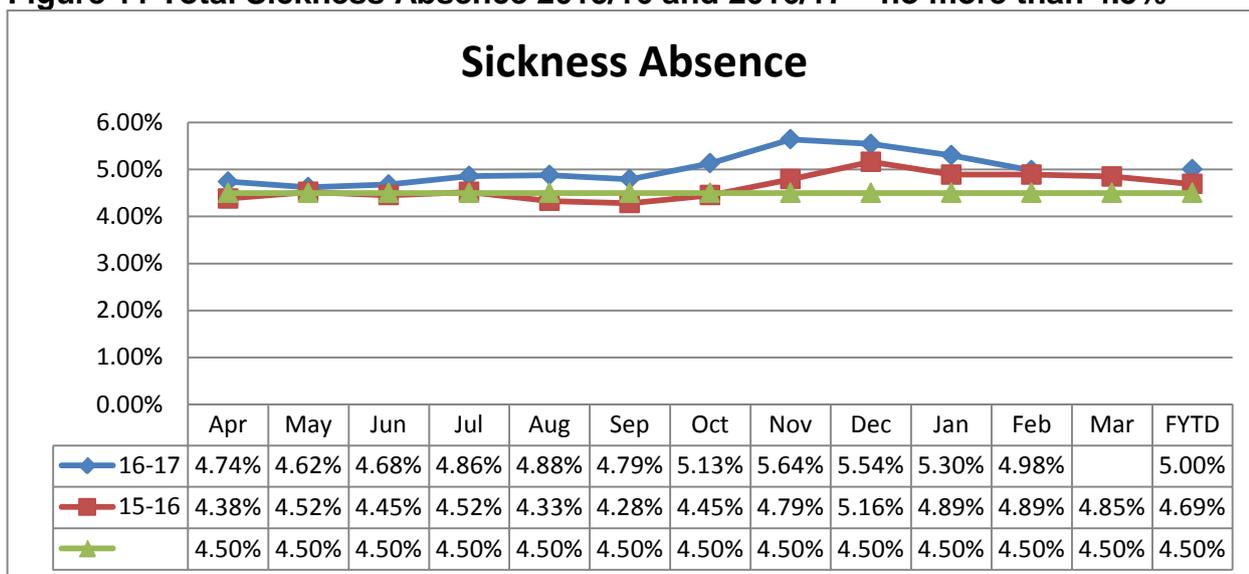


The Trust stability index compares favourably with the figure of 87.11% for all NHS Mental Health Trusts and the figure of 90.93% of all NHS Trusts.

## 7.0 Sickness Absence

Figure 11 provides details of sickness absence performance compared to the target of no more than 4.5%. Sickness absence rates have consistently been higher in the year 16-17 than the previous reporting year.

**Figure 11 Total Sickness Absence 2015/16 and 2016/17 – no more than 4.5%**



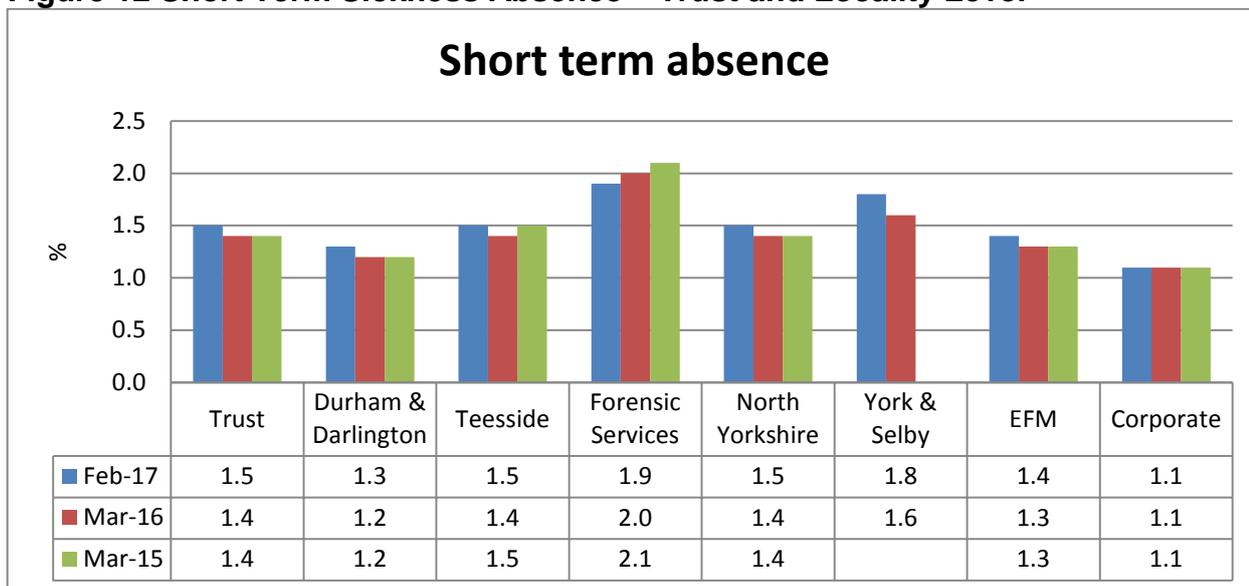
**As at February 2017 (actual January 2017)**

	Trust	Durham & Darlington	Forensic	North Yorkshire	Teesside	York & Selby	EFM	Corporate
Feb 17	4.98%	5.17%	6.33%	4.00%	5.16%	5.83%%	4.76%	3.06%
YTD	5.00%	5.54%	5.85%	4.39%	5.10%	5.70%	5.17%	2.68%

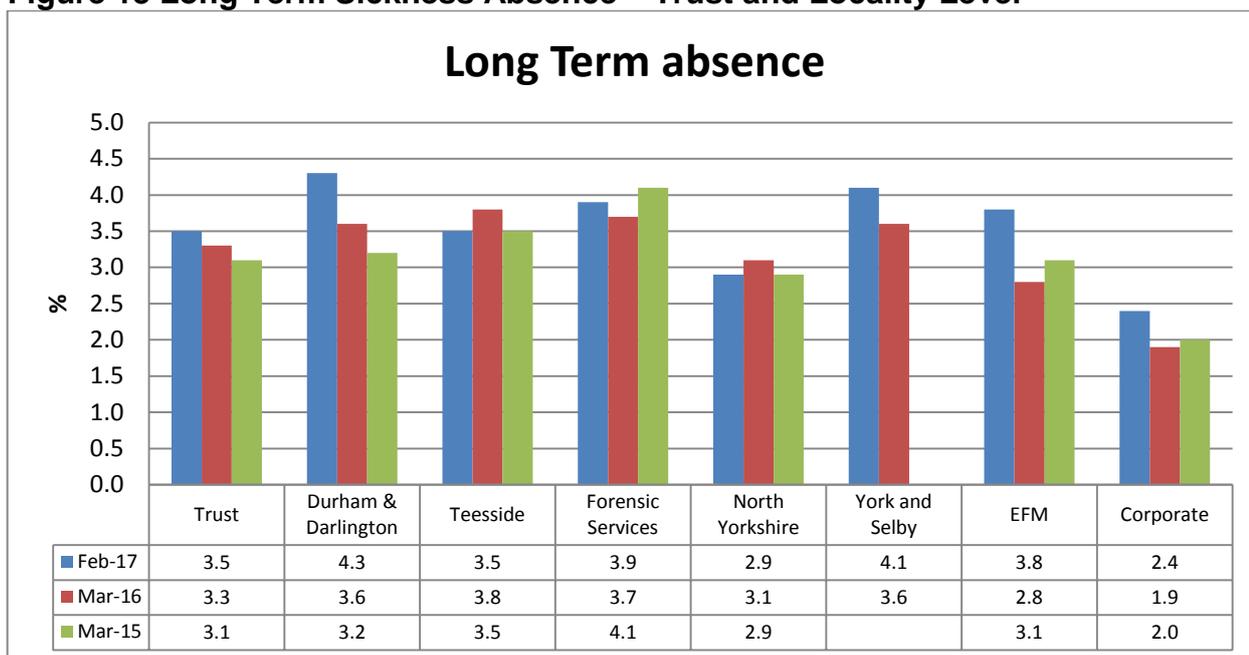
**Figure 12**

Figures 12 and 13 provide a breakdown of absence by short-term and long-term percentage rates respectively by locality from March 2015 to February 2017.

**Figure 12 Short Term Sickness Absence – Trust and Locality Level**



**Figure 13 Long Term Sickness Absence – Trust and Locality Level**



As can be seen there has been a slight increase in both short term and long term absence rates in the year 2016 – 2017. Analysis is currently underway to better understand what may be the reasons for the increases may be. There has been a 4% increase in the number of episodes of long term absence and a 5% increase in number of days lost to long term absence compared with the same period last year. In relation to short term absence there has been a 9% increase in the number of episodes experienced and a 4% increase in number of days lost compared with the same reporting period last year. The increases are not attributable to the addition of York and Selby Locality.

The table below provides a number of comparisons.

	<b>Average no of short term days lost by total no of employees</b>	<b>Average no of long term days lost by total no of employees</b>	<b>Average no of days lost by total no of employees</b>	<b>% of employees with no absence</b>
<b>February 17</b>	4.4 days	10.5 days	15 days	43%
<b>March 16</b>	4.3 days	10.2 days	14.5 days	44%
<b>March 15</b>	1.7 days	13 days	17 days	41%

## 8.0 Employee Relations

### Disciplinary Episodes

There were a total of ninety eight concluded disciplinary cases during the last twelve months, representing an increase on the figure of eighty reported at the end of March 2016. Fifty two of the concluded cases resulted in a disciplinary hearing, the remaining forty six investigations resulted in the following outcomes:-

- 26 investigations were found to have no case to answer
- 7 individuals resigned prior to the hearing.
- 13 investigations resulted in counselling.

Figure 14 provides highlights the outcomes of the disciplinary hearings held during the last twelve months.

**Figure 14**

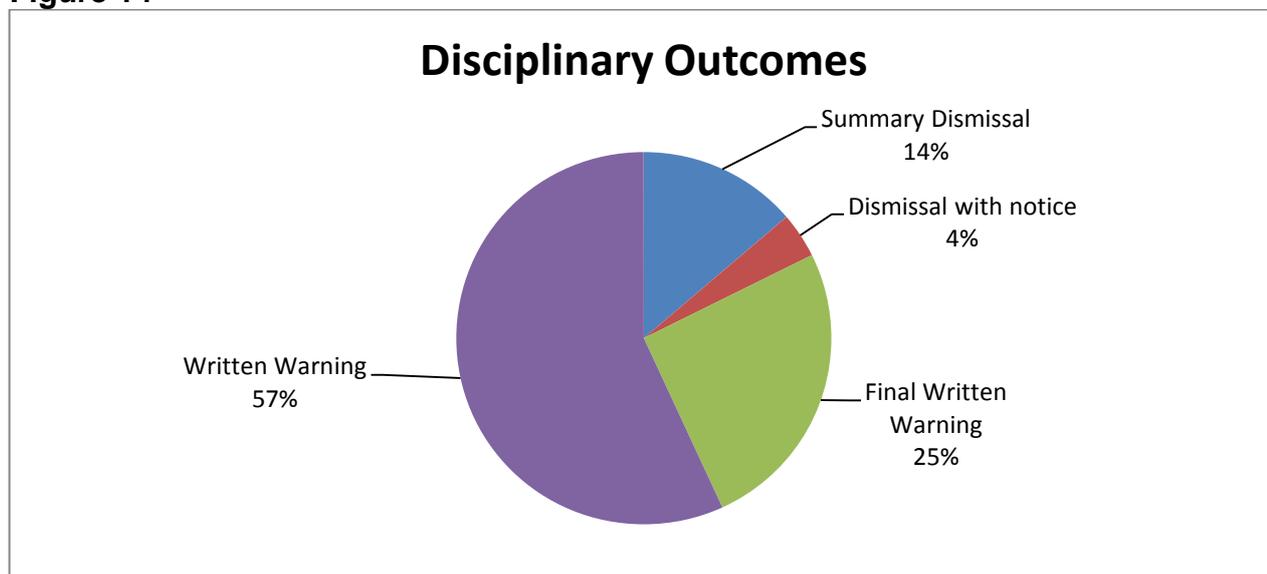
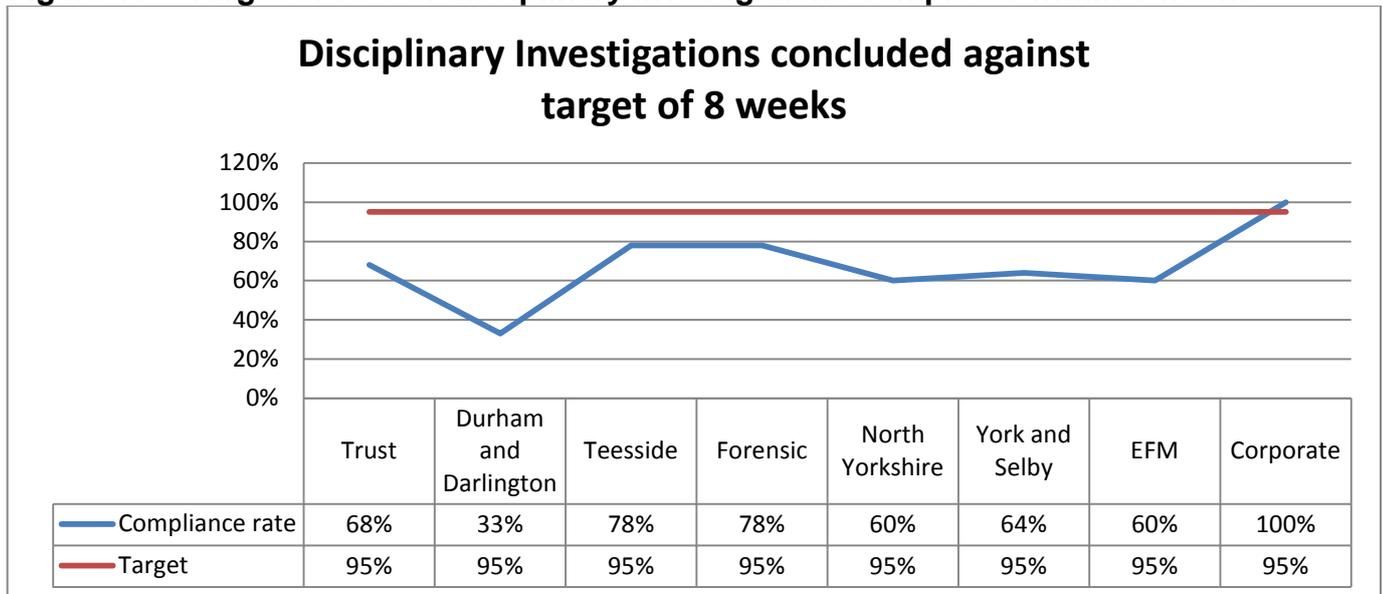


Figure 15 provides information about performance against the target of completing 95% of disciplinary investigations within 8 weeks, excluding cases delayed due to sickness absence. A total of sixty disciplinary investigations were included in the calculations below that were not delayed during the reporting period. The compliance rate of 68% is below the target rate of 95%.

The average length of time taken to complete an investigation is 54 days.

**Figure 15 – Target of 95% of disciplinary investigations completed within 8 weeks**



**Grievances**

There were a total of twenty eight concluded grievances within the last twelve months. The graph at figure 16 highlights the compliance rate against the target of concluding a grievance within 3 months. The average length of time taken to conclude a grievance was 90 days.

**Figure 16**

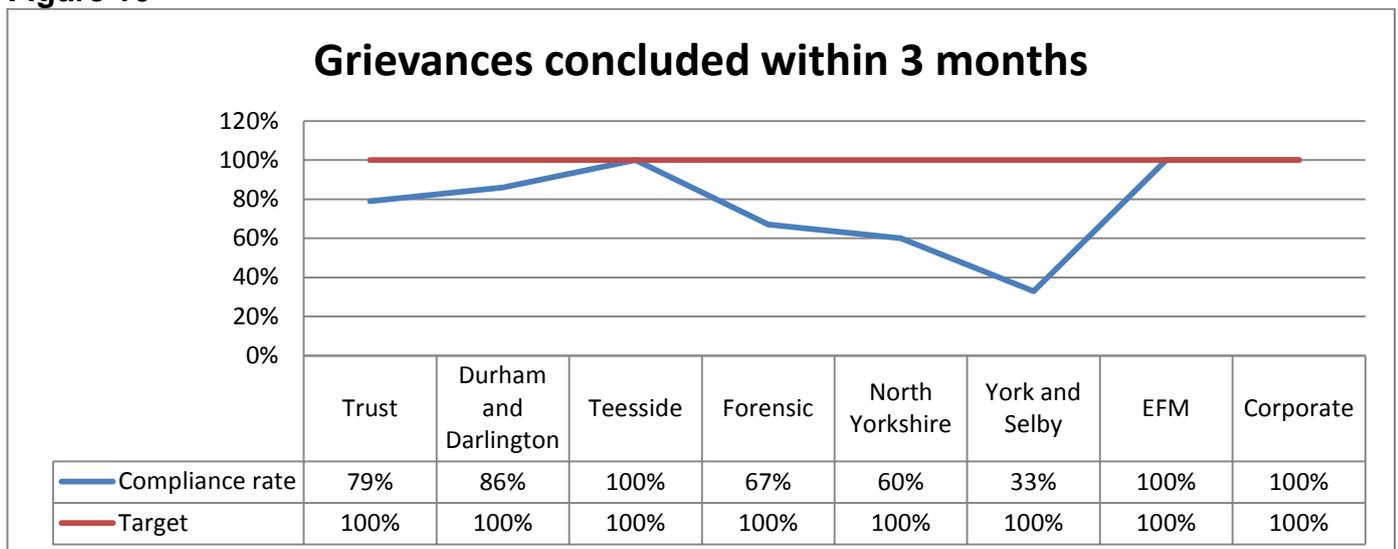
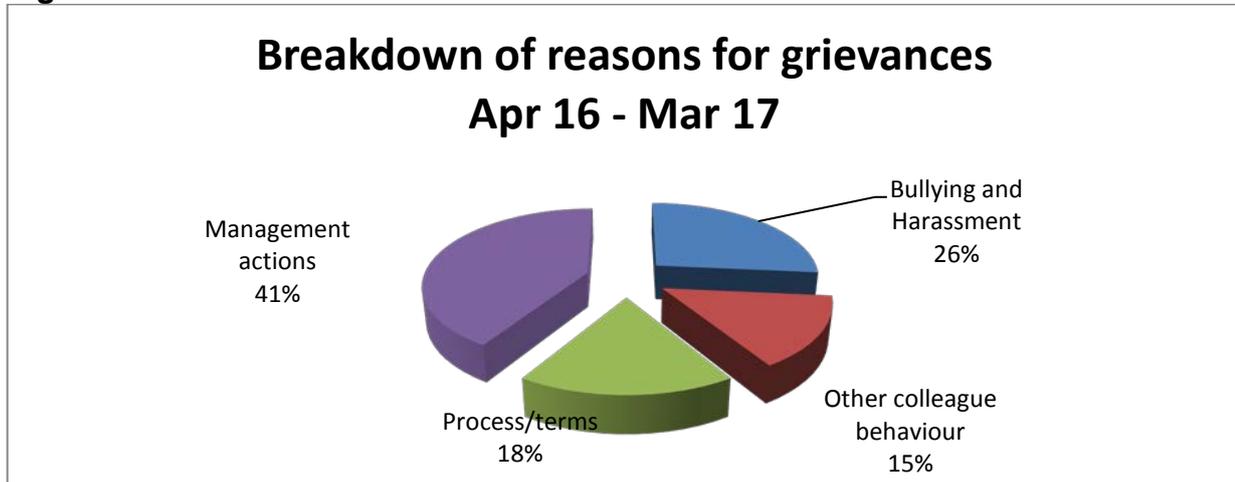


Figure 17 provides a breakdown of the reasons for grievances being lodged. It can be seen that grievances associated with bullying and harassment account for a 26% of all grievances within the Trust. Though the number of such grievances is less than 0.5% of the total Trust workforce it is important to monitor developments in this area and identify any significant trends that may require action on the part of the Trust. 41% of grievances relate to concerns raised relate to management action.

**Figure 17 Reasons For Grievances**



**Grievance Outcomes**

Not upheld	Upheld/resolved	Partially upheld resolved	Mediation	Withdrawn before hearing
8	7	6	4	3

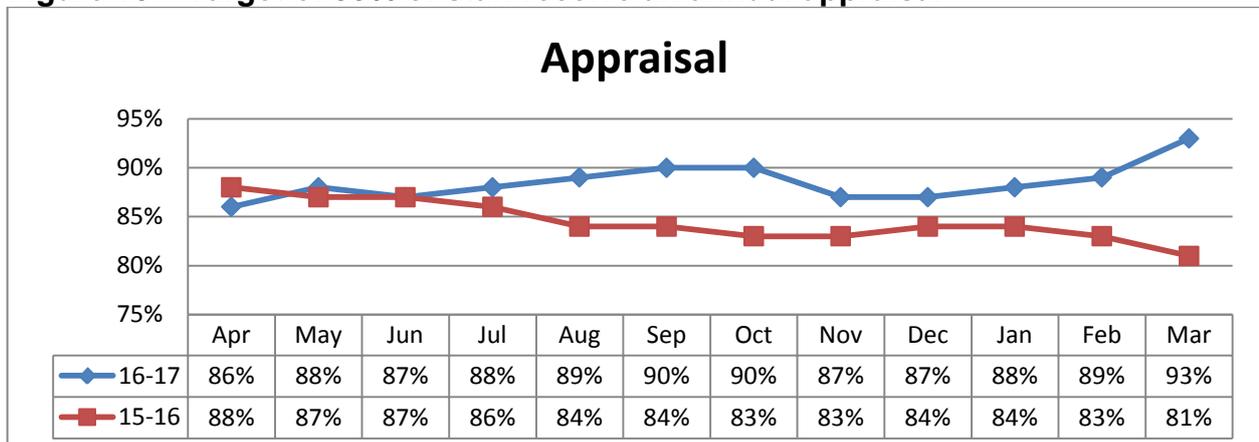
**Bullying and Harassment**

During the reporting period there have been three bullying and harassment cases that progressed to a disciplinary investigation. Two of the cases progressed to a disciplinary hearing resulting in a sanction being imposed.

