

**AGENDA FOR THE MEETING OF THE BOARD OF DIRECTORS  
TUESDAY 25<sup>TH</sup> OCTOBER 2016  
VENUE: THE HILTON YORK, 1 TOWER STREET, YORK,  
YO1 9WD  
AT 9.30 A.M.**

Apologies for Absence

Standard Items (9.30 am)

<b>Item 1</b>	To approve the public minutes of the meetings of the Board of Directors held on <b>13<sup>th</sup> and 27<sup>th</sup> September 2016.</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 (9.45 am)

<b>Item 6</b>	To consider 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 the annual report on Medical Education.	<b>NL</b>	<b>Attached</b>

Performance (10.15 am)

<b>Item 9</b>	To consider the summary Finance Report as at 30 <sup>th</sup> September 2016.	<b>DK</b>	<b>Attached</b>
<b>Item 10</b>	To consider the Trust Performance Dashboard as at 30 <sup>th</sup> September 2016.	<b>SP</b>	<b>To follow</b>
<b>Item 11</b>	To consider the Trust Workforce Report as at 30 <sup>th</sup> September 2016.	<b>DL</b>	<b>Attached</b>

Items for Information (10.45 am)

- Item 12** To receive and note a report on the use of the Trust's seal. **CM** **Attached**
- Item 13** To note that the next meeting of the Board of Directors will be held in public on Tuesday **29<sup>th</sup> November 2016** in the Board Room, West Park Hospital, Darlington at 9.30 am.

Confidential Motion (10.50 am)

**Item 14 The Chairman to move:**

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

*Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office-holder, former office-holder or applicant to become an office-holder under, the Trust.*

*Information relating to any particular applicant for, or recipient or former recipient of, any service provided by 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 documents relating to the Trust's forward plans prepared in accordance with paragraph 27 of schedule 7 of the National Health Service Act 2006.*

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

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

***The meeting will adjourn for a refreshment break***

**Chairman**  
**19<sup>th</sup> October 2016**

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

---

**MINUTES OF THE SPECIAL MEETING OF THE BOARD OF DIRECTORS HELD ON  
13<sup>TH</sup> SEPTEMBER 2016 IN THE BOARD ROOM, WEST PARK HOSPITAL,  
DARLINGTON COMMENCING AT 12.00 NOON**

**Present:**

Mrs. L. Bessant, Chairman  
Mr. C. Martin, Chief Executive  
Mr. J. Tucker, Deputy Chairman  
Mr. M. Hawthorn, Senior Independent Director  
Dr. H. Griffiths, Non-Executive Director  
Mr. D. Jennings, Non-Executive Director  
Mr. P. Murphy, Non-Executive Director  
Mr. R. Simpson, Non-Executive Director  
Mr. D. Kendall, Interim Director of Finance and Information  
Mr. B. Kilmurray, Chief Operating Officer and Deputy Chief Executive  
Dr. N. Land, Medical Director  
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:**

Mr. P. Bellas, Trust Secretary  
Mrs. J. Jones, Head of Communications

The Chairman welcomed Mr. Murphy to his first meeting of the Board of Directors.

**16/204 APOLOGIES**

Apologies for absence were received from Mrs. S. Richardson, Non-Executive Director.

**16/205 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**16/206 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 the financial or business affairs of any particular person (other than the Trust).*

*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.*

---

*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.

---

**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON 27<sup>TH</sup>  
SEPTEMBER 2016 IN THE BOARD ROOM, WEST PARK HOSPITAL, DARLINGTON  
COMMENCING 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  
Dr. H. Griffiths, 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  
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:**

Mr. N. Ayre  
Mr. P. Bellas, Trust Secretary  
Mrs. J. Jones, Head of Communications  
Mrs. W. Griffiths, Interim Associate Director of Finance (representing Mr. Kendall)

The Chairman welcomed Mrs. Richardson and Mrs. Griffiths to the meeting.

**16/210 APOLOGIES**

Apologies for absence were received from Mr. D. Jennings, Non-Executive Director, Mr. P. Murphy, Non-Executive Director, and Mr. D. Kendall, Interim Director of Finance and Information.

**16/211 MINUTES**

*Agreed – that the public minutes of the last ordinary meeting held on 21<sup>st</sup> July 2016 be approved as a correct record and signed by the Chairman.*

**16/212 PUBLIC BOARD ACTION LOG**

Mr. Levy reported that:

- (1) The equality objectives 2016/2020, together with the carrying forward and embedding of work to support the 2012 equality objectives, would be progressed through the 2016/17 equality and diversity work plan.
- (2) Progress on the actions included in the work plan would be reported to the Quality Assurance Committee on a biannual basis.
- (3) The action set out under minute 16/65 (22/3/16) had, therefore, been completed.

The Board noted that there were no other outstanding matters included in the Public Board Action Log.

## **16/213      DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **16/214      CHAIRMAN'S REPORT**

The Chairman reported on her activities since the last ordinary meeting of the Board as follows:

- (1) Attended meetings with the Public Governors in their Localities.

Mrs. Bessant advised that:

- (a) Feedback received from the Governors, particularly those in the North Yorkshire and York and Selby Localities, had been, generally, positive.
  - (b) In Teesside, the Governors had raised issues about crisis services and how the Trust could work more effectively with carers' groups.
- (2) Attended a meeting with Cllr Runciman, the Executive Member for Adult Social Care and Health for York City Council.

It was noted that during the positive meeting Mrs. Bessant and Cllr Runciman had discussed opportunities for the Trust and the Council to work more closely together; the further development of links with York University; and student mental health services.

- (3) Attended the launch of Positive Independent Proactive Support Ltd.

Mrs. Bessant welcomed the Company's approach to using former service users, engaged through a national organisation, to check the quality of its services.

## **16/215      GOVERNOR ISSUES**

No issues were raised.

## **16/216      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 7<sup>th</sup> July 2016 (Appendix 1 to the report).
- (2) The key issues discussed by the Committee at its meeting held on 1<sup>st</sup> September 2016.

With reference to the first of the key matters contained in the Executive Summary to the report Mr. Martin provided clarity that the pressure on inpatient beds related to the North Yorkshire Locality and the nurse staffing shortfalls and uncertainty around the Transforming Care agenda related to Forensic Services.

## 16/217 NURSE STAFFING REPORT

The Board received and noted the report on nurse staffing for July and August 2016 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”).

Mrs. Moody reported that:

- (1) Since the preparation of the report an explanation had been received that the low fill rate on Primrose Ward was due to sickness and special leave and that Healthcare Assistants (HCAs) had been used to backfill Registered Nursing hours.
- (2) In terms of future developments:
  - (a) The next safe staffing report would include wards with 25% or above bank usage (rather than 50% or above as at present) as this threshold was used by the CQC.
  - (b) In examining high bank usage on wards, consideration would be given to the extent that regular bank staff were being used.
  - (c) Incidents where staff had raised concerns about staffing numbers were also being examined.

The Board discussed the following matters:

- (1) The position on rostering in view of Westerdale South continuing to be identified as having a high fill rate as a result of additional staffing resources being made available.

The Board noted that:

- (a) A change request to the roster had been submitted for the ward but the reasons why it had not yet been actioned were unknown.

It was suggested that the controls on change requests might need to be reviewed.

- (b) Work undertaken by the Finance and Nursing and Governance Directorates had found that a significant amount of housekeeping was required to the rosters.
- (c) The key issues relating to rostering were as follows:
  - Technical issues relating to making changes to the healthroster system.
  - Some ward managers not understanding the principles of good rostering.

Assurance was provided that this matter was being addressed.

- The need to ensure that standard processes were developed in order to make any changes sustainable e.g. to cope with staff turnover.

The Chairman raised concerns that, as a result of Westerdale South continuing to feature as one of the wards having excess fill rates, issues on other wards might not be visible.



- (2) Whether the reference to “hot spots” in the conclusion to the report indicated that some correlation had been found between staffing levels and quality.

Mrs. Moody explained that the term “hot spots” had been used to indicate wards where triangulation of quality issues had been identified e.g. IPC, safeguarding issues, etc. These issues did not directly relate to staffing numbers and fill rates but other factors, such as skill mix, leadership and staff skills, had been identified in the wider context of safe staffing, as defined by the National Quality Board, as having the right people, with the right skills, in the right place, at the right time.

The Non-Executive Directors suggested that it might be worthwhile to identify the wards regarded as “hot spots” in the report so that they could be tracked.

**Action: Mrs. Moody**

- (3) The need for the Board to understand and gain assurance that mitigating actions were being taken in relation to concerns about the staffing position in Forensic Services; an issue raised on a number of occasions in the LMGB’s reports to the Quality Assurance Committee.

In response the Board noted the work being undertaken to address staffing issues within the Locality which included:

- (a) Recent recruitment campaigns which had successful.
- (b) Work on the establishment of “night co-ordinator” posts, senior members of staff, to address the lack of flexibility at night and to support staff on clinical issues.
- (c) The uplifting of band 5 staff, so that there were two band 6 staff on some wards, to address the general level of inexperience amongst nursing staff within the Locality.
- (d) The model wards project which had been signed off by the EMT.
- (e) Work to improve the allocation of bank staff, Trustwide, by allowing them to book directly onto shifts.
- (f) The introduction of overbooking of bank staff in Forensic Services as a means of addressing staffing requirements at short notice.

The Chairman asked for a report to be presented to a future Board meeting to provide assurance that the above initiatives had mitigated the staffing risks in the Locality.

**Action: Mr. Kilmurray**

- (4) The level of assurance provided by the report on safe staffing.

The Non-Executive Directors considered that, whilst the reports were useful in raising issues and prompting debates, they did not provide assurance on safe staffing or insight into the causes of concerns.

Mrs. Moody responded that:

- (a) The national requirement was to report on the extent the Trust was meeting its planned staffing establishment and this approach provided limited assurance on safe staffing. The safe staffing report attempted to triangulate this information with a range of quality indicators.

- 
- (b) Improved assurance might be available once the mental health and learning disability safe staffing tools, being developed by NHS Improvement, were available and through the Carter Metric, which although based on a crude calculation, would provide a national benchmark of care hours per patient day (CHPPD).
  - (c) Where timing allowed, the data contained in the “hard truths” reports was discussed at meetings of the Operational Management Team and Safe Staffing Group and, therefore, enabled services to consider its implications.

Dr. Land highlighted that the Patient Safety Group was developing a scorecard to support the analysis of the quality of staff. Once in place this would enable risks to be proactively identified so that additional support could be made available.

It was also noted that the Safe Staffing Group was developing an early warning system in relation to risks on wards/teams.

In terms of future reporting, Dr. Land observed that the “hard truths” reports had been subject to a number of changes and, whilst not providing good assurance, gave visibility on staffing levels and opportunities for Board Members to raise concerns. He considered that no further changes should be made until the reporting arrangements had had time to settle down.

In addition:

- (1) Dr. Land advised that the excess staffing levels at Oak Rise were due to transitional arrangements linked to the closure of White Horse View under the Transforming Care agenda.
- (2) In response to questions clarity was provided that:
  - (a) On Westwood Ward HCAs were being used to backfill registered nursing time on daytime shifts. This was considered to pose a risk to quality.
  - (b) The fill rate was an expression of the percentage of actual staff on duty against the planned establishment.
- (3) The Non-Executive Directors asked for the conclusions of reports to also be included in their executive summaries.

Mrs. Moody took this on board.

**Action: Mrs. Moody**

## **16/218 MENTAL HEALTH LEGISLATION COMMITTEE**

The Board received and noted the report of the Mental Health Legislation Committee including:

- (1) The confirmed minutes of its meeting held on 25<sup>th</sup> April 2016 (Appendix 1 to the report).
- (2) The key issues discussed by the Committee at its meeting held on 25<sup>th</sup> July 2016.

Arising from the report, Mrs. Moody highlighted the need for the automatic reporting of data on seclusion from the PARIS system to be addressed urgently as there was a need to have accurate data and the CQC might require access to this information during the forthcoming inspection.

**Action: Mr. Kendall**

## **16/219      WAITING TIMES IN CHILDREN AND YOUNG PEOPLE'S SERVICES**

Further to minute 16/126 (24/5/16) the Board received and noted a progress report which detailed the actions being taken within each Locality to address concerns about excessive waiting times in Child and Adolescent Mental Health Services (CAMHS).

Arising from the report:

- (1) Mr. Martin highlighted the significant variations between the Localities (and within North Yorkshire) in terms of the application of Purposeful and Productive Community Services Programme (PPCS) tools; recruitment and retention issues; and investment particularly the use of monies received under the "Future in Mind" programme.
- (2) The Board discussed the factors impacting on waiting times in North Yorkshire.

It was noted that the issues were multifaceted and included the levels of investment, the recruitment and retention of staff and staff morale.

In relation to these matters:

- (a) The Non-Executive Directors asked for information on the funding of services in each Locality to be included in future reports.  
**Action: Mr. Kilmurray**
  - (b) It was highlighted that, notwithstanding the factors influencing performance in the Locality, the Board needed to be assured that processes were operating correctly as, without this, there would be difficulties in convincing Commissioners of the need for greater investment.
  - (c) It was noted that the waiting times in the Locality were better than in other parts of the country.
- (3) It was noted, in response to a question, that the plan to address waiting times in the Tees Locality was based on the tools of the PPCS programme.
  - (4) Board Members recognised the excellent leadership provided by Ms. Donna Sweet (Head of Service for CYPS in County Durham and Darlington) in tackling waiting times in her Locality.
  - (5) In response to a question, Mr. Kilmurray advised that the longest waits in the York and Selby Locality were approximately 18 weeks and provided assurance that patients were reviewed on a regular basis in case of changes to their clinical needs.

**Agreed** – that a further report on waiting times to children and young people's services be provided to the Board at its meeting to be held in January 2017.

**Action: Mr. Kilmurray**

**16/220 CORE STANDARDS FOR EMERGENCY PREPAREDNESS,  
RESILIENCE AND RESPONSE**

Consideration was given to the proposed submission to NHS England on the Trust's compliance with the Core Standards for Emergency Preparedness, Resilience and Response.

The Board noted that, further to minute 15/321 (24/11/15), the Audit Committee had reviewed the Trust's self-assessment of its compliance with the Core Standards at its meeting held on 15<sup>th</sup> September 2016.

In response to issues raised at the meeting the Director of Operations for Estates and Facilities Management had provided the following information:

- (1) Although the Trust was not required by NHS England to complete the cells marked "N/A" in the schedule (Appendix 1 to the covering report), the matters covered in standards 20 ("Arrangements to have access to 24-hour specialist adviser available for incidents involving firearms or chemical, biological, radiological, nuclear, explosive or hazardous materials, and support strategic/gold and tactical/silver command in managing these events") and 21 ("Arrangements to have access to 24-hour radiation protection supervisor available in line with local and national mutual aid arrangements") were contained in the Trust's Security Policy and also referenced in the locality PCP action cards.
- (2) The Trust was also not required to complete Standards 28, 31 and 32. With regard to these standards:
  - (a) The Trust was not a member of Local Resilience Forums (Standards 28 and 31) but fed into them through NHS England or Public Health England.
  - (b) Standard 32 related to communications with NHS England in the event of an incident.
- (3) Section DD4 related to Fuel. The Trust was the lead organisation on the Fuel Group of the Local Health Resilience Partnership and had taken it forward with both Yorkshire Ambulance and North East Ambulance Services (NEAS) to ensure the Trust's policy was workable. Further work was, at present, being undertaken with NEAS on its updated plan.

***Agreed** – that the self-assessment against the Core Standards for Emergency Preparedness, Reliance and Response, as set out in Appendix 1 to the above report, be approved for submission to NHS England.*

**Action: Mr. Kilmurray**

**16/221 FINANCE REPORT AS AT 31<sup>ST</sup> AUGUST 2016**

The Board received and noted the Finance Report as at 31<sup>st</sup> August 2016.

In response to a question, Mrs Griffiths confirmed that any increase in income would not have a detrimental effect on the Trust's Financial Sustainability Risk Rating.

---

**16/222 PERFORMANCE DASHBOARD AS AT 31<sup>ST</sup> AUGUST 2016**

The Board received and noted the Performance Dashboard Report as at 31<sup>st</sup> August 2016.

Consideration was given to the following matters:

- (1) Future reporting against KPI 8 (percentage of appointments cancelled by the Trust).

Mrs. Pickering explained that, due to the use of different modules in the PARIS system, only those appointments scheduled to take place in a clinic and by a medic were included in the data rather than more generic appointments undertaken by other members of the community teams. The reported figure, therefore, only represented approximately 10% of all appointments.

It was noted that work was ongoing to investigate if the position could be rectified in the short-term or could only be achieved through the introduction of staff diaries on the PARIS system which was expected in Quarter 1, 2017/18.

On this matter:

- (a) Mr. Hawthorn reported that the finding of “no assurance” arising from an Internal Audit review of cancelled appointments had been considered by the Audit Committee at its meeting held on 15<sup>th</sup> September 2016. The Committee considered that, in the circumstances, it was not worthwhile to continue to report on the metric until the issues were resolved.
- (b) In response to a question, Mrs. Pickering assured the Board that the issue of appointments cancelled for positive reasons (e.g. those brought forward due to clinical need) being included in the data had been resolved.
- (c) Mrs. Moody suggested that seeking the views of patients and carers on cancelled appointments, using the patient experience trackers, could provide a different perspective on the issue.

The Board agreed that further work should be undertaken on this matter.

**Action: Mrs. Moody**

- (d) The Non-Executive Directors highlighted that the issue of cancelled appointments had initially been raised by Governors and it was important that the difficulties being experienced in monitoring the metric should be explained to them.

The Chairman considered that, as there was now clarity on the coverage of the indicator and it might be some time until the data collection issues were rectified, it might be worthwhile to continue reporting performance against KPI 8 but, in doing so, to recognise its limitations.

This was agreed.

- (2) The recommendations from the EMT in relation to the targets for KPIs 14 (“Actual number of Workforce in month”) and 15 (“%age registered healthcare professional jobs that are advertised two or more times”) following a review undertaken at the end of Quarter 1, 2016/17.

Mrs. Pickering reported that the review had been undertaken as the targets set at the start of the year had included some assumptions due either to a lack of historic data for new indicators or to the inclusion of performance data for the York and Selby Locality.

With regard to KPI 15:

- (a) The Board recognised that performance was affected by external issues.
- (b) Mr. Levy highlighted that there were signs of improvement on this matter and he would be providing further information on the work being undertaken on recruitment, including the events held in recent months, in his report to the Board meeting to be held on 29<sup>th</sup> November 2016.

In addition, at the request of Board Members, Mrs. Pickering agreed to undertake a further review of the use of trend arrows in the report.

**Action: Mrs. Pickering**

**Agreed –**

- (1) *that performance against KPI 8 continue to be included in the Performance Dashboard Reports;*
- (2) *that the target for KPI 14 be 95-100% with:*
  - (a) *the “amber” rating being 90-95% or 100-102%;*
  - (b) *the “red” rating being <90% and >102%;*
- (3) *that the target for KPI 15 be 15% with:*
  - (a) *the “amber” tolerance rating being 2.5% above target (i.e. between 15% and 17.5%);*
  - (b) *the “red” rating being anything above the “amber” tolerance; and*
- (4) *that a further review of the Performance Dashboard targets be undertaken at the end of September 2016.*

**Action: Mrs. Pickering**

**16/223 STRATEGIC DIRECTION PERFORMANCE REPORT**

Consideration was given to the Strategic Direction Performance Report for Quarter 1, 2016/17 including proposed changes to:

- (1) The Trust Business Plan (as set out in Appendix 1 to the report).
- (2) The following Key Performance Indicators (KPIs):
  - (a) KPI 3 – Percentage of patients reporting “yes always” to the question “did you feel safe on the ward”.
  - (b) KPI 21 - Percentage of positive staff responses for training/development evaluations received.
  - (c) KPI 22 - Quality of Appraisals.
  - (d) KPI 24 - The variation in percentage responses to those questions in NHS Staff Survey of those who identified themselves as disabled compared to those who did not identify themselves as disabled.
  - (e) KPI 34 - Percentage of Information Strategy metrics on target that are reported on the Information Strategy Metrics Scorecard.
  - (f) KPI 35 - Percentage change in income for Trust contracted services compared to previous year.

In addition, at the request of Mrs. Pickering, consideration was given to the targets for KPIs 1 (Percentage of patients surveyed reporting their overall experience as excellent or good) and 2 (Percentage of patients who have not waited longer than 4 weeks from "referral " to "assessment" for external and internal referrals) as those included in the report differed from those in the Performance Dashboard Report.

The focus of the Board's discussions was on KPI 25 (Percentage of recruitment processes with at least 2 internal candidates above the line for Band 7 posts and above) as the Trust's position for Quarter 1 was 8.70% against a target of 50% and had deteriorated on the Quarter 4 2015/16 position.

On this matter:

- (1) Mr. Martin assured the Board that the EMT regularly discussed the Trust's progress on talent management but he recognised that further work was required in this area.
- (2) It was noted that safe staffing and financial issues appeared to have an impact on those considering seeking promotion, particularly for inpatient staff.
- (3) Mr. Levy considered that it would be beneficial to review appointments made to band 7 posts (e.g. the split between internal and external appointments and the number of internal applicants "above the line") as, at present, there seemed to be some volatility in the data.
- (4) Mrs. Moody advised that, generally, staff did not consider ward manager positions to be attractive. At a recent meeting of the ward managers it had been agreed that they would revisit the work on freeing up their time to focus on clinical support for wards.

Following discussions at a recent Directors' visit, the Non-Executive Directors sought clarity on band 7 staff who had either moved sideways or to band 6 positions.

It was noted that there was evidence of staff moving to less onerous roles (either on the same or at a lower band) but this occurred for a number of reasons including in preparation for retirement.

Mr. Levy agreed to undertake some work to seek to further understand the reasons for staff taking positions at a lower grade.

**Action: Mr. Levy**

**Agreed –**

- (1) *that the changes to the Trust Business Plan, as set out in Appendix 1 to the above report, be approved; and*
- (2) *that the following amendments to the KPIs be approved:*
  - (a) *the targets for KPIs 1 and 2 be changed to those included in the Performance Dashboard;*
  - (b) *the target for KPI 3 be set at 85% (the same as in 2015/16);*
  - (c) *the target for KPI 21 be set at 75% but consideration to be given to increasing this to 80% for 2017/18;*
  - (d) *the target for KPI 22 (as previously amended) to remain as an improvement on the previous year's outturn;*
  - (e) *a "noticeable or sufficient difference" in relation to the target for KPI 24 be 1.0 (based on the five point scale used for the staff survey) or 20%;*

- 
- (f) the target for KPI 34 be set at 75%;  
(g) the target for KPI 35 be set at 1.1%.

**Action: Mrs. Pickering**

#### **16/224 BOARD COMMITTEES – TERMS OF REFERENCE**

Consideration was given to a report on proposed changes to the terms of reference of the Board's Committees.

**Agreed** – that the changes to the terms of reference of the Board's Committees (as set out in Annexes 1 to 6 to the above report) be approved.

**Action: Mr. Bellas**

#### **16/225 NON-EXECUTIVE DIRECTORS - COMMITTEE AND SERIOUS INCIDENT PANEL MEMBERSHIP**

**Agreed** – that, with effect from 1<sup>st</sup> October 2016, the Non-Executive Directors be appointed as the Chairmen and Members of the Board's Committees and to the Serious Incident Panel as set out in the schedule attached as Annex 1 to these minutes.

**Action: Mr. Bellas**

#### **16/226 BOARD BUSINESS CYCLE**

Consideration was given to the Board Business Cycle for the period October 2016 to December 2017 comprising the matters due for consideration at formal Board meetings (Annex 1 to the report) and Board seminars (Annex 2 to the report).

It was noted that since the preparation of the report NHS England had published its Planning Guidance for 2017 – 2019. This required the Trust to submit draft and final operational plans (for 2017/18 and 2018/19) by 24<sup>th</sup> November and 23<sup>rd</sup> December 2016, respectively.

The Chairman advised that the Board meeting to be held on 20<sup>th</sup> December 2016 should enable sign-off of the full operational plan within the required timescale; however, changes to meeting arrangements would be considered if required.

It was also noted that Mr. Bellas would be circulating a full calendar of meeting dates in due course.

**Action: Mr. Bellas**

**Agreed** – that the Board Business Cycle for the period October 2016 to December 2017 be approved.

**Action: Mr. Bellas**

#### **16/227 REGISTER OF INTEREST OF THE BOARD OF DIRECTORS**

The Board received and noted the revised Register of Interest of the Board of Directors noting one amendment, that Dr. Griffiths was no longer a member of the British Medical Association.



---

**16/228 USE OF THE TRUST SEAL**

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

**16/229 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.

**16/230 DATE AND TIME OF NEXT MEETING**

It was noted that the next meeting was due to be held, in public, at 9.30 am on Tuesday, 25<sup>th</sup> October 2016 in The Hilton York, 1 Tower Street, York, YO1 9WD.

**16/231 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).*

*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.*

Following the transaction of the confidential business the meeting concluded at 12.35 pm.

**Non-Executive Director Committee and SUI Panel Membership from 1<sup>st</sup> October 2016**

	<b>Audit Committee</b>	<b>Investment Committee</b>	<b>Mental Health Legislation Committee</b>	<b>Quality Assurance Committee</b>	<b>Commercial Oversight Committee</b>	<b>SI Panel</b>
<i>Maximum Number of Non-Executive Director seats (inc. the Chair of the Committee) excluding Ex Officio Members</i>	4	4	3	4	<b>All Ex Officio Members</b>	-
<b>Lesley Bessant</b>		<b>Ex Officio Member</b>	<b>Ex Officio Member</b>	<b>Ex Officio Member</b>	<b>Ex Officio Chair</b>	✓
<b>Dr. Hugh Griffiths</b>	✓			<b>Chair</b>		✓ (18 Month Appointment)
<b>Marcus Hawthorn</b>	<b>Chair</b>	✓			<b>Ex Officio Member</b>	
<b>David Jennings</b>	✓	✓				
<b>Richard Simpson</b>			<b>Chair</b>	✓		✓ (12 Month Appointment)
<b>Jim Tucker</b>		<b>Chair</b>		✓	<b>Ex Officio Member</b>	
<b>Paul Murphy</b>	✓ (18 Month Appointment)	✓	✓			
<b>Shirley Richardson</b>			✓	✓ (18 Month Appointment)		

(Note: All Non-Executive Directors are members of the Board Nomination and Remuneration Committee)

## FOR GENERAL RELEASE

## BOARD OF DIRECTORS

DATE:	25 <sup>th</sup> October 2016
TITLE:	Board Action Log
REPORT OF:	Phil Bellas, Trust Secretary
REPORT FOR:	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
26/01/2016	16/12	The Equality Data Document to be used in the 2016/17 Annual Planning Cycle	SP	Oct-16	Completed
26/04/2016	16/94	Report to be provided to the Board on the impact and lessons learnt from the Safe Staffing Project	EM	Nov-16	
24/05/2016	16/121	Dr. Alison Brabban to be invited to provide a briefing on the Recovery Programme when the business case for its next phase of development is due to be considered by the Board	BK/PB	Dec-16	
24/05/2016	16/121	The Experts by Experience to be invited to attend Board Seminars to provide their stories	BK/PB	Dec-16	
24/05/2016	16/123	A briefing on human rights to be provided to a future Board Seminar	DL/PB	Mar-17	
24/05/2016	16/127	A progress report on the Composite Action Plan to be presented to the Board	DL	Nov-16	
21/06/2016	16/160	A further report on nurse recruitment, development and retention. Including forecast data, to be presented to the Board	DL	Nov-16	
21/07/2016	16/176	A briefing on pathways to be provided to a Board Seminar	BK/PB	Apr-17	
21/07/2016	16/181	A Board Seminar to be held on the topic of assurance	CM/PB	Nov-16	
21/07/2016	16/183	The guidance to services to be amended to emphasise that opportunities should be provided for Directors to meet with staff during their visits	BK	Oct-16	

Date	Minute No.	Action	Owner(s)	Timescale	Status
21/07/2016	16/183	Limits to be placed on the number of wards/teams to be visited on each occasion when the visiting schedule is refreshed	CM	Jan-17	
21/07/2016	16/183	The approach taken by East London NHS Foundation Trust to Directors' visits to be revisited to seek further learning	CM	Dec-16	
21/07/2016	16/187	Proposals to be brought forward on refreshing the approach to embedding the Trust's values including working with the DoN&G to ensure it is more aligned to feedback provided by patients and carers	DL	Nov-16	
21/07/2016	16/187	Data on leavers in future workforce reports to be broken down by professional group	DL	Oct-16	See agenda item 11
27/09/2016	16/217	Wards regarded as "hot spots" in terms of patient safety to be identified in future safe staffing reports to enable them to be tracked	EM	-	See agenda item 7
27/09/2016	16/217	Report to be presented to a future Board meeting to provide assurance that initiatives being undertaken have mitigated staffing risks in Forensic Services	BK	Dec-16	
27/09/2016	16/217	The conclusions to the nurse staffing reports to also be included in their Executive summaries	EM	Oct-16	See agenda item 7
27/09/2016	16/218	Automatic reporting of seclusion from the PARIS system to be urgently addressed	DK	Dec-16	
27/09/2016	16/219	Future reports on waiting times in CAMHS to include information on the funding of the services in each Locality	BK	Jan-17	
27/09/2016	16/219	A further report on waiting times in CAMHS to be presented to the Board	BK	Jan-17	
27/09/2016	16/220	Approval of the Trust's self assessment of compliance with the Core Standards for Emergency Preparedness Resilience and Response for submission to NHS England	BK	-	Approved
27/09/2016	16/222	A further review of the trend arrows used in performance dashboard reports to be undertaken	SP	-	Completed
27/09/2016	16/222	Approval of changes to the targets for performance dashboard indicators 14 and 15	SP	-	Approved
27/09/2016	16/222	A further review of the performance dashboard targets to be undertaken	SP	Nov-16	

Date	Minute No.	Action	Owner(s)	Timescale	Status
27/09/2016	16/223	Work to be undertaken to seek further understanding of why some staff are taking positions at lower grades	DL	Jan-17	
27/09/2016	16/223	Approval of changes to the Trust Business Plan and to the targets for certain indicators in the Strategic Direction Performance Report	SP	-	Approved
27/09/2016	16/224	Approval of changes to the terms of reference of the Board's committees	PB	-	Approved
27/09/2016	16/225	Approval of changes to Non-Executive Director membership of the Board's Committees	PB	-	Approved
27/09/2016	16/226	A full calendar of meeting dates to be circulated	PB	-	Completed
27/09/2016	16/226	Approval of the Board Business Cycle (Oct 16 to Dec 17)	PB		Approved

FOR GENERAL RELEASE

Board of Directors

<b>DATE:</b>	<b>Tuesday, 25 October 2016</b>	
<b>TITLE:</b>	<b>To receive the assurance report of the Quality Assurance Committee</b>	
<b>REPORT OF:</b>	<b>Dr Hugh Griffiths, Chairman, Quality Assurance Committee</b>	
<b>REPORT FOR:</b>	<b>Assurance</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>		✓
<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 6 October 2016:</u>                  The Quality Assurance Committee have 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 highlighted ongoing concerns around waiting times for children with autism (D&amp;D) and staffing and estates pressures (Y&amp;S).</li> <li>• Updates from the Patient Safety Group, the Patient Experience Group and Clinical Audit &amp; Effectiveness Performance</li> <li>• A verbal update on the draft Quality Strategy.</li> <li>• CQC compliance and Safeguarding and Public Protection updates, as well as a paper outlining Learning Lessons from SIs, an improved action plan monitoring process and the mortality review process.</li> <li>• Governance matters were considered and noted through assurance with a report on Workforce &amp; Staffing, Physical Healthcare and Wellbeing and a report for information from the Research Governance Group.</li> <li>• There was nothing identified for formal escalation to the Board of Directors.</li> </ul>		

**Recommendations:**

That the Board of Directors:

- Receive and note the report of the Quality Assurance Committee from its meeting held on 06 October 2016.
- Note the confirmed minutes of the meeting held on 01 September 2016 (appendix 1).