**9.0 Competence**

Figure 18 provides information about the key performance indicator that 95% of staff should receive an annual appraisal resulting in a personal development plan. The report shows performance as at end of March 2017.

**Figure 18 – Target of 95% of staff receive an annual appraisal**



**As at March 2017**

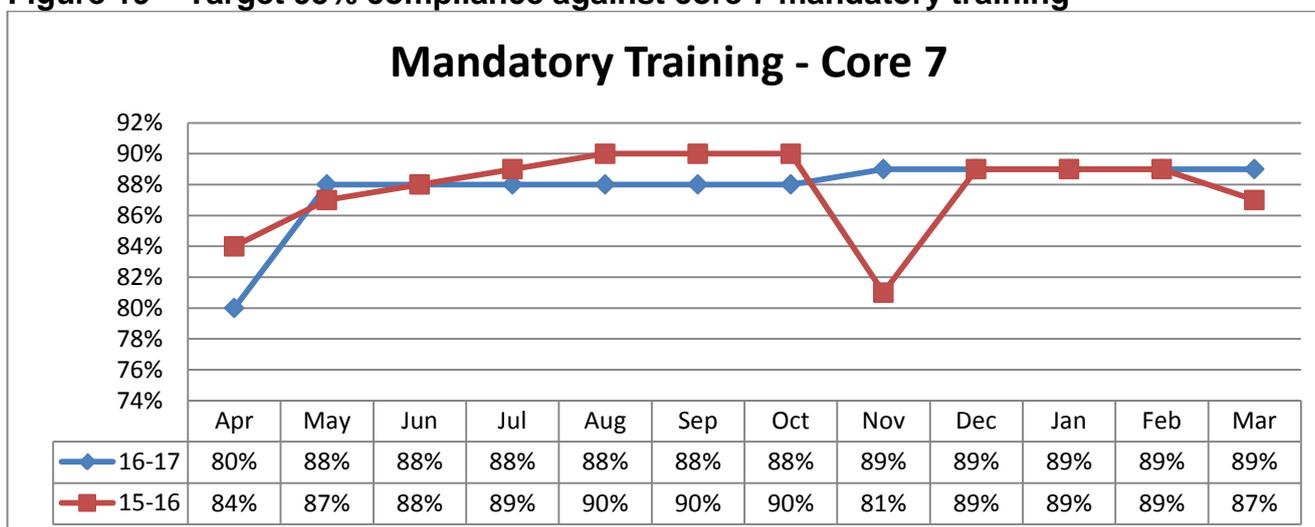
Trust	Durham & Darlington	Forensic	North Yorkshire	Teesside	York & Selby	EFM	Corporate
92.9%	91.8%	94.1%	90.8%	97.2%	88.1%	94.4%	90.3%

Monthly compliance reports are now available on the Integrated Information Centre (IIC) for managers to access and monitor compliance. Managers are able to update appraisal records directly within ESR Manager Self Service. Appraisal compliance monitoring has been incorporated in to daily lean management monitoring procedures which appears to have had a positive impact on the improvement in the performance compliance.

**Mandatory and Statutory Training**

Figure 19 provides information about the percentage of staff undertaking core mandatory and statutory training at the end of March 2017 compared to the Trust target rate of 95%.

**Figure 19 – Target 95% compliance against core 7 mandatory training**



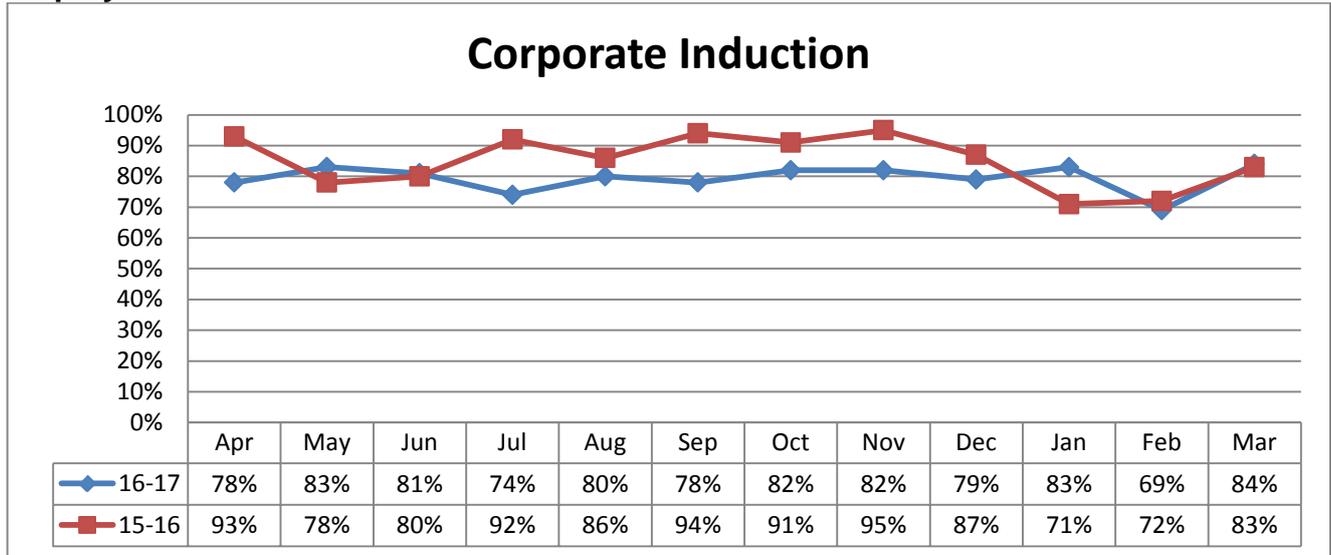
**As at March 2017**

Trust	Durham & Darlington	Forensic	North Yorkshire	Teesside	York & Selby	EFM	Corporate
89.1%	86.6%	89.3%	88.1%	91.5%	84.5%	92.8%	93.2%

**Induction**

The graph at figure 20 highlights compliance for corporate induction against a target of 100% of new starters to the organisation attending induction within 8 weeks. **The compliance figure excludes bank workers whose compliance rate was 100%.**

**Figure 20 – Target for Corporate Induction – 100% within 8 weeks of starting employment**

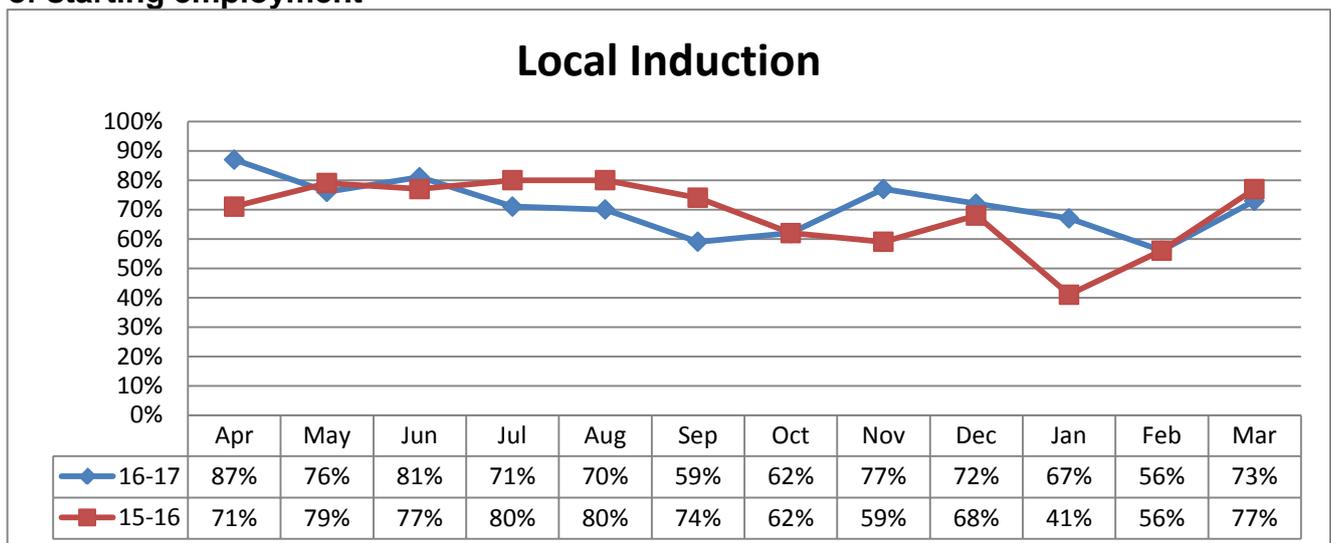


**As at March 2017**

Trust	Durham & Darlington	Forensic	North Yorkshire	Teesside	York & Selby	EFM	Corporate
	100%	89%	89%	67%	100%	50%	100%

Figure 21 concerns the local induction compliance rate against a target of 100% of new staff have completed a local induction within 2 weeks of taking up post. **The compliance figure excludes bank workers.** The compliance rate for bank workers completing local induction is 100%

**Figure 21 – Target Local Induction 100% of new starters to complete within 2 weeks of starting employment**



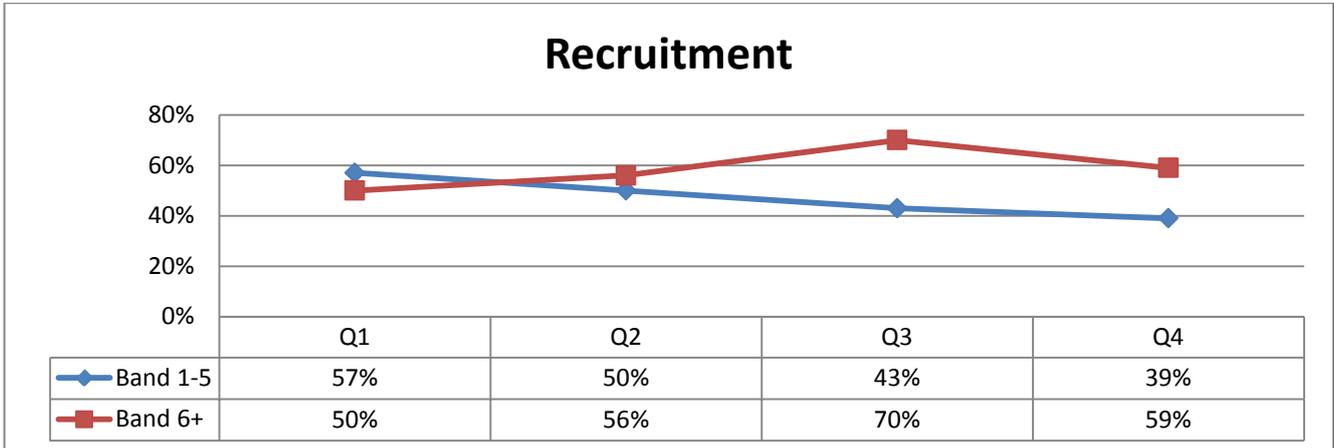
**As at March 2017**

Trust	Durham & Darlington	Forensic	North Yorkshire	Teesside	York & Selby	EFM	Corporate
	85%	60%	80%	50%	40%	78%	100%

## 10.0 Recruitment

The key performance indicators below provide information about the time taken to recruit to vacancies. Figure 22 shows the percentage of staff recruited during the reporting period January to March 2017 compared to the performance indicators identified above.

**Figure 22 – Target – Bands 1-5 recruited within 13 weeks and Band 6 and above recruited within 15 weeks**

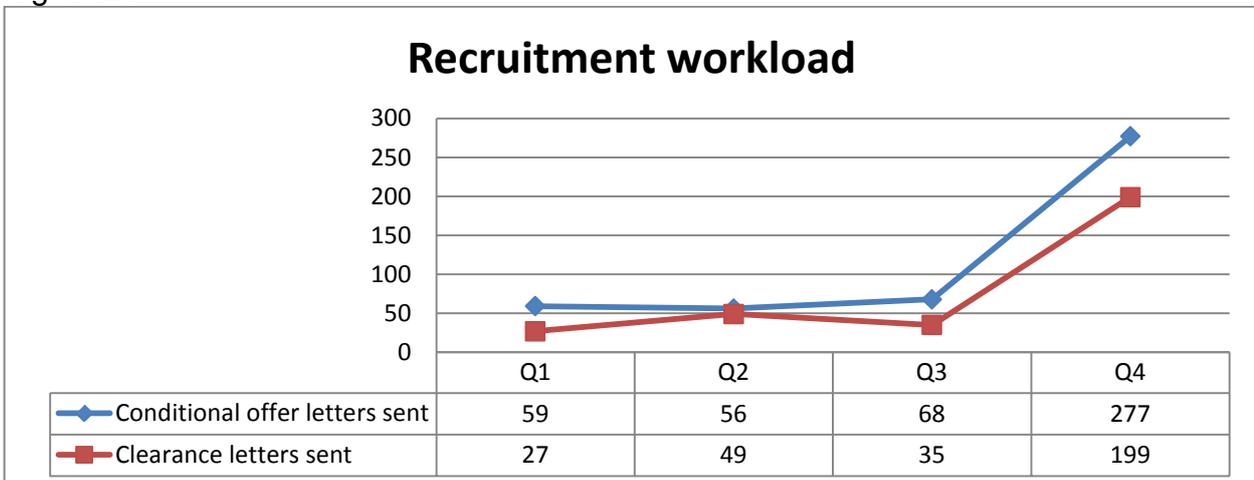


### As at March 2017

	Trust	Durham & Darlington	Forensic	North Yorkshire	Teesside	York & Selby	EFM	Corporate
1-5	39%	59%	21%	57%	29%	12%	43%	67%
6+	59%	80%	57%	56%	58%	67%	na	14%

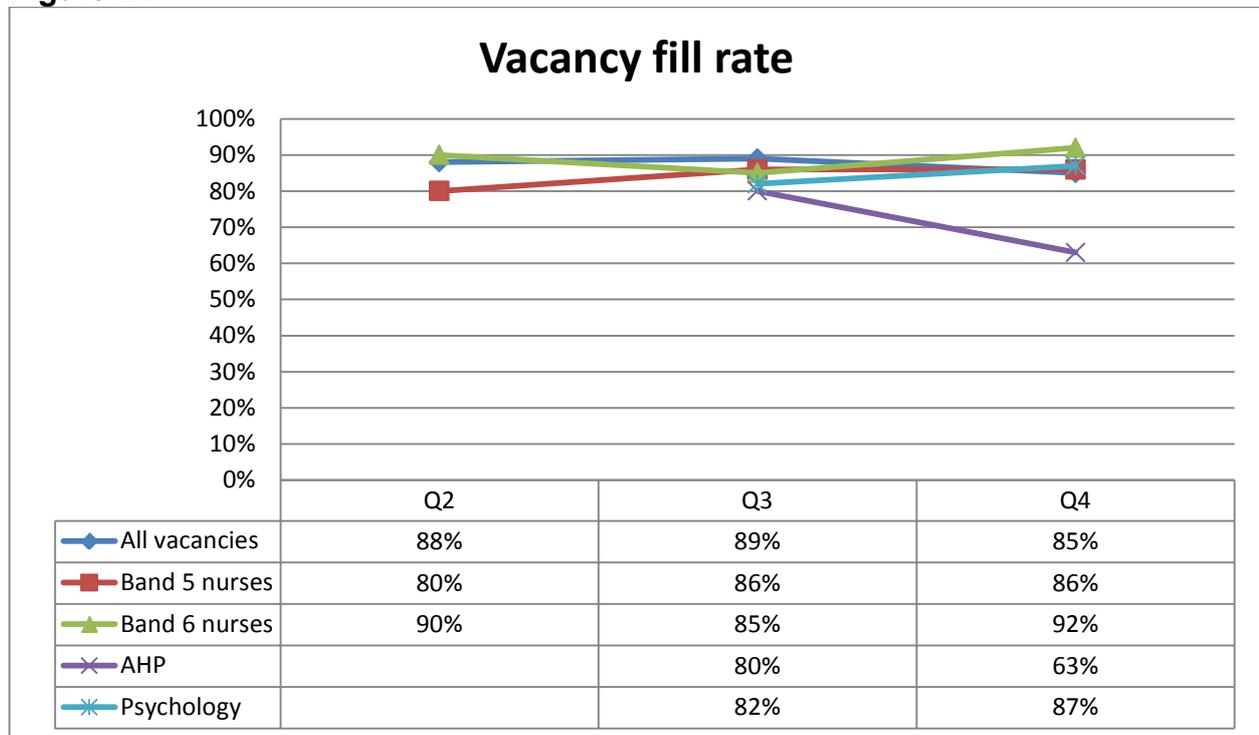
The graph at figure 23 highlights the significant increase in workload the recruitment team have experienced linked to the implementation of the centralised recruitment fairs. The increase in workload is having an impact on the ability of the team to meet the identified targets. The majority of the workload of the team is at the point the successful candidate is identified and the conditional offer letter is sent out. At this point the team are co-ordinating the pre-employment checks such as seeking and chasing up references, DBS checks.

Figure 23



A total of 407 vacancies were advertised during the reporting period January 2017 and March 2017. Figure 24 highlights the vacancy fill rate for those vacancies along with the comparison for quarter 2 and quarter 3. There was a decrease in the vacancy fill rate across all vacancies in quarter 4. There have been a number of recruitment episodes seeking to appoint to several vacancies particularly within CAMHS services and PWP vacancies during this reporting period.

**Figure 24**



## KEY PERFORMANCE INDICATOR SUMMARY

	March 2017			
	Target	Month	Status	Trend (3 months)
Labour Turnover Rate	8% - 12%	10.7%		
Sickness Absence FYTD	4.5%	5.0%		
% of investigations concluded within 8 weeks	95%	68%		
% of staff receiving an annual appraisal	95%	90%		
% of staff compliant with mandatory and statutory training	95%	89%		
% of new starters attending corporate induction within 2 months of commencing employment.	100%	84%		
% of new starters completing local induction within 2 weeks of commencing employment	100%	73%		
% band 1-5 recruited within 13 weeks	75%	39%		
% band 6 and above recruited within 15 weeks.	75%	59%		

## Staff Friends and Family Test - Quarter 4 2016/2017

### RAG report for Trust wide

	Q4 2015 n2694	Q1 2016 n3011	Q2 2016 n2861	Q4 2016 n2914					
How likely are you to recommend this organisation to friends and family if they needed care or treatment	82	82	81	82					
How likely are you to recommend this organisation to friends and family as a place to work	72	72	72	72					
The care of patients/service users or supporting clinical services is the top priority in my team	80	81	88	89					
I am able to make suggestions to improve the work of my team/department	80	78	82	82					
I believe that it is worth while making suggestions	No data	No data	76	74					
There are opportunities for me to show initiative in my role	76	74	81	81					
Overall my role gives me job satisfaction	No data	No data	78	79					
I believe people within my team treat me with dignity and respect	No data	No data	87	85					
I am able to access job relevant non-mandatory training and/or Continuing Professional Development opportunities	No data	No data	81	80					
<table border="1"> <tr> <td>Excellent: 80%+</td> <td>Good: 65% - 79%</td> <td>Fair: 50% - 64%</td> <td>Poor: 40% - 49%</td> <td>Very poor: under 40%</td> </tr> </table>					Excellent: 80%+	Good: 65% - 79%	Fair: 50% - 64%	Poor: 40% - 49%	Very poor: under 40%
Excellent: 80%+	Good: 65% - 79%	Fair: 50% - 64%	Poor: 40% - 49%	Very poor: under 40%					

### Free Text Comments

**How likely are you to recommend this organisation to friends and family if they needed care or treatment?**

#### **Extremely likely**

Excellent quality of care for MHSOP.

Emphasis on quality improvement and compassionate patient care.

They can make you aware of all the available support in the area.

I have always found the care and nursing staff very kind, caring and very experienced when I have been meeting the staff due to my finance role and know by experiences this is of how they treat patients and clients.

Yes the service and level of care is outstanding and all staff work hard to ensure this.

The teams and staff I have had involvement with provide a very good service, are caring and listen to both patient, family, carers.

Well governed, high standards, excellent quality of care, involving patients and families at heart of what TEWV offers.

A member of my family is receiving treatment and I am seeing it make a positive difference.

Great organisation, very patient centred.

I would be extremely likely to recommend TEWV to friends. I would not feel as comfortable about recommending members of my family.

Caring, professional staff.

My husband has been diagnosed with vascular dementia and is known to the services. Cannot praise staff enough.

Since I joined the Trust in December, I have noticed that our Trust has committed to improving the health and wellbeing of people who are looked after and those who are delivering the care. I believe that our Trust has aimed to optimise our safety and the responsiveness and overall experience of people under our care.

I feel the recovery college offers a safe space where our students can rediscover their strengths and find out what works for them.

Good support.

The continuous training of staff, as well as updating hospital units with the latest technology.

Great services.

The team I now work with is a very good one. We deliver a very good service to the population we serve.

I think the Trust provide excellent care and support and would not hesitate to consider the needs of my relatives and friends.

Because of the recovery focus and the use of model lines with psychosis rather than the medical approach only. There is a compassionate focus for patients and they use experts by experience in service developments.

Very caring professional staff at all grades.

Excellent accommodation, caring staff.

Because the staff are genuine and caring.

I have worked within a number of services in the TEWV Trust and consider them all to be very good at addressing the needs of their patients/clients.

As a service I feel we offer person centred care; and as a team we strive to offer the best care and support with the resources available.  
I think the Trust offers good care and I would be happy for a loved one to be treated by my staff.

I work at the Derwent Clinic and all of the feedback I receive from service users/patients is positive.

Good service.

Good quality care in nearly all services.

I am proud of the services we offer people. I would hope they did not need to use MH and LD services, but if they did then I would be happy to recommend TEWV.

Think that generally staff do their best to provide good quality care with compassion.

Caring, responsive, high quality care delivered.

This is by far the most organised, most professional and most caring Trust I have ever worked for.

Patient focused Trust.

Good quality services, high rate mandatory training for staff, various care settings.

Our Trust has strong values to deliver care that is safe, sound and effective.

I see how hard staff work to deliver high quality care.

There is a clear model of care and a commitment to the service user and avoiding drift.

I see how hard the services work for the benefit of the patients.

I believe that patients are the main focus of clinical staff and will deliver the best care possible. The organisation is focused on delivering high standards of care whilst operating in the most efficient way possible.

Standard of service, and response to patient needs is superlative, despite limited resources.

I believe it is a very productive and forward thinking service for service users family and colleagues.

It's Trust with clear policies.

Responsive organisation.

There is no other option and generally the clinical service is excellent. The administrative side is often lacking for patients and their GPs.

Individualised care.

I would definitely recommend the wards where I work as care is fab.

They provide a caring compassionate and service placing the patient at the centre of the care working with them using a holistic approach.

Because I believe our Trust is committed to the care of people who experience mental health issues.

I like working with all professionals in the Trust, it's a friendly atmosphere excellent training given to do my job and the care that is taken for our wellbeing.

In the time I have worked here I have seen how the clinicians and team look after their clients.

Caring, compassionate, excellent clinical services.

Main provider in the area.

I think that TEWV is a good quality provider and would have confidence that best care within resources is offered.

Community I would recommend. Not inpatient.

It a great Trust to work for loads of benefits to enjoy.

Ashwood Team at Guisborough have given fantastic support to my father in law when he has received very little support for the last 6 years from another external Parkinson Team.

Consultants in the team at the centre really genuinely care for their patients.

Excellent care offered.

TEWV appear to offer high standards of quality care.

I have seen the care offered to patients by our team.

**Likely**

In reality, there is no choice.

I work with dedicated staff who work hard to provide effective treatment for our clients, my only hesitation is due to my area being poorly commissioned which affects waiting times.

The staff are incredibly caring. Sometimes the systems around them do not facilitate entirely good care.

Depends which service; I wouldn't want my family members treat in some of our services.

It would greatly depend on which Locality they lived in, if it was Durham and Darlington then I would not, but would for all other areas in the Trust.

TEWV are the main providers of learning disability and mental health services within the area my family live in so there is not much choice, however saying that I do believe most TEWV staff are committed to providing as good a quality of care as they can within the constraints placed on them by the systems and budgets of central government.

I feel over the years the service has deteriorated mainly with staffing issues and trying to care for difficult patients understaffed, I realise there are budgets to maintain but there have been difficult times.

We are dedicated to providing excellent patient care.

I have only answered this as likely because of the staff in the locality who deliver care with compassion, empathy, loyalty to their work place and colleagues in times when there are

issues with staffing levels which induces a lot of stress, pressure and anxiety in staff who are very aware that they have to also reach and maintain expected targets in order to create funding. There is also a lack of resources available in the area both internally and externally. Individuals both elderly and individually have to travel miles to psychiatric unit for the area and when they have no transport of their own and public transport is almost non-existent then this causes family and individuals a lot of unnecessary stress at an already difficult time.

My sister in law is currently under the TEWV working age team and has not had the support from her CPN which we feel is beneficial.

I think this question is a little misleading. TEWV is a local NHS service. If a friend or family was unwell I'm not sure which other service I would refer them to as TEWV is the one the NHS funds for mental health and I doubt I would expect family/friends to pay private.

It would depend on where they lived and the type of service.

The Trust is more advance compare to other Trust.

There are good clear guidelines of what treatment or care the person could expect to get.

Because I know we try our best.

Despite national difficulties I feel TEWV provides client centre approach care for mental health care.

General expectations for high level of care is high, however not always untaken.

No option as they cover such a large geographic area - where else would you go???

I find most staff are great but unfortunately, my sister had a poor experience with one of the teams.

It would depend what they required.

Based on where friends and family live they would not usually receive services from TEWV.

Staff do their best.

It depends which service in the organisation.

Difficult question as people do not have any choice other than this service if they live in the area.

A lot of my friends and family are religious, some would decline treatment if they felt that their religious needs would not be met by staff and the organisation. Working for TEWV I know that the staff are trying to meet the religious and cultural needs and over the years they are getting better at it.

I would not recommend the crisis team as a professional caring service, their responses and attitude to self-presenters are often concerning.

Most of the staff are amazing but are stretched for various reasons.

York still has a long way to go but I think the current changes will eventually improve things.

SWR is a unique locality within North Yorkshire. Instead of exposing any gaps/ quality issues, it has a put up and get on with it culture. This goes against the organisations strategic goals and well led section of Key Lines of Enquiry.

Geography.

Staff are caring.

The staff generally do their utmost in quite difficult situations.

I have been personally subjected to care from another Trust and I think the standard of care we offer is far superior.

It is the only organisation in area that provides the care. Staff I know provide a good service.

Previously I would have said extremely likely but I know that the acute mental health wards are under a lot of stress. This stress is caused by too few experienced staff, young managers (less experience) and staff shortage. The wards have become more challenging and dangerous, I overheard a colleague saying if she wanted to fight or be a bouncer she would have got a job on the doors of pubs in town. The low morale of staff obviously impacts on the patients, the need to ship them in and ship them out although appears cost effective only leads to further admissions with the same results. Revolving door.

Strong committed team which is focusing on the best possible care provision despite difficult times.

I have great deal of confidence that my friends and family would receive an excellent, compassionate, professional service from the majority of TEWV teams I have knowledge of.

Well organised Trust, very efficient and well-led.

Good for care or treatment, not so good for carers, particularly in Stockton. Insufficient information is given to carers regarding the possible short term effects of therapies on patients.

I have mixed feelings about this question - the staff are amazing and work very hard under great stress, at times poor staffing levels and continued added work load cause this. The Staff do their utmost to give excellent quality care for the Patients but at times this is difficult. Generally I have found the morale very low hence the reason that I am leaving the Trust. It is now for me personally becoming an unrewarding job as an OT and I want to venture to new pastures, not within the NHS I may add. I do not necessarily feel that it is the fault of the Trust but governmental changes that are stretching the services to capacity which in turn causes stress amongst the work force and I find that myself and work colleagues struggle to give the quality care they would like.

Very focused on the patient experience of services and you emphasise the importance of recovery.

This could be extremely likely, but I feel the Trust lacks resources that could make this an excellent service, and hence the reason for my lower rating. Despite this, I do feel the Trust Quality Improvement System is a very good way of attempting to manage this and improve things (e.g. PPCS), but staff are understandably finding this tough as most that I have encountered very much hold patient care at the forefront and work hard to provide the best care they are able to considering resource.

I would always want my friends and family to have care that focuses more on the

psychosocial aspects of mental distress rather than the biological and that isn't always as available as it could be, or viewed as the preferred approach by the Trust.

Good team work.

There is no alternative if they need treatment. However I also think that there are some very good staff who work within TEWV.

My answer is based on experience working within the CMHT in which I am based. I feel the team give excellent care, have robust procedures which ensure care is regularly reviewed and is appropriate to the patient's needs. This is despite the limited resources we have available and is not always recognised out-with the team.

Only reason this is not extremely likely is I feel staff have a great deal of responsibility but their salary does not reflect this. I feel we are definitely an underpaid workforce.

I believe there are excellent staff with high standards of work however the wards are not staffed to meet the high need resulting in staff not being able to provide the level of care they aim to. Mixed wards (organic and functional) don't provide the best environments for either patients.

TEWV are the only NHS service for Mental Health within a 40 mile radius of my home.

It's hard to vote for the whole organisation as some parts will be excellent, some not so excellent.

It would depend which service - I would not recommend West Park.

There is limited choice of alternative services.

The Trust is recovery focussed.

Care Coordinators are really good and really care about their work.

I think there are some excellent services but equally some that I would not like a family member to be in.

But as neither myself or the majority of my friends and family live in the Trust area then it would be highly unlikely they would receive treatment from this Trust.

I am concerned by the lack of resources - I think other Trusts are able to offer more. I think what is offered is generally of good quality. I am very impressed by the practice of some teams but feels this cannot compare to the resources elsewhere.

There isn't really much choice for us, living where we do.

It would depend upon the type of service needed and the locality (and even the individual).

As long as they don't mind waiting.

This very much depends on the service. Many are excellent, but there are issues with some e.g. many patients with potential autism are rejected by access teams without assessment.

Staff are committed to provide high quality care.

Depending on the service this would change, some services are better than others within the Trust.

**Neither likely nor unlikely**

Yes to the service I'm involved in but no to learning disability service . A family member used their service and was miss-diagnosed and subsequently taken off their medication which left them , in my opinion , mentally unwell for over three years. The CPN and Consultant were unresponsive to family concerns and opinions. Because my relative was too ill to return home she was found a placement in another area, she remained mentally unstable and without appropriate medication up until last year when the placement fell through because she was seriously mentally ill and was admitted to an assessment and treatment ward in another area and Trust, thank god. I can't thank them enough for the care and treatment they have given to my relative. They completely disagreed with the diagnosis and lack of treatment provided previously, and have diagnosed and treated her for Schizophrenia - I am pleased to say she is doing great now, and because of this she can be placed closer to home.

There is very little choice in the area anyway but also there is an element of postcode lottery with huge differences in what is available in different areas of Trust and even within the localities.

I think the NHS is a fabulous concept and feel private care is often no better and often worse. So I would recommend NHS anyway whoever the provider they all have their strengths and weakness. Whether it's TEWV or not it doesn't matter.

If you live in the area and don't have money for private care then TEWV is your only option.

It's the only place in this area I could recommend.

TEWV is the only NHS Trust available in North Yorkshire, but Scarborough services fall far short of what service users need. For example, there is no help to get people who have difficulty working due to their personality disorders work.

The staff are mostly very caring and provide a good service, often in difficult circumstances, though with the pressures on the service at the moment, particularly in MHSOP. Staff feel they are unable to give the level of care they want to.

I would want more personal 1 to 1 time spent reassuring my friends and family in hospital. It is all very orientated. If somebody becomes confused or upset then this is automatically a referral for mental health input which is unnecessary.

No consistency.

I am not satisfied with the level of care I see some patients of our service get so I would not want my family to have the same experience.

The Trust provides a wide range of services some of which are excellent however I have family members who have not always received the best service from the Trust this past year.

Working in a position where a vast amount of information is received, cascaded etc I am more aware of the problems that the wards, teams may have. I would not wish a friend or member of my family to experience those same problems.

No one has a choice which Trust they can use it is dependent on the location of their GP surgery.

It would depend on the service they needed as there is disparity between the quality of services.

Have no choice in the area we live as all mental health services are provided by TEWV.

At present it feels more service led than person centred.

It would depend on the care needed due to waiting times for some pathways.

I am unsure as to whether I would recommend TEWV. I have observed a variety of different standards of care in a variety of areas. I am concerned about this. I am also concerned about how understaffed both inpatient and community services are.

I would be concerned that workers have too many patients on their caseloads to give enough time to individuals.

Targets, time pressures, staffing levels, Trust expectations upon staff don't allow for 'good' nursing or care. However most staff have the desire to still do this as best they can.

I am very proud of the work that we are doing in our partnership with the university and would be extremely likely to recommend this. If the rest of services were able to offer more innovative practice and forward thinking ideas I would be extremely likely to recommend. I still see teams under a great deal of stress, low morale and fatigue - that would put me off recommending them as a service to others.

Have chosen my response, as, other than private care, there is no other provider within catchment.

Depends on which areas. Aware of very good practice in some areas. However, also aware that others are not so good.

High caseloads limit ease of access.

Not enough access to formally trained and accredited psychological therapists.

Usually people do not get a choice in who provides their care. You are sent to the nearest place that is suitable and has a place for you.

Depends on the service and locality.

I don't feel TEWV is any better or worse than any other NHS business run Trust.

I don't think I would be able to generalise in terms of an answer as there will be places where there is excellent/good practice and others that are not.

I think that TEWV is a really good Trust with regards to its approach to mental health care. However when it comes to accessing services, a recommendation doesn't seem at all relevant as this is not how the process works. I don't really feel that this is a fair, accurate or representative question. I also feel that for those that do not work within service or this Trust specifically. There is a lack of understanding of how the NHS breaks down into varied

Trusts.

It depends on which service this would apply to - could flex between extremely likely to extremely unlikely.

Some areas of the Trust are better than others in responding/waiting times.

It would not be up to me to refer anyone to this Trust.

Only choice locally as such a big Trust.

Mental health providers are determined by where you live.

I would have no concerns in relation to the care that people receive (based on my colleagues approach with people) however in different localities different resources are available (such as psychology, OT) which could impact on a person's recovery.

In regards to the team I am in, there are significant wait times for most treatment, therefore it may be more beneficial for somebody to access support somewhere else or if they can go private.

In reality there is very little provider choice in the area - feel that in some areas of services thresholds to assess/ treat are very high which is a concern.

Waiting lists and staff capacity does not ensure a smooth service. SPOA stops the waiting list at the entrance to treatment, but creates blockages further on. Staff do their best to provide a good standard of service, but due to pressures of getting people through services, individuals do not always receive the highest standard of input.

This is dependent on the member of staff who they are allocated to see and that member of staff's abilities to be resistant to the move away from compassionate patient centred care towards the increasing marketization of services with its associated box ticking. This and the consequence of not feeling valued or cared for has the potential to promote compassion fatigue amongst staff.

The staff are excellent but overburdened with work and teams appear understaffed.

Depends which service they were accessing. Some I would definitely recommend.

This answer would be site/unit dependant.

It would depend which team they would be allocated to.

I would recommend it for friends but not family due to my own requirement for privacy.

They're the only MH Trust in the area, however when family members have been in crisis they have been of little help.

Not a lot of choice given TEWV cover a lot of the North East.

Variable quality; some is poor; some is excellent.

Usual comment that it would depend on service. Some function well, others not so much.

Some of the poorer functioning have been like this since before these questionnaires started. However performance is patchy even in good teams and good experiences are had by patients in the poorer functioning teams. It just depends on the staff who directly deal with you.

It's not like buying beans, people aren't given a choice so the purpose of a recommendation is not clear. Practice is so variable within the Trust that this is not the level at which you make a recommendation, it would be a team or a clinician.

Management using production methods and putting finances first rather than patient care.

As an employee I see an organisation striving to deliver good care and always improve, but as a service user for over 10 years I genuinely wish I had never been referred to secondary services as I feel it has ruined my life.

I feel that from my experience of the Trust, I have seen both examples of good and bad practice, and as such, whether I would recommend treatment would depend upon which service they were referred to.

Services in this area are extremely limited and so it would be a case of choice rather than recommendation. I think if a family member were referred in it would very much depend on the issues they present with and the individual who assess them as to whether they receive quality care.

Think general adult services variable quality.

I am not employed by TEWV currently so unable to answer.

Poor experience when dad was recently seen in services. This would prevent me from recommending services although there is no other choice.

It would all depend on the ward that my friend or family would go on but as I stated as above.

The standard of care depends on the individual professional providing the care. I see examples of very good care and examples of very poor care within the service.

### **Unlikely**

The service is clouded by change. It is unclear what a person could expect. Inconsistencies between teams. Lack of clarity of ways of working.

Don't think as a Trust the patients need are a priority.

Family member been involved and shocking service.

My daughter has waited over 6 months for an assessment in relation to possible Autism.

The time taken to get a diagnosis for a child in CAHMs is disgraceful.

I am concerned that due to hospitals being closed, the patients have to, potentially, travel as far away as Durham for inpatient treatment. This appears not just unfair but flies in the face of the government's agenda to provide 'local treatment'. The fact that the Trust is spread over a large geographical area means that whilst the patients remain 'within' the Trust, they still get placed a considerable distance away from their home.

There is not enough staff or support to offer the need of the service user.

I would not recommend anybody to the Crisis Assessment Unit as certain staff are not caring and when contact you them to advise about clients which have been transferred by a GP you received comments like they would, we are too busy the wait will be about 4 hours, just

tell them.

I would like this to remain confidential but I had a close family member within our services for over 6 months and they were numerous issues with their care, treatment etc. An SUI uncovered many issues and also whilst visiting my relative - I encountered many concerns.

Sadly the public don't have a choice of services. If they had I would more likely recommend a different Trust due to the recent practice of discharging patients from hospital prematurely due to a lack of inpatient beds.

The Trust is too large and there is an inconsistency between hospitals and the services they provide.

Stressed staff less likely to provide high quality service to friend or family, because of demands on time by requirements to see high patient numbers and to spend hours putting data into PARIS. Algorithm based care has its place but in time-poor high demand setting, risks stripping the humanity out of interactions, as well as high quality individualised thinking about the person in need.

The Trust is not really interested in quality. So long as nobody is killed, cheap and cheerful will do.

Clients being in Treatment and Assessment Units for prolonged periods of time because of the lack of suitable options in the Community.

Where I work the care is less about the patients and more about figures...how many have been seen, rather than who, how many ROMs have been done etc.

Its unfortunate there isn't a choice.

Totally focussed on assessment/outcome process i.e. payment by result which loses sight of patient as individual.

I may recommend it as it is a provider of a public service that has no cost at point of access - and there is no suitable other option for accessing free mental health care.

Concerns over a shortage of staff due to staff either long term sick or staff constantly moving to other jobs and therefore patients having to have different care coordinators.

I think that there is some excellent care within TEWV, but the staff are under a lot of pressure which causes problems within and between services. People are passed between services based on diagnosis rather than need. Diagnosis appears subjective. I think that often we repeat people's previous traumas through this process of not listening properly to their need, and of rejecting them by moving them from service to service. If I could choose the staff who my relative worked with then I'd be highly likely to recommend, but I've witnessed practice I disagree with, and therefore would be unlikely to want my relative within services as fractured at TEWV can be.

Because the team is stretched too far and no consistency in staffing, I would be frustrated if I was a patient from this team.

The service I work in doesn't respect it's staff.

Large caseloads and understaffing causing poor quality of care. Rushed, obstructive and paternalising/disempowering care.

Accessing the services required can be exceedingly difficult, particularly in a crisis situation with a distinct lack of access to this service by anyone not already involved with the Trust.

With regard to CAMHS staffing capacity issues mean families wait for treatment and then often do not receive regular or consistent appointments.

In Northallerton \*\*\*\*\*, high anxiety.

With the passage of time there is an emergence of corporate issues taking priority over patient care.

I would recommend TEWV Trust in the North of the Trust where services are well resourced and receive adequate funding, I would not recommend our service in North Yorkshire and York which is underfunded and therefore does not give as good a service.

I would sign post them to a voluntary services as today they are the caring profession.

Long waiting lists.

It would depend on which ward the care was being delivered on. \*\*\* ward disorganised and badly managed.

There are a number of inconsistencies within interagency communication which impacts of the speed care can be accessed.

I currently work in a newly established liaison team. We run 24 hour service with only 7 staff, the team are an amazing team and it is their dedication that has meant the success of the team so far. But the basics for the team are the most difficult for the team to sort out and this is now having an impact on the team's morale. The basics are stable accommodation, correct staffing levels, stationary to be available in a timely manner, appropriate team training, completing PPCS when no other TEWV liaison are required, access to correct information, IT software and mobile phones (the lack of), and just the fact that the upper management have an understanding of the high volume, high risk patients that the team assess effectively with no external supervision, also that the management team rather than just picking at the areas that the team are not doing, actually acknowledging and telling the staff about the great level of work they do for TEWV. Also as an assessing service we do refer people on to appropriate services but due to long waiting times the issues may increase which includes the risks and therefore we are having no choice but to give a more intensive treatment which is then putting pressure on those services. We have continued for the past year to try and amend the above issues regarding the team with little to no resolve and this is extremely disappointing.

Concern about staff shortages not enough qualified nurses and in some areas shortage of doctors.

### **Extremely unlikely**

Constant interference to our ways of working.

Quick assessments and long waiting times for treatment. Limited treatment approaches by staff who are not trained.