<b>MEETING OF:</b>	<b>Board of Directors</b>
<b>DATE:</b>	<b>Tuesday, 25 October 2016</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 October 2016.

## 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, are also considered.

## 3. KEY ISSUES

The Committee received the bi-monthly updates from the Locality Directors of Operations around the principle risks and concerns, together with assurances and progress from the 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. Key issues raised were:

### 4.1 Durham & Darlington LMGB – where key issues raised were:

1. A transformation group had been established for the review of West Park Hospital, with key work streams around leadership, philosophy and values, models of care, staff development, training and the environment.
2. The Durham & Darlington Risk register was currently an outlier across the localities as it had a higher number of risks than other areas. It was discussed that all QuAGs were currently reviewing the registers with a view to gaining consistency across the Trust. On this matter it was noted that the risk rating around resuscitation training had increased, however there had been a review of training, which had been approved by EMT and approximately 2000 staff would be prioritised going forward.
3. There had been continued complaints around ASD waiting times. The long wait for assessments had been added to the risk register as the current wait for a child aged over 5 years in North Durham was 18 months.

#### 4.2 York & Selby LMGB - where key issues raised were:

1. The opening of Peppermill Court had been delayed following a fire and this had impacted on induction plans and staffing arrangements however Peppermill Court had now re-opened and was running well operationally.
2. Staffing remained an issue in MHSOP services due to sickness and the use of bank and agency staff.
3. There were emerging issues around risk assessments within York District Hospital, which had impacted on CAMHS and trainee doctors and work was ongoing to review possible solutions.
4. Estate issues and response to backlog maintenance, service repair and general repair of buildings was an ongoing problem.

#### 4.3 Patient Safety Group

1. The Patient Safety Group had discussed that some guidance was required for staff when reporting self-harm as an incident on Datix for patients who are repeatedly harming themselves. It was agreed that views would be sought from other clinical colleagues and brought back to the group for further discussion.
2. The levels of control and restraint in Tier 4 CAMHS had shown an upwards trend and Mr Stephen Davison, Force Reduction Project Lead, Nursing had been invited to attend the next Patient Safety Group with some further analysis of these figures.

#### 4.4 Patient Experience Group

1. The Patient Experience Group had met on 19 July 2016 and 20 September 2016 and reviewed all relevant Trust patient experience activities, in line with the group's terms of reference.
2. There had been an increase in PALS issues from Forensic Services due to problems with windows and the inability to manage the temperature control; however it was noted that this issue had since been resolved.
3. There had been investigation into complaints concerning the attitude of staff (Action: 7 July 2016 QuAC, 16/97). On this matter it was noted that such issues would be discussed in individual supervision and dealt with informally or via the HR disciplinary process.

#### 4.4 Clinical Audit & Effectiveness Performance Report

1. The Clinical Effectiveness Group had reviewed all Trust clinical effectiveness matters in line with the Group's terms of reference.
2. Audit North had undertaken an internal audit in Quarter 4 2015/16 (Ref 23/16), which was issued on 09 September 2016 and had provided Clinical Audit significant assurance.
3. The current completed clinical audit programme was at 16% with a further 40% of the programme ongoing and making good progress.
4. At the 27 September 2016 there were 4 outstanding action points from 2 action plans, which were overdue > 90 days and this was being addressed.
5. There were 40 clinical audits completed during Quarter 1 2016/17 and the Committee were assured that those with amber and red status were being appropriately followed up.
6. The progress against previous red compliance rated clinical audits was presented in Section 2 of the appendices of the report, with updates noted.

4.6 **Quality Strategy Update** – The proposed Quality Strategy was in draft format and the metrics were being considered and would be circulated to LMGBs for discussion and to set the percentage levels for the targets. The draft Quality Strategy would come back to QuAC at its meeting on 01 December 2016.

4.7 **Learning Lessons from SI's, Action Plan & Mortality Review Processes**

1. A process of enhanced monitoring, with central collation and review of evidence from SIs would be adopted, providing more assurance around actions being completed in a timely manner and that the evidence to support the actions were both fully completed and relevant.
2. The key change to the SI process would be the separation of 'incidental findings' from the formal SI action plan. The SI action plan would focus on root cause and contributory factors alone, ensuring that the emphasis would be placed on those actions that will make the biggest difference to improving patient safety. Incidental findings from the reports would be shared in a new way and an example of this was shared with the Committee.

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

5.1 **Compliance with CQC Registration Requirements**

1. There would be an unannounced CQC re-inspection of the Trust to those core services which had received a rating less than 'good' following the inspection in January 2015, and a plan was underway in preparation for this.
2. A mock inspection had been undertaken at Meadowfields, which had identified estate concerns and an action plan had been implemented.
3. The CQC had published a report with an overall rating of 'requires improvement', on York EIP services, which is a contracted service of the Trust. There had been 3 MHA inspections and associated monitoring reports received.

6. **GOVERNANCE**

6.1 **Safeguarding & Public Protection Exception Report**

1. The panel had received the first draft of the review of the MAPPA serious case review in Teesside.
2. A serious case review had been initiated in Durham regarding the long term neglect of 2 children.
3. The serious case review in Redcar around child sexual exploitation had been completed. Efforts would be made to ensure anonymity with this high profile case.
4. Redcar and Cleveland had initiated a Domestic Homicide review following the murder of 2 women. One of the victims had been known to the Trust and the perpetrator, had last been seen in 2013 by TEWV.
5. Darlington Safeguarding Adult Board had initiated a serious adult review. The Trust had been involved in the care of the adult, however not in relation to the incident.

6.2 **Workforce & Staffing**

1. The report provided information about TEWV Equality and Diversity workforce monitoring for 2015/16.

2. NHS England had recently referenced some research suggesting that ethnicity adversely affected the likelihood of the best people being appointed, which could potentially impact on patient care and that there was a strong correlation between how staff were treated with higher staff turnover and absenteeism and lower patient satisfaction.
3. The NHS Workforce Race Equality Standard indicator “percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months” had highlighted TEWV as having the biggest difference (22%) between white and BAME staff.
4. Within the recruitment monitoring information it had highlighted that shortlisted white job applicants were almost twice as likely to be appointed as shortlisted BAME applicants and at interview stage within TEWV BAME job applicants fared much worse than white job applicants. The small number of TEWV BAME staff survey participants could however make drawing conclusions with confidence more difficult.
5. There remained gaps in the Trust monitoring of information around equality and diversity, due to the challenges around engaging particular staff groups for the Trust, and work was underway to try and improve this.
6. In response to the workforce monitoring information action would be taken to undertake research to enable better understanding of the causes of differences where staff who share similar characteristic reported lower levels of satisfaction, in either the staff Friends and Family test or the annual staff survey and to improve the TEWV score and ranking within the Stonewall Workplace Equality Index. This work would be expected to be formalised in July 2017.

## 6.3 Physical Healthcare & Wellbeing Report

1. There had been a mapping exercise of the current physical health work streams and projects, as well as the mapping of resources for physical health Trust wide, which would be completed in December 2016.
2. A discussion had taken place around the most effective assurance route for physical health and it had been agreed it would be through LMGBs.

## 6.4 Exception Reporting (LMGBs, QuAC Sub-Groups) Research Governance Group

1. Due to new Health Research Authority approvals an information governance assessment would have to be conducted, which would eliminate the need for Caldicott permissions for research studies in TEWV.
2. The national process had not been fully implemented within the Trust and following a discussion with the Caldicott Guardian, it had been agreed to reinstate the TEWV Caldicott review process for research studies, which involved the collection or transfer of personal identifiable data outside the organisation.

## 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 QuAC meeting on 06 October 2016 and to note the confirmed minutes of the meeting held on 01 September 2016 (appendix 1).

**Jennifer Illingworth**  
**Director of Quality Governance**  
**October 2016**

**APPENDIX 1****MINUTES OF THE MEETING OF THE QUALITY ASSURANCE COMMITTEE,  
HELD ON 1 SEPTEMBER 2016, IN THE BOARD ROOM, WEST PARK HOSPITAL, DARLINGTON AT 2.00PM****Present:**

Mrs Lesley Bessant, Chairman of the Trust  
Dr Hugh Griffiths, Chairman of the Committee  
Mr David Jennings, Non-Executive Director  
Dr Nick Land, Medical Director  
Mr Colin Martin, Chief Executive  
Mrs Elizabeth Moody, Director of Nursing & Governance  
Mr Richard Simpson, Non-Executive Director  
Mr Jim Tucker, Non-Executive Director

**In attendance:**

Mr Levi Buckley, Director of Operations, Forensic Services (for minute 16/112)  
Mr Stephen Davison, Force Reduction Project Lead (for minute 16/125)  
Dr Ahmad Khouja, Clinical Director, Forensic Disability Services  
Mr Chris Lanigan, Head of planning and Business Development (for minute 16/121 &16/122)  
Mr Neil Mayfield, Deputy Medical Director (for minute 16/113)  
Mr Chris Williams, Chief Pharmacist (for minute 16/124)  
Mrs Donna Oliver, Deputy Trust Secretary

**16/109 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mr Brent Kilmurray, Chief Operating Officer, Mrs Jennifer Illingworth, Director of Quality Governance, Mrs Adele Coulthard, Director of Operations, North Yorkshire, Mrs Sharon Pickering, Director of Planning, Performance & Communications and Mrs Karen Agar, Associate Director of Nursing & Governance.

**16/110 MINUTES OF PREVIOUS MEETING**

**Agreed** – that the minutes of the meeting held on 7 July 2016 be signed by the Chairman of the Committee, subject to some typographical errors:

Page 1, 16/69, “These included steps to be taken for patients exceeding 12 hours and **24** hours in seclusion. The revised policy would go to the Mental Health Legislation Committee and then to **EMT** for formal ratification”.

Page 2, 16/81b), “**puddling** sink”.

Page 7, “The Committee considered the report on the implications of the **John’s Campaign**”.

**16/111 ACTION LOG**

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

The following updates were noted:

- 15/137      “Review of scorecard metrics with Dept Heads in October then bring back to QuAC”.
- This action was deferred to the 3 November 2016 QuAC meeting.
- 15/45      “Review table on page 8 of Patient Safety Report” **Completed**
- 16/48      “Analysis of dashboard indicators: to discuss with OMT how to ensure that in investigating any breaches we can gain assurance that the care provided was appropriate”.
- Due to Mr Kilmurray not being present at the meeting, this action was deferred to the 6 October 2016 meeting.
- 16/67(4)    “Impact on complexity of patient care due to legal highs and effect on seclusion to be considered and followed up by the Drug & Therapeutics Committee”.
- This matter was considered under Agenda Item number 16/124.
- 16/81(a)    “Clarification around the patient without capacity on Springwood treated without the authority of a T3 and detained for more than 3 months”.
- Mrs Moody confirmed that this had been investigated and would circulate the information.
- Completed**
- 16/81(b)    “Resolve the hazard of a puddling sink on Ward 15 at NY AMH.” **Completed**
- 16/94      “Checks to be made to ensure that all patti computers do not go back to default mode before 24 hours”.
- Service Managers had been made aware of this issue, however it was noted that there were no issues with computers switching back to default mode before 24 hours operationally across the Trust.
- 16/97      “Following PEG meeting 14 July 2016, page 2, 3.3, look into more detail at the 5 complaints relating to attitude”.
- This item would be brought back when Dr Whitton present at the QuAC meeting.
- 16/112      FORENSIC LMGB REPORT**

The Committee received and noted the Forensic LMGB report.

The Balance Scorecard would be circulated following the meeting:

**Action: Mrs D Oliver**

Mr Buckley highlighted the top concerns at present, which were:

1. The shortage of registered nurse staffing. There were a significant number of preceptees to commence in September/October 2016. In the interim work was ongoing with wards to address pressures and ensure safe staffing groups. On this matter it was noted that strategies for attracting new staff to the service and retaining staff were being discussed.
2. Uncertainty around the Transforming Care work stream and lack of clear agreement with Commissioners, (CCGs and NHS England) regarding service models and investment into community services. This was impacting on the ability for service planning and staff recruitment and retention and had subsequently been identified as a risk through the Cumbria and Northeast TC Board.
3. A serious security issue with windows had been identified with the secure estate on 22 August 2016. NHS Commissioners had been advised of the issues and mitigating plans were in place.

Following discussion it was noted that:

- i) Despite pressures the level of sickness had been below the Trust target for June, reflecting the significant, sustained commitment by predominantly Ward Managers, in conjunction with HR to support staff appropriately on an individual level.
- ii) Recording of Datix incidents at the time of incident and non-reporting of incidents due to staff pressures would be discussed at QuAG.
- iii) There had been ongoing work with the Trust risk registers within each locality to look at how risks are assessed and escalated. This work would report to the Board of Directors.
- iv) The number of incidences of Prone Unintentional Take Down had been 8 in April, 5 in May, 3 in June and 15 in July. This would be investigated further at the September 2016 LMGB meeting, to look at the fluctuation.

**Action: Mr L Buckley**

**16/113 NORTH YORKSHIRE LMGB REPORT**

The Committee received and noted the North Yorkshire LMGB report.

The Committee noted a typographical error on page 9, regarding the incident on the inpatient ward 15, which should read, “(inappropriate behaviour by a patient towards **staff**)”.

Mr Maynard highlighted the top concerns at present, which were:

1. Pressure on adult inpatient beds across the North Yorkshire area, with delays for long term solutions.
2. An overall increase in requests for assessments through the crisis service, which could be seen in peaks and troughs and some data analysis was underway to understand this fluctuation. In addition, there was twice daily management of bed status in place.  
On this matter it was noted that there had been a significant amount of patients from out of area, as well as the impact from patients in the York area.
3. A deep dive was underway in MHSOP to understand a recent sharp rise in admissions. MHSOP and AMH were currently piloting a letter for patients and carers to set out expectations of short stays, with the aim to provide care as close to home for patients as possible.



4. Due to nurse vacancies business continuity plans had been instigated from August 2016 on Rowan Lea and Springwood and a number of patients were on enhanced observation.  
On this matter it was noted that new recruits due to take up post in September 2016 had withdrawn and a subsequent resignation had taken place on Springwood. It would be important to manage the enhanced observations proactively going forward.
5. There continued to be a lack of clarity around Transforming Care and the CTR pathway and commissioning.

Following discussion it was noted that:

- i) There were now good levels of assurance following the recent serious incidents, which had gone through a Directors panel with learning points to be addressed. Supervision was now in place.
- ii) A new Head of Service had been appointed for CAMHS Tier 3 services, however there continued to be medical staffing problems. Discussions were underway with clinical colleagues to discuss problems and address concerns.

#### **16/114 DURHAM AND DARLINGTON LMGB REPORT**

The Durham & Darlington LMGB Report had been circulated for information.

The Committee noted the Durham & Darlington LMGB Report.

#### **16/115 TEESSIDE LMGB REPORT**

The LMGB Report for Teesside had been circulated for information.

The Committee noted the Teesside LMGB Report.

#### **16/116 YORK AND SELBY LMGB REPORT**

The LMBG report for York & Selby had been circulated for information.

The Committee noted the York & Selby LMGB report.

Agreed: that 2 Locality Reports would report to QuAC each month, except January and August when no QuAC meetings would be held.

**Action: D Oliver**

#### **16/117 PATIENT SAFETY GROUP ASSURANCE REPORT**

The Committee received and noted the Patient Safety Group Assurance Report, the Patient Safety Team KPI's (Appendix 2) and the Patient Safety Quality Data Report (Appendix 3).

The Committee noted errors to the Patient Safety Group Report on page 6, Thematic Incident Review, which should read 4 patients on leave and an error to the Appendix 2: Trust Quality Strategy Scorecard 2016/17: target for number of level 3 and above patient related incidents (excluding self-harm) which should read 14.9.

Highlighted from the report it was noted that:

1. There had been a sustained improvement (100% for the last 3 months) for 2 key performance indicators for serious incidents reported to STEIS within 2 working days and initial reports received within 3 working days to be reported onto STEIS.
2. An event had been held on 8 July 2016, following the Southern Health report recommendations aiming to achieve collective agreement from 9 provider Trusts on which deaths should be reported internally and externally and should be part of the mortality review process.

Arising from discussion it was noted that:

- i) An additional option within the severity category of Datix had been added to allow recording deaths, which were as a result of physical health or natural causes. On this matter it was noted that this option would be for those patients on the end of life pathway and all unexpected deaths would be reported in as normal under STEIS.
- ii) The terms of reference for the thematic review commencing in September 2016, looking at patients leave would be reviewed to look at both the quality of reports and the subsequent actions, as well as to ensure engagement with clinicians.
- iii) The Committee were assured that all root causes of serious incidents, as well as serious harms were thoroughly investigated with action plans identified to address any issues.
- iv) The issue of non-compliance with Trust policy was a matter that needed deeper analysis and understanding to look at this complex matter, as well as to look at peer organisations to share information. On this matter it was highlighted that as well as cultural issues the Trust should also consider the amount of processes that staff were faced with following that could sometimes allude common sense.

**Agreed:** That a report would come back to QuAC in November 2016.

**Action: Mrs E Moody**

- v) There had been a move to ensuring a Matron was now present on wards 7 days a week to free up Ward Managers for coaching and leading as it was recognised that the Trust faced a future workforce profile of inexperienced nursing staff.

## **16/118 SAFEGUARDING & PUBLIC PROTECTION GROUP REPORT**

The Committee received and noted the exception report for Safeguarding and Public Protection.

Arising from the report it was highlighted that:

1. The Serious Case Review (SVR) in Durham, which related to a MAPPA review in Durham, had been published on 10 August 2016. The findings for the Trust had focussed on disseminating learning from the SCR and challenging and supporting other agencies through MAPPA processes.
2. A MAPPA Serious Case Review had commenced in Teesside, initiated due to further offences by a person already subject to a MAPPA. This person had been assessed by TEWV several times and had been known to both community and IP services. Completion of the review was expected to be December 2016.
3. The 3 Serious Case Reviews in Hartlepool were expected to complete by early 2017.
4. A Serious Case Review had commenced in Durham and the young person had been under the care of CAMHS for a period of 6 months in 2015.

5. Darlington Safeguarding Adult Board, in conjunction with the Trust, had initiated a safeguarding review, with the main issue around the physical care received. On this matter it was noted that this related to care in a Care Home and the Trust had not been criticised.
6. A disciplinary investigation had resulted in concerns raised around CCTV footage around safeguarding at Westerdale South. On this matter it was noted that this issue had arisen due to staff not following Trust policy.
7. A young person in Northallerton, no longer in Trust Services, had been continually putting herself at risk. A multi-agency plan was in place; however this young lady was being taken care of in a children's home, which did not fully meet her complex medical needs.

## **16/119 CLINICAL RISK AND HARM MINIMISATION PROJECT**

The Committee considered and noted the update around the Clinical Risk and Harm Minimisation Project.

Arising from the report it was highlighted that:

1. The Harm Minimisation Project, aimed to develop a new harm Minimisation policy and Supportive Engagement and Observation Procedure, as well as develop and deliver training, had been approved at EMT on 18 August 2015 and the PM3 on 10 February 2016, following which the Harm Minimisation Policy and Supportive Engagement and Observation Procedure had been ratified at EMT on 22 June 2016.
2. As part of the ratification process a number of assurances had been sought and an action plan with 5 actions had been developed, as set out in the report (section 3.2).
3. 3 part time experts by experience trainers had been appointed to commence employment on 1 July 2016 to co-produce and co-deliver training. On this matter it was noted that there was a level of sensitivity required for the work being undertaken by the experts by experience and they had been encouraged to talk as they felt comfortable and at an abstract level.
4. The next piece of work would be with the support of IT trainers from NHS North of England Commissioning Support Unit to develop an e-learning package to be interactive and to include service users and carers perspectives.
5. The next stage would be how this work fits into stage 2 of the Recovery Project and an evaluation of projects would be completed at the end of December 2016.

## **16/120 COMPLIANCE WITH CQC REGISTRATION REQUIREMENTS**

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

In addition to the report, the Committee were advised that there had been a Regulation 28 letter received by the Chief Executive, in relation to an inquest in Durham, following the suicide of a patient.

Arising from the report it was noted that:

1. Registration details of registering the ECT suite at Bootham Park had been confirmed by the CQC. This would mean that Bootham Park would no longer appear on TEWVs certificate of registration.
2. A Regulation 28 letter had been received in connection with a patient death and the Trust would provide all information and evidence to assist with this case. On this matter it was noted that an SBARD had been issued and the observation policy had been amended.
3. There had been 4 MHA inspections and associated monitoring reports received in the last quarter with some reports outstanding.
4. Audit One would carry out an audit to evaluate the design and test the effectiveness of controls to ensure Trust compliance with CQC Fundamental Standards.

Following discussion it was noted that there had been a discussion at EMT following feedback from a number of CQC reports stating that staff had not been trained in updates to the Mental Health Act. Consideration would be given to making this MHA training mandatory going forward.

## 16/121            i) QUALITY ACCOUNT QUARTER 1 2016/17, PERFORMANCE REPORT

The Committee considered and noted the progress report on the Quality Account Quarter 1 2016/17.

Mr Lanigan highlighted from the report:

1. The Trust was on track (i.e. Green) for 100% of the quality priorities.
2. There were 3 quality metrics in each RAG category reporting red and 1 reporting grey at Quarter 1.  
On this matter it was noted that patient falls per 1000 admissions had been 52.40, which is 23.61 above target and a slight deterioration on Quarter 4 performance.

Agreed: that the reporting of falls, where patient falls had been seen or there is harm should be investigated further to ensure confidence in the data.

**Action: Mr C Langian**

3. The grey metric related to where there were no NICE audits scheduled to be completed during Quarter 1.
4. Length of stay for Adult Mental Health had remained steady and better than target in Q1, MHSOP had worsened, reporting the highest average length of stay since monitoring began in 2013/14.
5. The percentage of complaints satisfactorily resolved at Quarter 1 was 76%, which was 14% worse than target. This accounted for 12 complaints, 4 in Durham and Darlington, 4 in Tees, 3 in North Yorkshire and 1 in York & Selby.

Arising from discussion it was noted that:

- i) Within MHSOP an expert led sleep share and spread event had taken place with an expert facilitator, with costs identified. The aim of the event was to provide staff with knowledge and skills to support patients sleep patterns using therapies as opposed to prescribed medication. The speciality had been unable to secure funding for the expert facilitator and therefore an in-house version of the event had been planned and held.

Agreed: that further details around the bid for training funds of this event would be looked into and circulated to QuAC members.

**Action: Mr L Buckley**

**16/122            ii) QUALITY ACCOUNT STAKEHOLDER EVENT OUTCOMES AND  
POSSIBLE PRIORTIES FOR 2016/17 QUALITY ACCOUNT**

The Committee considered and noted the Quality Account Stakeholder Event outcome and possible priorities for the 2016/17 Quality Account.

Highlighted from the report it was noted that:

1. There had been 5 areas identified at the Quality Account Stakeholder Workshop which would be recommended to the September 2016 Board of Directors:
  - i) Reduce preventable inpatient deaths.
  - ii) Reduce serious harm resulting from patient falls.
  - iii) Implement the principles of the National Quality Board's Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time Report.
  - iv) Improve clinical effectiveness and patient experience at times of transition.
  - v) Implement the second phase of the TEWV Recovery Strategy.

Arising from discussion it was noted that the 5 recommended priorities would be recommended to the Board of Directors at its meeting on 27 September 2016.

**16/123            INFECTION, PREVENTION AND CONTROL QUARTERLY REPORT**

The Committee considered and noted the Infection, Prevention and Control Report for Quarter 1, April – June 2016 and the Infection Prevention Control Report (set out in Appendix 1 to the report).

The Committee were informed that Kingfisher and Heron Ward were closed.

Mrs Moody highlighted from the report that:

1. There were no concerns to raise to the Committee from Quarter 1 and significant assurance had been provided following a review by Audit North of the IPC service.
2. The IPC team and Matrons for MHSOP would continue to monitor the action plans for Westerdale South during Quarter 4 for 2015/16.  
On this matter it was noted that improvements had been made after concerns around returned audits and leadership would be a key factor to making continued progress.
3. 4 key performance indicators had been agreed including Monthly Essential Steps Monitoring, IPC Audit Compliance, Number of Reported infections and national standards for cleanliness – to be reported by Hotel Services quarterly to the IPCC.

Following discussion it was noted that there had been a significant improvement regarding the Essential Steps monitoring data following the introduction of the escalation process.

**16/124            DRUG AND THERAPEUTICS COMMITTEE REPORT**

The Committee considered and noted the Drug and Therapeutics Committee bi-Monthly report.

The Committee noted a minor typographical error on page 4: 3.6, “A simple (ish) guide to the **psychoticactive** substances act...”

Mr Williams highlighted from the report that:

1. The Safe Transfer of Prescribing Guidance had now been supported in County Durham & Darlington, Tees and parts of North Yorkshire. The harmonisation in York & Selby was ongoing through the York & Scarborough Medicines Commissioning Committee, with an anticipated resolution due in September 2016.
2. The key guidelines: Controlled Drug Standard Operating Procedures had been revised to take into account recent NICE guidance and legislative changes with the SOP to be implemented from September 2016.

Following discussion it was noted that:

- i) Procedure for handling the disposal of increased levels of psychoactive substances was in place, however it was noted that patients could not be assessed whilst under the influence of these substances.  
On this matter it was noted that there had been discussion at the Drug & Therapeutics Committee to look at the range and costs of tests used by the Trust to identify psychoactive substances that patients may have taken when admitted.

#### **16/125            FORCE REDUCTION PROJECT QUARTERLY UPDATE**

The Committee considered and noted the Force Reduction Project Quarterly update.

It was highlighted from the report it was noted that:

1. The project remained on track to fully implement the core interventions set out within the Trust Wide Restraint Reduction Plan.
2. There had been significant reducing in the use of severe types of restrictive interventions; however data had shown that ongoing support and monitoring would be required to continue to maintain these reductions.
3. The Force Reduction team had worked in conjunction with Workforce development to revise the Management of Violence & Aggression Training (MoVA) and this would go to EMT in October 2016 for formal ratification.  
On this matter it was noted that the development of a separate clinical procedure would take into account when physical interventions were necessary.
4. The overall incidents reported had increased, however there had been no increase demonstrated in the more severe types of restraint used.

Arising from discussion it was noted that:

- i) There was ongoing work to streamline data gathering from both Datix and Paris,
- ii) There were 2 patients that accounted for 17% of all incidents of restrictive interventions and 5 patients within CAMHS services that had been involved in 24% of total incidents.  
On this matter it was noted that these areas would continue to be supported more intensively.

- iii) The Force Reduction Project would end on March 2016 and concerns were raised that progress made on reducing interventions to date could slip with no lead to continue the work.

**Agreed:** a) That the data would be more meaningful if high levels of interventions were taken out, which would then “normalise” the figures.

**Action: Mr S Davison**

- b) That the Force Reduction Project should be considered as one of the Trust’s business priorities and discussions would take place with the Director of Operations about the potential to establish a Trust Wide lead post for this work.