The Trust only care about money and ticking boxes. Patient care is never the first thought for TEWV. As a result the service looks good on paper but the care is \*\*\*\*.

Trust feels very target driven, less focus on patients and wellbeing of staff.

The site is unsafe. It is understaffed - minimum staff numbers are too low to provide a safe and effective service. There are too many new starters and inexperienced (life experience) staff, and often these people are quickly turned into managers and clinical leads, compounding the problem by not knowing how to address problems, and passing on these \*\*\*\* skills, maintaining an ever increasing crock of \*\*\*\*.

A family member waited several months to be seen and assessed.

We use the Paris system which frequently goes off line or gets taken down for maintenance meaning we can't pull up any details of care plans or risk plans for patients. I find it highly dangerous.

I live and work out of the TEWV area as do my family and friends.

My father was diagnosed with vascular dementia. He received a home visit by a member of staff and had to go for a scan, then received a visit with the diagnosis from a different person. No help, no support, no literature, not even telling us about the Trust and it's work with elderly people and what they are all about.

This is due to lack of information and support for an elderly family member who has vascular dementia. All the appointments made by TEWV MHSOP \*\*\*\*\* were late and the service did not provide any information regarding their condition or ongoing care. We also received very little information and support from the GP and any information we had to research ourselves and this was through online organisations.

I believe I work for an organisation that provides excellent services.

Staff are stressed and burnt out, caseloads are high and have been for a long time, staff can't remember who their next client is or what they did at the last appointment. How can they be effective.

Long waiting lists, staff shortages and no clear plan of how to deal with this.

There is an inordinate amount of pressure within the services in the Harrogate locality to ensure as fast a turn over as possible in work. I believe that the underfunding and ineffective use of resources lead to pressure to discharge patients so that new referrals can be managed. Many referrals are seen in secondary care mental health services, where at one time they could have been managed properly by experienced workers in Primary Care MH Services. The risk adverse culture of the organisation, along with the blame culture towards staff, contributes towards wasting valuable resources on overly defensive practice. Within this locality there is a very poor understanding and recognition of the contribution of autistic spectrum conditions to mental health problems, and even a sceptical attitude amongst senior managers as to the diagnosis of ASD. Patients with ASD are commonly misdiagnosed with personality disorder. Often when the diagnosis of personality disorder is used there is no specificity as to which personality disorder is being referred to, and the term continues to be used pejoratively rather than to enhance understanding. The management culture of poor regard and respect for staff, often highly experienced clinicians, then starts to pervade into the attitudes of those staff to their work. TEWV NHS FT appears to place much more value on rigid adherence to it's recording and information systems, than on genuine quality of treatment to patients. Staff time is wasted in 'feeding' the cumbersome PARIS system, rather than in caring directly for patients. Perhaps then the most significant waste of resources is the 'daily huddle'. I would equate this to the Han Christian Anderson story of The Emperor's New Clothes. Most staff within the service know that the time wasted in the 'huddle' could otherwise be directed to patient benefit, but most are fearful of raising concerns about this because the management position is to admire the New Clothes, with a degree of blindness

to the reality which is almost incomprehensible.

Tried to refer a family member and was told they could not be accepted as I worked for the service.

**Don't know**

Never been a patient myself so can't give an opinion.

Some people I have worked with are not professional and should not work in care.

I think it depends, what service they require, what I may know about the service. The Trust covers so many different areas, both geographically and areas such as adults, CAMHS, LD, MHSOP etc. If they didn't what other options do people have, unless they are willing to travel? The answer is too dependent on care required, for me to be able to provide a blanket yes or no. In fact how are you expecting staff to answer a blanket question such as this, when it is not service or locality specific, how do I know what goes on in York learning disability service for example when I work in Teesside??? I am aware that although we have standard processes, that these are not followed and levels of provision are different across the Trust.

I don't work for any clinical team and have had no treatment from any team in the Trust, so can't comment.

It would depend on the locality. I have no hesitation recommending the local teams but would not recommend teams further afield based on how I have been treated by them as a colleague.

**How likely are you to recommend this organisation to friends and family as a place to work?**

**Extremely likely**

Great place to work with emphasis on staff wellbeing and PPD.

Valuing staff and opportunities for development.

TEWV is very supportive Trust. Treats the employees with respect.

As a recent starter, had a good induction and support. Although remotely based to rest of team, line manager is regularly in contact.

I find the Trust a positive place to work, it has many good points and these in my opinion outweigh the negatives that are in any organisation.

I have always been a team worker and this has always been my experience within the department with old and new staff as the department as always kept and open and honest vibe.

Staff are well treated and well supported.

Supportive team opportunity to develop new skills by attending courses - not just related to my profession and attend conferences.

I have recommended TEWV to 3 family members who have subsequently started work at TEWV.

TEWV have invested in me by both money and time, I started working for the Trust in 2004

as a bank STR worker with no qualifications, I now have secured a Band 6 position after the Trust sponsored me to further my education and I left University with a degree in mental health nursing (Bachelor of Science). I am very grateful to the Trust who had faith in my abilities.

Great organisation, wellbeing service great and staff treated with respect.

Staff are working positively and collaboratively towards improving services for patients.

There is genuine commitment to supporting and developing staff.

Excellent training, well managed, all levels of management are very accessible (in reality - not just on paper), friendly atmosphere and a can-do attitude across the board!

Feel the Trust is very supportive and give good services if you require them.

I have worked in this Trust (through its many merges) for over 40 years and have no regrets. I recently encouraged my nephew to apply for a post in the Trust which he was successful in and enjoying his work.

I believe our Trust is person-centred and has exercised a sensible and balanced approach on demand and capacity. I feel very supported by my managers and teams to do my work.

All my colleagues at work are friendly and helpful. This together with the quarterly magazine, insight and the monthly tool box talks which give up to date information on what is happening throughout the Trust.

I have worked for TEWV for 9 years, I am extremely happy here, I am treated well by the staff and management. I am able to train and progress in my career to help me better at my job. I am supported by my team and manager. Through my experience here I would recommend others to come and work for TEWV.

TEWV invest in staff positively and with developments in the community and for inpatients. Staff compact is positive and training is available. Managers listen to staff and there is a real two way feedback. There is support for staff when recovering themselves from physical or mental health problems. You can advance in this Trust.

A good place to work. Good support network. A lot of opportunities for training and staff development.

Feel valued, great opportunities to develop.

I have spent 15 happy years here.

I have worked for TEWV for 16 years and feel that it has always been a lovely place to work.

All staff that I have come into contact with have been friendly, approachable and helpful. I feel supported in my role.

I would definitely recommend working for forensic rather than acute wards. The management and staff have respect for one another and support is there when required, excellent care given to patients and staff alike.

Good employer with good opportunities.

Very good in general, though could do more towards talent management for the lower

bands.

Absolutely I would, I enjoy work and feel supported.

The Trust looks after us, especially when NHS bashing seems to be a national sport and there is not enough money invested in mental health services.

I have felt so supported since moving to TEWV.

TEWV is a fantastic place to work, with great values and a culture that is supportive and developmental.

Supportive, encouraging, good training opportunities.

This is by far the most organised, most professional and most caring Trust I have ever worked for.

Work in a great supportive team.

Staff benefits, ability to work flexible hours, good management structure, ability to change practice and ways of working through ideas.

I strongly believe that the service we deliver to patients is excellent and second to none.

Good organisation to work for, good reputation.

There are excellent career opportunities across a range of clinical and non-clinical areas. There is large scope for development, especially if you are prepared to work across localities. In addition there are a wide range of career development courses available which are generally supported by team and service managers.

Made to feel part of a 'whole company team' and not just number 'in a team'.

There are good benefits and greater stability than other organisations.

Good communication among management level.

I find that as a Psychology Service we get good support and training opportunities.

The Trust is friendly and caring, staff and patients are at the front of everything they do.

Supportive of staff development and generally trying to address some of its over-focus on production/process.

My boss is fair and flexible around my family circumstances.

It's a very positive place to work. Staff are largely committed to making a difference.

I have been employed as a Receptionist/Administrator since December 2016, previously as a temp from June 2016 and I have been extremely happy.

Community I would recommend. Not inpatient.

My job in C&YPS Teesside is enjoyable and gives families excellent support.

My father was nursed by this Trust when suffering from dementia and my daughter now works for the Trust.

Good staff morale and positive in staffs approach to care for patients and each other.

Well supported by managers. Feel appreciated.

### **Likely**

Again little choice if wanting to work in the NHS in mental health. As with all Trusts there are pro's and con's to TEWV.

Well run and clear organisation, who can explain why they make changes. I believe there is an effort to try to bridge the gap between senior management and ordinary employees and senior managers are certainly personable.

The same point applies from the above question.

My role at TEWV is a really enjoyable one. One which I feel contributes to the Trust and society as a whole. Hopefully it will make a difference to services patients receive in the future.

Good support and opportunity for learning development.

Good support of managers all the time and feel valued as staff member.

The organisation has good values, and is well managed - although I would point out that levels of pay are deteriorating compared to different roles in the private sector.

Good lines of communication for staff.

Overall TEWV is a good employer.

Too much paperwork/forms/induction.

Compared to feedback from staff in other Trust's regarding support and development if someone wanted to work in the Mental Health field I would tell them to Consider TEWV.

TEWV is on the whole a good organisation to work for, however in my experience it is not always supportive of staff members and there is always a worry of a blame culture.

Recent problems with trying to get special leave as I am a carer for my parents, resulted in me having to use time owing or annual leave - which was clearly not pleasurable.

There are good wellbeing systems in place.

I would recommend TEWV as I do believe that the Trust thinks about its staff members and listens to concerns raised.

Overall quite good experience but also aware that some managers/teams leave a lot to be desired.

You are able to develop your skills and complete qualifications.

It depends on which area/ team you plan to work in. There are significant variations in how staff are treated by management.

I have an adult member of my family who has required treatment from the Trust and I feel that the treatment they have received has not always been consistent or delivered in a timely manner.

Depends what job they are looking at and where.

Good opportunities for staff development, supportive with regard to external life challenges.

New management structure has encouraged and supported staff in SWR.

Staff are supportive.

On the whole, TEWV is a good place to work in - friendly supportive colleagues, clear aims of service.

There is a wide variety of resources available for staff wellbeing. Also a lot of opportunities to improve knowledge and skills. Demands can be difficult however in relation to expectation of paperwork, when there is big caseloads it's difficult.

Having experienced other Trusts locally I believe the values held by my senior staff and the wellbeing promotion in TEWV make it a good place to work. Poor use of technology (particularly the electronic care record) and not starting from the premise of 'how can we make this easiest for clinical services to implement' would be the main things that stop me from saying extremely likely.

I have been fortunate to have always had support from management and appraisal processes that are supported and geared towards staff development, but at the same time, there are a lot of expectations on staff to perform.

TEWV is a very forward thinking organisation, which has afforded me a good career with many benefits and opportunities.

Constant change, some good but some poor communication, increases in workload and making it feel unsafe at times.

More supportive to staff than the last Trust.

North Yorkshire has strong clear defined leadership with a clear focus on care for patients.

There are quite a lot of pressures in the organisation due to the degree of service changes and this is stressful but overall there is good support for staff.

Based on my current team manager and clinical supervisor. I feel supported and am allowed freedom to develop in my role. However, I am aware that this is not the case across all teams.

I actually enjoy working for TEWV.

I think there is poor communication in TEWV little contact and drop down information from band 8s and above.

As a BANK HCA member of staff and as a learning disability student nurse on placement with TEWV, I am likely to recommend TEWV as a place to work as I feel well supported within both my roles and there are opportunities within TEWV to grow and develop. I am

looking forward to starting working for TEWV in my Band 5 Staff Nurse role in October.

It's a good Trust but now struggling with being too big and too bureaucratic.

I have rated as 'likely' on the basis of my positive experience working in the Trust. I think this is specific to my team. I see many colleagues across the Trust who have a considerably different experience, presenting as 'burnt out' dissatisfied and disillusioned, seemingly due to lack of resources and staffing.

Very supportive and flexible environment, always someone to approach.

Caring, compassionate and well organized, open to change and improvement.

In my own team – yes.

Generally I believe TEWV do have a genuine interest in employees as we do in patient care. We don't always get it right but then that's life, as long as we keep listening and keep trying I would recommend TEWV as a place to work.

In the area I am currently working. Not at previously locations.

#### **Neither likely nor unlikely**

Uncertainty at present, staff reductions and bed closures.

I do not feel it's any worse than the other NHS provider. I feel it is run like a business which I appreciate it is, but feel unhappy that nurses have less and less to do with hand on nursing care. I spend my time sitting at a computer feeling as though I'm writing to cover my back as opposed to writing for the benefit of the patient. I also feel that the demands are such that unachievable goals are set for staff and as we know when writing care plans that this leads to people feeling like they are failing. So currently I would not say it's not good or bad working here but all providers seem to cut money in places where it mostly matters e.g. basic staffing TEWV is efficient when it comes to things like training, but like waste so much money in the process, like all providers.

Everyone's opinions of working expectations differ.

Management, their attitude to staff.

Feel that we are on a treadmill too much pressure to complete documentation not about seeing people.

Personally I love my work and the area I work in and would recommend this area as a place to work in, what I don't like is that my role has changed so much that I spend more time in front of the computer completing paperwork than with service users. I spend time checking data to clarify just how much I may be costing TEWV because I have not maintained targets, updating data which is supposed to help me with my time management but identifies that I actually need more hours to maintain what is expected of me. I already work extra hours coming in early and leaving late and work weekends to try to keep on top of the paperwork which does not stop individuals completing suicide. I feel that there is too much emphasis on what we are not achieving and that staff are constantly aware of this. I think more emphasis should be on what staff are achieving in difficult times. I am seeing more and more staff break down in tears, become unwell because of the stress they are experiencing and some of these are newly qualified staff. The work we do is stressful, demanding both physically and mentally, service users are not robots they are individuals who by the nature of the illnesses are not predictable and need staff that are available, flexible not staff trying to fit

their service users into boxes.

Less so since more inflexible working such as e-rostering (limited requests) and increased expectations from staff i.e. expected to work with limited notice in other environments, wards etc without the appropriate training.

At times the mental health of staff is ignored or down played or worse still seen as an obstacle to staff working, the attitude to staff poor mental health is not supportive, it is treated as a hindrance to be dealt with as quickly as possible.

I took a grievance out last year against another member of staff which has taken 7 months to get to stage 1. I feel I have not been supported through this and now the outcome is not satisfactory due too much time since it happened and differing opinions. It has caused me to rethink about working in TEWV and about raising grievances.

I have given a less favourable answer to this since the last survey - this is because I work in York and have seen first-hand the enormous strain the services and staff are under here. Much of the change and upheaval over the last couple of years is not down to TEWV, but in my view there is a long-term problem with relatively inadequate funding of mental health in York.

Again I can only go by my personal experience. If asked this question 6 months ago I would not have hesitated to mark 'Likely' or 'Extremely likely' as my answer. Today I still wait for someone to constructively speak to me about what my future my role will be as my present one was recently included in the PA role and that post appointed to in January. This experience has not been a positive one.

If friends or family 'just' wanted a job then this is as good a place as any, if the person wanted a career I'd advise them to look elsewhere.

Untenable targets resulting in low morale.

There is a lot of pressure working in CAMHS now so work can be very stressful.

I think the Trust is good to work for but I can see the stresses that come with high caseloads.

My experience of working with TEWV has not been as expected. I receive little support with my role and I feel not listened to. However, I cannot use this to comment on the rest of the services provided by TEWV so I am unable to say if I would recommend as a work place.

I think anywhere in the NHS is a difficult career choice at present due to the stress levels / caseload levels and unrelenting pressures / change in services. I feel extremely fortunate to be doing the role that I am doing and would be extremely likely to recommend working in such a way to friends / family if they had the same opportunities as me. I am very happy in my post. For feedback - The mandatory training has been one of the most stressful aspects of my role this year. Something that should be a simple process has been hampered by computer systems that don't work, inflexible rules around training (it was made easy and efficient by putting it on the shared drive, then access was taken away because the training team were inundated with receiving certificates via email - which made no sense at all - wasn't it better that it was getting done). We have an added challenge that we work part time and off a main base meaning we have to rely on a lap top to get on in touch - the lap top won't work with the university Wifi - or via mobile phones - which has added increased difficulty to accessing training. Getting training on a disc and collecting certificates as a manager was much better. The ESR system does not update or translate to IIC - I feel that a lot of my time has been wasted chasing this. In our old system we had a once monthly email

sent with a breakdown of our training record and things that were getting due to update. It was quick and simple to book on.

Colleagues are very supportive and there are systems in place to support practice but high caseloads and staffing reduces effectiveness and increases stress levels.

No longer a job for life, you can just get moved from one department for another despite years of experience.

I feel most NHS Trusts now offer a very unsupportive and targeted approach to employment which makes clinicians work harder and more stressful. TEWV runs like a business corporation viewing people as commodities. It offers a very dictatorial style of operation under the guise of caring about staff and patients.

As above... In terms of CAMHS , I would hesitate to recommend it as I think there has been a constant state of pressure in terms of workload / caseload.

In regards to the team I am in, lots of change and increasingly stressful due to staffing issues, currently not enough staff to meet demand, and still high expectations to meet targets. Therefore even though I enjoy the job and like my work colleagues, I'm not sure if I would recommend as a place to work.

I don't feel that I have been supported to return to work very well following a period of absence (no return to work interview etc.) so am not sure I would recommend it at the moment.

I think this would largely depend on the specific area they intended to work in how it was resourced and managed.

Whilst TEWV is a good employer working in the NHS is no longer an attractive prospect due to government pressures on Trusts.

Too often the emphasis is on meeting performance targets rather than meeting the needs of individuals.

Process driven and inflexible at times, can be frustrating, difficult to develop new ideas out-with current more 'central' i.e. Middlesbrough way of doing things, can feel disempowering at times with some sense of learned helplessness in staff which has a significant impact on morale.

Site dependent.

Due to current pressure the NHS in a whole is under it is a highly stressful job, this would depend on my individual friend or family member and the area they were going to work.

There is so much bureaucracy and systemic dysfunction within the Trust that I find it hard to wholeheartedly agree to this as it makes your job so much more difficult than it needs to be. Services and staff are good and there's lots of good practice so it's good at a clinical level.

Services stretched / stressful work load.

Like working for KGB.

Poor personal treatment.

TEWV has become a 'less fun' place to work over the last 5 years - certainly more stress

placed on staff and more emphasis on saving money (which is disguised as CRES and PPCS) - however this is not solely TEWV's fault - the cuts and pressure from the government is driving this. The 'compact' is rarely referred to and not worth the paper it is written on anymore.

Based on experience within the team then the CMHT in which I work is rewarding and enjoyable to work. Members are supportive of each other and value each other's contributions. The experience of these front line clinicians is rarely listened to when the Trust makes decisions about service provision with these decisions being financially/business driven decisions.

Too much emphasis is put on achieving targets- the reasons the targets aren't achieved (very often staffing levels, high patient need, increased caseloads, training) are not addressed but staff expected to reach targets never the less.

Current team I work in staff morale is extremely low due to poor management, lack of staff high caseloads and stress levels.

Quality of job depends entirely on team/leadership. I'm lucky to be in such a forward thinking, progressive team with strong, compassion focussed leadership; others are not so lucky.

There are some aspects which could be improved. The Paris IT system is too complicated and complex meaning simple tasks like documenting a note or a telephone call take longer than needs be, not being able to scan in documents is problematic. I have a complex patient who is known to send his care coordinators letters, not being able to quickly scan these means any other teams required to work with the patient do not see the full content and therefore don't see the context in which they mean. Seeing all notes without having to search would also save time. This is also true of risk profiles, historic risk is not transferred over into new risk documentation. The patient recording system is my main reason for not recommending TEWV as an employer.

This comment mirrors the one on recommending for treatment. You would not wish to work for the poorer performing and particularly those with high sickness and difficulty filling vacancies.

Management, workloads, available support, team cohesion, etc. is so variable within the Trust, that an overall recommendation would be non-sensical

No better or worse than other NHS trusts I have worked.

Staff I work with are great but the work load can be very difficult.

Since the start of new ways of working in 2008, and delegation of patients according to diagnosis, there is little job satisfaction and fulfilment among staff working within the affective disorder team , as they get burdened with extremely chaotic patients , who remain unsettled despite of all their efforts, which increases levels of stress within staff , and patients being transferred from one team to another depending on diagnosis.

Feeling lots of changes in a short time, thus not allowing time to get processes into place before things change again!

Staff are expected to do more than they can within their working day although since commencement of our new manager she is so supportive it is brilliant.

Would recommend based on post rather than employing Trust.

**Unlikely**

Same reasons as above. Too many changes without the time or support to adapt, too many pressures. As things change at a rapid pace it is not possible to remain clear and updated, therefore this becomes clear to service users. Not being able to give clear responses erodes self-confidence and the ability to work effectively.

On-going problems with the team I work for.

From an admin point of view the way of working takes far too long and is often duplicated. I have over 40 years' secretarial experience and have never worked in an environment like it.

Constantly working understaffed, made to work in areas that I don't have experience or correct training.

There is a lot to like about working for the Trust, but with staffing issues, heavier workloads and the stresses of the job, I wouldn't recommend it.

Low morale due to economic cuts on an already strained service.

The staffing levels are in crisis. The stress levels are unprecedented. The demands for staff are getting worse.