**Action: Mrs E Moody**

## **16/126 EXCEPTION REPORTING (LMGBs, QuAC sub-groups)**

There were no exceptions to report.

## **16/127 ANY MATTERS ARISING TO BE ESCALATED TO THE BOARD OF DIRECTORS, AUDIT COMMITTEE, INVESTMENT COMMITTEE OR TO THE CLINICAL LEADERSHIP BOARD**

## **16/128 ANY OTHER BUSINESS**

### **1. Junior Doctors Strike**

The Committee received and noted a verbal update from Dr N Land on the potential impact of the junior Doctors strike.

On this matter it was noted that all Clinical Directors would be formulating a plan to mitigate any potential impact, which was likely to be minimal.

The Committee were assured that the

### **2. Annual Review of Quality Assurance Committee Terms of Reference.**

The Committee noted that the annual review of the Terms of Reference for the Quality Assurance Committee were due.

**Agreed:** That the Terms of Reference would be circulated to Committee members for comments by 13 September 2016, after which they would be reported for formal ratification to the Board of Directors at its meeting on 27 September 2016.

**Action: Mrs D Oliver**

## **16/129 DATE AND TIME OF NEXT MEETING:**

The next meeting of the Quality Assurance Committee will be held on Thursday 6 October 2016, 2.00pm – 5.00pm in the Board Room, West Park Hospital.

Email to Donna Oliver [donnaoliver1@nhs.net](mailto:donnaoliver1@nhs.net)

The meeting concluded at 4.45pm

.....  
**Dr Hugh Griffiths**  
**CHAIRMAN**  
**6 October 2016**



FOR GENERAL RELEASE

BOARD OF DIRECTORS

<b>DATE:</b>	25 <sup>th</sup> October 2016
<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>	✓

<b>Executive Summary:</b>
<p>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 September 2016 data.</p> <p>Key issues during the reporting period can be summarised as follows:</p> <ul style="list-style-type: none"> <li>• The number of rosters equates to 67 inpatient wards.</li> <li>• The number of ‘red’ fill rate indicators highlights Registered Nurses on Days as having the highest number of ‘reds’ equating to 32 wards.</li> <li>• The Forensic directorate have the highest level of ‘red’ fill rates</li> <li>• The lowest fill rate indicators in September relate to Danby (vacancies), Esk (long term sickness) and Primrose Lodge (sickness)</li> <li>• The Highest fill rates in July were observed by Westerdale South (uplift of budget), Holly (acute admission) and Westwood Centre.</li> <li>• In relation to bank usage there were no wards identified that was utilising in excess of 50% bank during the reporting period. The highest bank user was identified as Westerdale South with 47% in September 2016.</li> <li>▪ Agency usage equated to 1.52% an increase of 0.56% when compared to August.</li> <li>▪ In terms of triangulation with incidents and complaints:             <ul style="list-style-type: none"> <li>• Danby ward were cited for having a low staffing fill rate in addition to having a complaint raised</li> </ul> </li> </ul>

- Esk Ward were cited for having a low staffing fill rate in addition to a level 3 incident
- Westerdale South were cited for having a high staffing fill rate in addition to high bank usage and PALS related issues
- Sandpiper was identified for having the highest number of incidents requiring restraint in addition to a level 3 incident.
- Westwood were highlighted for having a high staffing fill rate, a level 3 incident, a complaint and PALS related issue
- Cedar (NY) was cited for having utilised agency workers, a level 3 incident and PALS related issue.
- Worsley Court was highlighted for having utilised agency workers, a serious incident and a level 4 incident.
- Cherry Tree were identified for having utilised agency workers, a serious incident, level 4 incident and PALS related issues.

There were 621 shifts (395 related to days and 226 related to nights) allocated in September where a break had not been taken.

There were 18 incidents raised in September (5 were in relation to community services, 4 of which were Crisis Teams).

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.

A strategic staffing review will commence during the last quarter of 2016/17 which will refine the usage of the data further and offer confidential benchmarking in line with the national pilot of the Mental Health safe staffing tools. 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 although 'hot-spots' will be tracked and work is underway to address shortfalls.

#### **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> October 2016</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 September 2016 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. ([www.tewv.nhs.uk/nursestaffinginfo](http://www.tewv.nhs.uk/nursestaffinginfo) ). The full monthly data set of day by day staffing for each of the 67 areas split in the same way is available by web link on the Trust Nurse Staffing webpage.

**3. EXCEPTIONS SEPTEMBER 2016:**

**3.1 Safe Staffing Fill Rates**

- 3.1.1 The daily nurse staffing information aggregated for the month of September 2016 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 wards, a reduction of 6 when compared to August 2016 (15 wards within Forensic Services).

The top 3 inpatient areas for each of 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
September 2016		
Danby Ward	55.4% for RN on Days	This shortfall is in relation to vacancies and staff working in a supernumerary capacity. Vacant shifts have been covered by qualified nurses where possible including the Ward Manager, Associate Nurse Practitioner (ANP) and use of bank and overtime. Fill rates for HCA's at night are also red.
Esk Ward	56.2% for RN on Days	The shortfall is in relation to long term sickness and an alternative to suspension. RN shifts were covered by Ward Managers; ANP; Bank and RN Community staff. Fill rates are above budgeted establishment on days for HCA's however fill rates for HCA's at night are also red.
Primrose Lodge	61.5% for RN on Days	The shortfall is in relation to sickness and the registered nurse fill rate has remained around 60% since June. The ward have flexed the use of HCA to fill some of the vacant duties, this is evident by the HCA on days fill rate (140.0%). In addition the ward manager and community rehab staff have provided cover also. Registered nursing on nights has also started to decline for the first time (83.3%).

It is also important to review the fill rates that exceed the budgeted establishment (shown in blue). In September there were 52 wards that had staffing in excess of their planned requirements to address specific nursing issues. This is an increase of 14 when compared to August.

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
September 2016		
Westerdale South	299.0% HCA on Days 214.8% HCA on Nights	Agreed uplift on the budgeted established as a result of enhanced observations and clinical activity. A meeting has been arranged to amend the HealthRoster templates to reflect this agreed uplift.
Holly Unit	295.1% HCA on Nights	This related to the unit being staffed to create a bespoke package for an individual patient.
Westwood Centre	244.1% HCA on Nights 166.5% HCA on Days	High clinical activity with a number of enhanced observations. Shifts that cannot be filled with registered nurses are filled by HCA's.

### 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 September. The highest ward using bank was in relation to Westerdale South (47%) although this may be a misrepresentation due to on-going issues with the roster development on this ward.

Wards reporting over 25% and above for bank usage in September are detailed below.

Westerdale South	47%
Westwood Centre	26%
Mallard Ward	26%
Stockdale Ward	27%
Bransdale Ward	27%
Birch Ward	31%
Merlin	27%
Cedar Ward	27%
Robin	31%
Linnet Ward	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 September the agency usage equated to 1.52% of the total hours worked. This is an increase of 0.56% when compared to August (0.96%).

It is positive to note that agency usage is extremely low within the Trust. 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

The full ward breakdown is available within the appendices of this report.

### 3.4 Quality Data Triangulation

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

- There were 3 Serious Incidents (SI) that occurred within the month. Worsley Court and Cherry Tree were sighted in the report for using agency staff during the period as well as having a SI. Worsley Court was cited in August's report as having reported as having raised an incident in relation to staffing levels.
- There were 5 level 4 incidents that occurred within the reporting period. 2 of these incidents occurred at Worsley Court and Cherry Tree who have been sighted to date within the report for utilising agency workers and for also having a SI.
- There were 11 level 3 incidents (self-harm) that occurred within the reporting period. 1 occurred within Esk Ward who has been sighted within the report for having a low fill rate. Another incident occurred within the Westwood Centre who has been sighted as having a high fill rate.
- Cedar (NY) and the Northdale Centre both of whom have utilised agency workers during the reporting period also had level 3 incidents. Cedar (NY) was cited in the quality triangulation section of July's report and there is on-going work being addressed in this area in terms of leadership, staffing and skill mix.
- There were 4 complaints raised within the reporting period. A complaint was raised in relation to Danby ward who have been sighted as having a low staffing fill rate. In addition a complaint was raised in relation to Westwood Centre, this ward has been sighted to date within the report for having a high fill rate and a level 3 incident.
- There were 44 PALS related issues raised with the following featuring within this report as follows:
  - Westerdale South – high staffing fill rate and highest user of Bank

- Westwood Centre – high staffing fill rate, a level 3 incident and a complaint
- Cedar (NY) – Agency usage and a level 3 incident
- Harrier/Hawk – Agency usage
- Cherry Tree – Agency usage, an SUI and a level 4 incident
- Northdale – Agency usage and a level 3 incident
- Thistle – Agency usage
- A number of incidents requiring control and restraint occurred during the reporting period. The highest user was Sandpiper with a total of 71 incidents. Sandpiper has also had a level 3 incident occurring within the reporting period. Historically Westwood and the Evergreen Centre were highlighted as outliers for control and restraint; in September they are reporting lower incidents requiring control and restraint.

### 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 621 shifts in September 2016 where unpaid breaks had not been taken. The majority of the shifts where breaks were not taken occurred on day shifts (395 shifts). The number of night shifts where breaks were not taken equated to 226 shifts. The increase can be attributed to Holly Unit whereby the number of shifts where a break was not taken increased dramatically in September (221 shifts) as a result of the bespoke package of care that was introduced.

The detailed information in relation to missed breaks has been shared with 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. Within the reporting period there were 18 incidents raised on Datix citing issues with staffing (5 incidents related to community services; 4 of which were Crisis Teams).

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

- Cedar (NY) and the Northdale centre have raised incidents in relation to staffing levels. Both wards have been cited in this report as having utilised agency staffing as well as having a level 3 incident and PALS related issues.
- Thistle Ward has raised an incident in relation to staffing levels. This has been cited to date within this report for having utilised agency workers and a PALS Related issue

- Primrose lodge raised an incident in relation to staffing levels. This ward has been cited in this report in relation to a low staffing fill rate.

The staffing concerns escalation process has been updated following a period of consultation and is currently being rolled out trust wide. A review of the new process will be undertaken at the end of quarter 3, including the impact on community teams providing cover to inpatient wards.

### 3.7 Other

The Forensic directorate have the highest number (15 wards' in total) of 'red' fill rates for registered nurses on day shifts. Pressures contributing to this remain the same as highlighted in the August report including the inpatient services vacancy factor at Band 5 that is approximately 20% with the majority of the vacancies being filled by preceptees predominantly starting in October 2016 and a number of staff on restricted duties. In line with Transforming care, there are plans to reconfigure a further ward which should ease staffing pressures going forward.

The safer staffing steering group 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 with the Operational Management Team.

In addition work is being undertaken Trust wide via a work stream approach reporting to OMT and will:

Test out NHS England evidence based staffing framework and tools for MH wards in agreed in-patient areas.

- To ensure above indicators are compliant with emerging NICE guidance or other DH documentation
- To put in place Triangulation and hot spot systems for predicting planned requirements
- To implement regular reporting and monitoring systems within services to enable timely and informed intervention to occur
- Test out a hospital based flexible staffing deployment pool within Durham & Darlington

With regard to the national development of the mental health safer staffing tools, the intention is to develop the existing multiplier tool to be used in any service setting for inpatient mental health services. The next stage development will include the wider multi-disciplinary team. The resulting tool will provide a means to calculate care hours per patient day (Carter Review) as well as provide data and information on which to base decisions on staffing and establishment reviews.

The tool will be based on the Hurst Tool, as a significant amount of data is already available in the national database. The Hurst Tool statistical



methodology is at the core of the safer nursing care tool (which received NICE endorsement in 2015).

The Trust has put itself forward as one of the key stakeholders in this stage of the project which gives us the opportunity to contribute during the further development of the programme of work and to test the tool during the data collection stage (December to March 2017). Participating Trusts will receive a report on their data compared to other Trusts taking part in this collection phase. This will provide confidential benchmarking to help inform Trusts staffing reviews.

A workshop was held with 20 Trusts in September to populate the new content of the new tool and to ensure that it covers all services and focuses on the multi-disciplinary element of the tool. A cross representation of expert practitioners from across the following areas were present:

- Forensic Secure
- Forensic Medium
- CAMHS Tier 4
- Peri-natal
- Eating Disorders
- Older Peoples Functional
- Older Peoples Organic

#### **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 this month, 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 poses a risk as to our ratings as we are due to be re-inspected.

##### **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.

#### 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 has 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.

5.2 The national work is continuing on the implementation of evidence based tools and the Trust is now engaged with this.

### 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 A strategic staffing review will commence during the last quarter of 2016/17 which will refine the usage of the data further and offer confidential benchmarking in line with the national pilot of the Mental Health safe staffing tools. 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 although 'hot-spots' will be tracked and work is underway to address shortfalls.

### 7. **RECOMMENDATIONS:**

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

**Emma Haines, Head of Quality Data**  
**October 2016**

TOTALS OF THE HOURS OF PLANNED NURSE STAFFING COMPARED TO ACTUAL TRUSTWIDE ACROSS 30 DAYS IN September							
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	55.4%	108.3%	93.3%	85.1%
Ayckbourn Unit Esk Ward	North Yorkshire	Adults	11	56.2%	130.0%	100.0%	88.6%
Bedale Ward	Teesside	Adults	10	83.7%	176.8%	100.0%	121.9%
Bilsdale Ward	Teesside	Adults	14	88.9%	116.9%	107.1%	98.6%
Birch Ward	Durham & Darlington	Adults	15	98.9%	104.9%	113.3%	166.2%
Bransdale Ward	Teesside	Adults	14	70.1%	120.8%	93.3%	102.1%
Cedar Ward	Durham & Darlington	Adults	10	106.5%	142.9%	100.0%	135.6%
Cedar Ward (NY)	North Yorkshire	Adults	18	113.8%	103.7%	99.4%	174.1%
Elm Ward	Durham & Darlington	Adults	20	103.5%	114.9%	103.1%	115.0%
Farnham Ward	Durham & Darlington	Adults	20	112.5%	96.6%	90.0%	100.9%
Kirkdale Ward	Teesside	Adults	16	94.8%	102.5%	104.5%	99.4%
Lincoln Ward	Teesside	Adults	20	106.6%	96.5%	95.1%	109.9%
Lustrum Vale	Teesside	Adults	20	100.6%	94.2%	100.0%	100.0%
Maple Ward	Durham & Darlington	Adults	20	94.2%	103.8%	100.6%	93.3%
Overdale Ward	Teesside	Adults	18	91.4%	105.8%	100.0%	100.0%
Primrose Lodge	Durham & Darlington	Adults	15	61.5%	140.0%	83.3%	100.0%
Stockdale Ward	Teesside	Adults	18	86.7%	135.2%	103.3%	96.7%
The Orchards (NY)	North Yorkshire	Adults	10	103.5%	71.5%	78.5%	116.7%

Tunstall Ward	Durham & Darlington	Adults	20	100.8%	103.9%	103.3%	105.0%
Ward 15 Friarage	North Yorkshire	Adults	14	75.4%	128.0%	102.4%	100.3%
Willow Ward	Durham & Darlington	Adults	15	108.8%	163.0%	100.0%	98.3%
Baysdale	Teesside	CYPS	6	122.5%	101.3%	101.0%	100.1%
Holly Unit	Durham & Darlington	CYPS	4	157.6%	229.6%	157.3%	295.1%
Newberry Centre	Teesside	CYPS	14	73.9%	118.3%	101.1%	108.7%
The Evergreen Centre	Teesside	CYPS	16	97.0%	113.2%	107.6%	100.1%
Westwood Centre	Teesside	CYPS	12	119.9%	166.5%	113.1%	244.1%
Clover/Ivy	Forensics	Forensics LD	12	97.2%	105.9%	100.0%	146.7%
Eagle/Osprey	Forensics	Forensics LD	10	92.9%	92.4%	100.0%	103.3%
Harrier/Hawk	Forensics	Forensics LD	10	73.5%	109.7%	97.1%	151.4%
Kestrel/Kite	Forensics	Forensics LD	16	70.7%	124.7%	63.3%	147.5%
Langley Ward	Forensics	Forensics LD	10	87.4%	138.3%	104.2%	200.0%
Northdale Centre	Forensics	Forensics LD	12	63.1%	119.2%	100.0%	120.7%
Oakwood	Forensics	Forensics LD	8	61.6%	218.7%	100.0%	113.3%
Robin	Forensics	Forensics LD	6	69.8%	119.0%	87.0%	97.7%
Thistle	Forensics	Forensics LD	5	72.9%	113.5%	103.3%	103.3%
Brambling Ward	Forensics	Forensics MH	13	67.9%	112.6%	97.7%	101.3%
Fulmar Ward.	Forensics	Forensics MH	12	70.8%	101.2%	103.3%	118.3%
Jay Ward	Forensics	Forensics MH	5	86.5%	100.6%	110.0%	104.7%
Lark	Forensics	Forensics MH	15	91.3%	100.2%	100.0%	96.7%
Linnet Ward	Forensics	Forensics MH	17	79.6%	131.4%	103.3%	108.0%
Mallard Ward	Forensics	Forensics MH	16	92.7%	116.5%	96.7%	190.2%
Mandarin	Forensics	Forensics MH	16	75.2%	117.5%	101.0%	106.7%
Merlin	Forensics	Forensics MH	10	102.0%	119.7%	93.3%	154.9%
Newtondale Ward	Forensics	Forensics MH	20	86.0%	96.4%	73.2%	93.6%
Nightingale Ward	Forensics	Forensics MH	16	85.1%	97.6%	100.0%	96.7%

Sandpiper Ward	Forensics	Forensics MH	8	99.3%	113.3%	77.6%	159.0%
Swift Ward	Forensics	Forensics MH	10	81.5%	114.7%	103.3%	114.1%
Aysgarth	Teesside	LD	6	114.0%	139.8%	100.2%	101.1%
Bankfields Court	Teesside	LD	19	77.5%	109.4%	102.0%	96.3%
Bankfields Court Unit 2	Teesside	LD	5	133.3%	94.2%	100.3%	123.6%
Bek-Ramsey Ward	Durham & Darlington	LD	11	88.9%	111.4%	100.0%	102.2%
Oak Rise	York and Selby	LD	8	118.5%	88.8%	97.5%	100.1%
Ceddesfeld Ward	Durham & Darlington	MHSOP	15	90.1%	142.2%	100.0%	100.0%
Cherry Tree House	York and Selby	MHSOP	18	92.2%	90.6%	103.3%	175.0%
Hamsterley Ward	Durham & Darlington	MHSOP	15	90.6%	179.0%	100.0%	145.0%
Meadowfields	York and Selby	MHSOP	14	84.8%	93.7%	110.0%	107.3%
Oak Ward	Durham & Darlington	MHSOP	12	97.2%	91.1%	100.0%	106.9%
Roseberry Wards	Durham & Darlington	MHSOP	15	87.6%	95.8%	103.4%	100.3%
Rowan Lea	North Yorkshire	MHSOP	20	95.3%	112.5%	132.7%	99.9%
Rowan Ward	North Yorkshire	MHSOP	16	95.4%	143.3%	110.0%	128.6%
Springwood Community Unit	North Yorkshire	MHSOP	14	64.4%	129.3%	131.5%	121.5%
Ward 14	North Yorkshire	MHSOP	9	89.8%	122.1%	100.1%	130.3%
Westerdale North	Teesside	MHSOP	18	103.1%	130.9%	101.2%	104.4%
Westerdale South	Teesside	MHSOP	14	124.9%	299.0%	100.6%	214.8%
Wingfield Ward	Teesside	MHSOP	10	73.8%	125.0%	102.9%	110.9%
Worsley Court	York and Selby	MHSOP	14	82.7%	101.8%	105.5%	155.5%

Scored Fill Rate compared to Quality Indicators - SEPTEMBER 2016				Agency Usage (Hours)	Bank Usage Vs Actual Hours			Totals for Quality Indicators					Incidents of Restraint			
Known As	Locality	Speciality	Bed Numbers		Total Actual Hours	Total Bank Hours	% Against actual Hours	SUI	Level 4 Incidents	Level 3 (Self-Harm) Incidents	Complaints	PALS	Incidents	PRO used	Other	Restraint Total
Aysgarth	Teesside	LD	6		2297.8	400.5	17%									
Tunstall Ward	Durham & Darlington	AMH	20		2716.8	96	4%				2	1		1	1	
Westerdale South	Teesside	MHSOP	14		4706.4	2211.72	47%				1	1		1	1	
Bankfields Court Unit 2	Teesside	LD	5		2290.3	318.04	14%									
Holly Unit	Durham & Darlington	CAMHS	4		2292.3	428.44	19%					23		51	51	
Lincoln Ward	Teesside	AMH	20		3183.0	260	8%									
Westerdale North	Teesside	MHSOP	18		2805.0	147	5%					1		2	2	
Westwood Centre	Teesside	CAMHS Tier 4	12		6192.5	1591.42	26%			1	1	1	60	1	123	124
Farnham Ward	Durham & Darlington	AMH	20		2677.5	270.67	10%				2	4		6	6	
Hamsterley Ward	Durham & Darlington	MHSOP	15		3399.6	580.17	17%	1	1			2		2	2	
Mallard Ward	Forensics	FMH	16		3850.4	1010.2	26%									
Rowan Ward	North Yorkshire	MHSOP	16	560.0	3116.1	317	10%					7		12	12	
Ceddesfeld Ward	Durham & Darlington	MHSOP	15		2998.3	139.33	5%					4		9	9	
Elm Ward	Durham & Darlington	AMH	20		2869.8	492	17%				2	5	1	4	5	
Stockdale Ward	Teesside	AMH	18		2865.4	766.25	27%				1	5		6	6	
Northdale Centre	Forensics	FMH	12	191.25	4892.1	856.48	18%			1	1	4		7	7	

Bedale Ward	Teesside	AMH	10		3536.0	800	23%					1	33	2	55	57	
Bek-Ramsey Ward	Durham & Darlington	LD	11		4103.0	74.67	2%						4		8	8	
Brambling Ward	Forensics	FMH	13		2688.7	542	20%					1	1		1	1	
Bransdale Ward	Teesside	AMH	14		2454.5	673.5	27%						3		4	4	
Lustrum Vale	Teesside	AMH	20		2759.0	364.5	13%										
Bilsdale Ward	Teesside	AMH	14		2539.8	219.5	9%						2		4	4	
Birch Ward	Durham & Darlington	AMH	15		3373.5	1045	31%										
Cedar Ward (NY)	North Yorkshire	AMH	18	463.95	4172.5	449.92	11%			1		1	16		24	24	
Eagle/Osprey	Forensics	FLD	10		3132.8	376.58	12%					4	2		2	2	
Maple Ward	Durham & Darlington	AMH	20		2606.4	384	15%						6		6	6	
Primrose Lodge	Durham & Darlington	AMH	15		2572.5	96	4%										
Newberry Centre	Teesside	CAMHS Tier 4	14		3372.8	282.84	8%			2			35		42	42	
The Evergreen Centre	Teesside	CAMHS Tier 4	16		4753.8	233.5	5%					1	59		92	92	
Ward 14	North Yorkshire	MHSOP	9		2779.0	67.75	2%				1		2		2	2	
Willow Ward	Durham & Darlington	AMH	15		2904.7	18.33	1%					1					
Baysdale	Teesside	CAMHS	6		2443.3	52.42	2%										
Langley Ward	Forensics	FLD	10		2689.5	399.5	15%					1					
Merlin	Forensics	FMH	10		4019.1	1087.75	27%						7		17	17	
Oak Ward	Durham & Darlington	MHSOP	12		2593.2	79.63	3%			1							
Oakwood	Forensics	FLD	8	67.5	1949.0	212.25	11%										
Bankfields Court	Teesside	LD	19		8062.0	302.66	4%					1	44		77	77	
Cedar Ward	Durham & Darlington	AMH	10		3582.7	984.83	27%			1	4		2	11	3	19	22
Fulmar Ward.	Forensics	FMH	12		3005.8	398.25	13%						1		1	1	
Jay Ward	Forensics	FMH	5		2756.5	365.25	13%						4		6	6	

Robin	Forensics	FLD	6		2476.2	774.44	31%										
Nightingale Ward	Forensics	FMH	16		2660.8	193.75	7%				1						
Sandpiper Ward	Forensics	FMH	8		4181.0	1008.25	24%			1		2	71	4	181	185	
Springwood Community Unit	North Yorkshire	MHSOP	14	368.0	3085.2	231.01	7%						33		34	34	
Thistle	Forensics	FLD	5	11.15	2947.7	100	3%					2					
Ward 15 Friarage	North Yorkshire	AMH	14		2515.8	366.25	15%					1	4		4	4	
Overdale Ward	Teesside	AMH	18		2466.0	241.5	10%					2	2		2	2	
Linnet Ward	Forensics	FMH	17		3021.2	760	25%					1	4		8	8	
Swift Ward	Forensics	FMH	10		3235.9	546.5	17%						5		7	7	
Ayckbourn Unit Esk Ward	North Yorkshire	AMH	11		2526.0	152.5	6%			1			18	1	27	28	
Ayckbourn Unit Danby Ward	North Yorkshire	AMH	11		2198.0	279.5	13%			1			1		2	2	
Clover/Ivy	Forensics	FLD	12		4087.3	732.17	18%					5	4		6	6	
Kirkdale Ward	Teesside	AMH	16		3107.0	247.5	8%						1		1	1	
Roseberry Wards	Durham & Darlington	MHSOP	15		2711.1	479.17	18%						11		11	11	
Lark	Forensics	FMH	15		2706.6	600.25	22%										
Wingfield Ward	Teesside	MHSOP	10		2479.5	174.25	7%					1	1		1	1	
Kestrel/Kite.	Forensics	FLD	16		4380.5	996.67	23%					2	9		19	19	
The Orchards (NY)	North Yorkshire	AMH	10		2148.3	12	1%										
Mandarin	Forensics	FMH	16		2849.3	150.75	5%					2	1		1	1	
Rowan Lea	North Yorkshire	MHSOP	20		3806.7	110.85	3%					1	22		33	33	
Newtondale Ward	Forensics	FMH	20		3353.1	193.75	6%										
Harrier/Hawk	Forensics	FLD	10	67.5	3990.0	642.75	16%					1	1		1	1	
Meadowfields	York & Selby	MHSOP	14	250.0	3214.8	325.5	10%						1		1	1	
Oak Rise	York & Selby	LD	8		4062.4	208	5%										
Worsley Court	York & Selby	MHSOP	14	905.5	3625.5	121	3%	1	1				7		7	7	



Cherry Tree House	York & Selby	MHSOP	18	352	3448.0	351	10%	1	1			1	11		14	14
-------------------	--------------	-------	----	-----	--------	-----	-----	---	---	--	--	---	----	--	----	----

**FOR GENERAL RELEASE**

**ITEM 8**

**BOARD REPORT**

**Date of Meeting:** Tuesday 25th October 2016  
**Title:** Annual Review of Medical Education Activity, including an assurance report from the Guardian of Safe Working  
**Lead Director:** Dr Nick Land, Medical Director  
**Report for:** Information

**This report includes/supports the following areas:**

<b>STRATEGIC GOALS:</b>	
To provide excellent services working with the individual users of our services and their carers to promote recovery and well being	✓
To continuously improve the quality and value of our work	✓
To recruit, develop and retain a skilled and motivated workforce	✓
To have effective partnerships with local, national and international organisations for the benefit of our communities	✓
To be an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of our communities	✓

<b>CQC REGISTRATION: Outcomes (✓)</b>			
<b>Involvement and Information</b>			
Respecting & Involving Service Users		Consent to care and treatment	
<b>Personalised care, treatment and support</b>			
Care and welfare of people who use services		Meeting nutritional needs	Co-operating with other providers
<b>Safeguarding and safety</b>			
Safeguarding people who use services from abuse		Cleanliness and infection control	Management of medicines
Safety and suitability of premises		Safety, availability and suitability of equipment	
<b>Suitability of staffing</b>			
Requirements relating to workers		Staffing	Supporting workers
<b>Quality and management</b>			
Statement of purpose		Assessing and monitoring quality of service provision	Complaints
Notification of death of a person who uses services		Notification of death or AWOL of person detained under MHA	Notification of other incidents
Records			
<b>Suitability of Management</b> (only relevant to changes in CQC registration)			
<b>This report does not support CQC Registration</b>			✓

<b>NHS CONSTITUTION: The report supports compliance with the pledges of the NHS Constitution (✓)</b>			
<b>Yes</b>	✓	<b>No</b> (Details must be provided in Section 4 "risks")	<b>Not relevant</b>

**TRUST BOARD REPORT****Date of Meeting:** Tuesday 25th October 2016**Title:** Annual Review of Medical Education Activity, including an assurance report from the Guardian of Safe Working**1. INTRODUCTION & PURPOSE**

- 1.1 This annual update will provide an overview of medical education activity in the last twelve months and outline key priorities for the next year. The intention of the report is to provide assurance to board members of the medical education and library activity in the Trust.
- 1.2 Also included in the report this year is the annual statement from the Guardian of Safe Working about the plans to meet the conditions set out in the new junior doctor contract that will be in place from February 2017 in this Trust.

**2. BACKGROUND INFORMATION**

- 2.1 The Trust has 150 junior doctor placements approved for training in the different programmes; foundation, GP, core and higher training. The Trust also hosts medical students from four universities offering placements for different stages.
- 2.2 Internal governance of postgraduate medical education continues to take place through psychiatry specialist training committees and these represent the four localities in the Trust and oversee the delivery of all educational programmes. The Medical Education Quality and Strategy Committee oversees the locality groups and sets out the strategic intentions of the faculty.
- 2.3 Earlier in 2016, Health Education England (HEE) introduced a new quality framework for all clinical training. It is their intention that this will be used collaboratively across educational providers in all relevant settings to ensure that HEE has a Quality Framework to covers all learner groups within the healthcare system, with a focus on the quality of work-based placements. It is very similar to the standards already established by the GMC for medical training with an additional area 'developing a sustainable workforce'.
- 2.4 The ongoing cycle of quality control continues with the process used to provide assurance to external bodies through the self-assessment report (SAR) and quality improvement plans (QIP). These reports are shared with commissioners and set out how the Trust meets the GMC domains for training.
- 2.5 The quality improvement schedule for medical education is set out in the 2016/17 Quality Improvement Plan and Self-assessment Report. Key objectives from the library and information service are included in the report for the first time.

Ref 1 : 2016/17 Quality Improvement Plan (QIP)

Ref 2 : 2016/17 Self-assessment Report (SAR)

2.6 The national GMC survey is an opportunity for junior doctors and clinical supervisors to provide feedback to the Trust. It allows the Trust to benchmark the level of training provided against other similar organisations. This year like last year, the Trust has demonstrated an **exceptionally high level of training across the programmes**. The most significant of the many highlights include:

The Trust was ranked as number one when comparing TEWV against all other Trusts (9) in the North East.

Ref 3 : HENE GMC Trainee Survey Trust Report

The Trust has now been ranked as the number one Trust in the North East for the last four years when comparing all grades of junior doctor. The Trust was a place higher this year in the national rankings and is now rated as 10<sup>th</sup> best in the UK.

Ref 4 : GMC Trainee Survey Trust Report

This year the GMC reinstated the trainer survey given to all clinical supervisors. The survey asks all trainers to provide feedback about the support they receive in the indicators outlined in the columns below:

Indicator	TEWV %	National Average	National Ranking (325 Trusts)	Local Ranking (HENE-11)
➤ Organisational Culture	83.06	64.97	1	1
➤ Educational Governance	83.33	66.01	2	1
➤ Supervisor Training	84.33	69.64	3	2
➤ Resources for Trainers	82.33	69.51	4	2
➤ Appraisal	78.00	66.99	10	1
➤ Support for Trainers	85.00	63.20	1	1
➤ Time for Trainers	76.67	56.04	3	1

Ref 5 : GMC Trainer Survey Report

### 3. KEY ACHIEVEMENTS IN MEDICAL EDUCATION

3.1 The initiatives outlined in past board reports as good practice are now embedded into operational processes and are therefore not included in this update. The illustrations below are the key achievements in the last 12 months:

#### 3.2 Review of the Faculty of Medical Education

The previous faculty structure was in place for four years and it was therefore an appropriate time to reflect and consider its relevance and how it could support the strategic drivers for the faculty over the next few years. It was also important to have a structure that complied with the new GMC standards set out in *Promoting excellence: standards for medical education and training*, and the Trust strategic direction.

Following consultation and workshops, significant changes were introduced. A weekly report out occurs in medical education which monitors operational targets and those set by each of the medical educational committees. There is a new cycle for all committees to meet with each having a clear agenda with actions and reports that flow in a timely manner into the senior strategic committee. New tutor posts have been created to lead on key workforce and educational agendas, including:

- Trust doctor tutor to support those doctors employed from the overseas recruitment initiative (highlighted in the report last year).
- Physical healthcare tutor to improve the physical healthcare skills of junior doctors in core and higher training and doctors from overseas who have not completed foundation training and may not have all of the relevant competencies.
- SpR Tutor to focus on supporting senior registrars. This role will improve placement satisfaction and encourage communication and engagement to showcase TEWV as an employer of choice.

### 3.3 Workforce Planning

A key reason why the medical development function is so effective is because there are clear links between the agendas of quality training, recruitment and medical workforce planning. Whilst all of our work establishes a natural supply chain for future medical recruitment, there are insufficient numbers trained to meet the required workforce demands of the Trust and this makes workforce planning a priority.

#### *Overseas Recruitment Initiative*

The Trust is to consider an overseas recruitment trip to India that has already been approved as a PM1. The initiative will tap into the knowledge and skills of doctors from the sub-continent who are established in the Trust, and they will help the project manager plan and develop attractive job opportunities aimed at specialty doctor level. The faculty will develop a two year rotational programme, similar to that of higher training rotations, combined with pro-active personal support, that will integrate them quickly into the UK, the NHS environment and the way we work in TEWV. The initiative would seek to support progress towards article 14 following a satisfactory two year placement.

#### *Physicians Associates*

The Trust welcomed the first cohort of students to Harrogate locality this year and have already developed a strong programme with Leeds University to support their mental health placement. The faculty also investigated the employment of an associate role to understand how it could compliment a clinical team. A paper was written to illustrate the work of the associate and how it has been effective at Birmingham and Solihull Trust. EMT recently supported the concept of the

associate role and this will be investigated further as a pilot with interested clinical areas.

#### *Senior SpR Tutor*

The appointment of the Senior SpR Tutor, outlined earlier in this report, has been developed to improve training and to support the Trust attract more applicants applying for consultant vacancies. The Tutor has already established minimum standards for involvement in education and research activity. The Trust already offers the well evaluated leadership and management programmes and the new consultant development programme. This role will increase communication and engagement with doctors undertaking psychiatry placements in other organisations and showcase the benefits of training and working in TEWV.

#### *Expansion of Senior Registrar Posts in Yorkshire*

Over the last six months, leads from the faculty met with the Head of the School of Psychiatry to share with him the view that the Trust has too few posts in Yorkshire for the population size covered, compared to other Trust's in the region. Following discussion, a paper was written to outline a business case and this has now been tabled at the adult school board with the intention of seeking approval at the School Board Committee. The Trust is seeking to expand the number of senior registrar posts to 5 over a five year period, self-funding one of these posts.

### 3.4 **Engagement with Doctors**

The best way to improve the placements in the Trust is to have the most up to date knowledge and feedback about the satisfaction of trainees and knowledge of local service pressures that may impact of the quality of placements. Open and honest dialog with the junior doctor workforce is therefore essential and we have established various opportunities and processes across all programmes to ensure we understand the reality in each programme and in each locality.

The Trust has also developed a senior registrar forum. Some of the work from this group has included the development of a new induction programme and consideration of a peer support programme. Senior registrars are also warmly invited to attend the two day new consultant development programme.

Senior representatives from the faculty and medical education team now meet with junior doctors from all programmes at mid-term intervals to help understand local issues and put right any difficulties. These groups are very well attended and a vital source of feedback to help discussions at local meetings and demonstrate that we do listen and actively seek to resolve problems.

The intelligence gathered has enabled the faculty to create a modified standard agenda for all meetings so that key to these is the quality agenda, led by the

feedback received from trainees, trainers and survey responses.

Despite there been ongoing difficulties at a national level about negotiations over the new junior doctor contract, we have maintained good communication and engagement with colleagues and have offered roadshows to outline the new contract and help them understand the impact on them.

### 3.5 **The Faculty Plus Programme**

Whilst the Trust has always delivered a few workshops for trainees and trainers, there has never been a formal in-house programme widely advertised with modules delivered on a consistent basis though the year. The Faculty was clear that it needed to create a culture that supported the trainer and trainee relationship at its core and this programme does just that.

The programme has been advertised and will commence in January 2017 with three important aspects:

- A training focus for trainers to help raise standards that meet the new GMC guidelines.
- A support programme for trainees that provides access to agendas not covered on traditional programmes. (i.e. leadership, emotional intelligence, quality improvement)
- A focus on clinical skills for core trainees with two aims. Firstly to train supervisors to improve their own knowledge and practice and also to offer facilitative workshops that assesses clinical skills prior to examinations.

Recently the Trust has seen an increase in the pass rates of the clinical skills component of exams and we hope this is due to our focus on the training and assessment.

### 3.6 **Championing the Physical Healthcare Agenda**

Over the last few years, the faculty has been made aware of some concerns from the clinical teams about the knowledge and physical healthcare competence of some junior doctors. Following this, the Director of Medical Education met with practitioners to understand this broad concern.

This is clearly an important and arising agenda area for all mental health trusts. In order that we had leadership and a focussed momentum, a tutor role was developed to oversee this agenda.

The tutor has met with leads to consider the opportunities for simulation training and will be a member of the newly formed Trust physical healthcare group. The tutor has made the development of a framework to assess the core competencies required in physical health a priority, and hopes to have a model in place in 2017.

The intention will be that it is a similar framework to that of the London Deanery checklist, currently used for new trainees to assess their psychiatric competence, other than this will focus on physical healthcare. There is no framework that currently exists and so its development will be of much interest across the country.

#### **4. LIBRARY AND INFORMATION SERVICE**

4.1 Our Library and Information Services (LIS) is a service that is available, visible and accessible to all TEWV staff and students which nurtures and supports lifelong learning and ensures that everyone can access high quality knowledge and information to ensure that the care of service users is always informed by evidence, used at the right time, in the right place.

#### **4.2 The team provide a range of services to our staff including:**

- Provision and management of resources which includes over 8000 books and 28,000 journal titles available to access locally and online.
- Provision and management of an inter-library loans service that enables LIS staff to request materials from a range of other regional and national sources.
- Provision and management of Athens memberships which allows access to electronic journals and e-books subscribed to by TEWV.
- Provision of healthcare databases.
- Provision, development and coordination of 'Information Skills Training' (which includes dedicated sessions on how to search the catalogue/databases/journals).
- Provision of a tailored literature search service to enable staff to request a search in relation to a specific clinical or service development question.
- Provision of 'Current Awareness Bulletins (CAB)' for clinically specific areas.
- Support for Conferences and Research Seminars (through provision of relevant reading and resource lists).
- Support for Junior Doctor Journal Clubs (as and when required).
- Provision of dedicated, protected study spaces.

#### **4.3 There have been changes in the staffing profile of the service including:**

Samantha Gavaghan, Library & Information Services Operational Manager – July 16'

Margaret Thompson, Cross Lane Retired August 16'

Elizabeth Irving, Lanchester Road Hospital retired December 15'

Yvonne Liddle, Library Assistant Lanchester Road Hospital started December 15'

4.4 Since appointment of the new manager, a major focus of work has been a review into the services provided. The LIS has started a programme of outreach including Junior Doctors Inductions, Nurse Revalidation, Bridges to Learning, Social Workers, Systemic Family Therapy Group, Offenders Group.

Staffed sessions at West Park Hospital and Cross Lane Hospital occur with work ongoing to develop sessions with Harrogate Hospital and York Teaching Hospitals. The LIS also has a regular slot at the corporate induction to meet new colleagues and impress on them the value the service can be.



**5. THE GUARDIAN OF SAFE WORKING. (AUTHOR: JULIAN WHALEY)**

- 5.1 The appointment of a Guardian of Safe Working formed a key part of contract negotiations, providing independent safeguards to Junior Doctors working hours including the authorisation to fine organisations breaching rota limits under the new contract. NHS Employers requested all employing organisations recruit to the role and that this be 'live' from August, with the new contract being implemented in a phased manner over the next year.
- 5.2 I was appointed to the role from July, in the fortunate position of having previous experience in both medical education and clinical management without currently holding a formal position in either. I hope this will reassure our training grade doctors of my ability to act independently but in an informed manner.
- 5.3 I attended a National Conference hosted by NHS Employers in July, providing further clarification to the role, outlining potential monitoring systems and providing national and regional networking opportunities. I have subsequently joined a national virtual network as well as regional groups in both the North East and Yorkshire & Humber.
- 5.4 I am attending a regional conference in the North East hosted by the Lead Employer Trust (LET) on 13<sup>th</sup> October to provide further clarity regarding boundaries between Guardians, given the unique situation in this region. I have an informal meeting diarised after this event with other Guardians as an Action Learning Set.
- 5.5 I am attending a Head of School – Director of Medical Education half day networking event in Sheffield on 18<sup>th</sup> October organised by Health Education Yorkshire & Humber and this will act as the forum for knowledge sharing across the Yorkshire region.
- 5.6 I have now attended two Trust Junior Doctor Contract Implementation Focus Group meetings and have written to Training Grade Doctors, welcoming their engagement in this work. We are fortunate in this organisation to have well-established mechanisms for monitoring hours, receiving quantitative and qualitative feedback on the quality of posts. We have been able to revise and adapt existing structures to meet the needs of my role and the implementation of the contract. I have joined the Medical Education Quality and Strategy Committee (MEQAS) and I will join existing locally-based European Working Time Directive meetings. I also plan to introduce myself to new junior medical staff at future induction sessions.
- 5.7 The organisation has been using the Skills for Health 'DRS' tool for rota monitoring for approximately ten years. This is one of two tools being updated to meet the monitoring requirements of the new contract. I was able to see a demonstration version of this and the other system (Allocate) at the national event and I am attending a half day 'exception reporting training' event utilising the DRS system in Newcastle on 28<sup>th</sup> September. I would recommend that the Trust continue to use this system as it appears clear and easy to operate for all parties.
- 5.8 Based on my knowledge to date, I do not expect there to be systemic breaches in junior doctor hours following contract implementation. I hope that I will be able to

provide independent assistance in improving the quality of training posts we are able to offer.

- 5.9 Through discussions at recent meetings, I have engaged in two potential 'hot-spots':
- The current rota at Roseberry Park has been identified by the organisation as needing to change and I attended the first meeting to look at future configuration. There is a tight timetable for any change as schedules of employment need to be sent by the LET in October; I am hopeful that a solution will be found that will improve support and appropriateness of duties for doctors on this rota.
  - The workload of junior doctors on the Harrogate rota has risen significantly, which would seem in part related to the redeployment of Crisis Team members to cover staff shortage. An action plan has been implemented and the results are awaited.
- 5.10 In relation to both situations, concerns were raised for low morale, doctors not wanting to work there and being put off a career in psychiatry. I hope by getting involved in these situations at an early stage, that I can improve morale and therefore recruitment and retention.

## **6. IMPLICATIONS / RISKS:**

### **6.1 Quality:**

- 6.1.1 The QIP outlines the quality objectives to be delivered in the next reporting period.
- 6.1.2 Additional areas of quality assurance not covered in the references (above) are in the supporting evidence folder.

### **6.2 Financial:**

- 6.2.1 The Trust receives over **£4.5 million** each year to support the salaries and educational infrastructure required to deliver quality medical education placements.
- 6.2.2 Should the Trust not meet the requirements set out in the learning and development agreement, it would see a reduction in the funding received and the opportunities for recruitment from SpR post reduce.

### **6.3 Legal and Constitutional:**

- 6.31 The Trust has a responsibility through the Learning and Development Agreement to quality assure the delivery of medical education.

### **6.4 Equality and Diversity:**

- 6.4.1 There are no implications to consider.

### **6.5 Other Risks:**

- 6.5.1 A new junior doctor contract will be implemented in early 2017 following quite unsettling and elongated negotiations. The Trust will complete a new template work schedule for each post and this will set out the expected service commitments and those parts of the relevant training curriculum which can be achieved.
- 6.5.2 The new contract will dictate that the work schedule is discussed at the trainee's regular educational meetings. This to ensure the workplace experience delivers the anticipated learning opportunities and the trainee can report exceptions to educational supervisors where day-to-day work varies significantly or routinely from that in the work schedule either in their hours of work (including rest breaks); or the agreed working pattern, including the educational opportunities available.

## **7. CONCLUSIONS**

- 7.1 The Trust continues to have a pro-active and strong faculty of medical education. Feedback demonstrates more than ever that we continue to achieve high results in relation to the delivery of all medical education programmes.

## **8. RECOMMENDATIONS:**

- 8.1 It is recommended that the Trust Board note the content of this paper.

**Bryan O'Leary**  
**Associate Director for Medical Development**

**Dr Jim Boylan**  
**Trustwide Director for Medical Education**

**FOR GENERAL RELEASE**

**BOARD OF DIRECTORS**

<b>DATE:</b>	<b>25 October 2016</b>
<b>TITLE:</b>	<b>Finance Report for Period 1 April 2016 to 30 September 2016</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>	✓

<b>Executive Summary:</b>
<p>The comprehensive income outturn for the period ending 30 September 2016 is a surplus of £7,908k, representing 4.8% of the Trust’s turnover. The Trust is ahead of plan by £1,054k largely due to vacancies, active recruitment is ongoing.</p> <p>Identified Cash Releasing Efficiency Savings at 30 September 2016 are in line with plan. The Trust continues to progress schemes to deliver CRES for future years.</p> <p>The Financial Sustainability Risk Rating for the Trust is assessed as 4 for the period ending 30 September 2016 and is in line with plan.</p>

<b>Recommendations:</b>
<p>The Board of Directors are requested to receive the report, to note the conclusions in section 6 and to raise any issues of concern, clarification or interest.</p>

<b>MEETING OF:</b>	<b>Board of Directors</b>
<b>DATE:</b>	<b>25 October 2016</b>
<b>TITLE:</b>	<b>Finance Report for Period 1 April 2016 to 30 September 2016</b>

**1. INTRODUCTION & PURPOSE**

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

**2. BACKGROUND INFORMATION**

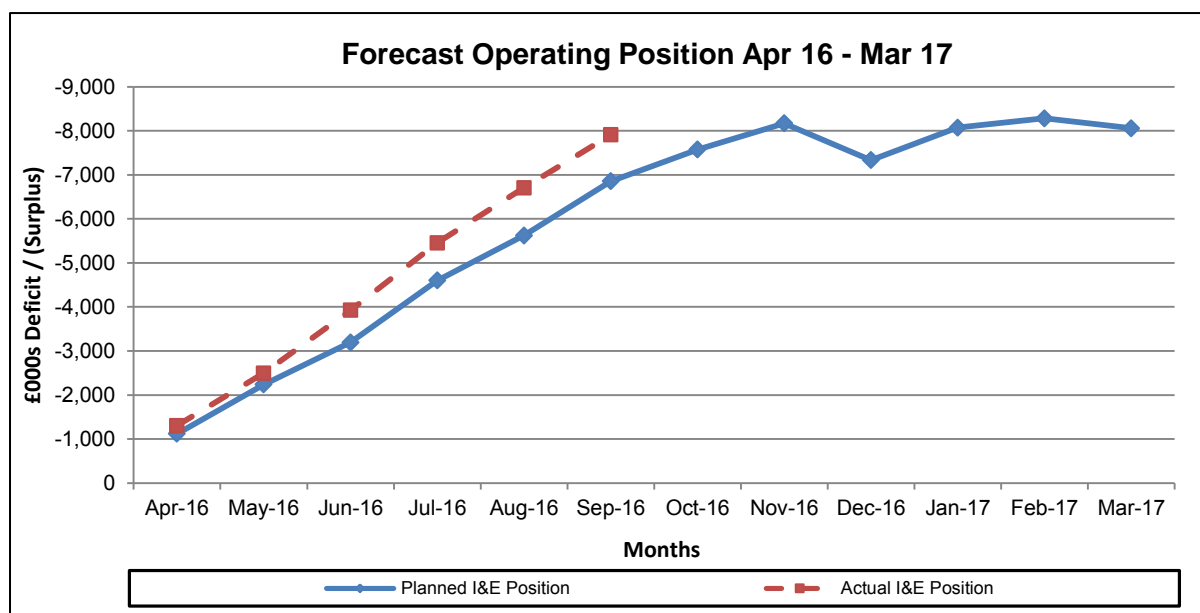
2.1 The financial reporting framework of a Foundation Trust places an increased emphasis on cash and the statement of financial position as well as the management of identified key financial drivers. The Board receives a monthly summary report on the Trust’s finances as well as a more detailed analysis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

**3. KEY ISSUES:**

3.1 Statement of Comprehensive Income

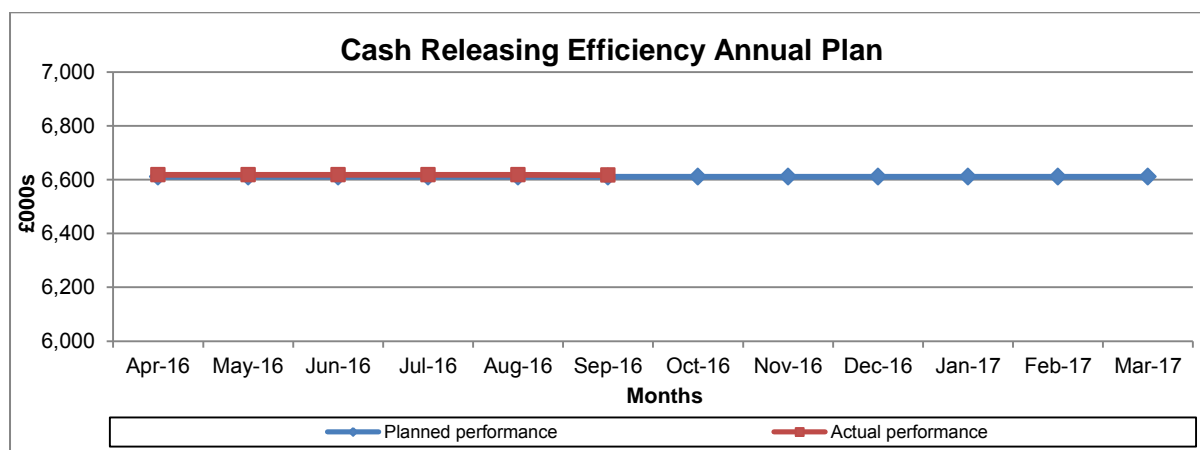
The comprehensive income outturn for the period ending 30 September 2016 is a surplus of £7,908k, representing 4.8% of the Trust’s turnover. The Trust is ahead of plan by £1,054k largely due to vacancies across the majority of staffing groups.

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

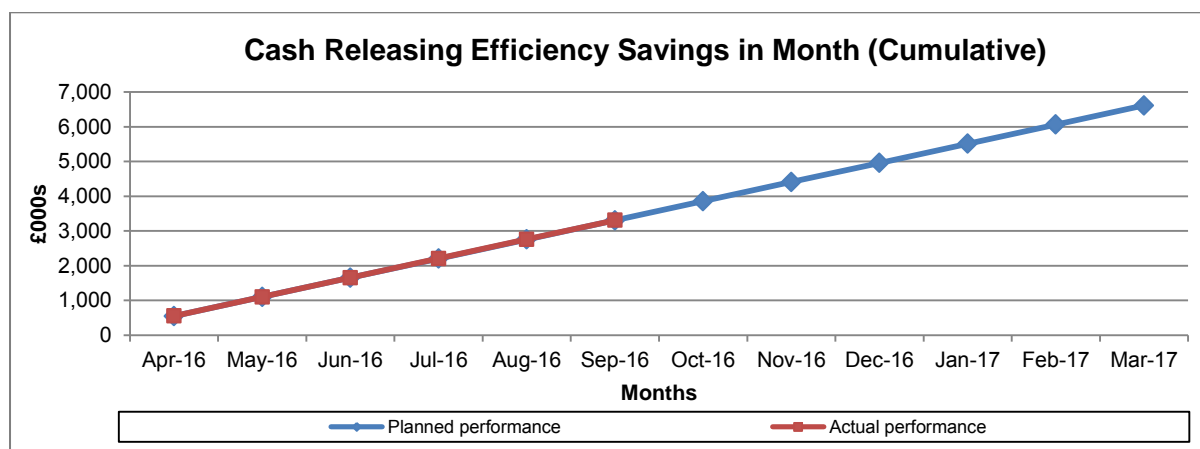


### 3.2 Cash Releasing Efficiency Savings

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

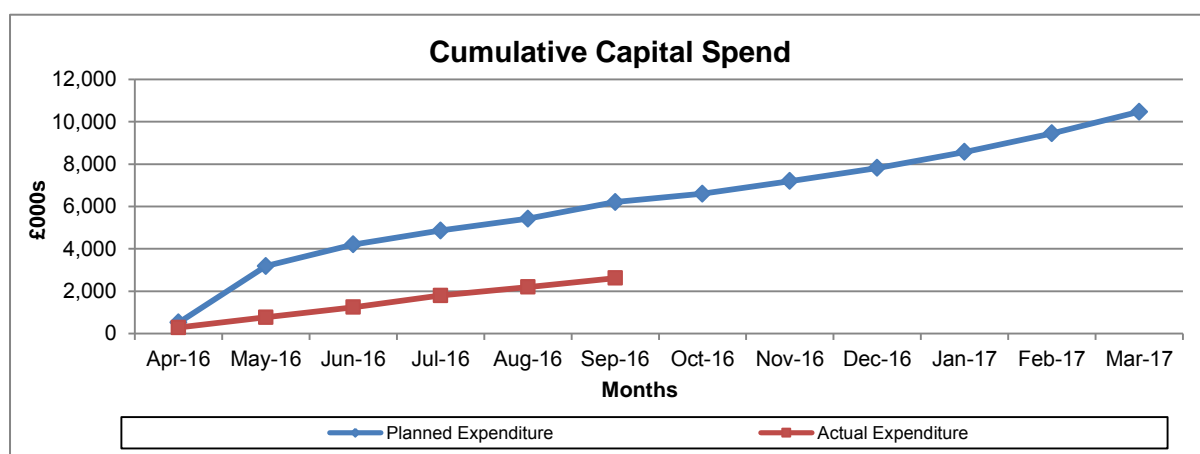


The monthly profile for CRES identified by Localities is shown below.