I believe the service users get an excellent service but due to the documentation and expectations now imposed by the Trust this is at the expense of the staff that work for the Trust. My workload continues to rise with me spending more of my own time meeting the Trust not the service user requirements.

Lack of staff resources to cope with amount of referrals/work-load - staff going sick - unable to fill vacancies. Too many managers not enough clinicians.

Huge caseloads, intense pressure, excessive expectations of staff.

Too much focus now on form completion and business models and alike.

The pace of work is relentless.

Lots of staff stress due to high caseloads, low staffing levels and lack of support.

I lovely job but am completely drained having worked for nine and a half hours full on and no end in sight for a break. Too understaffed to recommend to anyone and dangerous, staff and patient safety is compromised continuously.

Staff are not cared about by senior management who are more interested in numbers and meeting targets than the quality of care given to patients. This is why so many excellent clinicians have left their current positions within the team.

Working for TEWV has been extremely difficult due to transformation.

The current work climate, lack of staff and the level of stress within all job roles would make me very hesitant in recommending this to friends and family.

I feel that currently the teams are struggling to implement new ways of working and current working environment is not fit for purpose.

Pressure to meet workload demands.

Closure of LD services and poor redeployment opportunities into appropriate/experienced area of work.

Due to staff shortages and cut backs it is not a long term answer.

Unless NHS staff with little choice (as above), focus on 'targets' and performance is now too driven at the expense of compassionate care on the frontline, causing great stress to staff.

I have only picked unlikely because of the Department I work in, but other areas of the Trust may be better.

Trust has good rhetoric and values in its literature, but reality is having to make ends meet with few resources in terms of time, frequent enough supervision, or access and funding to training and continuing professional development. Very corporate business oriented feel to organisation means that staff stress not really responded to in a meaningful way, instead more token gestures abound. Then again people trained in mental health have if they want to work for the NHS, to work in the trust as it is now so huge, one cannot now move to a different mental health Trust without moving home and family. So people put up with it.

Excessive targets and workload affecting staff's wellbeing.

On call poor financial benefits- private sector pay is better. Pensions highly effected.

PPCS initiative is slowing me down!!!! working for efficiency without accepting that we are already very efficient, and less able to work autonomously the new way is so standardised it hampers innovation and individual approaches. I am very frustrated and it is making me feel devalued and deskilled, hence I would not recommend to others.

Staff are put under a huge amount of pressure to perform in a certain way and record things through systems rather than use good judgment and professional experience/autonomy. I do not think organisation supports flexible working despite having flexible working arrangements in place. I also think that new systems are put in place without appropriate technology to support implementation i.e. PPCS without smart phones and laptops to support targets. I think staff morale is as low as I have ever seen it within my years working in NHS. I also think many staff are working under high levels of stress and getting health issues due to this. We have had change after change and not enough time to fully integrate one change before something else to add on. I also think staff are expected to work beyond their hours in order to fulfil the role on a regular basis, without any financial reward for this, I did not feel this when employed with LYPFT.

High level of stress. Target culture and clinicians increasingly feeling that they are turning into operatives with reduced clinical integrity. Overall reduced resources.

Lack of care and support for staff.

Lots of staff have left and management don't seem to care.

Work systems seem to be broken, lots of people with twice the numbers they should have on their caseload, pressure to see patients less often, and do more paperwork.

Lack of acknowledgement of problems such as staff shortages, under-funding, service

interface issues etc. and no clear plan to deal with these issues. Also an apparent tendency to implement large changes suddenly, with inadequate planning and little appreciation of the problems this causes frontline staff.

At present the team in which I work is under immense pressure and we were asked by management to provide support in other areas, which was not achievable due to work load case load. This was relayed to management and a flippant remark was made, this has done nothing for staff morale or staff worth.

Shift patterns, short staffing, management attitude.

This isn't specifically a TEWV issue... it's a steadily declining issue - related to underfunding and repeated change and an over emphasis on targets with little validity when it comes to the effectiveness of clinical work. With staff leaving in their droves those remaining are overburdened and suffering from low morale. New staff members are not given a chance to gradually bed-in and they are leaving within 6-12 months.

The current interview system is completely inappropriate. Staff are employed purely on the basis of being able to talk the talk and little if no reliance is given to current skills or performance. This has the potential for the Trust employing people that lack the necessary practical skills or abilities and puts suitably skilled personnel applying for posts if they are less than perfect at interview techniques.

Due to the amount of stress within the workplace and staff sickness.

Most teams too target-driven; most clinicians spend too much time in front of the computer screen.

Because staff are undervalued and expected to work on numbers so low its becoming dangerous.

Little support for staff stress levels, over emphasis on performance which actually overlooks patient need and means staff compact is not delivered meaningfully.

I feel that TEWV do not appreciate their staff all they seem to care about is making money.

The amount of expectations on staff members to submit information takes them away from the patients. Staff end up giving over and above their contracted hours to continue to give patients the best care they can but also to meet Trust demands for information. There are too many people who want information straight away and do not appear able to understand that sometimes patient need dictates how a shift is managed and what outcomes can be achieved on top of maintaining a safe patient environment.

Do not put patient's first.

Issues relating to staff retention are not seen as worthwhile concerns. Managerial interference makes work a distinctly uncomfortable thing.

I believe that talented people can have a more rewarding, less stressful life in other employment sectors than the NHS.

The Trust has become too driven by data that is about satisfying commissioners rather than being data that satisfies the clients. This has made work an often unpleasant environment for the first time in my career and has led to splits and division amongst staff and low staff morale.

Workloads not manageable, trying to meet the demands to provide a service with a fraction of the staffing numbers providing similar service in north of Trust and in other areas of the country .This is due I believe to TEWV not receiving the same funding level from commissioners.

TEWV became self-centred, profit-making company. Human resources are unfriendly and unhelpful to staff. For sure it does not apply to all departments... but in an attempt to change culture TEWV lost in my opinion, character, honesty, quality... All what they,... like the Politian's claim to possess in the Trust mission, vision, values and staff compact. The people in the organisation became professional disrespectful and untrusting.

Because of their high standards there is a lot of pressure to meet the targets and standards and this causes high stress levels to try to meet all the work demands in part time hours, therefore more hours are required to keep up the levels of work required.

I currently love the team and work that I do but do not feel that we are supported as a team by the organisation.

For IAPT team (that includes staff employed by TEWV and others), it's a target driven environment where targets are prioritised against staff well-being, little support from managers, just look at previous 12 months regards staff leaving, but need looking at all employers, not just TEWV...

Concern about staff shortages not enough qualified nurses and in some areas shortage of doctors.

### **Extremely unlikely**

High caseloads - overworked and no control over caseload.

It is an extremely stressful job, we are required to manage a high caseload of mostly complex clients that are not mild to moderate common mental health problems. There are many additional pressures placed on staff such as the pressure to achieve recovery from such complex clients, process discharges weekly which is difficult when there is little admin time, furthermore pressure to see the set number of clients each week above other work commitments such as meetings and supervision, furthermore staff are not often given allowances for travel time.

When working for TEWV you are a number and no thought is given to you as a person.

After being excluded from a job which I have done for the last 8 years in a restructure I would not advise anybody work for an employer with this level of loyalty to its staff.

In addition to not enough resources to deliver appropriate care.

It is dangerous and unsafe, and ran by kids with no life experience whom are lazy and do no work. The Trust discriminates against staff with mental health problems. The Trust has no clue how to manage disciplinary investigations; guilty until proven innocent, a blame culture and penalisation with warnings, rather than genuinely trying to understand events and learn lessons - in life we make mistakes; this is how humans learn, it is our natural way of getting things right in the future. There needs to be a seismic cultural shift, that gets rid of a blame culture that tortures employees with suspensions and warnings and instead all learn from it. The Trust needs to reduce the amount of HR staff and how much they are paid significantly, and needs to increase the pay of those working on the front line; particularly HCA's; all of whom should start on £10 an hour.

Overwhelming work load, having to work at home to keep up, feeling not listened to, staff's own mental health not seen as important, facts, figures and targets are the main focus not the quality of the work, senior management not comprehending the work that is done on a daily basis.

Poor pay rates and no raises in pay to keep up with inflation. Increasing workloads.

God awful corporate psychopaths in upper management, engaged in a horrific \*\*\*\* at the wonders of TEWV while treating everyone below like utter \*\*\*\*. Ineffectual leaders more concerned about how to leapfrog to the next tier rather than actually making a lasting difference.

My experience would not allow me to recommend TEWV as I have found certain professional issues are not addressed and there is a clear lack of support available.

Some parts of the trust are very good, some very patchy. Some people in authority are not very open and acceptable of others views, not very approachable, it's very hieratical.

Not client focused but target focused even when targets are not relevant to service. Little understanding of the needs of the people I work with.

I certainly would deter people from working within TEWV. This is a Trust that does not value it's staff. My experience is a culture of bullying and a Trust that puts financial performance higher than patient care. It has unrealistic expectations of its staff and any performance issue is a competency issue rather than an acknowledgement that staff are stretched to the limit of coping. It is very top heavy on management in my opinion.

Disorganised higher management, low staff morale, keep getting told things are getting better but they are not. Inept higher management insipid, underhand management bullying, veiled threats of competency hearings or being moved to a different department if you don't comply. Fortunately I work in a good supportive team with a good immediate manager.

I wouldn't recommend TEWV as a place to work. Since starting for the Trust I have experienced staffing levels be cut as a means to save money, which increases the pressures that it puts on staff; this then impacts on staff morale. Based on personal experience, it feels as though the Trust is more concerned about saving money, than staff and patient welfare.

Everyone I know is looking for a new job.

There is a bullying culture within the organisation which promotes target driven and wasteful box ticking while promoting people who have tendencies to be ambitious sycophants, who in turn act as overseers and show no recognition of the needs and vulnerabilities of the staff they are given power over. Leadership is needed but this is not encouraged or tolerated in a process driven need for systematic robotic approaches. There is no place for honed skill, individual approaches or innovation as we are all forced to work towards the lowest common denominator.

Staff wellbeing is not always reflected on the shop floor, with apparent longstanding indifference to staff rest breaks and potentially unsafe staff workloads. TEWV are also known for reorganising and down banding staff.

Feel undervalued a lot of the time; evidence of jobs for the boys and culture of who you know rather than what you know; feel at times there is no appreciation of real good, hard work and that as long as things look good on paper that's all that matters.

Not at all for the reasons given - it has changed so much and I do know that many of my colleagues are looking to retire also for the reasons I have stated.

I would not want any of my family working for the Trust.

Supposedly the staff's wellbeing is meant to be looked after, and seeing as though I have now had to get HR involved because I am so stressed with the amount of work and pressure I am under and receiving and Management just don't listen!!!

I think that there has been a culture of fear and on occasions bullying and I do not feel valued by any staff above my colleagues and immediate manager.

I have had a very difficult time since joining the service in December 2014 because of the team culture and would not wish any of my friends or family to experience this work place.

Trust more concerned with productivity work life balance has been ignored.

The \*\*\*\*\* restructure has been very poorly managed and the retention of staff has been extremely poor. The organisation does not recognise staff who have skills, and choose to ignore staff that regularly underperform. Many staff members are seeking alternative employment outside of the Trust due to the poorly executed organisational change.

While my local team is great and I would recommend friends and family to apply for jobs, locally, again I would not recommend teams further afield based on how I have been treated as a colleague.

I would never work for the Trust again, and intend upon leaving. I would also not want any of my family or friends working from the Trust. My direct colleagues are fantastic, however, there are many negatives to the role. I feel completely unimportant, and my work is knocked as inconsequential every day. There is a demonising of admin throughout the NHS, and this is perpetuated by TEWV with constant admin reviews. Our department for all intents and purposes may as well not exist, if working off how important we are viewed to be. Management are completely ineffectual, and attempts to highlight issues within the organisation seem to fall on deaf ears. Our department is overloaded with work, yet we are constantly given more and more, and less time to do it in, all the while being told how unimportant we are. I have not felt more worthless and demotivated in any other job.

Poor or very little training when changes are brought in, low level of support. High staff turnover and understaffed.

I feel that there is a systemic failure within the organisation to provide progression and development opportunities to non-clinical staff.

I start by saying that I very much enjoy and am committed to my work, but not working for TEWV. Though the staff are the main asset of the organisation, they are treated as utterly disposable and not given due value. There is a blame culture which appears to percolate through the layers of management, leaving staff feeling overly defensive, or worse, with a sense of futility in that they continually anticipate problems leading to criticism. Staff who do have innovative ideas which may benefit patient care are not encouraged to develop them, and staff who oppose ineffective processes are ignored or castigated. Lower level line managers are in a very difficult position of not being allowed to question or challenge decisions of more senior managers. It is likely that once information and decisions have got to Trust Board level, they have been sanitised to give the impression of agreement with senior management. The Trust Board agrees policies which are then not adhered to by

senior and middle management, preferring instead to press forward with their own views based on personal attitudes. An effective culture should encourage questioning, proper evaluation of process, and genuine innovation. To those with direct contact with patients, those doing the real work of the organisation, this is not evident. Those staff who have a genuine commitment to patient care often work long hours beyond those contracted, to allow them to give a quality service. This however is not sustainable for many.

Workload and pressure on staff are causing harm to their mental health and wellbeing. I would not recommend working for the service at this current time.

I would not recommend family or friends as you do not get respect or any support only time you see management is if anything goes wrong.

### **Don't know**

Again dependent, I have had patients who are also staff, who have not been treated well, I have had some colleagues, who struggle where they are. I personally love where I work and enjoy the team, but again it is do dependent on where and team base.

### **Additional comments**

Question 1, disagree to the extent of higher members of our team rather than the actual nursing (nurses, HCA) question 7, harder access for those working in North Yorkshire, less opportunities.

I don't think I would have the same responses if I worked in a different clinical area.

Frequently cancelling training due to staff shortages and expectation of training on precious personal time.

This Trust does not allow me to progress in appropriate roles and send those staff that do progress back to their substantive roles, essentially down banding some staff by 2 bands.

It's now all about filling in the right box. Patient care is way down on the agenda.

There is no opportunity's to progress once you have completed any training. As a band 3 there is no progression even though the Trust says there is. The opportunities are for band 5 and 6 and nothing at all for nursing assistants.

Despite capacity issues the team I work in provides the best they can do and the frustration is shared with regard to capacity and thus we support each other. Often training close by is booked up meaning that increased time is taken away from the work place with having to travel to further locations for courses/training opportunity.

I currently have on going issues with training.

The key point is I have a good manager who has a good leadership skill, exercises professionalism and is approachable. Because of these, I feel very comfortable to express my opinion and give suggestions.

In my current role I feel highly valued both as a practitioner and as part of the team as a whole. The service is a new and evolving role which affords me the opportunity to show initiative and develop ideas within the team.

The higher the staff grade the less respect shown towards me.

I am lucky that I am managed by someone who is encouraging, respectful, hardworking, forward thinking, open, knowledgeable and committed. She has an ability to get the best from her team and is dedicated to improving the quality and efficiency of the service we deliver. I felt I wanted this opportunity to express this and for you to know how an excellent leader makes for a productive positive team with a happy workforce.

Am dyslexic and have been waiting 2 years for things to help me none.

Since I have moved to the GP aligned CPN team I am having a much better experience of working with experienced staff who care about the wellbeing of both the staff and patient. If I had answered this questionnaire when I recently worked for the Affective Team I would have answered the questions very differently. The management of Access and the Affective team since the new manager came into position has been terrible. I certainly did not feel valued as an employee and did not think that patient care was priority hence leaving the role. The manager's figures looking good and keeping her job were the main priorities. I stopped making suggestions and certainly was not treated with any dignity or respect. Unfortunately this was a very bad experience for me. Please note some managers are very good and many of the workers are exceptional. It's a pity the odd bad ones seem to over-ride the whole experience.

I have answered the above questions as if managed by the team manager who is currently on extended sick leave. However, I would like to make it clear that at the present time a Band 6 nurse in our team is acting up to the manager role and doing an amazing job. If I was to answer the questions as if she was the manager the responses would be totally positive - she has 'turned the team around in a matter of weeks'.

Some staff treat me with respect, others do not, so it is hard to comment on this one.

I seem to get bypassed for a lot of things I would like to do, I have been asking to be involved in a careers group ever since we moved to but without any success.

This post needs to be full-time.

I don't feel I can progress in my role, I know I am doing a lot more than my band which I don't mind but feel TEWV should be doing more for the people that work very hard.

Distance to training can be an issue - impacts on lost clinical time.

The new structure makes it much harder to make a difference, it is led from the top down.

Mandatory training can, at times, be hard to access due to them booking up months in advance and not having extra sessions when this happens. The question 'I believe people within my team treat me with dignity and respect' is scored as 'agree' and not 'strongly agree' as my current Line manager is not always as respectful as I'd hope. Although they understand the strains we can be under they do not answer emails regarding requests that need a response and are hard to contact by phone or in person.

On the whole I work in a very positive and supportive environment. Unfortunately there are some pockets of culture and behaviour that is neither supportive, patient focussed or respectful and therefore impacts on my overall response to some of these questions.

I feel very proud to work in the Affective Disorders Team and the team members motivation to improve quality of care and support one and other.

The Trust as a whole does not prioritise patient/service user care or clinical support. They say they do, but need to achieve targets and have to work under the constraints of the government providing finance to the Trust via the County Council. There is a lot the Trust could do to improve this simply by encouraging clinical staff to engage with service users family members and carers more, even if the service user tells them not to. There is a reason they are refusing consent, because their loved ones know them best.

I am very pleased that I have joined the Trust and am hoping that I am able to facilitate the services to be purposeful and productive for all.

Unfortunately over the past year I and other colleagues have had to take on others caseloads through their being on sick leave, maternity leave, training and this has stretched resources to the limit and put an enormous pressure on the team's ability to maintain standards. The senior leads have done their best to support the situation but within the context of service transformation it has been a stressful time. I know this is a common shared problem across many teams but from my experience of working in the Trust I believe strongly we need to address this particular issue before it effects mental wellbeing of staff.

Have not reached the stage yet to access CPD training however I am responding to an email in regards to CPD training that will give me this opportunity.

While these answers stand for the team I work with, they would be very different if they were to be answered about the trusts leadership team.

Most of the time, I am treated with respect by my team, but when they are stressed or don't like a particular protocol or policy because it affects them, they take it out on me.

There are discrepancies in working in different regions under TEWV. The banding, on call system etc is varied from York to e.g. Northallerton. It would be best to have the same work patterns for doctors. For example, why is York resident while other locations are non-resident on call.

Things have deteriorated within the service to such an extent many of my colleagues are seeking alternative employment (with some success to date to the extent it is difficult to keep up with the leaving collections) and I am keen to move to another area within the organisation. I am also planning to bring forward my retirement, from the date I originally envisaged as work has become such an unpleasant component of my life. I am somewhat upset by this because this job has always been a vocation for me which until recently I love doing and I continue to see it as a privilege to work with such inspirational patients and help them with their recovery. I have been highlighting problems with my workload and the stress this has caused me personally and the potential effects on my own health for some time now and nothing has been done to address this.

Sometimes non clinical staff do not understand the priorities of clinical staff (e.g. too focussed on statistics). We are asked for feedback but it is not regularly put into action. I really do love the job I am here to do: help clients to feel better irrespective of statistics. Have been trying to access certain mandatory training for over a year with no luck.

Due to expectations of safe staffing numbers there is no flexibility within the rosters (especially where A/L is at its limit – e.g. school holidays) for staff to be able to have time away for non-mandatory training. There are no extra staff hours during these times to facilitate training or to allow shifts where an extra qualified staff could be on duty to support meetings / training needs etc.

I think that the clinicians prioritise service users, but the Trust is increasingly pushing systems and numbers and staffing levels dictate rapid discharge when perhaps more proactive work could be done.

Courses, only if free.

The top priority sometimes seems like collecting data.

Rarely - one short course in a year.

There have been recent changes within my team which is older people's liaison service, to a generic service which is already having a negative impact on services for older people. Sadly the focus is more on stats and targets with patient care as a falling priority. I always thought TEWV was a good Trust to work for however I feel less enthusiastic about working for this Trust as I have concerns about the focus moving away from the patients.

I find the team and managers I work with very supportive and the ethos of the team is about patient centred care. Unfortunately when this radiates past the management in my team I feel my views, suggests and requests to further my development often falls on deaf ears. I want to be a nurse and enjoy the job satisfaction of helping others although am finding this is compromised more and more by funding cuts, higher expectations of staff and oversubscribed teams that are unable to handle high workloads and demand who cannot work with you due to this.

I have never worked in a place where getting annual leave agreed is so difficult - as a single parent I do request many of the school holidays although not all. It seems there is little equality when annual leave is agreed and also a strange system in those that are agreed annual leave - certainly I am now told that annual leave is agreed per cell despite our job roles all being entirely different and do not have any bearing on each other's working week therefore should not interfere in regards to taking annual leave.

Individualised patient focused care no longer seems to be a priority often individual needs are not the priority. Opportunities for training other than mandatory appears to be very much a thing of the past.

Reasonable adjustments are in place to help me work with changing health needs.

Box ticking is now so embedded within the NHS that the wood cannot be seen for the trees. We are so risk averse and so intent on adding to the burgeoning bureaucracy, documenting everything, that resources are wasted ensuring quality. This cannot be done by simply hammering down budgets, all the while expecting ever more for appraisal and inspections of questionable quality. It is no wonder that despite this, the NHS costs are spiralling out of control, no-one wants to be a GP or a psychiatrist anymore and everyone is finding it hard to keep up.