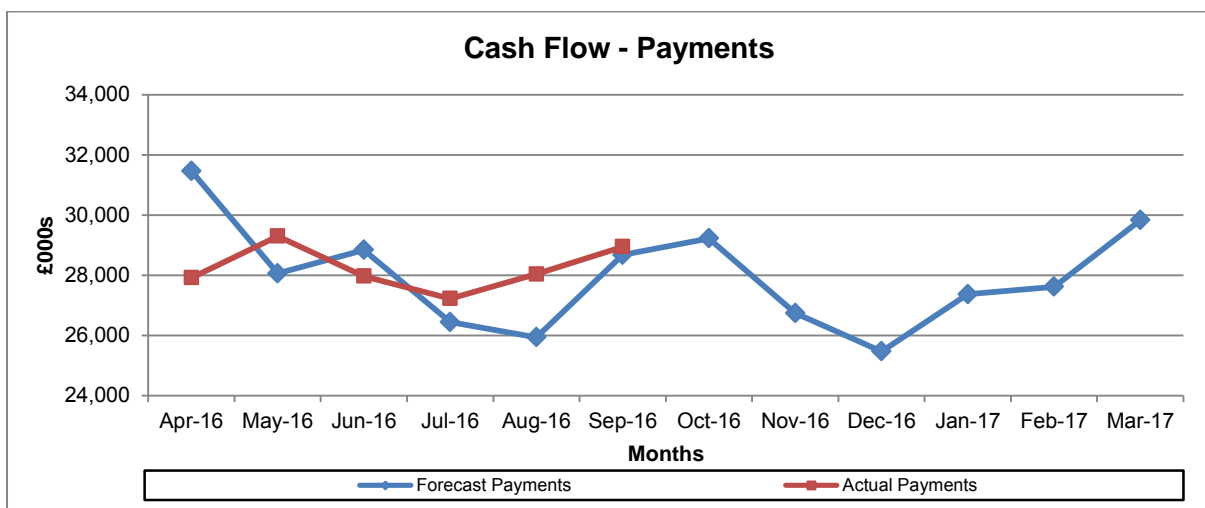
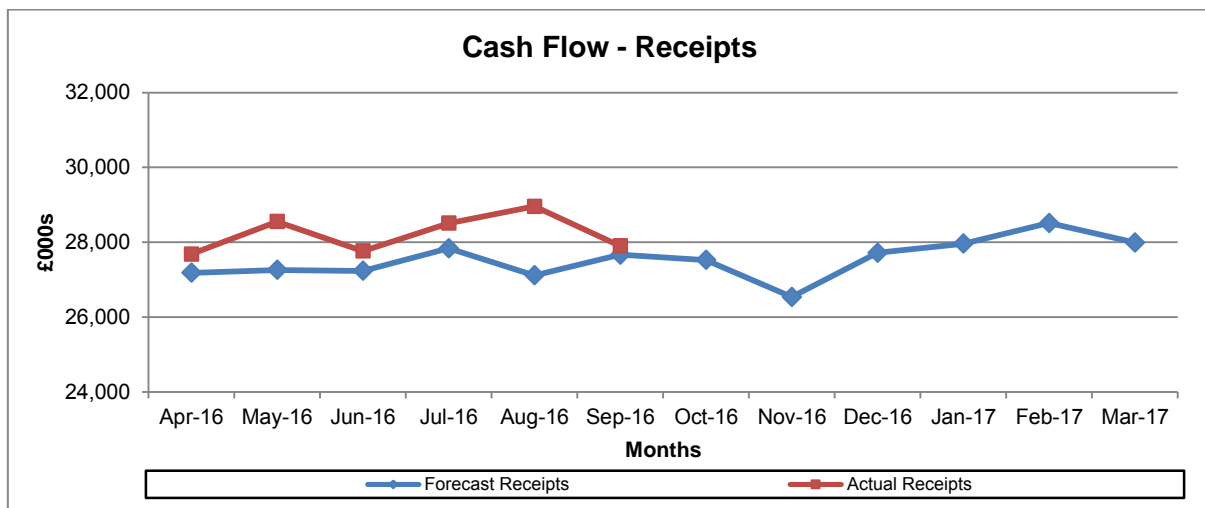
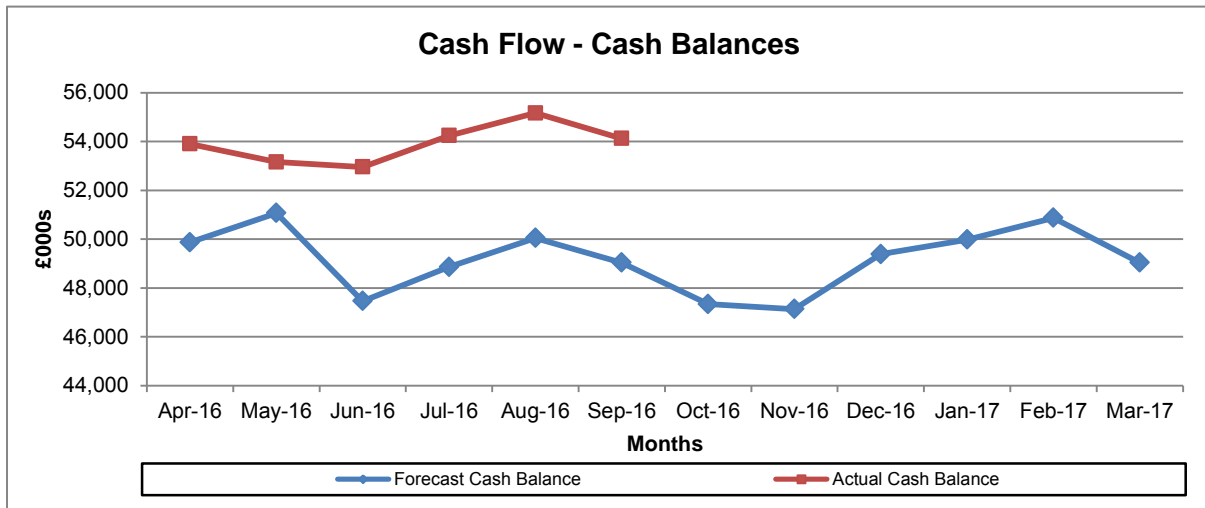
### 3.3 Capital Programme

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



3.4 Cash Flow

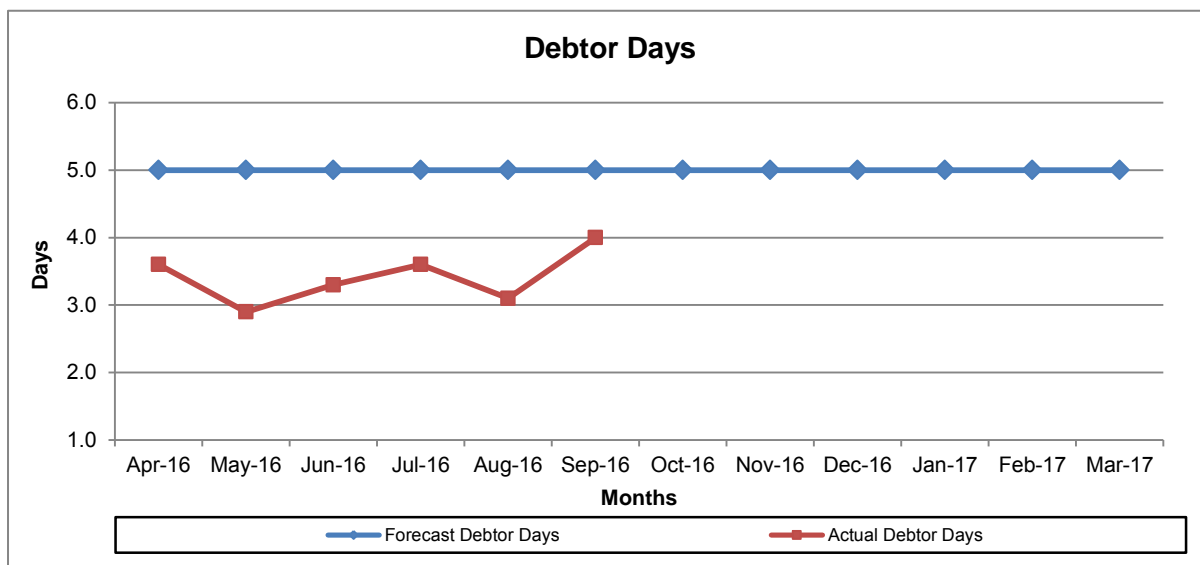
Total cash at 30 September 2016 is £54,121k and is ahead of plan largely due to planned delays in the capital programme and the Trusts surplus position.



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

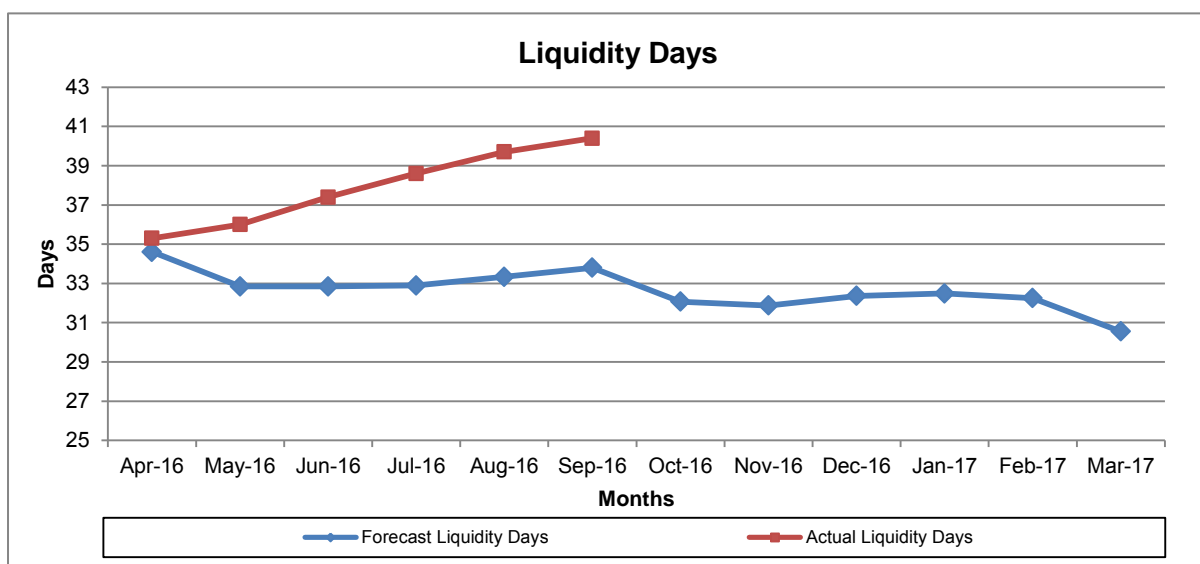
Working Capital ratios for period to 30 September 2016 are:

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



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

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





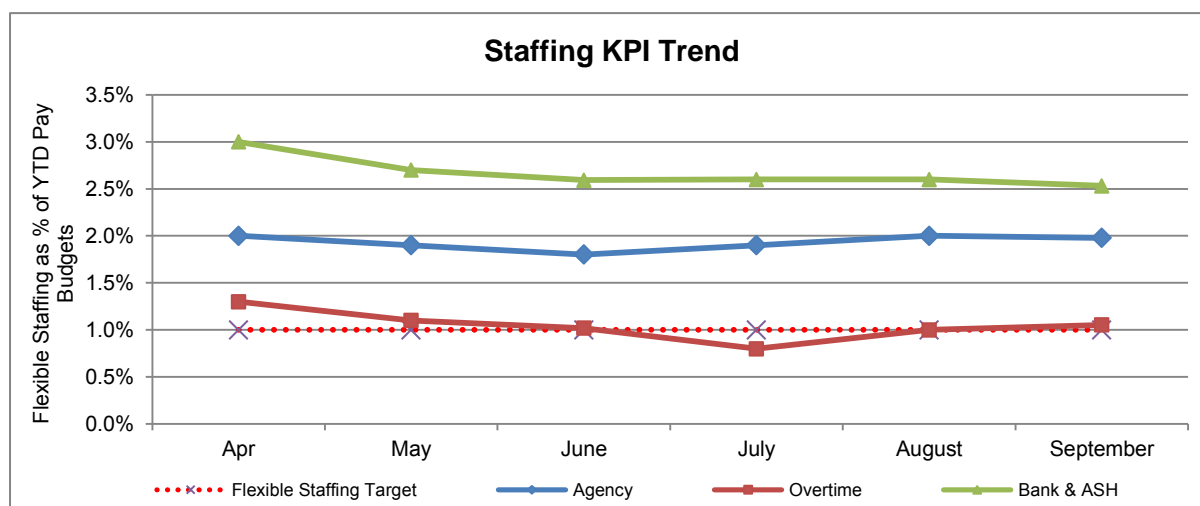
### 3.5 Financial Drivers

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

Tolerance	Apr	May	Jun	Jul	Aug	Sept
Agency (1%)	2.0%	1.9%	1.8%	1.9%	2.0%	2.0%
Overtime (1%)	1.3%	1.1%	1.0%	0.8%	1.0%	1.1%
Bank & ASH (flexed against establishment)	3.0%	2.7%	2.6%	2.6%	2.6%	2.5%
Establishment (90%-95%)	94.5%	93.9%	93.8%	94.5%	94.6%	94.3%
<b>Total</b>	<b>100.8%</b>	<b>99.6%</b>	<b>99.2%</b>	<b>99.8%</b>	<b>100.2%</b>	<b>99.9%</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 September 2016 the tolerance for Bank and ASH is 3.7% of pay budgets.

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



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

### 3.6 Risk Ratings and Indicators

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

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





- 3.6.3 Capital service capacity rating assesses the level of operating surplus generated, to ensure a Trust is able to cover all debt repayments due in the reporting period. The Trust has a capital service capacity of 1.97x (can cover debt payments due 1.97 times), which is ahead of plan and rated as a 3.
- 3.6.4 The liquidity metric assesses the number of days operating expenditure held in working capital (current assets less current liabilities). The Trust liquidity metric is 40.4 days, this is ahead of with plan and is rated as a 4.
- 3.6.5 The income and expenditure (I&E) margin assesses the level of surplus or deficit against turnover, excluding exceptional items e.g. impairments. The Trust has an I&E margin of 4.8% and is rated as a 4.
- 3.6.6 The variance from plan assesses the level of surplus or deficit against plan, excluding exceptional items e.g. impairments. The Trust surplus is 0.6% ahead of plan and is rated as a 4.


The margins on Financial Sustainability Risk Rating are as follows:

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

### **Financial Sustainability Risk Rating at 30 September 2016**

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

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

<b>Overall Financial Sustainability Risk Rating</b>	<b>4.00</b>	<b>4.00</b>	
---	-------------	-------------	---

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

- 
- 3.6.8 1.8% of total payables invoices (£200k) held for payment are over 90 days past their due date. This is below the 5% finance risk tolerance.
- 3.6.9 The cash balance at 30 September 2016 is £54,121k and represents 65.8 days of annualised operating expenses.
- 3.6.10 The Trust does not anticipate the Financial Sustainability Risk Rating will be less than 3 in the next 12 months.
- 3.6.11 Due to the move to the Single Oversight Framework from 01 October 2016, NHS Improvement is not collecting a governance return for quarter 2.

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

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

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

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

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

- 6.1 The comprehensive income outturn for the period ending 30 September 2016 is a surplus of £7,908k, representing 4.8% of the Trust's turnover. The Trust is ahead of plan by £1,054k largely due to vacancies and staff turnover with ongoing recruitment.
- 6.2 Total CRES identified at 30 September 2016 is £6,617k and is in line with plan. The Trust continues to progress schemes to deliver CRES for future years.
- 6.3 The Financial Sustainability Risk Rating for the Trust is a 4 for the period ending 30 September 2016 which is in line with plan.

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

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

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

## FOR GENERAL RELEASE

## BOARD OF DIRECTORS

<b>DATE:</b>	27 <sup>th</sup> October 2016
<b>TITLE:</b>	Board Dashboard as at 30 <sup>th</sup> September 2016
<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 30<sup>th</sup> September 2016 (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 September 2016, 6 (32%) of the indicators reported are not achieving the expected levels and are red, which is an improvement on the August figure of 9 (43%). Of those red indicators, 3 are showing an improving trend over the previous 3 month period. There are a further 6 indicators which whilst not completely achieving the target levels are within the amber tolerance levels.

Whilst not included in the Trust Dashboard the Corporate Performance Department continue to monitor the indicators within Monitor's Risk Assessment Framework and as at the end September all the targets for these indicators were being achieved.

The key issues/risks are:

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

- %age sickness absence rate

**Recommendations:**

It is recommended that the Board consider the content of this paper and raise any areas of concern/query.

<b>MEETING OF:</b>	<b>Board of Directors</b>
<b>DATE:</b>	<b>25<sup>th</sup> October 2016</b>
<b>TITLE:</b>	<b>Board Dashboard as at 30<sup>th</sup> September 2016</b>

**1. INTRODUCTION & PURPOSE:**

1.1 To present to the Board the Trust Dashboard as at 30<sup>th</sup> September 2016 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 September 2016, 6 (32%) of the indicators are not achieving the expected levels and are red, which is an improvement on the August figure of 9 (43%). Of those red indicators 3 are showing an improving trend. There are a further 6 indicators which whilst not completely achieving the target levels are within the amber tolerance level.
- The amendments to the targets for KPIs 14 and 15 agreed by the Board at its September meeting have been actioned within the report and as reported in September KPI 8 %age of cancelled appointments continues to only report those which were due to be held in a 'clinic'.
- The Data Quality Scorecard is included in Appendix B.
- Appendix C includes the breakdown of the unexpected deaths actual.

2.2 The key risks are as follows:

- Bed Occupancy (KPI 3) – The actual performance is worse than the target by 10.08 percentage points which is a further deterioration when compared to the position in August. Whilst all localities are failing to achieve the target level North Yorkshire is a particular outlier this month and is undertaking a deep dive of the position which will be reported to the Quality Assurance Group (QuAG) in November. The opening of Peppermill Court on 3<sup>rd</sup> October should have a positive impact on the bed occupancy level although the increasing difficulty in discharging patients due to lack of appropriate placements will continue to impact on delivery of the target set.
- External Waiting Times (KPI 7) – the Trust has not achieved the 90% target it set itself for the number of people seen within 4 weeks in September and performance has declined for the first time since July. Performance in September, however, continues to be higher than the same period in 2015 and 2014. It should be noted that Teesside and

Forensic Services are achieving the target at 97.11% and 99.73% respectively. The main area of concern continues to be Children and Young Peoples services, and the locality action plans continue to be implemented. These are impacting on the number of children still waiting over 4 weeks which reduced by 110 in September, with reductions across all localities.

- Out of Locality Admissions (OoL) (KPI 9). The performance against this indicator showed a significant deterioration in September and continues to be worse than target. Furthermore the September position saw a reversing of the trend of improvement that had taken place since May. North Yorkshire is significantly worse than target and this links to the high occupancy levels reported in KPI 3. It is anticipated that the opening of Peppermill Court and the 'reboot' of the Purposeful Inpatient Admissions processes should have a positive impact on performance.
- %age of registered healthcare professional jobs advertised 2 or more times (KPI 15) – Whilst the performance continues to be worse than target there was an improvement in the position in the month of September. Furthermore the overall trend line for this indicator is one of an improvement. Work continues, via the Workforce Development Group, to improve the performance further and requests to appoint to fixed term clinical posts continue to be challenged.
- Appraisal (KPI 16) – Whilst the Trust is not achieving the target of 95% as at the end September the trend continues to be one of improvement. The position in September 2016 is considerably better than that in September of the two previous years. The user testing of the additional HR reports on the IIC has now concluded and it is expected that the additional reports will be made available to the wider Trust via IIC by the end October.
- %age Sickness Rate (KPI18) – The position regarding this indicator is being included as a key risk for the first time in this report. The performance in September was worse than the target by 0.41 percentage points and is the highest rate of sickness this year and considerable higher than September 2015. The sickness rate has been consistently higher in 2016 year when compared to 2015 hence the rationale for including this as a key issue at this stage. There has been a 10% increase in the amount of short terms sickness in September 2016 compared to that in September 2015 (excluding York and Selby) and further analysis is being undertaken to understand this more. In addition increased input is being provided by HR to help support and manage those staff with more than 5 episodes of short term absence.

### **3. RECOMMENDATIONS:**

- 3.1 It is recommended that the Board consider the content of this paper and raise any areas of concern/query.



















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

**Background Papers:**


















# Trust Dashboard Summary for TRUST

## Activity
















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

## Quality

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

# Trust Dashboard Summary for TRUST

## Workforce

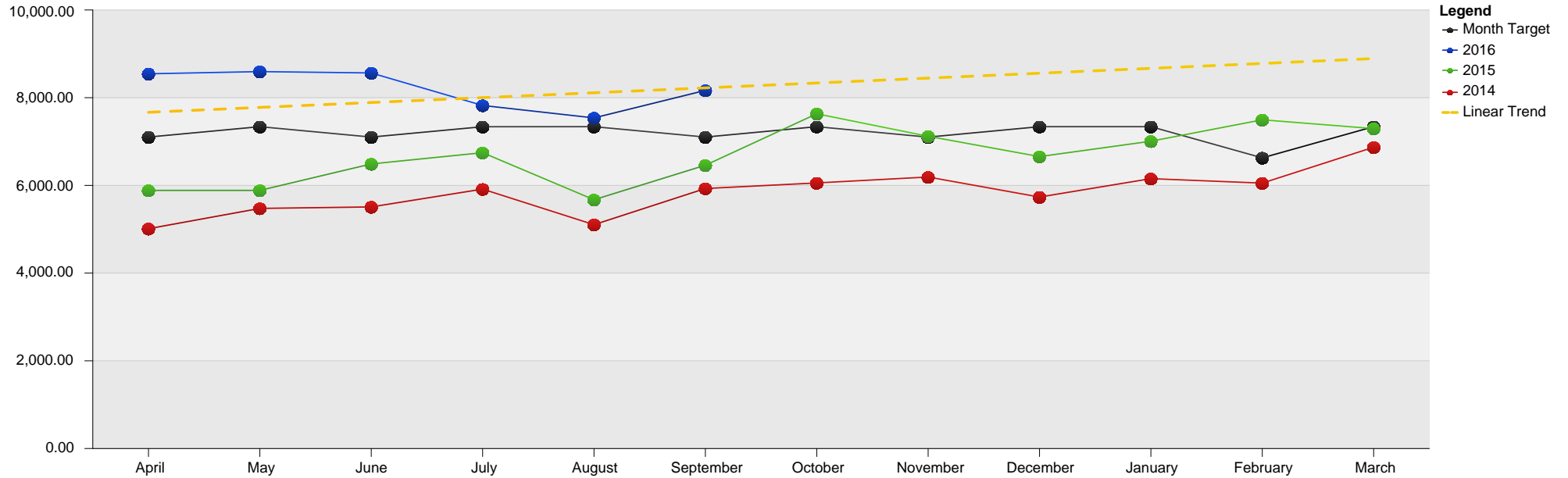
	September 2016				April 2016 To September 2016			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
14) Actual number of workforce in month (Establishment 91 - FEE%)	100.00	94.30%			100.00%	94.30%		100.00%
15) Percentage of registered healthcare professional jobs that are advertised two or more times	15.00%	16.95%			15.00%	17.57%		15.00%
16) Percentage of staff in post more than 12 months with a current appraisal (snapshot)	95.00%	90.22%			95.00%	90.22%		95.00%
17) Percentage compliance with mandatory and statutory training (snapshot)	95.00%	88.53%			95.00%	88.53%		95.00%
18) Percentage Sickness Absence Rate (month behind)	4.50%	4.91%			4.50%	4.78%		4.50%

## Money

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

# Trust Dashboard Graphs for TRUST

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



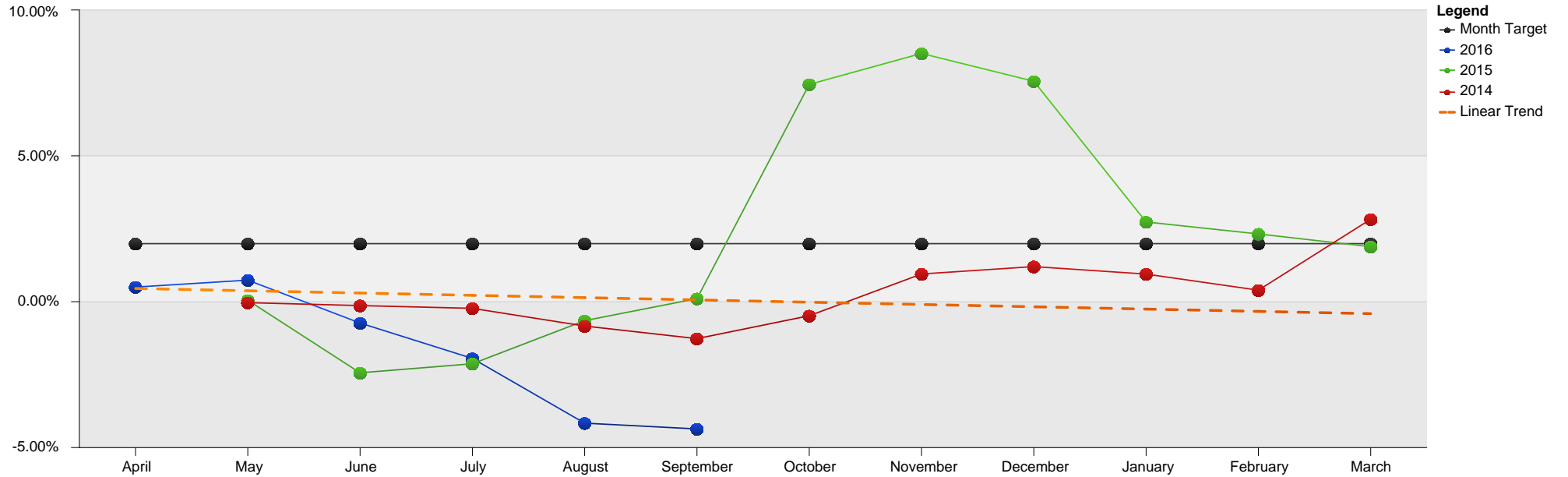
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
1) Total number of External Referrals into Trust Services	8,166.00	49,232.00	1,970.00	11,813.00	2,022.00	11,585.00	2,046.00	11,968.00	530.00	3,712.00	1,597.00	10,141.00

### Narrative

The Trust position for September 2016 is 8166 which is 1064 above the Trust target of 7102 and an increase compared to that reported in August. Historically an increase is seen in September following the reduction in August, as demonstrated in the graphs. The Trust position for the financial year to date is 49,232 which is 5910 above target. Data including the York and Selby locality only started to be collected from April 2016. If comparing the remaining 4 localities, the position is 6549 which is higher compared to the same period last year of 6311. Based on the increasing trend reported it is anticipated that we will exceed the annual target of 86,407 referrals by more than 10%.

# Trust Dashboard Graphs for TRUST

## 2) Caseload Turnover



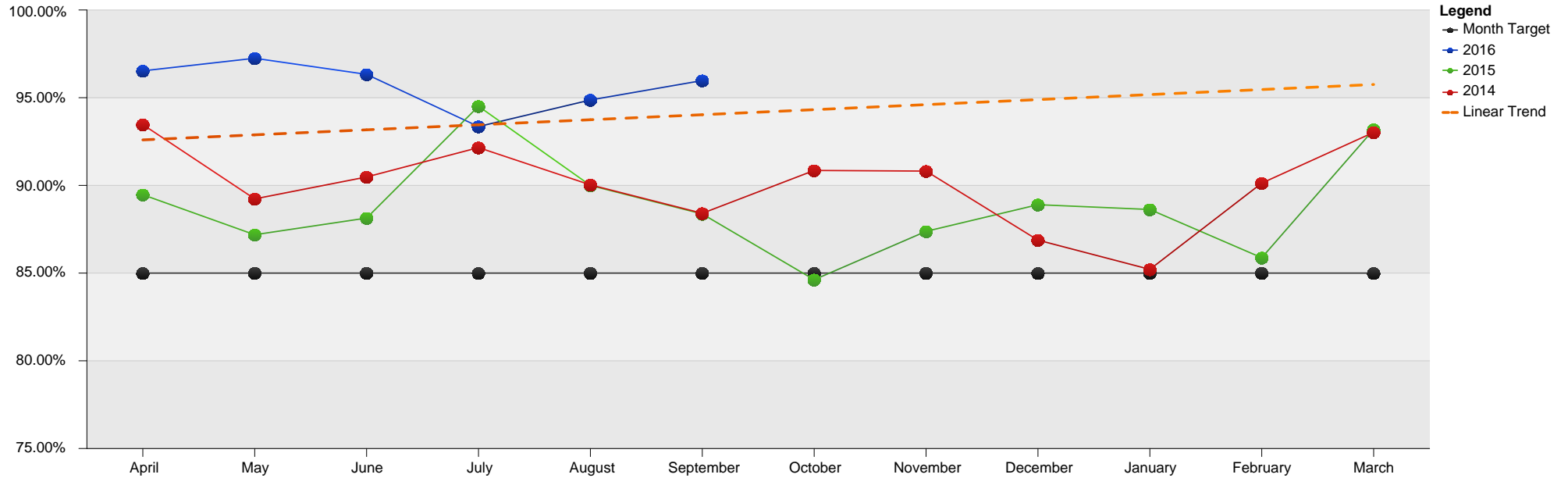
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
2) Caseload Turnover	-4.36%	-4.36%	-7.81%	-7.81%	-1.55%	-1.55%	-3.64%	-3.64%	NA	NA	-2.30%	-2.30%

### Narrative

The Trust position for Caseload Turnover is -4.36% which is within target. All localities are achieving the target. Based on the current trend it is likely we will achieve the annual target of 1.99%

# Trust Dashboard Graphs for TRUST

## 3) Percentage of bed occupancy



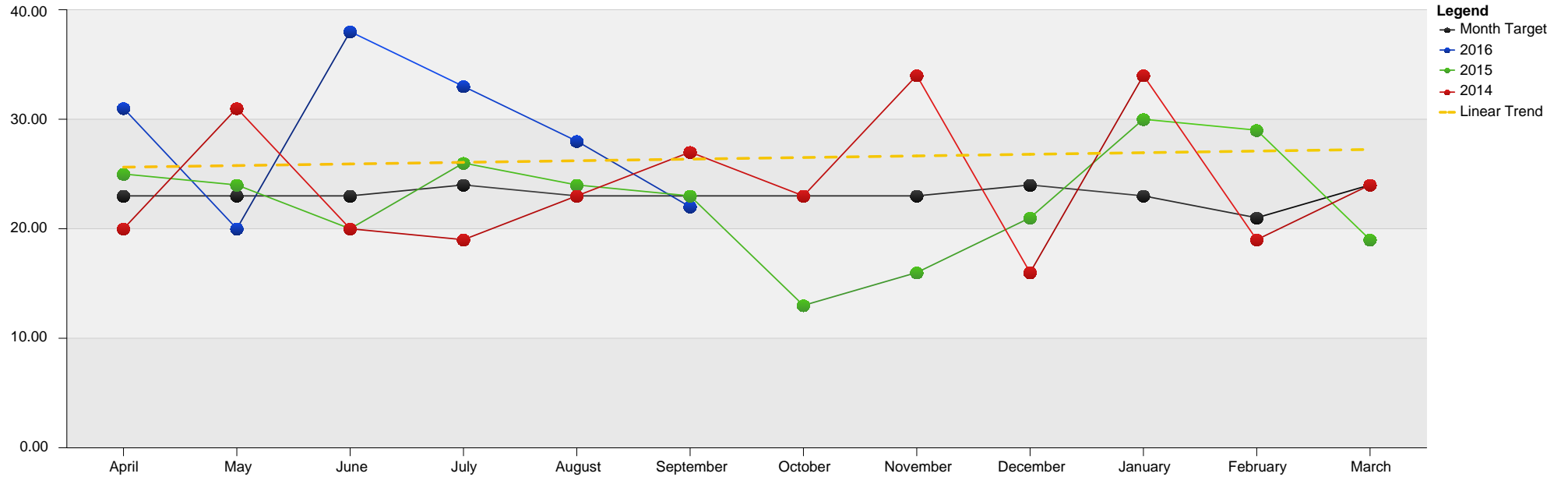
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
3) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	95.98%	95.71%	95.30%	91.59%	95.16%	98.29%	100.13%	97.88%	NA	NA	90.72%	95.55%

### Narrative

The Trust position for September is 95.98% which is 10.98% over the Trust target of 85% and a deterioration on the August position. When compared to September 2015, the current position is also a deterioration. All localities are over target. The Trust position for the financial year to date is 95.71%, which is 10.71% above target. A key factor contributing to this high level of occupancy is linked to the placement of York Adult Mental Health patients requiring inpatient care into beds in other localities within the Trust. It is expected that when the Adult Mental Health beds re opened at Peppermill in York on 3rd October, the levels of occupancy will move closer to the target set.

# 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)



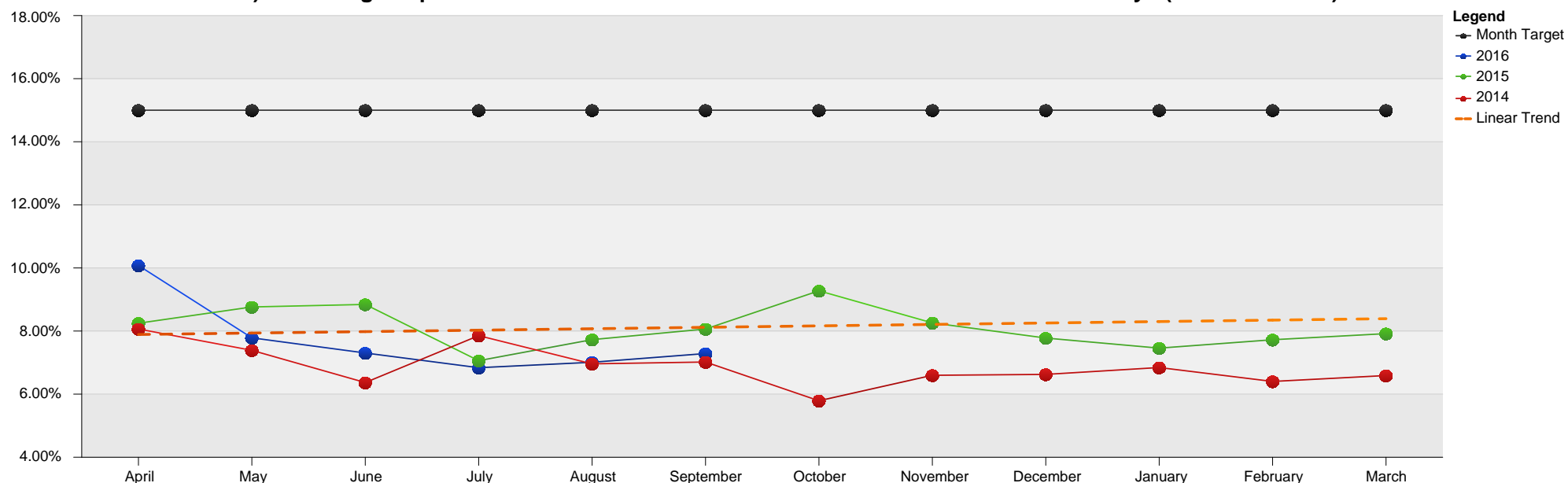
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
4) Number of patients with a length of stay (admission to discharge) of greater than 90 days (A&T wards)	22.00	172.00	4.00	43.00	4.00	46.00	6.00	42.00	NA	NA	6.00	33.00

### Narrative

The Trust position for September 2016 is 22 which is better than the Trust target of 23 and an improvement on August's position. The lengths of stay ranged from 91-350 days. The Trust position for the financial year to date is 172 which is worse than the target of 139. Of the 22 admissions with a LoS greater than 90 days: 4 (18.18%) were within Durham & Darlington (4 MHSOP) • 4 (18.18%) were within Teesside (1 AMH and 3 MHSOP) • 6 (27.27%) were within North Yorkshire (2 AMH and 4 MHSOP) • 2 (9%) were from Unknown CCGs (1 AMH and 1 MHSOP). 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. The recent 'reboot' of the PIPA process in AMH should help to reduce the number of patients within AMH with a length of stay > 90 days. Based on the current trend it is unlikely we will achieve the annual target of 277.

# Trust Dashboard Graphs for TRUST

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



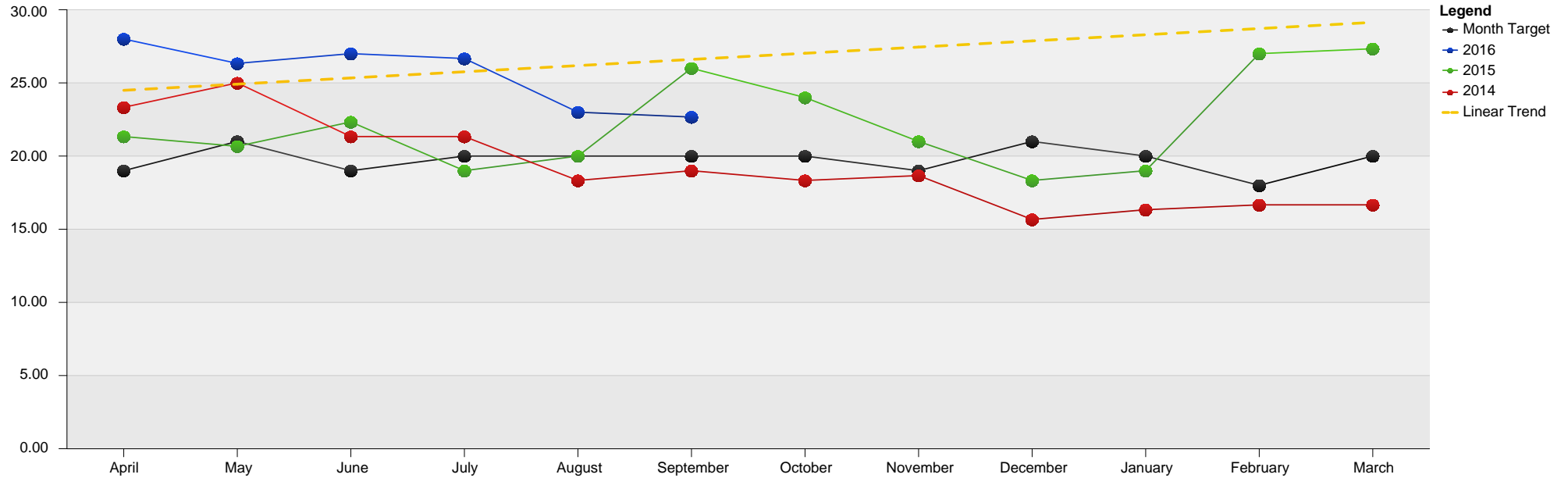
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
5) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP) Rolling 3 months	7.29%	7.43%	6.14%	6.12%	9.95%	7.89%	6.29%	7.40%	NA	NA	5.26%	11.00%

### Narrative

The Trust rolling 3 month position ending September 2016 is 7.29%, which relates to 15.66 patients out of 215 that were readmitted within 30 days. This is better than the target of 15% but a slight deterioration on the position reported in August 2016. Of the 15.66 patients: • 4.66 (31.08%) were within Durham & Darlington (AMH) • 6.66 (44.42%) were within Teesside (5.99 AMH and 0.66 MHSOP) • 3.33 (22.21%) were within North Yorkshire (2.66 AMH and 0.66 MHSOP) • 0.99 (6.06%) were within York & Selby (0.66 AMH and 0.33 MHSOP) (\*Please note data is displayed in decimal points due to the rolling position being calculated.) Based on the improvement in performance reported earlier in the year and in September, it can be expected that we will achieve the annual target of 15.00%.

# 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	22.67	153.67	9.33	59.00	5.33	40.33	4.67	40.00	NA	NA	3.33	14.33

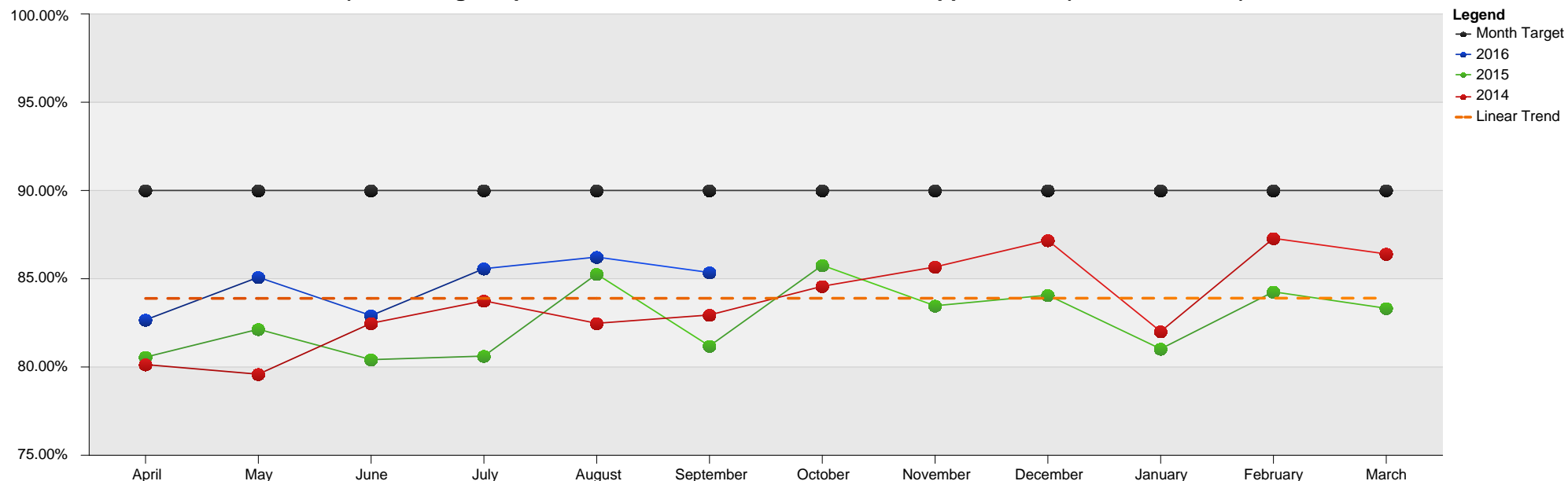
**Narrative**

The Trust rolling 3 month position ending September 2016 is 22.67, which is 2.67 worse than the target of 20 but the same as the position reported in August. The Trust position for the financial year to date is 153.67, which is worse than the target of 119. Of the 22.67 instances 9.33 (23.51%) were within Durham & Darlington (AMH) 5.33 (23.51%) were within Teesside (4.66 AMH and 0.66 MHSOP) 4.66 (20.55%) were within North Yorkshire (AMH) 3.33 (14.68%) were within York and Selby (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. Based on current and passed performance it is unlikely we will achieve the annual target of 237.



# Trust Dashboard Graphs for TRUST

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



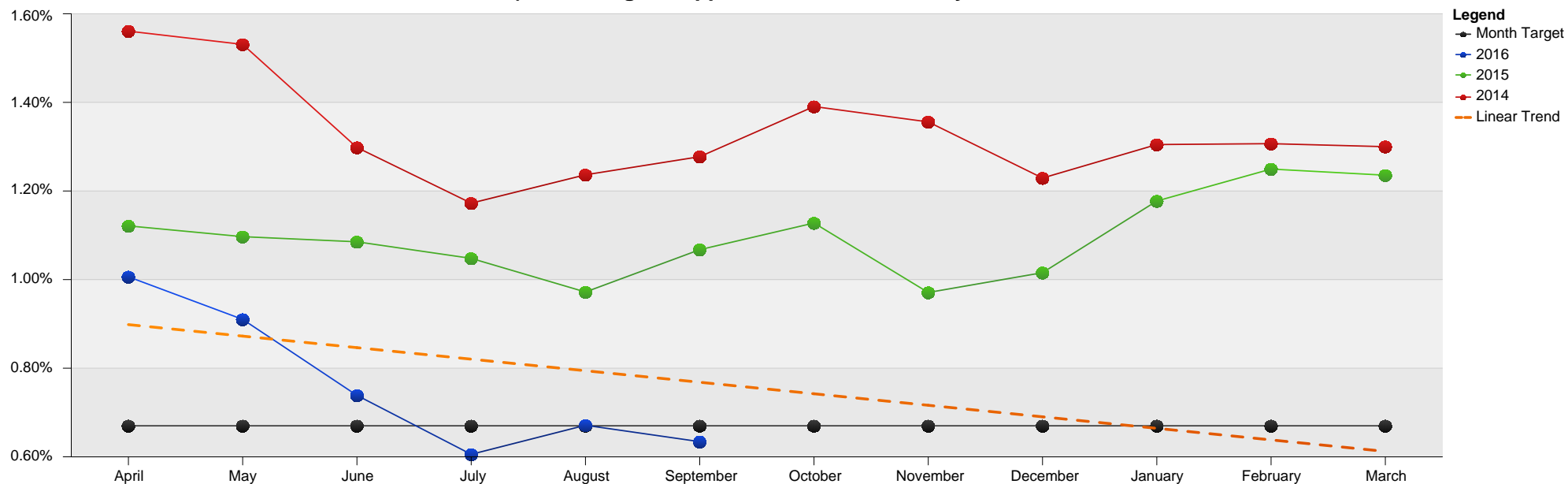
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
7) Percentage of patients who were seen within 4 weeks for a first appointment following an external referral.	85.35%	84.63%	85.31%	78.84%	97.11%	96.08%	74.20%	76.27%	99.73%	99.53%	60.18%	68.72%

### Narrative

The position for September 2016 is 85.35%, relating to 644 patients out of 4397 who had waited longer than 4 weeks. This is 4.65% worse than target and a deterioration on the position reported in August. The position for financial year to date is 84.63%, which is 5.37% worse than target. Areas of concern are: • Durham & Darlington CYP at 79.81% (170 of 213 patients), this is a 2.77% improvement on August 2016. The action plan is progressing and there has been a further improvement with the number still waiting over 4 weeks at the end September being 17 compared to 51 at end of August. Staff vacancies and sickness continue to impact. • North Yorkshire CYP at 58.82% (50 of 85 patients), this is a 8.14% improvement on August 2016. An action plan is now in place with focused work on capacity and demand analysis and actions to address staff vacancies and sickness. • York & Selby CYP at 24.72% (22 of 89 patients) this is a 1.11% improvement on August 2016. An action plan is progressing and there has been an improvement during the year with the number still waiting over 4 weeks at the end September being 115 compared to 251 at end of April 2016. Based on current performance there is a significant risk that we will not achieve the annual target of 90%, however if the current level continues we could report the best annual position in the past 3 years.

# Trust Dashboard Graphs for TRUST

## 8) Percentage of appointments cancelled by the Trust



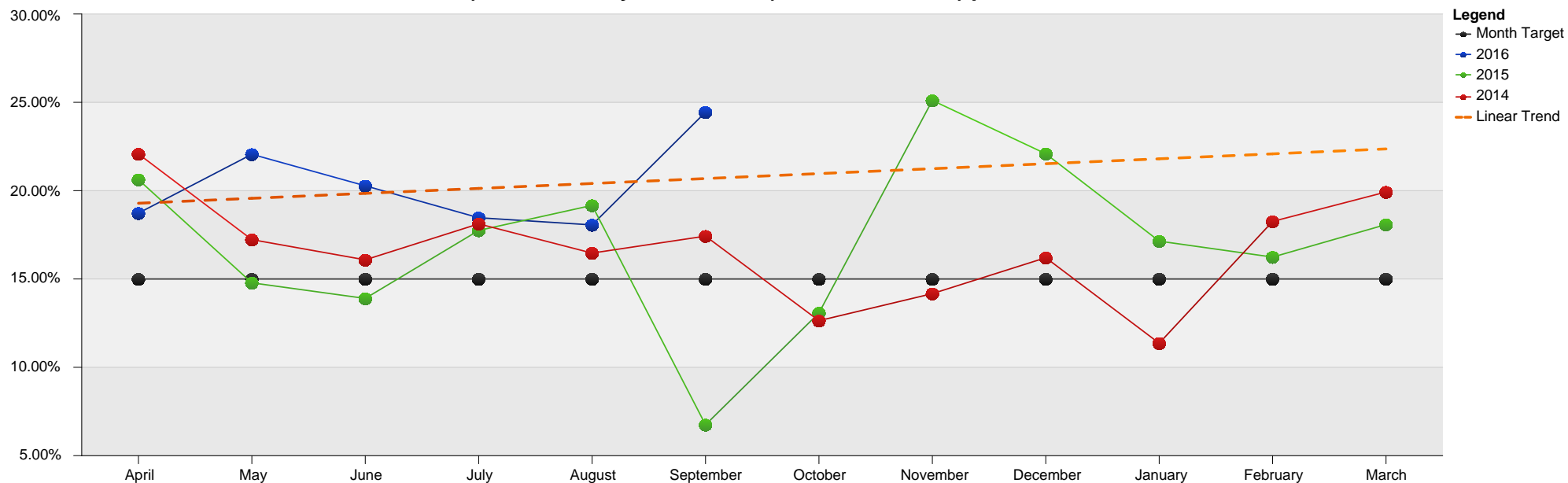
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
8) Percentage of appointments cancelled by the Trust	0.63%	0.76%	0.80%	0.96%	0.47%	0.58%	0.83%	0.97%	0.09%	0.13%	0.32%	0.45%

### Narrative

Note: At the Board meeting on 27th September 2016, a decision was made to continue to report this indicator although it does only represent approximately 10% of service activity as it is purely the "clinic" appointments that are being counted. The Trust position for September 2016 is 0.63%, which relates to 558 appointments out of 87,984 that have been cancelled. This is 0.04% better than the target but a slight improvement on the position reported in August. The Trust position for the financial year to date is 0.76%, which is 0.09% worse than the target. Only Durham & Darlington and North Yorkshire are worse than target. Based on current performance it is possible that we could achieve the annual target of 0.67% if improvements continue.

# Trust Dashboard Graphs for TRUST

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



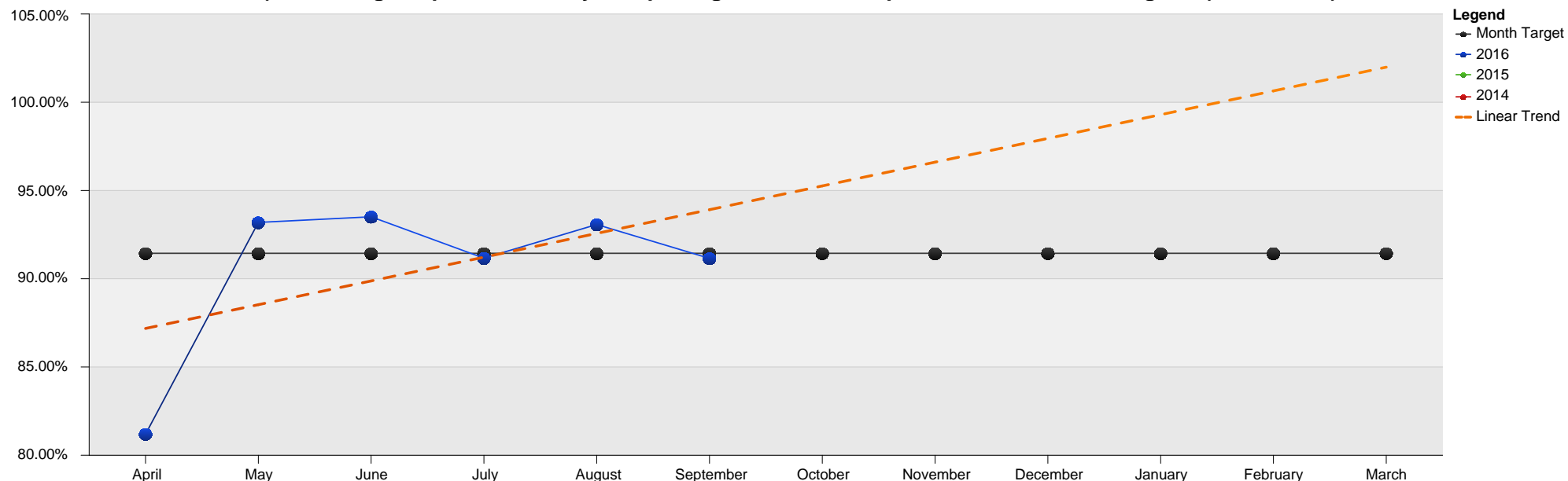
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
9) The percentage of Out of Locality Admissions to assessment and treatment wards (AMH and MHSOP) - post-validated	24.44%	20.27%	26.17%	19.65%	14.67%	16.33%	43.40%	33.43%	NA	NA	11.43%	10.22%

### Narrative

The Trust position for September 2016 is 24.44%, which relates to 66 admissions out of 270 that were admitted to assessment and treatment wards out of locality. This is 9.44% worse than the target of 15%, a reversing of the reducing position since May and a significant deterioration on the position reported in August. The Trust position for the financial year to date is 20.27%, which is 5.27% worse than the target. Only York and Selby (11.43%) and Tees (14.67%) are better than target. Of the 66 patients (AMH 40, MHSOP 26) admitted to an 'out of locality' bed, all were due to no beds being available at their local hospital. The high occupancy rates described in KPI 3 continues to impact on this indicator. Data including the York and Selby locality only started to be collected from April 2016. If comparing the remaining 4 localities, the position is 26.38% which is a deterioration of 19.15% compared to September 2015. Based on past performance there is a significant risk that we will not achieve the annual target of 15.00%.

# Trust Dashboard Graphs for TRUST

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



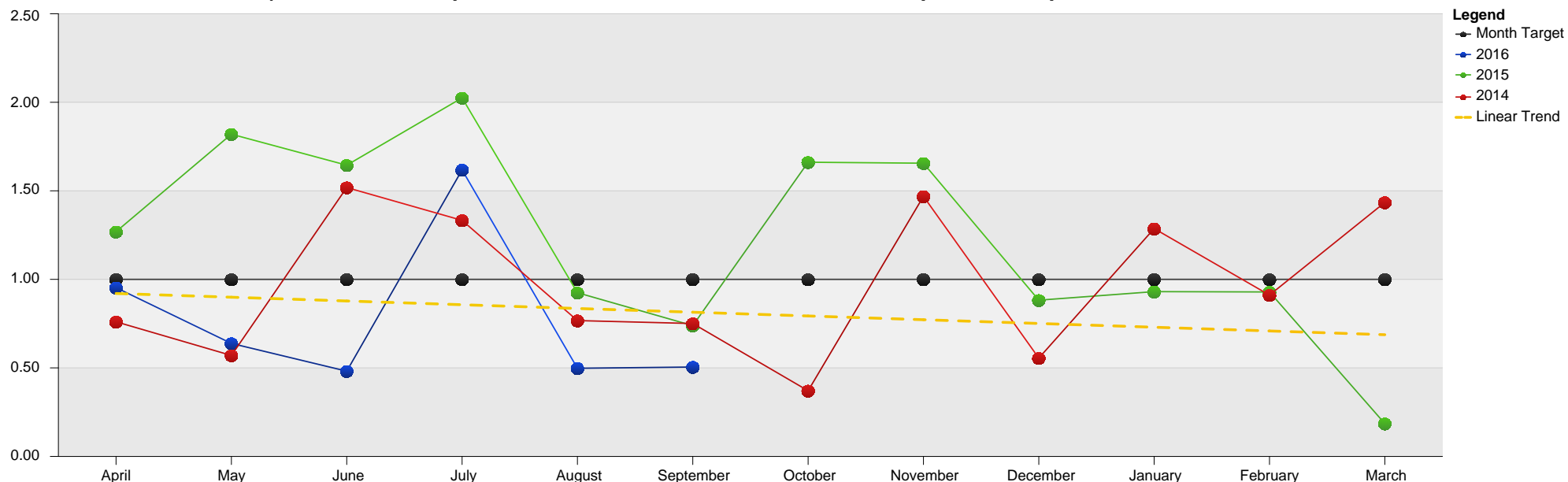
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
10) Percentage of patients surveyed reporting their overall experience as excellent or good (mth behind)	91.15%	91.86%	93.78%	94.22%	91.29%	92.64%	92.90%	92.04%	76.84%	78.90%	84.21%	88.52%

**Narrative**

The Trust position reported in September relates to August performance. The Trust position for August 2016 is 91.15% which is 0.29% better than the target of 91.44% but a deterioration on the position reported for August. The Trust position for the financial year to date is 91.86%, which is 0.42% better than the target. 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. If performance continues at the overall levels achieved, it can be expected that we will achieve the annual target of 91.44%.

# Trust Dashboard Graphs for TRUST

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



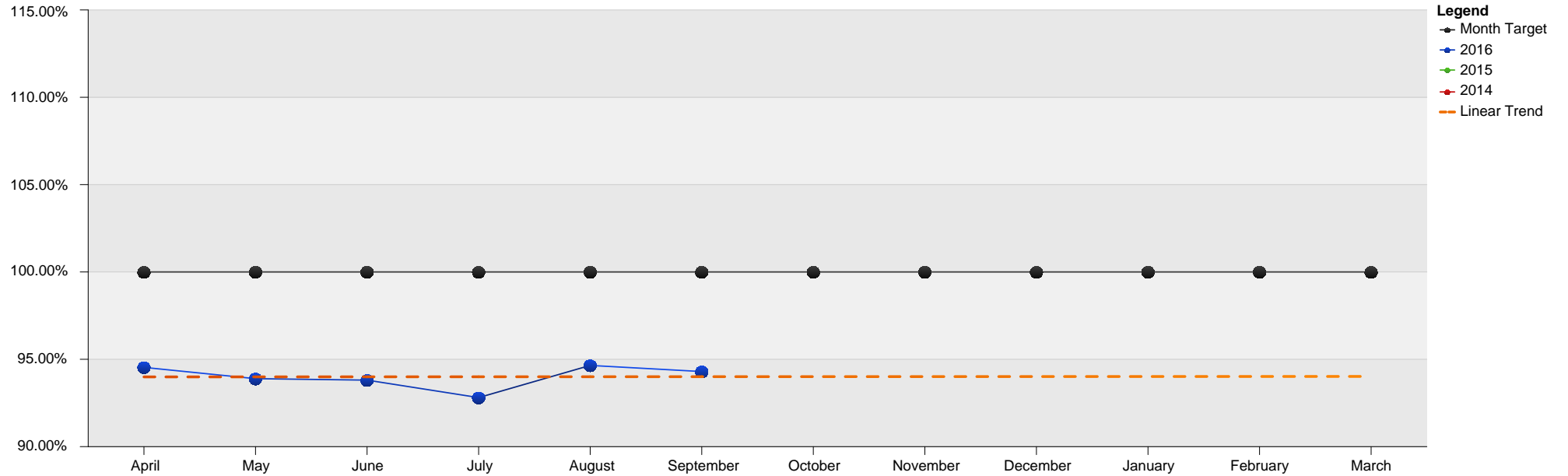
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
11) Number of unexpected deaths classed as a serious incident per 10,000 open cases - Post Validated	0.50	4.71	0.00	3.38	0.00	3.70	1.79	7.79	0.00	0.00	1.09	6.41

**Narrative**

The Trust position for 2016 is 0.50, which is 0.50 better than the target of 1.00. This rate relates to 3 unexpected deaths. The Trust position for the financial year to date is 4.71 which is 1.29 better than the target. Of the 3 unexpected deaths: 2 were in North Yorkshire (AMH) 1 was in York and Selby (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 September 2015 was 4 and therefore the figure of 3 across the Trust area in 2016 is lower. Based on past and current performance, it can be anticipated that we will achieve the annual target of 12.00.

# Trust Dashboard Graphs for TRUST

14) Actual number of workforce in month (Establishment 9) %-%\$\$%



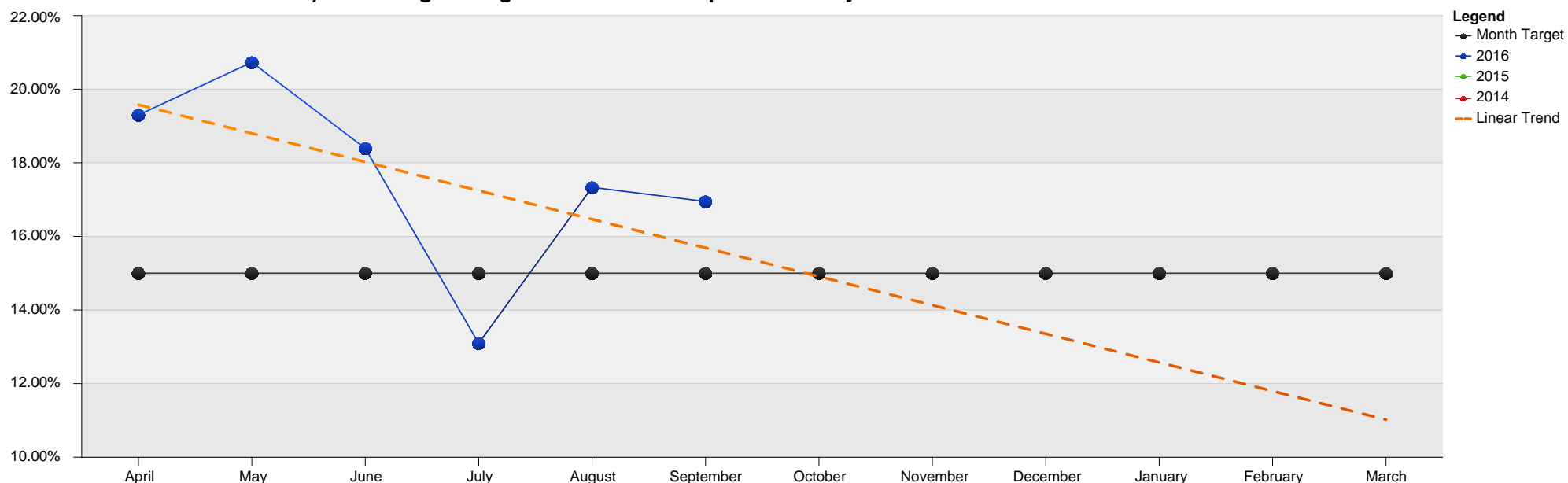
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
14) Actual number of workforce in month (Establishment 90%-95%)	94.30%	94.30%	95.50%	95.50%	97.86%	97.86%	94.26%	94.26%	94.19%	94.19%	89.48%	89.48%

Narrative

Note: At the Board meeting on 27th September 2016, it was agreed that the target for this indicator would be amended to 95-100% (Green), 90-95% or 100-102% (amber) and <90% and >102% (red). The Trust position for September 2016 is 94.30% which is below the establishment level of 95-100%, and a similar level to that reported in August. 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. Based on the performance so far during 2016/17, it can be expected that we will achieve the annual target.