The Trust is more interested in targets and tick boxes. Patient care and compassion is now not as a priority as it should be.

For Q6, the majority of the team do but there is the odd comment from certain members of the team which I find insulting and unacceptable.

Previous issue with accessing courses due to them being in Teesside and not York. Still issues with Resus training places. I think TEWV mandatory on-line training is very poor and very wordy. I think tests try and catch you out rather than testing working knowledge for subject. Due to workload pressures I have not been able to access CPD for personal

development in last 12 months as focus has been on maintaining service.

Duplication and extensive documentation mean that this takes longer than face to face patient contact.

My caseload is extremely high which gives no room what so ever to attend any non-mandatory training or reflection about cases.

I am able to access CPD opportunities but my caseload/workload does not reflect this. If I am away on training I am still expected to do the work I would in 4 days instead of 5. I am treated with respect by my colleagues/peers and my contribution is appreciated unfortunately this is not the case from the line manager who does not feedback positives only negatives. If a target is not met it is always the practitioners fault not that service demands are unreasonable or unachievable in the allotted 37.5 hrs per week.

Funding is not available for continuing professional development opportunities outside of the Trust.

Not much training available for Admin staff.

Some of our systems are not efficient, they are more about collecting performance information taking time away from clinical care.

I believe managers are not very open to ideas that could benefit the team and wellbeing of their staff.

Due to the nature of the job, and a lot of new changes in the service and in particular my job role within the team and having recently returned from two long periods of time off due to maternity leave I do not feel that this transition was well planned, but I have tried to the best of my ability to keep up with my new job role requirements, and system changes including CSR regarding mandatory training and found this system to be timely and not so much as user friendly as previous set up. Time management is very much an issue in this respect.

I work part time and have very little or no opportunity for development. My involvement with the team has been cut back to enable me to 'get on with the job I need to do' due to time constraints.

I am keen to be involved in the improvements of our services but feel that the general decisions already have been made, decisions which may not be in the best interest for either service users or staff. Layer after layer of work duties have been cascaded down on to the clinical workforce resulting in increased administration (red tape and targets) work with less time for actual patient/service user work.

I have a fab head of service that thinks outside the box and supports me all the way.

Increasingly the clinical services are struggling to make CRES, and the inevitable is happening, focus becomes on saving money. I still think service is safe at present, but we have little room for manoeuvre for future CRES.

This is bull\*\*\*\*. Staff aren't able to access basic training such as Observation and Engagement, Alarm Policy. It is due to not enough time even be allocated to complete training because minimum staff numbers are too low. \*\*\*\* mandatory training; the Trust can't even get basics right, staff then do something wrong, break policy, and blame them rather than accept the truth; that the Trust is \*\*\*\*, in a total mess ran by idiots who don't have a clue, and don't care about getting to the bottom of problems; just tick box exercises of going through the motions.

I work on one unit and I do feel I am a strong key person within this staff team, however, I cannot say that for the other units surrounding me. I hear numerous complaints with regards to the morale of staff being extremely low to the point that many are attempting to seek other employment if not already left.

Both teams I work with have a strong team ethos and support one another at all times.

No time for carrying out e-learning at work due to short staffing and 12 hour days.

Sometimes feel I cannot attend training due to staff shortages and having to prioritise working with clients.

Very worthwhile making suggestions within my team. My experience of making suggestions that need support from wider organisation less so particularly making suggestions regarding PARIS improvements.

It is sometimes difficult to get access to training due to courses not been ran.

In answering the above, I am specifically referring to my clinical team. If I was commenting on the wider directorate within which my team sits, my answers would be rather different.

Answers based on experience within my clinical team. I feel I can still have an impact within the team in developing the way we work. However I feel I have very little influence outwith the local workings of my team. Within our CMHT we have many experienced clinicians who have worked in the same team for a long time and have a wealth of experience. This rarely appears to be valued or listened to outwith the team when wider strategic decisions are being made and these decisions appear only financially driven.

I work at a variety of different sites and feel that they all make it their priority to care for service users and to ensure that all clinical services are supported.

Colleagues all help each other.

Lack of flexibility regarding flexible working and reducing hours of work. Lot of pressure to meet targets even though short staffed.

So much time taken with mandatory training and organisational change means that there is little time available for non-mandatory training and development. May improve in future. Focus on prescriptive management in order to promote efficiency and consistency had led to me feeling loss of professional autonomy to make best decisions about care of service users and feeling pressured to see service users quickly after referral but not with concern for quality of input and how to meet complex needs that require time. Thus - concern that service users will have less person-centred care even if they do not have to wait long for initial assessment. Lack of feeling valued as an independent practitioner.

It is increasingly difficult to complete mandatory e-learning due to not having allocated time to do it within working hours. Face to face training allowed staff time away from the workplace to concentrate on the training without disruption.

Rigid duty system introduced can result in worker without prior acquaintance responding to a crisis, even when Care Coordinator 'available' (i.e. non urgent appointments in e-diary). There is therefore arguably a greater emphasis on system need rather than client need. Access to Trust training is not straightforward for social care staff.

I have been a driver for a physical health care clinic in my community post, also a lead in carer support and needs, I have recently given a presentation to Durham County carers workforce with great feedback.

I enjoy my work and feel comfortable within Mental Health, what I disagree with is that the resource pool doesn't work, myself and many of my colleagues will not book shifts in the pool, we all like to know where we are going to work, also continuity within our role as a bank worker. Many bank staff ask the managers to book them shifts in individually without going on the roster booking.

Staff under a lot of stress due to having to go through a points base selection and then into redeployment.

The process for booking these events has put me off completing my CPD this year.

For my Team in Harrogate I would strongly agree, for the combined York/Harrogate \*\*\*\*\* I would strongly disagree with all of above.

I am a parent and it is very hard to get holidays for child care, and a number of others are in the same situation. I feel that there is no balance with family life, last holidays I had was in the Summer for two weeks unable to get any half terms (only a couple of days).

There is no professional development in this area for Band 3 secretaries. All the questions should be qualified with 'used to' as this is no longer the case.

Shop floor staff are restricted by lack of resources and under considerable stress. Managers are costly, complicate matters and cause more problems than they solve. Removing some middle managers, simplifying systems and leaving more decision making with lead professionals and clinicians would save money and probably help things run more smoothly.

I recently completed a university course for the Trust and had wanted to complete the diploma course but was unable to due to my banding level as the Trust would not finance this. This gives the impression that the Trust is only willing to further the education of those in higher banding levels.

My team and my role are great. I know other teams with many problems.

As I am new to my job role and Trust I am unable to score some questions therefore I have scored them neither agree or disagree.

I get great quality of job satisfaction and love my job within R&D Research.

Lots of documentation appears to be priority and number of contacts - patients prefer to have quality time with care co-ordinators who are not stressed, as opposed to having shorter appointments and lots of paperwork stored on a system about them.

Working with the patient experience team is really good and you can get good feedback from patients about the service. Complaints are dealt with quickly.

However have recently moved roles and feel that in current role above is true but in my previous role this was different and I would of marked this as strongly disagree.

I work away from site and it is often difficult to get computer access on a TEVV computer to do training.

My new manager is excellent - I have felt overwhelmingly supported and valued which is a real breath of fresh air. This is helping to improve my overall wellbeing as time goes on and I enjoy coming to work.

Ongoing problem with co-worker within my team.

Certain staff with my area show respect and dignity, not all though.

Unless you follow the latest new thing whether that is a pathway, PBR or new ways of working there is little point in suggesting anything as it won't happen.

I believe the care of patients or supporting clinical services should be at the forefront however on going changes to documentation and recording of information or diary management can sometimes take the lead.

As a student nurse, I am currently on placement with the Learning Disability Service at Eastfield Clinic in Scarborough. All of the staff there are very supportive and I feel like a valued member of the team.

My team is currently experiencing staffing problems and are being managed by someone on secondment who has very little managerial experience. My answers reflect this, I am sure my answers would be better in 2-3 months time when staffing issues are resolved and our usual team manager is back in post.

This service has been focused on targets and recovery of patients for recent years. This has meant staff have been under immense pressure with no regard for their wellbeing or health. Many staff have left the service due to a bullying culture from the clinical lead and service manager-although the service manager has been much better lately and may have took instruction from clinical lead. Outside training opportunities to progress in role or to help patients was never granted and all energy was about getting patients seen and discharged quickly, this isn't patient quality or helpful for staff morale. Staff were never listened to over the years and felt scared to voice any dissatisfaction due to a fear of repercussion.

Within my team I can make suggestions and they are respected, unfortunately this doesn't apply within the wider service.

Recently changed jobs. Currently get little job satisfaction but I'm hoping this will change shortly. Also just setting up the service so little time for training etc.

No access to computers for housekeeping staff during the working week. At weekends ESR is normally having maintenance done....tried to get on ESR Sat 25.2.17...to print my wage slip and the screen said my session was out of date....no ICT support at weekends to help ..!!!!!!!!!!!!!!

Non-mandatory and specific to role CPD opportunities are self-sourced and self-funded.

Training is available however dates are not regular in my working area and there is an expectation for me to travel to the other end of the Trust to meet my training requirements.

No budget for training.

I have had some problems of workplace bullying which has been addressed to my satisfaction.

It seems higher management more concerned with PBR and targets than patient care. Having been part of an RPIW which was carried out several suggestions were made by myself and colleagues but no real changes despite recommendations. Once we were taught to be autonomous practitioners now they want sheep who follow blindly without questioning the rationale. I get satisfaction from my role despite being frequently asked to cover other areas as well. Luckily I work in a good team who are very supportive professionally and personally.

As before, wellbeing of patients is second to figures for commissioners. Suggestions I make are ignored, and my job does not give me satisfaction due to having to cover several roles all at once I don't know whether I am coming or going and it is felt within the whole Team not just myself.

Lack of funds to attend any courses.

In previous 12 months had little (only one) CPD funding nor opportunities at Band 5.

Although I have to agree with all the above statements, I have seen occasions where they have not applied to other staff and this is for reasons that I cannot fathom, I strongly believe all staff should be able to be in a position to be able to answer positively to the above questions.

Part time work - 2 days per week - hard to fit all the work into 2 days - Stat/Mandatory has to be additional hours or I simply can't do it. Also, often have to work from home to catch up on the paper work and claim it back - many don't claim it back - this is wrong. The root cause of this is the fact that the amount of time required for data input for an assessment is excessive and work environments are not always conducive to undisturbed work.

I think the care of patients is top priority for the team, but the expectations to meet targets and prevalence overshadows this, and results in extremely long treatment waiting lists for people.

I know professional development opportunities would be open to me but returned from maternity leave in 2016 and not yet had an appraisal since return to pursue these.

Very little access to CPD that has any cost.

Sometimes the size of the Trust makes it almost impossible to attend some training - the constraints of home life not allowing a 6am start to travel, etc. More training/CPD needs to be localised.

The amount of electronic 'paperwork' and the way it has been implemented can be quite cumbersome and wastes a lot of valuable clinical time.

The bed closure programme has not been popular and most professionals are concerned about it- despite this, the beds have been drastically reduced. This makes me believe that when it's the big decisions, the clinician's view matters little! The Green light programme is not well rooted - and this is supposed to be one of the structures/processes to rely on to compensate for the bed closure.

At the moment it feels as though, with PPCS, there is too much focus on statistics and not on staff wellbeing or service user care. We are just seen as numbers on a computer screen as opposed to actual people. There is no time allowed now for CPD as we have to fill every hour of our working day with clinical slots. Staff are therefore having to complete training and CPD in their own time.

I was involved in a project looking at service improvement and despite being supported verbally by managers, the equipment required for this never materialised. My thoughts are that the project was an expensive waste of time and resources.

I had hoped to continue my professional development by doing a Masters in Mental Health Law, however this is not now possible due to funding issues (i.e. the Trust will no longer fund it). This would have greatly improved chances of possible promotion, but no chance of this now (not within the department I work in).

Social services staff struggle with access to some IT systems.

I can honestly say following working for the Trust over the past year has been enjoyable as well as rewarding both financially and educationally.

I enjoy the role I do and have a good working relationship with my team. Senior management are approachable and listen to your ideas and provide feedback at each stage. The director communicates with you face to face at every opportunity.

There are not many Continuing Professional Development opportunities.

The Trust Board and senior management need to find new ways of ensuring that they genuinely hear and listen to the concerns of staff within the organisation.

I have had to cancel training to cover for the team.

I am retiring after 45 years in Mental health and my last 7 years working in General Hospital Liaison have been both challenging and rewarding.

Re the last question there are opportunities but heavy work commitment prevents seeking further professional development.

Individual ideas and initiatives have all but evaporated. Decisions now are made via 'QIS' and groupthink applies. In many cases the loudest voices prevail even though they may not have any clinical credibility. Everything is process driven. Lip-service paid to clinical evidence.

I work in both a team and a department so this question would need to be separated for somebody like myself to answer.

Suggestions can be made but it is likely to be as far as it goes. Showing initiative can be frowned upon. The way people treat me within the team varies from person to person. Certain individuals will never treat people with dignity and respect. Work load makes it very difficult to allow time for training.

The workload is considerable - far exceeding the hours I am contracted for - and the stress reduces satisfaction significantly.

TEWV is very supportive employer, and even in times of austerity the commitment to developing staff and supporting wellbeing is outstanding. I cannot recommend this Trust enough as a place to work.

At present due to increase workload/caseload, although extra training as per CPD is

available, at present the prospect of completing such would only increase pressures.

I do feel that at times quality is lost for quantity. In a time where pressures on services are high we also have high internal waiting times that means that patient care is affective. Where I have said the patients are a priory is not a true statement is because I feel the patients out weight the clinical staff, and therefore they don't get the benefits from the staff's intervention.

Lack of information this year about open university and applying for mental health nursing secondment.

There has been an increase in the amount of demands that other services and families make some which are unrealistic, this can at times decrease job satisfaction as it can feel that no matter what you do it's just not good enough.

There is no time for continued development or pursuing personal interests. Job satisfaction comes rarely and relates to contacts with service users and opportunities for supporting colleagues.

Within the role in LD I find that additional training that isn't mandatory is not easy to be approved for.

Lots of training opportunities, good processes for development e.g. talent management.

Access to non-mandatory CPD training is not supported at all by this Trust. In order to go on relevant CPD training I currently have to pay for the training myself and go in my own time.

My role provides me with an excellent opportunity to influence the development of services and to improve the care that is delivered to patients. In addition I am supported and encouraged to come up with new and innovative ideas to make services more efficient and to develop my skills and experience.

I thoroughly enjoy my role and working for my team and have job satisfaction, however struggle to complete my role in the amount of hours I work per week. I don't feel e-learning on the intranet is very easy to use and it's not very friendly for people who have learning disabilities, it was better when we had the disc to do the training.

I have great support from my immediate team. From the director level I don't feel my role and the work I complete is valued and there is a big pressure on numbers rather than quality of service. I feel that we are unable to innovative as we have to jump through so many hoops to get things changed or agreed. This saps all innovative ideas.

Access to training in the Y&S locality still lower than other localities.

Having been qualified for 16 years I have worked in numerous settings with various teams. The current team I work in is by far the best for being supportive, progressive and patient focused. I cannot recommend highly enough.

As I believe TEWV has clear policies.

I have asked to do my level 4 since I started with the NHS. I have had nothing of my place of work I have given everything to my place of work including paying for my own NVQS yet a trainee nursing assistant can come in and do her level 4 how fair is it? Plus managers can get away with anything and the little people are penalised. I go to work and come home now counting the days as a lot of staff to retire.

Training difficult to access. Not always available in places I work. CPD does not arise from management. Funding is not made clear. Non transparent.

I work for the Talking Changes IAPT service. I must express my despondency at the boards recent decision to increase caseload and weekly clinical contact targets from 20 to 24 (a 20% increase) for High Intensity Psychotherapists. I consider myself to be a highly efficient therapist with excellent time management skills, with my performance data regularly reflecting that I am one of the more efficient and effective within the service and having received several monthly 'staff awards' in accordance with this. However given the other demands of the role, like the vast majority of our therapists, I am unable to consistently meet the former (and nationally recommended) target of 20 clinical contacts per week. I am therefore unable to see, nor have we been provided with a rationale for, what the intended benefit or function of increasing an already largely unattainable target is, other than to demoralise an already stretched and stressed workforce. The service's own matrix for clinical contacts outlines 1 hour for every high intensity therapy session and 30 minutes to record each clinical contact. To my understanding, a weekly target of 24 clinical contacts would amount to 36 of a 37.5 hour working week for full time therapists. This clearly is unfeasible given the many other duties and demands of the role e.g. a half day (4 hour) duty supervisor shift, regular clinical and management supervision, travel time, team meetings, training, safeguarding issues, liaising with partner services etc.; as well as taking a lunch break which I am aware a lot of us presently don't have the luxury of having. I have been a loyal therapist with the service since its conception in 2010 and worked for TEWV prior to this. I have always been committed and passionate about improving our service and delivering the best possible care to our patients, despite the often difficult working environment, given that the service is so target driven. However this decision has caused me to seriously consider, for the first time, whether I intend to continue working within the service. I understand that the Trusts values include the paramount importance of staff wellbeing, which I believe this decision has a direct detrimental effect to. I therefore hope that this decision can be reviewed and rectified as I am aware that my grievances are shared by many of my colleagues.

Some managers are more supportive than others and welcome ideas and suggestions, others are not as receptive and negative when ideas or suggestions are given which then leads to people thinking that their participation is not worthwhile.

More flexibility is needed for clinicians to be able to use their skills and knowledge to best effect. When over-managed, good staff perform less well.

I am referring to the team which I directly manage within FMH. There are others I work with who absolutely do not treat me with dignity and respect. CPD is difficult at times due to competing demands on my time.

This is only in my current role whilst I am on secondment into the EIP Service, however these answers would be different when I am back in my role in IAPT.

My team does the best it can under increasingly unmanageable workloads. I realise this is outside of the Trust's power to some degree, but I seriously worry about the long term likelihood that any kind of thoughtful service responding with time and patience to clients, can continue to be delivered.

My manager is very supportive should we wish to attend any non-mandatory training so long as it is in relation to our role and will benefit the service.

Due to work pressures it is difficult to get away for job relevant non-mandatory training and/or Continuing Professional Development opportunities.

Today I am in a team of senior staff who can at times lose their ways and values but with supervision and management supervision things seems to settle.

I am valued in my team and by my immediate line manager but not higher management - I feel useful but not valued/respected and they are very different things.

Used to be very satisfied with my job and enjoyed it but due to uncertainty of future role feel unappreciated.

As a member of the central bank, wherever I go to work I feel out of place and unimportant because I am Just bank.

As we cover such a wide area a lot of the training or courses that is emailed to me is too far for me to travel.

Have worked for the Trust for several years and love my job. I believe that we all work as a team and that is why I get job satisfaction.  
Additional training offered and progression routes.

Difficult time at present - Department under review and roles/responsibilities being looked at within that review.

There has been a real shift recently within the service I work in - for most of last year it had been difficult associated with one key individual in a clinical leadership position but with changes towards the end of last year it is a pleasure to come to work now.

Again, resource accounts for some of the lower ratings as more time to reflect would be very helpful for professional development and patient care.

The team is fine - it's the relationship with managers above the team and senior managers who are too driven by money and risk aversion, and not good patient care.

FOR GENERAL RELEASE

BOARD OF DIRECTORS

<b>DATE:</b>	25 <sup>th</sup> April 2017
<b>TITLE:</b>	Composition of the Council of Governors
<b>REPORT OF:</b>	Phil Bellas, Trust Secretary
<b>REPORT FOR:</b>	Decision/Recommendation

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

**Executive Summary:**

This report proposes an amendment to Annex 4 of the Trust's Constitution to provide a seat on the Council of Governors for the University of Newcastle.

In accordance with the NHS Act 2006, as amended, any changes to the Constitution of a Foundation Trust must be approved by both the Board of Directors and Council of Governors.

**Recommendations:**

The Board is asked to:

- (a) Approve the proposed amendment to Annex 4 to the Constitution to provide a seat on the Council of Governors for the University of Newcastle.
- (b) Recommend the approval of the proposed change to the Constitution to the Council of Governors.

<b>MEETING OF:</b>	<b>The Board of Directors</b>
<b>DATE:</b>	<b>25<sup>th</sup> April 2017</b>
<b>TITLE:</b>	<b>Composition of the Council of Governors</b>

**1. INTRODUCTION & PURPOSE:**

- 1.1 The purpose of this report is to seek the Board’s approval to amend the Annex 4 of the Trust’s Constitution to provide a seat on the Council of Governors for the University of Newcastle.

**2. BACKGROUND INFORMATION AND CONTEXT:**

- 2.1 Any changes to the Trust’s Constitution must be approved by both the Board of Directors and the Council of Governors.
- 2.2 The statutory requirements relating to the composition of Councils of Governors of NHS Foundation Trusts are set out in Schedule 7 of the National Health Service Act 2006 (as amended).
- 2.3 Under the Act, a Foundation Trust:
- (a) Is required to appoint at least one Governor from one or more local authorities and a Governor from a university where the Trust includes a medical school.
  - (b) May also identify “partnership organisations” eligible to appoint representatives to its Council thereby tailoring its governance arrangements to local circumstances.
- 2.3 Under its present arrangements (as set out in Annex 4 to the Constitution) the Trust has:
- (a) Provided seats to all those unitary or upper tier local authorities whose boundaries are coterminous with its core area.
  - (b) Identified the following organisations as “partnership organisations”:
    - The Northern Specialist Commissioning Group
    - The CCGs
    - The local universities.

**3. KEY ISSUES:**

- 3.1 Proposed amendments to Annex 4 of the Constitution (Composition of the Council of Governors) are set out in Appendix 1 to this report.
- 3.2 As none of the Trust’s hospitals includes a medical school, there is no requirement under statute to provide universities with seats on its Council of Governors. However, the Trust has chosen to do this by identifying the universities of Durham, Teesside and York as “partnership organisations”.
- 3.3 Board Members will be aware (from the Chief Executive’s Report to the Board meeting held on 29<sup>th</sup> November 2016) that it has been decided to transfer

Durham University's School of Medicine, Pharmacy and Health to Newcastle University.

- 3.2 In view of the importance of the work undertaken by the School to the Trust, in terms of medical recruitment and research, it is recommended that Newcastle University should also be designated as a “partnership organisation” and be invited to appoint a Governor of the Trust.
- 3.3 Following discussions with Prof. Hungin, the present Governor representing Durham University, it is considered that the University should retain its status as a “partnership organisation” in view of, amongst other matters, its leading psychology department and its expertise in medical geography, and continue to be eligible to appoint a Governor of the Trust.
- 3.4 Subject to the approval of the proposals set out above, it is considered that the changes to the Constitution should come into effect on 1<sup>st</sup> June 2017.

#### **4. IMPLICATIONS:**

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

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

4.3 **Legal and Constitutional (including the NHS Constitution):** The Trust must have a legally compliant Constitution i.e. it must meet the requirements of Schedule 7 of the National Health Service Act 2006 (as amended).

The Act requires any amendments to the Constitution to be approved by both the Board of Directors and Council of Governors.

4.4 **Equality and Diversity:** None identified.

4.5 **Other implications:** None identified.

#### **5. RISKS:**

5.1 There are no risks associated with this report.

#### **6. CONCLUSIONS:**

6.1 It is considered that the designation of the University of Newcastle as a “partnership organisation”, enabling the appointment of a Governor, is beneficial for the Trust in view of its key role in medical education and research.

**7. RECOMMENDATIONS:**

7.1 The Board is asked to:

- (1) Approve the proposals that:
  - (a) The University of Newcastle should be designated as a “partnership organisation” and be eligible to appoint a Governor of the Trust.
  - (b) Annex 4 to the Constitution be amended as set out in Appendix 1 to this report.
- (2) Agree a recommendation to the Council of Governors to seek approval of the proposals set out under (1) above.

**Phil Bellas, Trust Secretary**

**Background Papers:**

The National Health Service Act 2006 (as amended)  
The Trust’s Constitution (October 2015)

**Appendix 1**

**ANNEX 4 – COMPOSITION OF COUNCIL OF GOVERNORS**  
(Paragraphs 11.2 and 11.3)

<b>COMPOSITION OF THE COUNCIL OF GOVERNORS</b>		
<b>Constituency</b>		<b>Number of Governors from 1/6/17</b>
Public	Stockton-on-Tees	3
	Hartlepool	2
	Darlington	2
	Durham	8
	Middlesbrough	2
	Redcar & Cleveland	2
	Scarborough and Ryedale	3
	Hambleton and Richmondshire	2
	Harrogate and Wetherby	3
	City of York	3
	Selby	2
	Rest of England	1
	Staff	Corporate
Forensic		1
North Yorkshire		1
County Durham and Darlington		1
Teesside		1
York and Selby		1
Appointed Governors	Durham County Council	1
	Darlington Borough Council	1
	Hartlepool Borough Council	1
	Stockton-on-Tees Borough Council	1
	Middlesbrough Borough Council	1
	Redcar & Cleveland Borough Council	1
	North Yorkshire County Council	1
	City of York Council	1
	University of Teesside	1*
	Durham University	1*
	University of York	1*
	<b>University of Newcastle</b>	<b>1*</b>
	Northern Specialist Commissioning Group	1*
	North Durham Clinical Commissioning Group Durham Dales, Easington and Sedgfield Clinical Commissioning Group Darlington Clinical Commissioning Group	1*
	Hartlepool and Stockton-on-Tees Clinical Commissioning Group South of Tees Clinical Commissioning Group	1*
Hambleton, Richmondshire and Whitby Clinical Commissioning Group Scarborough and Ryedale Clinical Commissioning Group Harrogate Clinical Commissioning Group Vale of York Clinical Commissioning Group	1*	
<b>TOTAL</b>		<b>55</b>

**(Notes:**

- 1 The terms of Governors holding office on **1<sup>st</sup> June 2017** are unaffected by any changes to the Constitution which come into force on that day.
- 2 The appointing organisations marked (\*) in the above schedule are specified for the purposes of sub-paragraph 9(7) of Schedule 7 for the 2006 Act (as amended).
- 3 The arrangements for the appointment of Governors by Clinical Commissioning Groups are set out in Annex 6.)

FOR GENERAL RELEASE

BOARD OF DIRECTORS

<b>DATE:</b>	<b>25<sup>th</sup> April 2017</b>
<b>TITLE:</b>	<b>Single Oversight Framework</b>
<b>REPORT OF:</b>	<b>Phil Bellas, Trust Secretary &amp; Sharon Pickering, Director of Planning, Performance and Communications</b>
<b>REPORT FOR:</b>	<b>Information/Decision</b>

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

**Executive Summary:**

The Single Oversight Framework (SOF) sets out NHS Improvement's approach to identifying the potential support needs of providers as they emerge.

The purpose of this report is to examine the Trust's position against the requirements of the SOF at the end of Quarter 4, 2016/17.

Whilst recognising the difficulties impacting on internal monitoring, as discussed by the Board in January 2017, it appears that, overall, the Trust should maintain its segment 1 (maximum autonomy) rating.

The report also provides an update on progress on the Quality Governance Action Plan, agreed by the Board in January 2016, in relation to the York and Selby transaction.

**Recommendations:**

The Board is asked to:

- (1) Receive and note this report.
- (2) Consider whether the York and Selby Quality Governance Action Plan should be signed off or whether any further assurances are required.

<b>MEETING OF:</b>	<b>The Board of Directors</b>
<b>DATE:</b>	<b>25<sup>th</sup> April 2017</b>
<b>TITLE:</b>	<b>Single Oversight Framework</b>

**1. INTRODUCTION & PURPOSE:**

- 1.1 The purpose of this report is to examine the Trust's compliance with the requirements of NHS Improvement's (NHSI) Single Oversight Framework.
- 1.2 It also provides an update on progress on the actions included in the Quality Governance Plan, in relation to the York and Selby transaction, which was agreed under minute 16/C/21 (26/1/16).

**2. BACKGROUND INFORMATION AND CONTEXT:**

- 2.1 The SOF, published on 1<sup>st</sup> October 2016, sets out NHSI's approach to overseeing NHS Trust/Foundation Trusts and seeks to enable the regulator to identify where providers may benefit from, or require, improvement support.
- 2.2 NHSI uses a range of information across the following five themes:
  - Quality of care
  - Finance and use of resources
  - Operational performance
  - Strategic change
  - Leadership and improvement capability
- 2.3 Providers are placed in segments ranging from 1 (maximum autonomy) to 4 (special measures) based on NHSI's judgement of the seriousness and complexity of the issues they face.
- 2.4 The Trust has been placed in segment 1. This is a significant achievement in comparison to other local mental health providers, as highlighted in the following:

Trust	Segmentation
Tees, Esk and Wear Valleys NHS Foundation Trust	1
Cumbria Partnership NHS Foundation Trust	2
Leeds and York Partnership NHS Foundation Trust	2
Humber NHS Foundation Trust	2
Northumberland, Tyne and Wear NHS Foundation Trust	2
Rotherham Doncaster and South Humber NHS Foundation Trust	2

- 2.5 At its meeting held on 29<sup>th</sup> January 2017 (minute 17/14 refers) the Board received a report on the data available to support internal monitoring of the Trust's position against the performance requirements of the SOF. A number

of issues, which principally related to the regulator’s use of national data sources, were noted including:

- Lack of information on the construction of metrics contained in the SOF.
- Information not being available from the national sources identified in the document.
- Data quality issues e.g. the use of unvalidated data by the national data sources which might incorrectly represent the Trust’s actual position against the performance standards.

### 3. KEY ISSUES:

3.1 The following sections explore the Trust’s position against the triggers used by NHSI for determining support under the SOF and seek to highlight any risks to the maintenance of the segment 1 position.

3.2 The Board is asked to note that changes to the segmentation of providers are not automatic if a trigger occurs. NHSI take into account a provider’s circumstances in determining the nature and extent of any support required.

### Quality of Care

Information used by NHSI	Triggers
<ul style="list-style-type: none"> <li>▪ CQC information</li> <li>▪ Other quality information</li> <li>▪ 7-day services</li> </ul>	<ul style="list-style-type: none"> <li>▪ CQC ‘inadequate’ or ‘requires improvement’ assessment in one or more of: safe; caring, effective; or responsive</li> <li>▪ CQC warning notices</li> <li>▪ Another other material concerns identified or relevant to, CQC monitoring processes e.g. civil or criminal cases raised, whistleblowers etc.</li> <li>▪ Concerns arising from trends in quality indicators</li> <li>▪ Delivering against an agreed trajectory for the four priority standards for 7-day hospital services</li> </ul>

3.3 The Trust’s position against the quality indicators included in the SOF is provided in Annex 1 to this report.

3.4 The Board is asked to note that:

- (a) The Trust’s relevant CQC ratings are ‘good’ for caring, effective and responsive but ‘requires improvement’ for safe. This latter issue has not, to date, impacted on the Trust’s segmentation.
- (b) No CQC warning notices are in place.
- (c) There are no known material concerns relevant to CQC monitoring processes.
- (d) No concerning trends have been identified on the quality indicators.
- (d) Plans to extend relevant services to meet 24/7 requirements are included in the Trust’s Business Plan.

3.5 Overall, there are considered to be no risks to the Trust’s segment 1 position on this theme at this time.

## Finance and Use of Resources

- 3.6 The Trust's position against the SOF requirements on finance and use of resources are set out in the Finance Report (agenda item 9).
- 3.7 The Trust is expected to continue to meet the requirements for segment 1 on this theme.

## Operational Performance

Information used by NHSI	Triggers
<ul style="list-style-type: none"> <li>▪ NHS Constitution standards</li> <li>▪ Other national targets and standards</li> </ul>	Failure to meet the trajectory for a metric for at least two consecutive months (quarterly for quarterly metrics), except where the provider is meeting the NHS Constitution standard

- 3.8 The Trust's position on the operational performance metrics is provided in Annex 2 to this report.
- 3.9 In recent Performance Dashboard reports (minutes 17/39 (28/2/17) and 17/68 (28/3/17) refer) the Board was informed that the Trust had not achieved target on the IAPT recovery indicator.

From these reports, Board Members will be aware of the actions taken to address this position including support from the national Intensive Support Team (IST) and the establishment of a Trustwide group of IAPT leads to share learning, best practice, etc.

Annex 2 shows that, based on internal reporting, the Trust achieved the target for the indicator in March 2017. The target was also achieved for the Quarter with performance at 50.57%.

- 3.10 The IST formal feedback meeting has taken place for the Vale of York CCG; however we are still awaiting the final report. The IST has identified an issue regarding the Trust's approach to starting treatment at first appointment which we are currently reviewing to identify a way forward.
- 3.11 With the exception of the above matter, internal monitoring has provided assurance that the Trust achieved target on all the other operational performance metrics for the reporting period.

## Strategic Change

Information used by NHSI	Triggers
Review of sustainability and transformation plans and other relevant matters	Material concerns with a provider's delivery against the transformation agenda, including new care models and devolution

- 3.12 Board Members are asked to note that there is a lack of clarity in the SOF on how NHSI assesses and applies the triggers in relation to this theme.
- 3.13 However, the Board can take assurance from the Trust’s continued support for the delivery of the transformation agenda (e.g. its involvement in the STPs, the development of the Accountable Care Partnership, the pilot of the new models of care for Tier 4 CAMHS, the work being undertaken to support the Harrogate Vanguard and the delivery of the Transforming Care Agenda) that the risks of action by NHSI in relation to this theme are low.

### Leadership and Improvement Capability

Information used by NHSI	Triggers
<ul style="list-style-type: none"> <li>▪ Findings of governance or well-led review undertaken against the current well-led framework</li> <li>▪ Third party information, eg Healthwatch, MPs, whistleblowers, coroners’ reports</li> <li>▪ Organisational health indicators</li> <li>▪ Operational efficiency metrics</li> <li>▪ CQC well-led assessments</li> </ul>	<ul style="list-style-type: none"> <li>▪ Material concerns</li> <li>▪ CQC ‘inadequate’ or ‘requires improvement’ assessment against ‘well-led’.</li> </ul>

- 3.14 The Board is asked to note that:
- (a) Further to minute 16/C/303 (29/11/16) preparations have commenced for the independent well-led review of the Trust. A contractor to undertake this work is expected to be appointed in early May 2017 and further information will be provided to the Board on this matter in due course.
  - (b) At this time there is no known third party information (e.g. GMC, PHSO, Healthwatch, HSE, complaints, whistleblowers, medical royal colleges) which suggests governance implications in the Trust.
  - (c) The Trust’s overall rating on the CQC’s well-led domain is ‘outstanding’. Board Members will be aware that the outcome of the CQC’s well-led inspection in January 2017 is awaited. Any further information received in relation to this matter will be reported verbally at the meeting.
  - (d) There are considered to be no risks arising from the Trust’s position against the organisational health indicators (see Annex 1)
- 3.15 The Board will also recall that, in January 2016, a Quality Governance Memorandum and Plan was required by Monitor in relation to the York and Selby transaction.

An update on progress against the Quality Governance Plan is provided in Annex 3 to this report.

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The Board is asked to consider whether the Quality Governance Plan can be signed off or whether further assurances are required.

#### 4. IMPLICATIONS:

- 4.1 **Compliance with the CQC Fundamental Standards:** There are no direct CQC implications arising from this report; however NHSI's aim is to help providers attain and maintain CQC ratings of "good" or "outstanding".
- 4.2 **Financial/Value for Money:** Assessments of the Trust's position against the SOF's theme of finance and use of resources are provided in the Finance Reports.
- 4.3 **Legal and Constitutional (including the NHS Constitution):** The legal basis for enforcement action in relation to NHS Foundation Trusts remains unchanged. This means that, for example, a Foundation Trust will only be in segments 3 or 4 where it has been found to have been in breach or suspected breach of its licence.
- 4.4 **Equality and Diversity:** Information on delivering Workforce Race Equality Standards (WRES) will be used as part of assessments under the Leadership and improvement capability theme; however, no further information on this matter is included in the SOF.
- 4.5 **Other implications:** None identified.

#### 5. RISKS:

- 5.1 There are risks arising from the Trust not being able to accurately assess its position against the requirements of the SOF in view of the lack of information on the construction of metrics; information not being available from the national sources identified; and/or data quality issues.
- 5.2 The outcome of the well-led review undertaken by the CQC in January 2017 is at present unknown.
- 5.3 There may be a risk regarding the IAPT issue identified in 3.10; however we are currently reviewing this to identify a way forward.

#### 6. CONCLUSIONS:

- 6.1 Overall, there are no material changes which are expected to impact on the Trust's segment 1 position under the SOF; however, the outcome of the CQC's well-led inspection is still awaited.

#### 7. RECOMMENDATIONS:

- 7.1 The Board is asked to:
- (a) Receive and note this report.

- (b) Consider whether the York and Selby Quality Governance Action Plan should be signed off or whether any further assurances are required.

**Phil Bellas, Trust Secretary**

**Sarah Theobald, Head of Corporate Performance**

**Background Papers:**

Single Oversight Framework published by NHS Improvement on 30<sup>th</sup> September 2016

## SINGLE OVERSIGHT SCORECARD - QUALITY INDICATORS - 2016/17

All Providers																	
Quality Indicators	SOF Source	Other known source	Freq.		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Comments
Staff Sickness	NHS Digital	n/a	M & Q		4.77%	4.59%	4.64%	4.82%	4.83%	4.77%	5.08%	5.54%	-	-	-		ESR Data Warehouse
		Finance Return	M & Q		4.82%	4.70%	4.56%	4.62%	4.71%	4.84%	4.73%	2.24%	5.45%	5.47%	5.35%		Finance Return to NHS Improvement
		Trust Dashboard (month behind)	M & Q		4.87%	4.76%	4.61%	4.69%	4.87%	4.92%	4.81%	5.13%	5.64%	5.54%	5.30%	4.98%	IIC reporting a month behind
Staff turnover (Finance Return)	NHS Digital	Finance Return	M & Q		0.69%	1.03%	0.74%	0.73%	0.59%	0.81%	0.87%	1.06%	0.87%	0.88%	1.02%		No public data available, data taken from Finance Return
Executive Team turnover	Provider Return	n/a	M								0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
NHS Staff survey	CQC	n/a	A		Construction unknown											Trust is in top 10% and 4th overall for MH	
Proportion of temporary staff	Provider Return	n/a	Q		1.43%			1.50%			1.52%						Finance Return to NHS Improvement (tbc)
Aggressive cost reduction (million)	Provider Return	n/a	Q		1.491			1.480			1.834						Finance Return to NHS Improvement (tbc)
Written compliants - rate	NHS Digital	n/a	Q		8.32			8.01			7.76						As previously reported, in Q1 NHS Digital reported written complaints as a rate per 10000 open referrals (8.87). This has now changed and Q1 and Q2 are now reported as written complaints per 1000 wte staff
Staff and Friends and Family test % recommended - care	NHSE	n/a	Q		82%			81%			No Staff FFT in Q3			-		NHS Staff Survey carried out in Q3	
		Strategic Direction Perf. Report	Q		82%			81%			No Staff FFT in Q4						
Occurrence of Never Event	NHS Improvement	Governance	M		0	0	0	0	0	0	0	0	0	0	0	-	
NHS England/NHS Improvement Patient Safety Alerts outstanding	NHS Improvement	Governance	M		0	0	0	0	0	0	0	0	0	0	0	-	
Mental Health Providers																	
Quality Indicators	SOF Source	Other known source	Freq.		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Comments
CQC inpatient/mental health and community survey	CQC	n/a	A		Construction unknown											Survey not yet published	
Mental Health scores from Friends and Family Test - % positive	NHSE	n/a	M		87.38%	86.93%	83.38%	86.69%	85.23%	86.64%	88.40%	87.59%	84.57%	90.26%	-	-	
Admissions to adult facilities of patients who are under 16 years old	NHS Digital	n/a	M											-	-	-	No public data available
		PARIS	M		0	0	0	0	0	0	0	0	0	0	0	0	Data from Paris

Quality Indicators	SOF Source	Other known source	Freq.	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Comments
CPA follow up - proportion of discharges from hospital followed up within 7 days - those marked as being on CPA	NHS Digital	n/a	M	95%	-	-	97.54%	-	-	97.76%	-	-	96.79%	-	-	-	Data states the source is UNIFY (data submitted quarterly)
		UNIFY					97.54%			97.76%			96.79%				April to Dec 16, only those patients marked as being on CPA are included. No further UNIFY submissions to be made using this construction of the indicator.
		pre validated IIC			91.19%	95.65%	94.44%	97.83%	94.59%	94.61%	95.95%	94.12%	91.30%				
		post validated IIC			96.35%	97.28%	97.20%	98.36%	96.76%	98.80%	97.69%	97.30%	95.05%				
CPA follow up - proportion of discharges from hospital followed up within 7 days - all discharges treated as being on CPA		UNIFY		95%													Jan- Mar. all patients discharged from a psychiatric inpatient unit to be regarded as being on CPA. All further UNIFY submissions to be made using this construction of the indicator.
		pre validated IIC											95.05%	97.25%	96.51%		
		post validated IIC												97.74%	99.08%	98.25%	
% clients in settled accommodation	NHS Digital	n/a	M				52.49%			69.83%			79.14%				
		IIC	M		86.98%	86.88%	86.66%	86.72%	86.63%	86.26%	86.10%	85.67%	85.62%	85.64%	85.76%	85.50%	Percentage of people on CPA in settled accommodation
% clients in employment	NHS Digital	n/a	M				7.10%			10.16%			12.42%				
		IIC	M		11.15%	11.58%	11.67%	12.06%	12.35%	12.57%	12.51%	12.44%	12.78%	12.92%	13.20%	12.97%	Percentage of people on CPA in employment
Potential under-reporting of patient safety incidents	NHS England Dashboard	n/a	M											-	-	-	No public data available