# Trust Dashboard Graphs for TRUST

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



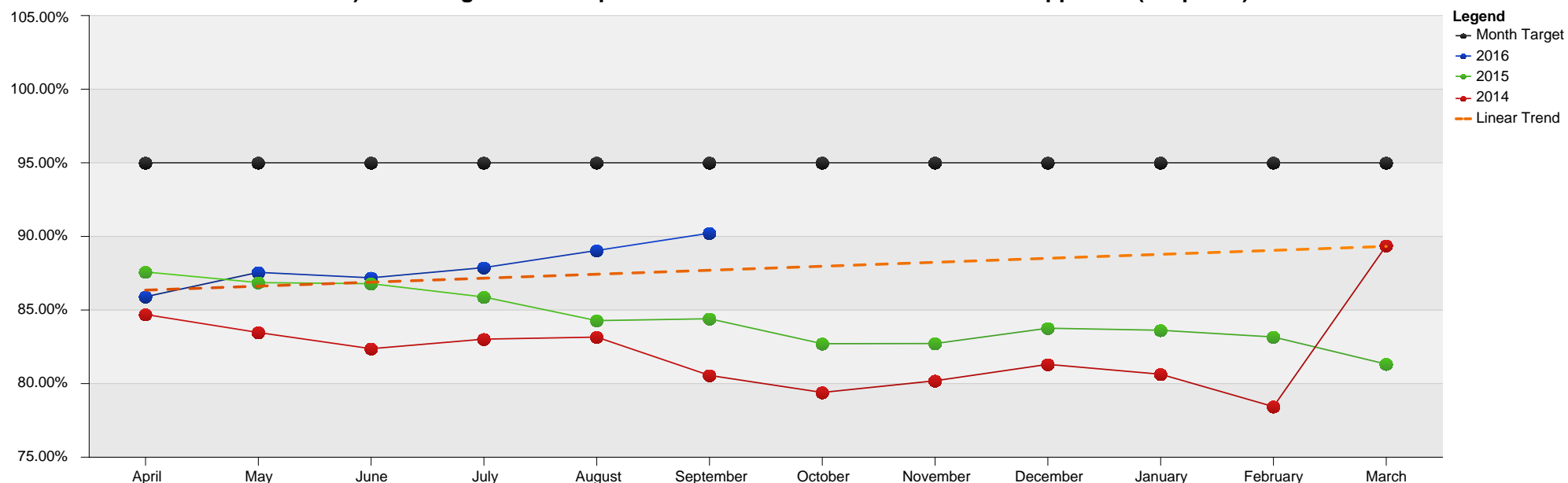
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
15) Percentage of registered healthcare professional jobs that are advertised two or more times	16.95%	17.57%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

### Narrative

Note: At the Board meeting on 27th September 2016, it was agreed that the target for this indicator would be amended to 15%. The Trust position for September 2016 is 16.95%, which is a slight decrease on the figure of 17.33% previously reported but remains worse than target of 15.00%. The Trust position for the financial year to date is 17.57%, which is 2.57% worse than the target. There were 7 jobs re-advertised in September for registered healthcare professional jobs. Two of the posts were fixed term/secondment opportunities, one to cover a current secondment and one to fill a Psychology post. The posts were primarily for a range of registered nurse vacancies across a number of specialities and bands throughout the Trust. Data only started to be reported in this dashboard from April 2016; therefore no comparative data for 2015/16 is available. Based on quarter 1 performance there is a significant risk that we will not achieve the annual target of 15.00%.

# 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)	90.22%	90.22%	88.67%	88.67%	94.11%	94.11%	85.56%	85.56%	93.06%	93.06%	80.00%	80.00%

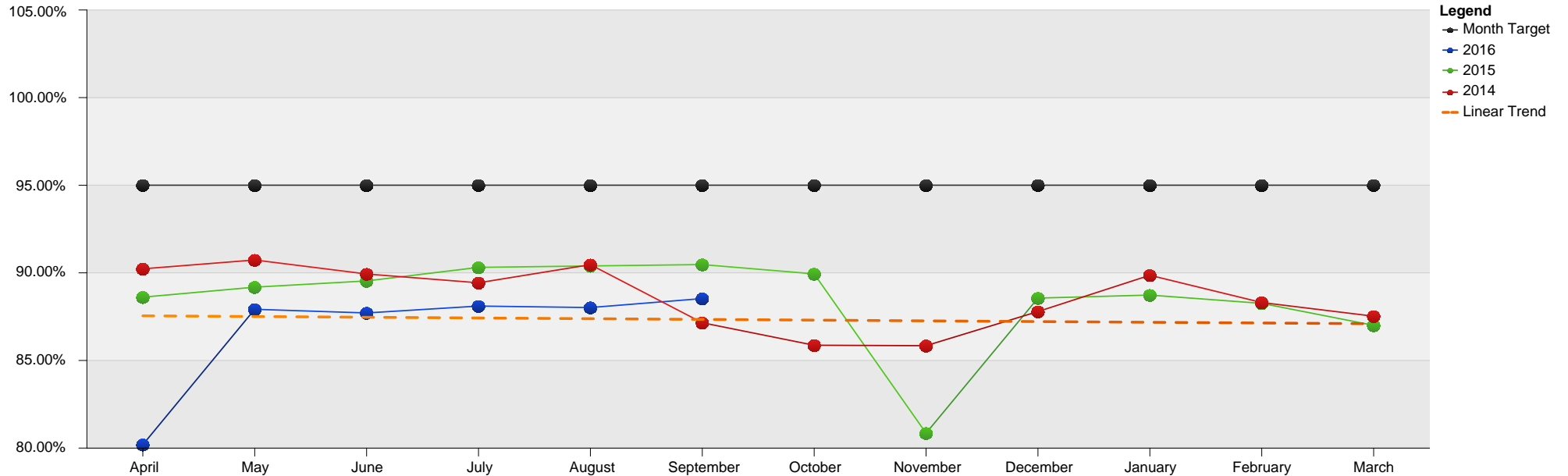
**Narrative**

The Trust position for September 2016 is 90.22% which relates to 500 members of staff out of 5163 that do not have a current appraisal, this is the highest position since March 2015. This is 4.78% below target of 95% but a continuing improvement on the position in previous months. A number of localities now have regular operational management huddles which include discussions on appraisal compliance levels, this has had a positive impact on performance levels being achieved. User testing of the development work to enhance HR related information has concluded and it is hoped this will be available to managers by end of October. The enhancement will highlight to managers staff showing as non-compliant and those due to be appraised within the following three months. Managers are able to access compliance reports through the IIC to monitor performance against the target of 95% and this is reviewed at the Performance Improvement Group, where Directors of Operations provide details of actions being taken to improve compliance. Based on past performance and September's performance there is a reducing risk that we may not achieve the annual target of 95%.



# Trust Dashboard Graphs for TRUST

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



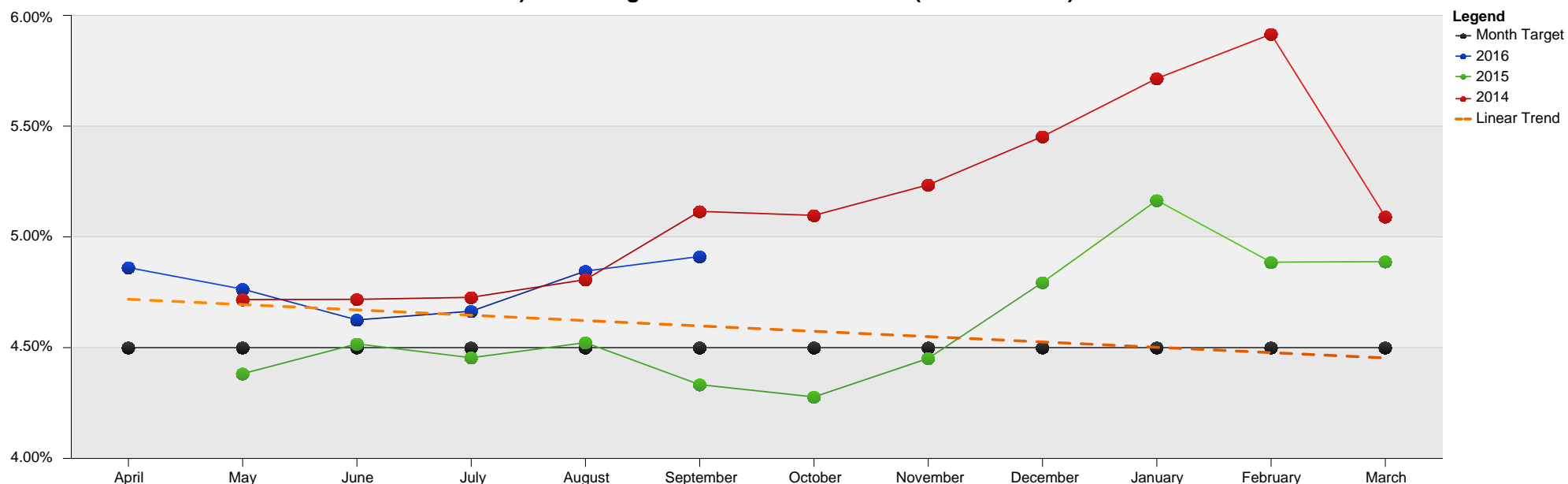
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
17) Percentage compliance with mandatory and statutory training (snapshot)	88.53%	88.53%	90.02%	90.02%	92.16%	92.16%	87.19%	87.19%	91.54%	91.54%	66.48%	66.48%

### Narrative

The position for September 2016 is 88.53%. This is 6.47% lower than the target of 95% and is comparable with the position reported in August. The compliance rate has remained fairly static for a number of months. The work described in KP116 regarding the additional HR reports will also cover mandatory training. Based on past performance and September's performance, there is a risk that we may not achieve the annual target of 95%.

# Trust Dashboard Graphs for TRUST

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



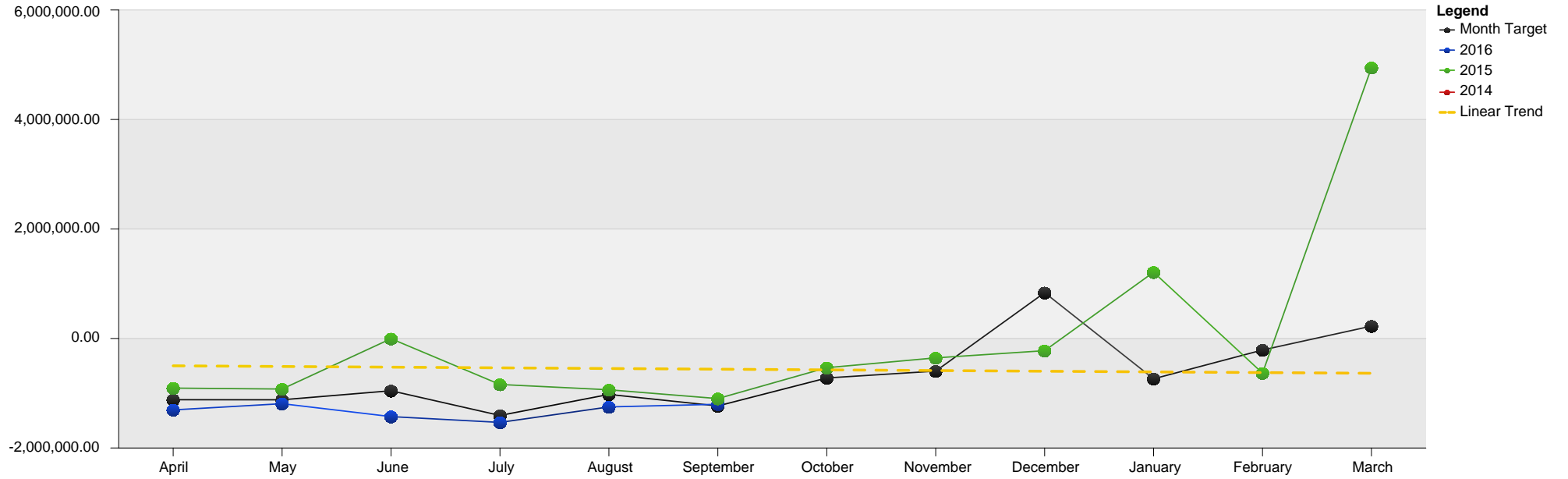
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
18) Percentage Sickness Absence Rate (month behind)	4.91%	4.78%	5.18%	5.11%	5.57%	5.33%	3.95%	4.49%	5.85%	5.25%	5.68%	4.94%

### Narrative

The Trust position reported in September relates to the August sickness level. The Trust position reported in September 2016 is 4.91%, which is 0.41% worse than the target of 4.50%. This figure also represents a continuing deteriorating position reported in August. The Trust position for the financial year to date is 4.78%, which is 0.28% worse than target. The figure reported is higher than the sickness rate recorded for the same period last year. The number of short term episodes of absence has increased by 10% in comparison with the same period 2015. The 10% increase excludes the absence figures for York and Selby. Further analysis is being undertaken to understand the increase in episodes and days lost. The Operational HR team have introduced a more focussed approach to support line managers to manage staff experiencing 5 or more episodes of short term absence. 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 one 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). Based on past performance and September's performance there is a risk that we will not achieve the annual target of 4.50%.

# Trust Dashboard Graphs for TRUST

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



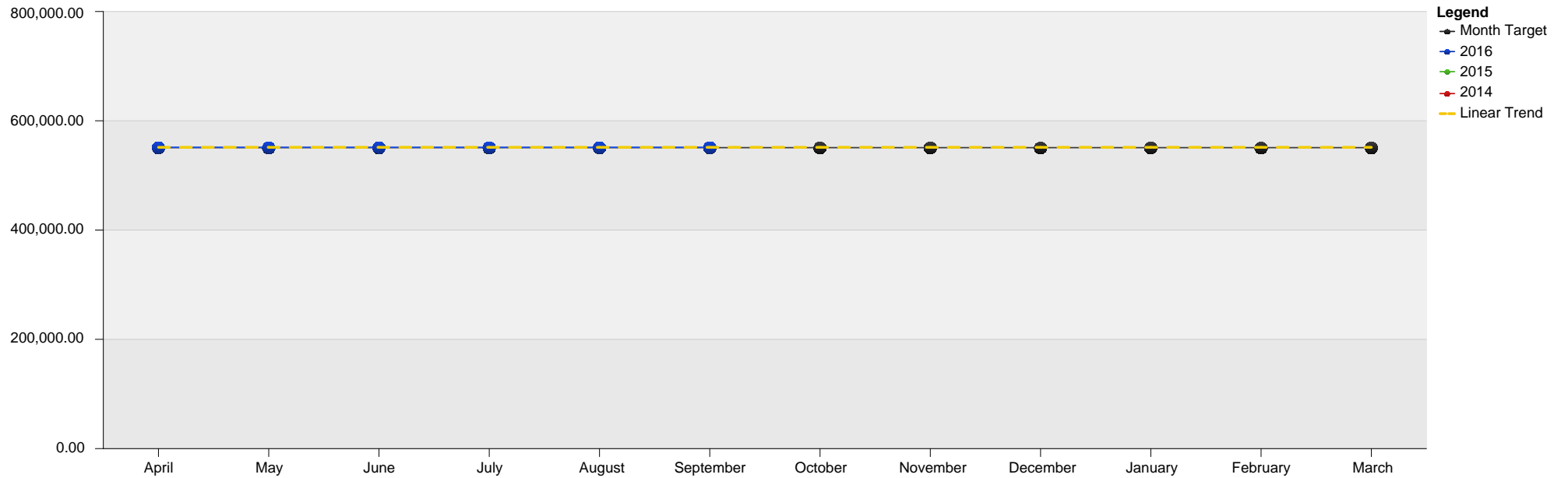
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
19) Delivery of our financial plan (I and E)	-1,202,000.00	-7,908,000.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

### Narrative

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

# Trust Dashboard Graphs for TRUST

## 20) CRES delivery



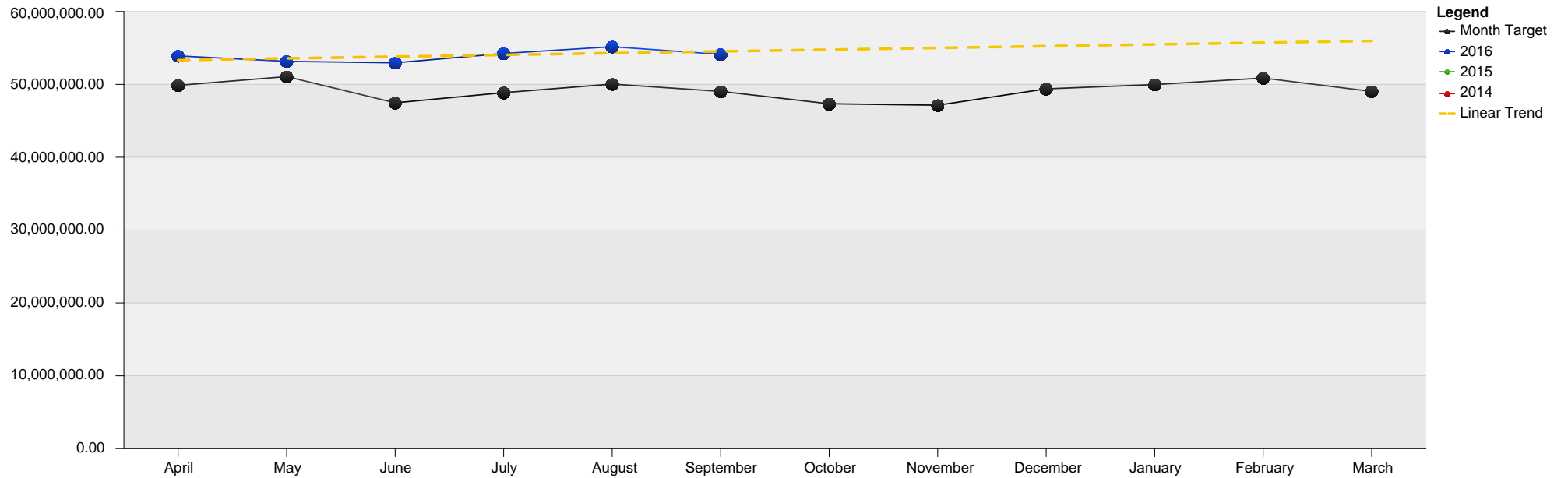
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE		FORENSIC SERVICES		YORK AND SELBY	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
20) CRES delivery	551,455.00	3,308,730.00	196,833.00	1,180,998.00	94,000.00	564,000.00	32,833.00	196,998.00	26,833.00	160,998.00		

### Narrative

The Trust position for September is £551,455. All localities continue to identify CRES schemes to ensure 100% is delivered recurrently in 2016/17.

# 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	54,121,000.00	54,121,000.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

### Narrative

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

Trust Dashboard - Locality Breakdown for TRUST

1 - Activity

	September 2016												April 2016 To September 2016											
	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	7,102.00	8,166.00	1,868.00	1,970.00	1,898.00	2,022.00	1,832.00	2,046.00	580.00	530.00	923.00	1,597.00	43,322.00	49,232.00	11,395.00	11,813.00	11,581.00	11,585.00	11,174.00	11,968.00	3,540.00	3,712.00	5,632.00	10,141.00
2) Caseload Turnover	1.99%	-4.36%	1.99%	-7.81%	1.99%	-1.55%	1.99%	-3.64%	NA	NA	1.99%	-2.30%	1.99%	-4.36%	1.99%	-7.81%	1.99%	-1.55%	1.99%	-3.64%	NA	NA	1.99%	-2.30%
3) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	85.00%	95.98%	85.00%	95.30%	85.00%	95.16%	85.00%	100.13%	85.00%	NA	85.00%	90.72%	85.00%	95.71%	85.00%	91.59%	85.00%	98.29%	85.00%	97.88%	85.00%	NA	85.00%	95.55%
4) Number of patients with a length of stay (admission to discharge) of greater than 90 days (A&T wards)	23.00	22.00	8.00	4.00	7.00	4.00	7.00	6.00	NA	NA	3.00	6.00	139.00	172.00	48.00	43.00	38.00	46.00	38.00	42.00	NA	NA	16.00	33.00
5) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP) Rolling 3 months	15.00%	7.29%	15.00%	6.14%	15.00%	9.95%	15.00%	6.29%	NA	NA	15.00%	5.26%	15.00%	7.43%	15.00%	6.12%	15.00%	7.89%	15.00%	7.40%	NA	NA	15.00%	11.00%
6) Number of instances where a patient has had 3 or more admissions in the past year to Assessment and Treatment wards (AMH and MHSOP) Rolling 3 months	20.00	22.67	6.00	9.33	6.00	5.33	7.00	4.67	NA	NA	2.00	3.33	119.00	153.67	33.00	59.00	33.00	40.33	40.00	40.00	NA	NA	14.00	14.33

Trust Dashboard - Locality Breakdown for TRUST

2 - Quality

	September 2016												April 2016 To September 2016											
	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%	85.35%	90.00%	85.31%	90.00%	97.11%	90.00%	74.20%	90.00%	99.73%	90.00%	60.18%	90.00%	84.63%	220.00%	78.84%	220.00%	96.08%	220.00%	76.27%	220.00%	99.53%	220.00%	68.72%
8) Percentage of appointments cancelled by the Trust	0.67%	0.63%	0.67%	0.80%	0.67%	0.47%	0.67%	0.83%	0.67%	0.09%	0.67%	0.32%	0.67%	0.76%	0.67%	0.96%	0.67%	0.58%	0.67%	0.97%	0.67%	0.13%	0.67%	0.45%
9) The percentage of Out of Locality Admissions to assessment and treatment wards (AMH and MHSOP) - post-validated	15.00%	24.44%	15.00%	26.17%	15.00%	14.67%	15.00%	43.40%	NA	NA	15.00%	11.43%	15.00%	20.27%	15.00%	19.65%	15.00%	16.33%	15.00%	33.43%	NA	NA	15.00%	10.22%
10) Percentage of patients surveyed reporting their overall experience as excellent or good (mth behind)	91.44%	91.15%	91.44%	93.78%	91.44%	91.29%	91.44%	92.90%	91.44%	76.84%	91.44%	84.21%	91.44%	91.86%	91.44%	94.22%	91.44%	92.64%	91.44%	92.04%	91.44%	78.90%	91.44%	88.52%
11) Number of unexpected deaths classed as a serious incident per 10,000 open cases - Post Validated	1.00	0.50	1.00	0.00	1.00	0.00	1.00	1.79	1.00	0.00	1.00	1.09	6.00	4.71	6.00	3.38	6.00	3.70	6.00	7.79	6.00	0.00	6.00	6.41

Trust Dashboard - Locality Breakdown for TRUST

3 - Workforce

	September 2016												April 2016 To September 2016											
	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 90%-95%)	100.00%	94.30%	100.00%	95.50%	100.00%	97.86%	100.00%	94.26%	100.00%	94.19%	100.00%	89.48%	100.00%	94.30%	100.00%	95.50%	100.00%	97.86%	100.00%	94.26%	100.00%	94.19%	100.00%	89.48%
15) Percentage of registered healthcare professional jobs that are advertised two or more times	15.00%	16.95%	15.00%	NA	15.00%	NA	15.00%	NA	15.00%	NA	15.00%	NA	15.00%	17.57%	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%	90.22%	95.00%	88.67%	95.00%	94.11%	95.00%	85.56%	95.00%	93.06%	95.00%	80.00%	95.00%	90.22%	95.00%	88.67%	95.00%	94.11%	95.00%	85.56%	95.00%	93.06%	95.00%	80.00%
17) Percentage compliance with mandatory and statutory training (snapshot)	95.00%	88.53%	95.00%	90.02%	95.00%	92.16%	95.00%	87.19%	95.00%	91.54%	95.00%	66.48%	95.00%	88.53%	95.00%	90.02%	95.00%	92.16%	95.00%	87.19%	95.00%	91.54%	95.00%	66.48%
18) Percentage Sickness Absence Rate (month behind)	4.50%	4.91%	4.50%	5.18%	4.50%	5.57%	4.50%	3.95%	4.50%	5.85%	4.50%	5.68%	4.50%	4.78%	4.50%	5.11%	4.50%	5.33%	4.50%	4.49%	4.50%	5.25%	4.50%	4.94%



Trust Dashboard - Locality Breakdown for TRUST

4 - Money

	September 2016												April 2016 To September 2016											
	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)	-1,232,499.00	-1,202,000.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	-6,854,114.00	-7,908,000.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
20) CRES delivery	550,854.00	551,455.00	183,500.00	196,833.00	168,250.00	94,000.00	117,595.00	32,833.00	92,909.00	26,833.00			3,305,126.00	3,308,730.00	1,101,000.00	1,180,998.00	1,009,500.00	564,000.00	705,572.00	196,898.00	557,454.00	160,998.00		
21) Cash against plan	49,038,000.00	54,121,000.00	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	296,352,000.00	54,121,000.00	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 attend which would stop the clock. Actions to be developed through Data Quality working group to resolve this.
9	Percentage of out of locality admissions to assessment and treatment wards (AMH and MHSOP) - post validated		4				4				5					13	87%	87%		Data is now imported back into IIC following manual validation. This increases reliability; however, there will be some discharges discounted because complete validation has not been possible within the time. These could subsequently be determined to be breaches.
10	Percentage of patients surveyed reporting their overall experience as excellent or good.				2	5					5					12		80%		All questionnaires are paper-based, except for some CAMHS units, where patients use a touch screen facility to record their comments. The manual questionnaires from Trust are sent to CRT and scanned into their system. Raw data files are received from CRT, which are accessed by IPT and uploaded into the IIC. TEVV are changing provider during the year. Procurement is currently underway. Transition from CRT to new system will be planned and closely monitored.

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

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

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

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

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

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

This table has been included into this appendix for 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

FOR GENERAL RELEASE

BOARD OF DIRECTORS

<b>DATE:</b>	25 <sup>th</sup> October 2016
<b>TITLE:</b>	Trust 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 key workforce performance for the period July to September 2016.

Being able to successfully recruit the right number of appropriately trained and experienced staff continues to be the single biggest workforce challenge for TEWV whether in respect of medical staff or non-medical staff.

Sickness absence levels are a little higher than anticipated for the reporting period.

Employee relations issues within TEWV appear to be reasonably settled at present.

The latest Staff Friends and Family Test results are consistent with those of previous quarters and a good level of staff participation in the survey has been maintained.

**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> October 2016</b>
<b>TITLE:</b>	<b>Trust Quarterly Workforce Report</b>

**1. INTRODUCTION & PURPOSE:**

- 1.1 The purpose of this report is to provide Directors with information about key workforce performance mainly in respect of the period July to September 2016. Medical Workforce information is to be found within Appendix 1 and non-medical workforce information is located within Appendix 2. The latest Staff Friends and Family Test results are 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 A good deal of time and attention has continued to be invested in addressing medical staff recruitment issues. The last three years have proved to be challenging though a majority of posts have been successfully recruited to. In recent months however, there has been a reduction in the number of applicants applying for posts from outside the TEWV area. There are concerns about this trend particularly when it is considered alongside a shortfall in the number of senior registrars to fill regional higher training schemes and the age profile of the TEWV medical workforce in some specialties.
- 3.2 The Centre for Workforce Intelligence conducted a review of the psychiatrist workforce in England last year. The review findings included the identification that one in five Core Trainees were not progressing through their training and that there was a strong correlation between where people train and where they take up employment. The North East, along with the South West, has the lowest number of Specialist Trainee 4 posts per capita in England, with 0.19 in the North East compared to 0.67 in London.
- 3.3 TEWV currently employs some 175 Consultants. At present there are 30 Consultant vacancies in TEWV. Of the 175 Consultants 51 are aged over 50 years of age with 49% of the TEWV Consultant workforce being aged between 40 and 49 years. During the period April to October 2016 7 Consultants left TEWV. It is believed that the challenges posed by Consultant vacancies have been managed relatively well to date by utilising retire and

return, using mind the gap payments and agency locums however, this approach is not thought to be sustainable in the long term.

- 3.4 Reform of TEWV community services involves appropriately embedding a senior medical staff presence in report outs, decision meetings and other structured processes in order to ensure that critical steps and decisions in clinical care are well supported by senior medical staff. This highlights the continuing need to have a strong base of highly skilled substantive Consultant Psychiatrists in order to help maintain and improve service in the future.
- 3.5 The loss of the Phase 1 medicine undergraduate course at Durham University's Queens Campus in Stockton is a concern as it is likely that this will significantly reduce direct contact between the students, TEWV and other mental health settings in the early part of the student's education. There have been extensive early community placements which expose students to psychiatry that are less likely to appeal to students based in Newcastle. As stated in paragraph 3.2 students often return to work in the area in which they trained, which for Phase 1 medicine in the North East will no longer be Teesside. The Executive Management Team has been briefed about this issue and the eight core strands of work that have been identified that could support the Trust to reduce its vacancy levels. This work is now underway and the Board will be provided with updates.
- 3.6 Appendix 2 provides information about non-medical staff sickness absence, employee relations and recruitment and retention issues. Though the breadth of issues addressed in detail in the report is less than in previous quarterly workforce reports the contents of the Key Performance Indicator Summary at the end of Appendix 2 remain unchanged.
- 3.7 The 2016/17 year to date Trust sickness absence rate is 4.8% which is higher than the target rate of less than 4.5% and higher than expected for the period April to September when sickness absence rates are often lower than during other months of the year. It is clear that sickness absence rates within inpatient services have been consistently higher than those within community services during the last two years. Historically short term sickness absence has proved to be more difficult to reduce than long term absence. A recent initiative to review the cases of those staff with five or more episodes of short term sickness absence during the last twelve months ought to heighten understanding and lead to future improvements in case management. There are variations in performance between the localities and better understanding the factors that affect sickness absence levels in all localities is the subject of on-going enquiry.
- 3.8 Overall the number of disciplinary cases rose by 10% to sixty one cases for the period October 2015 to September 2016 compared to the previous twelve months though not all localities experienced an increase in the number of cases. This number of disciplinary cases is not high when compared to the numbers reported in previous years and when the 30% growth in the size of the Trust workforce since 2011 is taken into consideration. During the last two years there has been a significant increase in the number of disciplinary

cases concluding where there has been no case to answer. In most instances this finding arose prior to a disciplinary hearing being held. As part of efforts to better understand themes in respect of disciplinary issues a quarterly lesson's learned bulletin has recently been introduced and its impact will be evaluated over time. The number of Employment Tribunal claims lodged has fallen during the last two years from an average of seven claims per year to two claims during the period October 2015 to September 2016. It is believed that the reasons for this reduction are a combination of better case management/ investigations and the impact of the introduction of Employment Tribunal fees. The 34% increase in the number of grievances within TEWV requires further investigation.