## SINGLE OVERSIGHT SCORECARD - OPERATIONAL PERFORMANCE METRICS - 2016/17

Mental Health Providers																	
Operational Performance Metrics	SOF Identified source	Other Identified Source	Freq.	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Comments
Patients requiring acute care who received a gatekeeping assessment by a crisis resolution and home treatment team in line with best practice standards	UNIFY2 and MHSDS	n/a	Q	95%			96.77%			96.69%			96.25%				Data states the source is UNIFY (data submitted quarterly)
		pre validated IIC			86.00%	89.02%	83.02%	88.19%	81.46%	88.28%	83.85%	89.47%	96.18%	92.90%	94.00%	90.85%	
		post validated IIC			97.30%	97.56%	95.48%	97.10%	95.92%	97.14%	96.83%	93.92%	98.44%	98.20%	97.96%	97.89%	
People with a first episode of psychosis begin treatment with a NICE recommended package of care within 2 weeks of referral	UNIFY2 and MHSDS	n/a	Q	50%	50.79%	58.33%	67.31%	73.44%	73.68%	82.61%	71.70%	81.40%	62.96%	70.49%	77.08%	62.00%	This data is currently published from the Unify submissions that are made monthly
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in <b>inpatient wards</b>	Board declaration but can be triangulated with results of CQUIN audit	pre validated PARIS	Q	90%	-	-	-	-	-	-	-	-	-	-	-	-	
		post validated PARIS			-	-	-	-	-	-	-	-	-	-	94.00%		Internal assessment of the audit sample that was submitted to the Royal College of Psychiatry - expected confirmation April 17
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in <b>early intervention in psychosis services</b>	Board declaration but can be triangulated with results of CQUIN audit	pre validated PARIS	Q	90%	-	-	-	-	-	-	-	-	-	-	-	-	
		post validated PARIS			-	-	-	-	-	-	-	-	-	-	90.00%		Results of the internal audit that will be reported as part of the CQUIN
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in <b>community mental health services (people on CPA)</b>	Board declaration but can be triangulated with results of CQUIN audit	pre validated PARIS	Q	65%	-	-	-	-	-	-	-	-	-	-	-	-	
		post validated PARIS			-	-	-	-	-	-	-	-	-	-	75.00%		Internal assessment of the audit sample that was submitted to the Royal College of Psychiatry - expected confirmation April 17
Complete and valid submissions of metrics in the monthly MHSDS submissions to NHS Digital - identifier metrics	MHSDS	IIC	M	95%	99.39%	99.40%	99.40%	99.44%	99.47%	99.45%	99.43%	99.51%	99.53%	99.37%	99.55%	99.69%	No public data available, data shown is internal
Complete and valid submissions of metrics in the monthly MHSDS submissions to NHS Digital - priority metrics	MHSDS	n/a	M	85%													No public data available and construction unknown
IAPT/Talking Therapies - proportion of people completing treatment who move to recovery (from IAPT minimum dataset)	IAPT minimum dataset	n/a	Q	50%	48.20%	41.92%	45.00%	44.79%	41.83%	42.58%	43.42%	43.50%	39.84%	44.80%			Data only available until January on IAPT minimum dataset
		Internal Reports		50%	49.63%	46.99%	49.56%	49.31%	45.96%	47.38%	47.80%	48.00%	43.57%	48.15%	48.08%	54.94%	
IAPT/Talking Therapies - waiting time to begin treatment (from IAPT minimum dataset) - <b>within 6 weeks</b>	IAPT minimum dataset	n/a	Q	75%	87.18%	92.53%	92.05%	91.46%	90.58%	95.68%	95.94%	95.60%	97.96%	97.20%			Data only available until September on IAPT minimum dataset
		internal IAPT reports		75%	91.83%	94.90%	92.96%	94.78%	94.78%	96.55%	87.23%	96.97%	98.57%	97.89%	97.17%	97.82%	
IAPT/Talking Therapies - waiting time to begin treatment (from IAPT minimum dataset) - <b>within 18 weeks</b>	IAPT minimum dataset	n/a	Q	95%	88.24%	95.86%	96.43%	94.74%	94.00%	99.06%	98.25%	98.35%	99.69%	99.10%			Data only available until January on IAPT minimum dataset
		internal IAPT reports		95%	96.83%	99.23%	97.33%	99.23%	99.64%	99.72%	99.24%	99.54%	99.90%	99.90%	99.35%	100.00%	

York and Selby Quality Governance Plan

Annex 3

Quality Governance Themes		Quality Governance Plan				Position as at 1/4/17	Evidence
		Action	Lead	Date	Intended Outcome		
<b>STRATEGY</b>							
1A	<b>Does quality drive the Trust's Strategy</b>	Refresh of the Quality Strategy including engagement with staff in the York and Selby Locality	Director of Nursing and Governance (DoN&G)	Sept 2016	The Quality Strategy, including the quality goals, are owned by all Localities	<b>COMPLETED</b> The Quality Strategy has been refreshed and was approved by the Board on 20 <sup>th</sup> December 2016	There were 3 workshops in each of the Localities to engage with staff and stakeholders and this included the York and Selby Locality
		Production and agreement of the service plan for the York and Selby Locality	Director of Operations (York and Selby)	March 2016	Priorities in place to support the delivery of the strategic goals in all Localities	<b>COMPLETED</b> Locality Business Plan in place	Locality Business Plan
		Refresh the Estates Strategy/Capital Plan	Director of Finance and Information (DoF&I)/Director of Operations (EFM)	April 2016	Improvements to the quality of the estate in York and Selby	<b>COMPLETED</b> Estates Strategy for the Locality in place and reflected in the Capital Plan	Significant capital works undertaken in the Locality  Report to the meeting of the Resources Committee – 11/4/17  Budget report
		Elections to be held for Public and Staff Governors in York and Selby	Trust Secretary	March 2016	Full representation of the York and Selby Locality on the Council of Governors	<b>PROGRESSED BUT NOT FULLY ACHIEVED</b> All seats for the City of York are filled.  Staff Governor elected for the York and Selby Staff Class  There have been difficulties in filling the seats for the Selby Constituency. A further attempt to fill the seats will be made at the annual 2017 elections. There is some assurance that candidates will stand in the elections for these seats.	Notice of elections  Election reports  Results of elections for the City of York Constituency and York and Selby Staff Class
1B	<b>Is the Board sufficiently aware of potential risks to quality</b>	Full assessment of risks to quality in the York and Selby Locality	Director of Operations (York and Selby)	April 2016	Full understanding of the risks to quality in the new Locality	<b>COMPLETED</b> Locality risk register in place.	Locality risk profiles on the DATIX system.  LMGB Reports to QuAC
		Assurance reporting from the York and Selby Locality to the Quality and Assurance Committee to commence	Director of Operations (York and Selby)	February 2016	To provide assurance to the Committee (and the Board) on the quality of services in the Locality	<b>COMPLETED</b> York and Selby LMGB reporting to the QuAC commenced on 7/4/16 and has continued at regular intervals thereafter.	Minutes of the QUAC  QUAC business cycle

Quality Governance Themes		Quality Governance Plan				Position as at 1/4/17	Evidence
		Action	Lead	Date	Intended Outcome		
		Integration of data reporting for all Localities.	Chief Executive (cross Directorate impact)	Sept 2016	Holistic understanding of quality performance across the Trust	<b>COMPLETED</b> The Locality is included in standard performance reporting e.g. PIG meetings/ Performance Dashboard reports, etc .	IIC Performance Dashboard Reports EMT Performance Reports
		Implementation of the DATIX risk management system	Director of Quality Governance (DoQG)	March 2016	Improved assurance on risk management in the Trust	<b>COMPLETED</b> Locality risks are included on the DATIX system  Datix risk register module implemented at Director of Operations and Head of Service level.  Pilot for team based Issues Logs agreed Nov 2016 – to be evaluated and rolled out across the Trust during 2017/18 as part of business as usual.  Project to be formally closed.	LMGB QuAC reports highlighting new Datix risk Module reports – including York and Selby Locality  Minutes and Project Management forms from EMT/OMT regarding project and pilot process for team based issue logs
		Costs arising from the closure of Bootham Park Hospital to be monitored to enable reimbursement from the Vale of York CCG	DoF&I	March 2017	To reduce the financial risks arising from the York and Selby transaction on the Trust	<b>COMPLETED</b>	Correspondence  Contract
<b>CAPABILITIES AND CULTURE</b>							
<b>2A</b>	<b>Does the Board have the necessary leadership, skills and knowledge to ensure delivery of the quality agenda?</b>	Locality briefings to the Board from the York and Selby Locality to commence.	Director of Operations (York and Selby)	October 2016	The Board of Directors increasing its understanding of the issues facing the Locality	<b>COMPLETED</b> Annual Locality briefings to the Board commenced 26/4/16	Board minutes Board Business Cycle
<b>2B</b>	<b>Does the Board promote a quality focussed culture throughout the Trust?</b>	Programme of work to be developed and implemented for embedding the Trust's values and behaviours in the York and Selby Locality	Director of Operations (York and Selby)	March 2017	A consistent quality focussed culture across the entire Trust	<b>COMPLETED</b> Now business as usual	Induction programme for staff transferring to the Trust  Band 7 and above values based leadership courses (3 day programmes) in York and Selby  Bespoke team support for various teams across York and Selby to address change management, performance and development needs e.g. IAPT, CMHTs and Oak Rise.

Quality Governance Themes	Quality Governance Plan				Position as at 1/4/17	Evidence
	Action	Lead	Date	Intended Outcome		
	Develop plan to train staff in York and Selby in the Trust Quality Improvement System	Head of the KPO	April 2016	To support the implementation of the QIS methodology in the new Locality	<b>COMPLETED</b> Plan in place and being implemented	15 improvement events held in the Locality since October 2015  The first cohort of Certified Leader Training planned for April 2017  QIS Leader Training has been completed by one person with another 9 staff booked on courses from April 2017  8 staff have completed process owner training with 1:1 support now offered to any staff member who will be a process owner prior to the event so they are clear on their role.  14 staff have completed QIS admin training with 2 staff booked onto training in May 2017
	Ensure staff contribute to and understand the Trust's Quality Strategy	DoN&G	Sept 2016	Ownership of the Quality Strategy, including the quality goals by all Localities	<b>COMPLETED</b> Quality Strategy was approved at EMT on 23 <sup>rd</sup> November 2017 and progressed to QuAC on 1 <sup>st</sup> December 2016.  The following points were highlighted: 1. That the draft Quality Strategy had gone through a lengthy and thorough consultation period, with staff and Governors and other key stakeholders, since February 2016, when the process had first been approved at QuAC. 2. Two preferences had been identified for target setting, a Trust target for each measure and a variant target according to different service areas. 3. The draft Quality Strategy had been benchmarked against other organisations and final re-formatting would be supported by the Communications Team  The Quality Strategy has been refreshed and approved at the Board meeting on 20th December 2016	There were 3 workshops in each of the Localities to engage with staff and stakeholders and this included York and Selby

Quality Governance Themes	Quality Governance Plan				Position as at 1/4/17	Evidence	
	Action	Lead	Date	Intended Outcome			
<b>PROCESSES AND STRUCTURES</b>							
3A	Are there clear roles and responsibilities in relation to Quality Governance?	Implementation of programme to fully apply Trust policies and procedures in the York and Selby Locality	Director of Operations (York and Selby)	Sept 2016	Consistent application of policies and procedures across the Trust	<p><b>IN PROGRESS</b></p> <p>The majority of Trust Policies and Procedures were adopted from 1 October 2015.</p> <p>HR policies have been subject to review with Trade Unions (as this links to TUPE regulations). Assimilation/ review of HR policies is nearly complete.</p>	From a recent follow up review Internal Audit has confirmed that awareness of appropriate policies and procedures within the Locality has improved over the last year (Draft Internal Audit report)
3B	Are there clearly defined well understood processes for resolving issues and managing quality performance?	Programme of work to be developed and implemented to embed the Trust's approach in the York and Selby Locality	Director of Operations (York and Selby)	March 2017	To achieve consistency in the Trust's approach across all Localities	<p><b>IN PROGRESS</b></p> <p>Key service issues have been reported to the Board/QuAC</p> <p>There is ongoing work in relation to:</p> <ul style="list-style-type: none"> <li>Resolve some reporting issues e.g. data quality (transition of PARIS)</li> <li>Engagement of staff on key metrics e.g. improvement in clustering, uptake of FFT,</li> <li>The development of Locality specific action plans in line with commissioner or Locality requirements e.g. IAPT action plan, CAMHS action plan and EIP action plan.</li> </ul> <p>Additional support for teams has been confirmed where there are continued issues with performance/ quality metrics.</p>	Board/QuAC reporting from the Locality.  Reports on teams requiring additional support.
3C	Does the Board actively engage patients, staff and other key stakeholders on quality?	Implementation of the York and Selby communications and engagement plan  Consideration given to widening the number of stakeholders from York and Selby involved in the development of the Quality Account	Director of Operations (York and Selby)  Director of Planning, Performance & Communications (DoPP&C)/ DoN&G	March 2017  April 2016	Service users, carers, Members and key Stakeholders in the York and Selby Locality are actively engaged in the Trust  Quality priorities owned across the whole Trust	<p><b>COMPLETED</b></p> <p>The Locality Communications Plan has been completed</p> <p>The stakeholder and engagement plan has been updated to include the Locality.</p> <p>There is active input from service users, carers, members and key stakeholders on developments e.g. new hospital plans.</p> <p><b>COMPLETED</b></p> <p>Additional representatives have been invited and have engaged with quality account work. e.g. York Healthwatch</p>	Feedback from the Head of Communications  Stakeholder Engagement Plan  Invitations to Quality Account Stakeholder meetings  Reports to QuAC on outcomes from stakeholder meetings



FOR GENERAL RELEASE

BOARD OF DIRECTORS

<b>DATE:</b>	25 <sup>th</sup> April 2017
<b>TITLE:</b>	Report on the Register of Sealing
<b>REPORT OF:</b>	Phil Bellas, Trust Secretary
<b>REPORT FOR:</b>	Information

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

**Executive Summary:**

This report provides information on the use of the Trust Seal as required under Standing Order 15.6.

**Recommendations:**

The Board is asked to receive and note this report.

<b>MEETING OF:</b>	<b>The Board of Directors</b>
<b>DATE:</b>	<b>25<sup>th</sup> April 2017</b>
<b>TITLE:</b>	<b>Report on the Register of Sealing</b>

**1. INTRODUCTION & PURPOSE:**

- 1.1 The purpose of this report is to inform the Board of Directors of the use of the Trust's Seal in accordance with Standing Orders.

**2. BACKGROUND INFORMATION AND CONTEXT:**

- 2.1 An entry of every sealing is made and numbered consecutively in a Register specifically provided for the purpose. It is signed by the persons who have approved and authorised the document and those who attested the seal.

**3. KEY ISSUES:**

- 3.1 The Trust Seal has been used as follows:

<b>Number</b>	<b>Date</b>	<b>Document</b>	<b>Sealing Officers</b>
293	21.3.17	TR1 form (transfer of registered title) relating to land and buildings lying to the west side of Cass House Road, Middlesbrough (former Lakeside Health Centre)	Brent Kilmurray, Chief Operating Officer Phil Bellas, Trust Secretary
294	27.3.17	Contract for the purchase of the Anchorage, 11-13 Byland Court and garage, Whitby	Colin Martin, Chief Executive Phil Bellas, Trust Secretary
295	27.3.17	TR1 form (transfer of registered title) relating to 11-13 Byland Court and garage, Whitby	Colin Martin, Chief Executive Phil Bellas, Trust Secretary
296	30.3.17	TR1 form (transfer of registered title) relating to 20 Yarm Road, Stockton	Colin Martin, Chief Executive Drew Kendall, Interim Director of Finance and Information
297	31.3.17	Extension to standstill agreement in relation to the Roseberry Park PFI Contract	Colin Martin, Chief Executive Phil Bellas, Trust Secretary

298	31.3.17	Deed of surrender relating to ground floor premises known as Warren Road ATC	Colin Martin, Chief Executive Phil Bellas, Trust Secretary
299	7.4.17	Lease relating to Hartlepool Centre for Independent Living, Burbank Street, Hartlepool	Colin Martin, Chief Executive Drew Kendall, Interim Director of Finance and Information

#### 4. IMPLICATIONS:

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

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

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

4.4 **Equality and Diversity:** None identified.

4.5 **Other implications:** None identified.

#### 5. RISKS:

5.1 There are no risks associated with this report.

#### 6. CONCLUSIONS:

6.1 This report supports compliance with Standing Orders.

#### 7. RECOMMENDATIONS:

7.1 The Board is asked to receive and note this report.

**Phil Bellas, Trust Secretary**

#### **Background Papers:**

The Trust's Constitution (October 2015)  
Seals Register

FOR GENERAL RELEASE

BOARD OF DIRECTORS

<b>DATE:</b>	<b>25 April 2017</b>
<b>TITLE:</b>	<b>Policies Ratified by the Executive Management Team</b>
<b>REPORT OF:</b>	<b>Colin Martin</b>
<b>REPORT FOR:</b>	<b>Information</b>

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

**Executive Summary:**

The policy paper contains the following information:

5 policies that have undergone full review and require ratification:

- IT-0020-v6 IT & Telephony Procurement, Reassignment and Disposal Policy
- CORP-0019-v10 Complaints Policy
- CLIN-0007-v6 Did Not Attend (DNA) Policy
- HR-0024-v4 Dress Code
- CLIN-0019-v6 Person-Centred Behaviour Support Policy

1 policy that has had minor amendment:

- CLIN-0014-v7.1 Rapid Tranquilisation Policy

**Recommendations:**

The Board are asked to ratify the decisions made by EMT at the meeting held on 05 April 2017

<b>DATE:</b>	<b>25 April 2017</b>
<b>TITLE:</b>	<b>Policies and Procedures Ratified by the Executive Management Team</b>
<b>REPORT OF:</b>	<b>Colin Martin</b>
<b>REPORT FOR:</b>	<b>Information</b>

**1. INTRODUCTION & PURPOSE:**

The purpose of this report is to advise the Board of Directors on the policies and procedures that have been ratified by the Executive Management Team.

**2. BACKGROUND INFORMATION AND CONTEXT:**

- 2.1** It is important that the Trust policy portfolio is updated and revised in a timely way to ensure best practice, current legislation and regulation is reflected in policy content. Policies no longer required to control and assure practice should be terminated and withdrawn from the portfolio.
- 2.2** Following the last revision of the Trust's Integrated Governance arrangements, it was agreed that the Executive Management Team ratify all new and revised Trust policies and procedures.
- 2.3** Each policy and procedure ratified by the Executive Management Team will have gone through the Trust's consultation process.
- 2.4** Currently all corporate Trust policies are ratified by the EMT on behalf of the Board of Directors, following approval by the appropriate specialist committees and groups. All decisions regarding the management of the policy framework must be ratified by the EMT.

**3. KEY ISSUES:**

- 3.1** The following has undergone full review and require ratification:

**IT-0020-v6 IT & Telephony Procurement, Reassignment and Disposal Policy**  
**Review date: 05 April 2020**

This policy has undergone full review with minor amendments to terminology, job roles and responsibilities.

**CORP-0019-v10 Complaints Policy**  
**Review date: 05 April 2020**

This policy has been updated to reflect audit recommendations relating to complaint action plan management and escalation processes. Members of

the working party changed to reflect the current team structure, and a further local resolution statement has been added.

**CLIN-0007-v6 Did Not Attend (DNA) Policy**  
**Review date: 05 April 2020**

This policy has undergone full review and the section relating to referrals and allocations was removed.

Consultation identified that the original policy was too rigid and was an attempt for a one size fits all approach to DNAs. The revised version focusses on services utilising huddles / cells and also having flexibility to make clinical judgements based upon the information they have alongside delivering 5 key principles;

- In all cases following a DNA, an assessment of risk must be undertaken;
- When required the service must consider alternative communication methods;
- The service will attempt to contact the service user following a DNA;
- The GP and service user will be contacted if a decision is taken to discharge the service user;
- Actions taken will be recorded on the appropriate electronic care record.

**HR-0024-v4 Dress Code**  
**Review date: 05 April 2020**

The dress code has undergone full review and Trust-wide consultation. Wording has been simplified but content not altered significantly. Section 3.6 Special Clothing has been amended following advice from the Equality and Diversity team.

**CLIN-0019-v6 Person-Centred Behaviour Support Policy**  
**Review date: 05 April 2020**

This policy has undergone full review within the scope of the force reduction project. The title has also changed to one that reflects the Trust approach to person-centred behaviour support.

**3.2** The following has undergone minor amendment:

**CLIN-0014-v7.1 Rapid Tranquilisation Policy**  
**Review date: 07 September 2019**

Minor amendment was made to the wording in the footnote of Appendix 3.

**4. IMPLICATIONS:**

**4.1 Compliance with the CQC Fundamental Standards:**

Sound policy development improves patient experience and enhances patient safety and clinical effectiveness.

**4.2 Financial/Value for Money:**

Any financial implications from the proposals arising from operational and/or practice changes will be managed by the Directorates responsible for policy implementation.

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

The Trust requires a contemporary policy portfolio to ensure practice is compliant with legislation, regulation and best practice. The policy ratifications, review extensions and withdrawals will ensure the portfolio is managed to provide the necessary evidence based operational and practice frameworks.

**4.4 Equality and Diversity:**

The current policy portfolio ensures the Trust meets the required legislative and regulatory frameworks and all policies are impact assessed for any equality and diversity implications. Policy revision and /or specific implementation plans would result from any adverse impact assessments.

**4.5 Other implications:**

None identified

**5. RISKS:**

None identified

**6. CONCLUSIONS:**

The decisions detailed above made at the EMT meeting on 05 April 2017 have been presented for ratification.

**7. RECOMMENDATIONS:**

The Board is required to ratify the decisions of the Executive Management Team and is requested to accept this report.

**Author: Colin Martin**  
**Title: Chief Executive**