- 3.9 A registered nurse vacancy fill rate of 84% was recorded for the period July to September 2016 compared to an overall Trust vacancy fill rate of 88%. Variations between localities are apparent with the Forensic Services Band 5 Nurse fill rate of 33% being particularly low. Amongst professional groups the Pharmacy fill rate of 50% is a concern. The number of exit questionnaire responses received fell compared to the previous quarter and efforts are being made with managers to increase the number of returned questionnaires. The Executive Management Team is to consider a draft Recruitment Plan at its meeting on 26<sup>th</sup> October and the Board will receive an update report about recruitment and retention at the November meeting.
- 3.10 It should be acknowledged that the Tees and Forensic Services localities achieved appraisal rates of 94% and 93% respectively and that Estates and Facilities Management achieved an appraisal rate of 92%. These rates are amongst the highest ever recorded within TEWV.
- 3.11 Appendix 3 includes the results and narrative of the latest Staff Friends and Family Test. As in previous quarters nearly 3,000 staff provided their views and overall they are similar to the views expressed before. A number of re-worded questions were used for the first time in the Staff Friends and Family Test following a TEWV improvement event held earlier this year. The changes have been made to gather more team based responses about key issues and ought to assist with the development of team responses to the results. A new question was included about access to job relevant non-mandatory training and/or continuing professional development. This question was included in part to assist with informing TEWV's future NHS England Workforce Race Equality Standard submissions. The responses to this question do not suggest that overall TEWV staff from ethnic minorities have less access to training than white TEWV staff.

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

- 4.1 **Compliance with the CQC Fundamental Standards:** The standards described in Regulation 18 continue to be met.



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:** Improving the experiences of BAME and disabled staff continues to be a priority for TEWV.

4.4 **Other implications:** None identified.

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

6. **CONCLUSIONS:**

6.1 There is a continuing focus upon ensuring that TEWV can attract and retain the right number of medical staff and a range of activities are on-going to support achievement of this aim.

6.2 Performance in respect of staff health and wellbeing and recruitment and retention continue to be major non-medical workforce issues for TEWV. Employee relations issues are a little more settled at present.

6.3 The latest Staff Friends and Family Test results are consistent with those of previous quarters.

7. **RECOMMENDATIONS:**

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

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

**Background Papers:**

# Medical Workforce Report (2016 Quarter 2) - Appendix 1

## MEDICAL DIRECTORATE

This report provides information about the medical workforce during the second quarter (July, August and September 2016).

**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	97	86	55	28	47	313
Trust Locums	3	4	8		1	16
Agency Locums	5	3	5	1	5	19
Flex Retirement	3	3	3			9
Career Break	1			1		2
Honorary	2	1		1	1	5
<b>Total</b>	<b>111</b>	<b>97</b>	<b>71</b>	<b>31</b>	<b>54</b>	<b>364</b>

Table 1 shows a slight decrease in workforce since quarter 1 (369). The table shows that 31% of our permanent workforce is in the Durham & Darlington locality. The number of agency doctors has increased by 1 from last quarter (18). Currently there are 8 agency doctors over capped rates.

The table identifies that the permanent workforce make up 86% 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	63	32	31	12	10	7	155
Trust Locums	2		2				4
Agency Locums	8	1	2		1		12
Flex Retirement	3	4	1	1			9
Vacant not cov'd	3	7	1	1			12
Career Break	1				1		2
Honorary	3	1			1		5
<b>Total</b>	<b>83</b>	<b>45</b>	<b>37</b>	<b>14</b>	<b>13</b>	<b>7</b>	<b>199</b>

Table 2 shows the number of consultants currently working within the Trust defined by specialty. Please note that out of the 12 agency doctors, 9 are covering vacant posts, 1 is covering maternity leave, 1 is covering a career break and 1 is covering sickness.

The consultant workforce in AMH is of concern given that 24% 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	13	6	12	1	3	3	38
Trust Locums			3				3
Agency Locums	2	1	4				7
Flex Retirement							
Vacant not cov'd	4	1			1		6
Career Break							
Honorary							
<b>Total</b>	19	8	19	1	4	3	<b>54</b>

Table 3 shows the number of SAS grade doctors currently working within the Trust defined by specialty. Out of the 7 agency locums, 1 is covering sickness, 3 are covering vacancies, 2 are helping out with the workload and 1 is backfilling while the substantive post holder acts up as a consultant. Of concern, is that almost a third (32%) of the AMH workforce is not permanent. This remains equal to last quarter.

## Junior Doctors

Table 4	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
Current	67	12	26	8	6		119
Vacancies not covered	10	4	4	4	2		24
Trust Locums	4	1	3		1		9
Agency Locums							0
<b>Total number of posts</b>	81	17	33	12	9		<b>152</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, however, there is 1 trust doctor in post that is filling a service need in AMH within Teesside. There are currently 33 vacancies that are either filled by locums or that remain empty. The use of agency locums has decreased from 1 to none, the number of Trust Doctors has increased.

You will note that the Trust has 9 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 is planning a further trip to Europe early next year to recruit more Trust Doctors.

Table 5	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
Foundation Yr 1	9		5				14
Foundation Yr 2	9		4		1		14
CT 1-3	28	6	7	6	3		50
ST 4-6	9	6	5	2	2		24
GP Registrars	12		5				17
<b>Total</b>	67	12	26	8	6		<b>119</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		3		1	1		1		2	5
35 – 39	4	8	7	3	2	1	3	2	3	1	19	15
40 – 44	6	3	9	4	4	2	3	2	1	5	23	16
45 – 49	7	5	3	5	9	5	5	1	3	3	27	19
50 – 54	5	7	3	2	2	2	1	1	3	2	14	14
55 – 59	3	2	1	2	1				2		7	4
60 – 64	3		2		2				1		8	
65 – 69			1		1						2	
70+									1		1	
<b>Total</b>	<b>28</b>	<b>26</b>	<b>26</b>	<b>19</b>	<b>21</b>	<b>11</b>	<b>13</b>	<b>6</b>	<b>15</b>	<b>11</b>	<b>103</b>	<b>73</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 majority of our consultant workforce is aged between 40 and 49 (48%), with the modal average being 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 55. There has been a slight increase in the number of younger females who have commenced with the Trust, which is due to them completing training and successfully being appointed as consultants. 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 58/42% male/female split respectively (1% decrease/increase from 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	1	1		2		2			1				2	5
35 – 39	7	6	2	5	4	2	3		2	1	1	1	19	15
40 – 44	9	8	4	1	6	2	1	3	2		1	2	23	16
45 – 49	12	4	4	8	5	5	1	1	4		1	1	27	19
50 – 54	9	2	1	6	2	4	1	1	1	1			14	14
55 – 59	4	2	1	1		1	2						7	4
60 – 64	4		2		2								8	
65 – 69	2												2	
70+	1												1	
<b>Total</b>	<b>49</b>	<b>23</b>	<b>14</b>	<b>23</b>	<b>19</b>	<b>16</b>	<b>8</b>	<b>5</b>	<b>10</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>103</b>	<b>73</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 has a relatively young workforce with only 2 out of 19 doctors over the age of 50, while the other specialties together make up 29% of the consultant workforce over the age of 50 (a slight increase since last quarter). In addition, the lack of a female workforce in Adult Mental Health and Forensic Mental Health is quite 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												
35 – 39	1		1	2		1					2	3
40 – 44	1	2	1				1	1			3	3
45 – 49	2	3		2		1	1	1			3	7
50 – 54		2	2	3		1					2	6
55 – 59		2		1	1	1	1	1			2	5
60 – 64			2	2							2	2
65 – 69												
70+	1										1	
<b>Total</b>	<b>5</b>	<b>9</b>	<b>6</b>	<b>10</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>3</b>			<b>15</b>	<b>26</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 37/63% split in favour of females (1% increase/decrease in males/females since last quarter), with noticeably few males (1) in the North Yorkshire locality. In addition, the average workforce age is the same as consultants, with almost a half (49%) being over the age of 50. It is also worth noting that our Teesside and North Yorkshire localities has a high proportion of its workforce in the over 50 category (63/60% respectively).

## 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														
35 – 39	1	1		1	1	1							2	3
40 – 44		1		1	2				1			1	3	3
45 – 49	1	3		1	1	2				1	1		3	7
50 – 54		2		1	2	3							2	6
55 – 59	1	1		2		1				1	1		2	5
60 – 64	1	1			1			1					2	2
65 – 69														
70+					1								1	
Total	4	9		6	8	7		1	1	2	2	1	15	26

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 where all doctors are female.

## 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	7	20	9	13	9	7	7	2	10	8	42	50
White Irish	1								1		2	
White European	2		3	1	3	1	1				9	2
White Other		1				1				1		3
Asian British – Indian	12	4	10	1	3	1	2	4	3		30	10
Asian British–Pakistani	1				1		1				3	
Asian British–Bangladesh					1						1	
Asian British–Other	1		1	1	1				1		4	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						2	1
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' (92 White British and 84 non-White British).

When considering BAME consultants, 105 are from Europe while 71 are from Asia, Africa or elsewhere (60/40% respectively) which is a 1% 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, 70% of the workforce are male compared to 30% female. Also of note, is that the Durham & Darlington, Teesside and Forensic localities have fairly even numbers of European/other doctors (56%, 58% and 53% respectively in favour of Europe), however, it's quite evident that North Yorkshire and York and Selby highly favour European doctors (63% and 73% 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		3	1		2	11
White European		1								1
White Other	1			1	1			1	2	2
Asian British–Indian		2	4	3				1	4	6
Asian British–Pakistani	1		1	1			1		3	1
Asian British- Banglaesh	1								1	
Asian British–Other						1		1		2
Black British–African		1					1		1	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 31% of the SAS workforce are 'White British' (13 are White British and 28 (69%) are non-White British). When considering BAME SAS doctors, 18 are from Europe and 23 are from Asia and Africa or elsewhere (44/56% respectively). In contrast to consultants, the male/female split in BAME areas is (48/52% respectively) whereas the European workforce is highly biased towards females (22% males/78% females). In addition, Teesside and Forensics have twice as many BAME doctors than European ones.

## Full Time / Part Time

**Table 7**

Consultant												
	D&D		Tees		NY		Forensic		York & Selby		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	M	F
Full Time	25	12	24	12	14	6	11	5	8	6	82	41
Part Time	3	14	2	7	7	5	2	1	7	5	21	32
Specialty Doctors												
Full Time	5	5	6	4	1		2	2			14	11
Part Time		4		6		4	1	1			1	15

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 (44%) of the career grade workforce are full time males with less than a quarter (22%) of females in full time positions (a 2% reduction from last quarter). In addition, only 10% of males and 22% of females are working part time.



Seventy percent of the consultant workforce are full time, whereas the gap is less distinct within the SAS group (61% full time). Overall, 68% of the career grade workforce are full time. The number of part time workers has increased by 2% 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	41	14	10	10	16	10	4	2	8	2	3	3	82	41
Part Time	8	9	4	13	3	6	4	3	2			1	21	32
<b>Specialty Doctors</b>														
Full Time	4	4		3	8	2			1	2	1		14	11
Part Time		5		3		5		1			1	1	1	15

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 (53/21%, 52/24% 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>	D&D	Tees	NY	Forensic	York & Selby	Total
Consultant	10	12	5		2	29
SAS	2	3	1		2	8

Table 1 above shows the current vacancies in each directorate. The number of consultant vacancies has decreased slightly since last quarter while the SAS vacancies have remained the same.

<b>Table 2</b>	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
Consultant	11	10	8				29
SAS	4	2	2				8

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

### Vacancy Breakdown

**Table 3**

Vacancies	Locum in place	Times Advertised	Date of Advert	Date of Interview	Appt made	Start date
Consultant in AMH (PICU) RPH	Agency Cons	1	21/05/16	11/07/16	No	
Consultant in AMH (S'ton Inpatient / Crisis) RPH	Acting Cons					
Consultant in AMH (S'ton Inpatient) RPH	Agency Cons					
Consultant in AMH (M'bro Inpatient / Crisis) RPH	Subs Cons	1	21/05/16	11/07/16	Yes	03/08/16
Consultant in AMH (Inpatient / Crisis) Foxrush	Subs Cons	1	21/05/16	11/07/16	Yes	15/08/16
Consultant in AMH (ADHD), Lancaster House	No					

Vacancies	Locum in place	Times Advertised	Date of Advert	Date of Interview	Appt made	Start date
Specialty Doctor in AMH (6PA) (Rehabilitation) Lustrum Vale/RPH	No	1	23/07/16	13/09/16	No	
Consultant in Liaison North Tees	No	1	14/05/16	04/07/16	No	
Consultant in CYPS The Ridings, Redcar	No	1	07/05/16	29/06/16	No	
Consultant in CYPS Viscount House, Stockton	No					
Consultant in CYPS (6 PA) Dover House, Hartlepool	No	1	07/05/16	29/06/16	No	
Consultant in CYPS (8PA) (Tier 4) West Lane Hospital	No					
Specialty Doctor in CYPS Viscount House	No					
Senior Specialty Doctor in CYPS (ADHD), West Lane Hospital	No					
Consultant in MHSOP (8PA) (Liaison) North Tees/Hartlepool	Trust Locum					
Consultant in MHSOP Lustrum Vale	Acting Cons					
Consultant in MHSOP (R&C), Guisborough	Subs Cons					
Consultant in AMH (Community Eating Disorders) Imperial House	Agency Cons	1	04/06/16	01/08/16	No	
Consultant in AMH (PICU) West Park Hospital	No					
Consultant in AMH (Affective Disorders) North End House	No	1	04/06/16	12/09/16	No	
Consultant in AMH (EIP) Bishop Auckland	Agency Cons	1	04/06/16	01/08/16	No	
Consultant in AMH (In-patient) WPH	Agency Cons					
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> 29/11/16	No	
Specialty Doctor in AMH (5PA) (Affective Disorders) North End House	No	1	17/09/16	29/11/16		
Specialty Doctor in AMH (Psychosis) Goodall Centre	No	1	04/06/16	01/08/16	Yes	TBC
Consultant in CYPS (6PA) Chester le Street	No					
Consultant in CYPS (5PA) Winchester House, Peterlee	No					
Consultant in CYPS LD Mulberry Centre/Acley Centre	No	1	10/09/16	02/11/16		
Consultant in MHSOP Easington	Trust Cons	3		18/03/15	No	
Consultant in MHSOP (6PA) (Liaison) LRH	No	4	28/05/16	18/07/16	No	
Consultant in LD LRH	No	1		15/09/16	Yes	tbc
Consultant in AMH (Working Age Psychiatry) Ellis Ct, Sbr	Trust Cons	2		27/04/15	No	
Consultant in MHSOP (8PA) 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					
Specialty Doctor in AMH Friarage Northallerton	Trust Locum	1	30/07/16	12/09/16	No	
Consultant in CYPS Scarborough	Trust Locum					

Vacancies	Locum in place	Times Advertised	Date of Advert	Date of Interview	Appt made	Start date
Consultant in CYPS (6PA) Northallerton	Agency Cons	2	13/08/16	<del>27/05/16</del> tba	No	
Consultant in Forensic (Forensic Mental Health), RPH	Agency Cons	1	19/06/16	11/08/16	Yes	Feb 17
Specialty Doctor in Forensic (Forensic Mental Health), RPH	No	1	23/07/16	13/09/16	Yes	03/11/16
Specialty Doctor in MHSOP York	Agency Doctor	1	30/07/16	06/09/16	tba	
Specialty Doctor in MHSOP York	Agency Doctor	1	30/07/16	06/09/16	No	
Consultant in CYPS (6PA) York	Agency Cons	2	<del>12/02/16</del> 23/07/16	<del>20/04/16</del> 05/09/16	No	
Consultant in MHSOP (8PA) York	Agency Cons	1	11/06/16	29/07/16	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 (July to September 2016). Within this period 19 posts were advertised with 6 (32%) successfully recruited to (compared to 3 of 4 posts in the last quarter).

Table 4

Vacancies advertised	Times advertised	No of candidates applied	No of candidates shortlisted	Appointment made
Consultant in AMH PICU, RPH	1	0	0	No
Consultant in AMH M'bro Crisis, RPH	1	1	1	Yes
Consultant in AMH R&C Crisis, RPH/Foxrush	1	1	1	Yes
Specialty Doctor in Rehab (6PA) Rehab, RPH, Lustrum Vale	1	1	1	No
Consultant in Liaison North Tees	1	0	0	No
Consultant in Eating Disorders Imperial House	1	0	0	No
Consultant in AMH North End House	1	1	1	No
Consultant in AMH Bishop Auckland	1	0	0	No
Specialty Doctor in AMH (5PA) Enterprise House	1	0	0	No
Specialty Doctor in AMH Goodall Centre	1	1	1	Yes
Consultant in MHSOP Liaison (6PA) LRH	4	0	0	No
Consultant in LD LRH	1	2	2	Yes
Specialty Doctor in AMH Friarage	1	1	0	No
Specialty Doctor in MHSOP York	1	1	1	No
Specialty Doctor in MHSOP York	1	0	0	No
Consultant in CYPS (6PA) York	2	0	0	No
Consultant in MHSOP (8PA) York	1	0	0	No
Consultant in Forensic Mental Health Roseberry Park	1	2	2	Yes

<b>Vacancies advertised</b>	<b>Times advertised</b>	<b>No of candidates applied</b>	<b>No of candidates shortlisted</b>	<b>Appointment made</b>
Specialty Doctor in Forensic Mental Health Roseberry Park	1	2	2	Yes

## Section 4: Sickness

### Doctors on Long Term Sick Leave by Locality

Figure 1

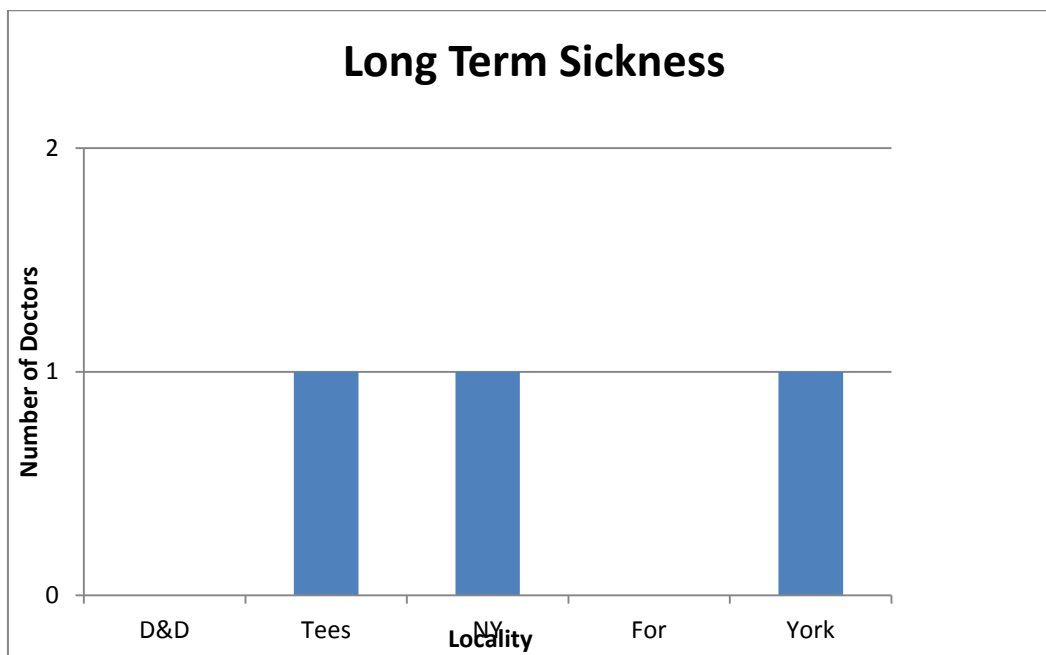


Figure 1 shows the number of doctors on long term sick on 30<sup>th</sup> September 2016. This has increased from 1 last quarter to 3. The 1 from last quarter remains on sick leave.

### Reasons for Sickness Absence

Figure 2

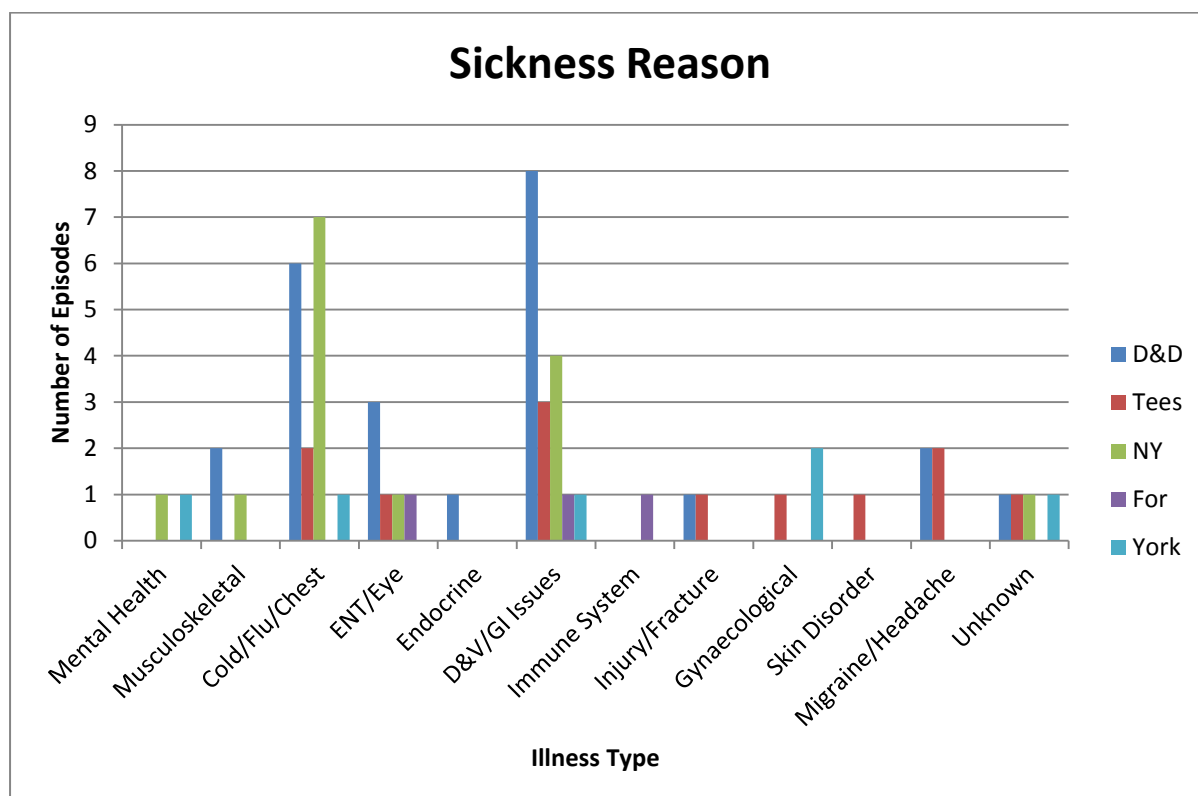


Figure 2 shows the reasons for sickness absence (including long term sickness) during the period July to September 2016. This includes all grades of doctor except agency locums. The number of cold, flu and chest problems has decreased overall from 28 to 16 and while decreased by half in the Durham and Darlington locality, increased slightly in North Yorkshire compared to last quarter. The number of mental health issues has also decreased from 10 to 2 overall. Conversely, the number of GI issues has increased from 11 to 16 overall, with a dramatic increase in Durham and Darlington (2 last quarter to 8 this quarter).

Overall, 283 work days were lost due to sickness (136 days less than last quarter) out of which 177 days were for short term illnesses (a decrease of 179 to last quarter) and 106 were for long term illnesses (an increase of 43).

## Section 5: Appraisals and Revalidation

### Consultants

Table 1	D&D	Tees	NY	For	Y&S	Total
<b>Appraisals Due</b>	14	12	8	3	7	44
<b>Appraisals Actual</b>	14	10	7	3	7	41

Table 1 shows the number of consultant appraisals that were due between 1<sup>st</sup> July and 30<sup>th</sup> September 2016 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>	1	0	0	0	1	2
<b>Revalidation Actual</b>	1	0	0	0	1	2

Table 2 shows the number of consultants who were due revalidation between 1<sup>st</sup> July and 30<sup>th</sup> September 2016 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>	1	1	2	1	0	5
<b>Appraisals Actual</b>	1	1	2	1	0	5

Table 3 shows the number of SAS doctor appraisals that were due between 1<sup>st</sup> July and 30<sup>th</sup> September 2016 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> July and 30<sup>th</sup> September 2016 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	1	0	0	1
<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> July and 30<sup>th</sup> September 2016 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> July and 30<sup>th</sup> September 2016 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> April and 30<sup>th</sup> June 2016. 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>	2	6	4			12
<b>Leavers</b>	1	3	3	2		9

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 not changed since last quarter, however, the number of new starters has increased from 3 to 12. This could perhaps be explained by the recruitment of those who have qualified in August as consultants.

### New Starters vs Leavers by Specialty

Table 2	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
<b>New Starters</b>	4	3	5				12
<b>Leavers</b>	4	1	2		1	1	9

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>	7	1	4
<b>Leavers</b>	4	3	2

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>		1				1
<b>Left (alternative work)</b>	1	1				2
<b>Other Local Trust</b>						
<b>Training Scheme</b>	1	1	1	1		4
<b>End of Contract</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. Four staff left their posts to join the training scheme in August (out of which 3 joined the local scheme).



## Leaver Destination by Specialty

Table 5	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
Flexible Retirement						1	1
Fully Retired (ill health)							
Fully Retired							
Moved Abroad							
Needed to Relocate	1						1
Left (alternative work)	1		1				2
Joined Local Trust							
Joined Training Scheme	2	1			1		4
End of Contract			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
Flexible Retirement	1		
Fully Retired (ill health)			
Fully Retired			
Moved Abroad			
Needed to Relocate	1		
Left (alternative work)	1		1
Joined Local Trust			
Joined Training Scheme		3	1
End of Contract	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, 3 staff left their substantive specialty doctor posts to join the higher training scheme. This is good news for future consultant recruitment.

## 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> September 2014).

Table 7	D&D	Tees	NY	Forensic	York	Total
Flexible Retirement		3	1	1		5
Retired (ill health)	1		1			2
Retired Fully	2	3	1			6
Moved Abroad	3	2	1	2		8
Needed to Relocate		2	1			3
Joined Another Trust	2	3		1	1	7
Joined Training Scheme	3	4	4	1		12
End of Contract	1	1	5			7
Left (alternative work)	5	3	1			9

Table 7 shows that the majority of leavers came from the Durham & Darlington and Teesside localities. Interestingly, 20% 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 41% of leavers.

Table 8	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
Flexible Retirement		2	1	1		1	5
Fully Retired (ill health)	1	1					2
Fully Retired	3	2		1			6
Moved Abroad	4	1		1	1	1	8
Needed to Relocate	2					1	3
Joined Another Trust	2	2	2		1		7
Joined Training Scheme	10	1			1		12
End of Contract	4		3				7
Left (alternative work)	3	3	3				9

Table 8 shows that 49% 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	5		
Fully Retired (ill health)	1	1	
Fully Retired	4	2	
Moved Abroad	7	1	
Needed to Relocate	2	1	
Joined Another Trust	6		1
Joined Training Scheme		4	8
End of Contract	2	1	4
Left (alternative work)	6	3	

Table 9 shows the grade of leavers. Fifty six 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	3.5	4		3.5			11
Teesside	8	11.38	6	4			29.38
NY	3.7		3.5				8.2
Forensic					3.5	4	7.5
York	1	1					2
<b>Total</b>	16.2	16.38	9.5	8.5	3.5	4	<b>50.08</b>

Table 1 shows the number of additional PAs under Mind the Gap. This shows that the number of additional PAs have decreased considerably from last quarter (82.19). The most dramatic reductions are in Adult Mental Health in Durham and Darlington as well as CYPS in Durham and Darlington and Teesside. This is most likely due to the new starters in those areas reducing the need for additional payments. Teesside makes up 59% of the total additional payments.

**HUMAN RESOURCES AND  
ORGANISATIONAL DEVELOPMENT  
DIRECTORATE**

**QUARTERLY WORKFORCE REPORT  
INCLUDING PROGRESS AGAINST  
KEY PERFORMANCE INDICATORS  
JULY TO SEPTEMBER 2016**

## 1.0 INTRODUCTION

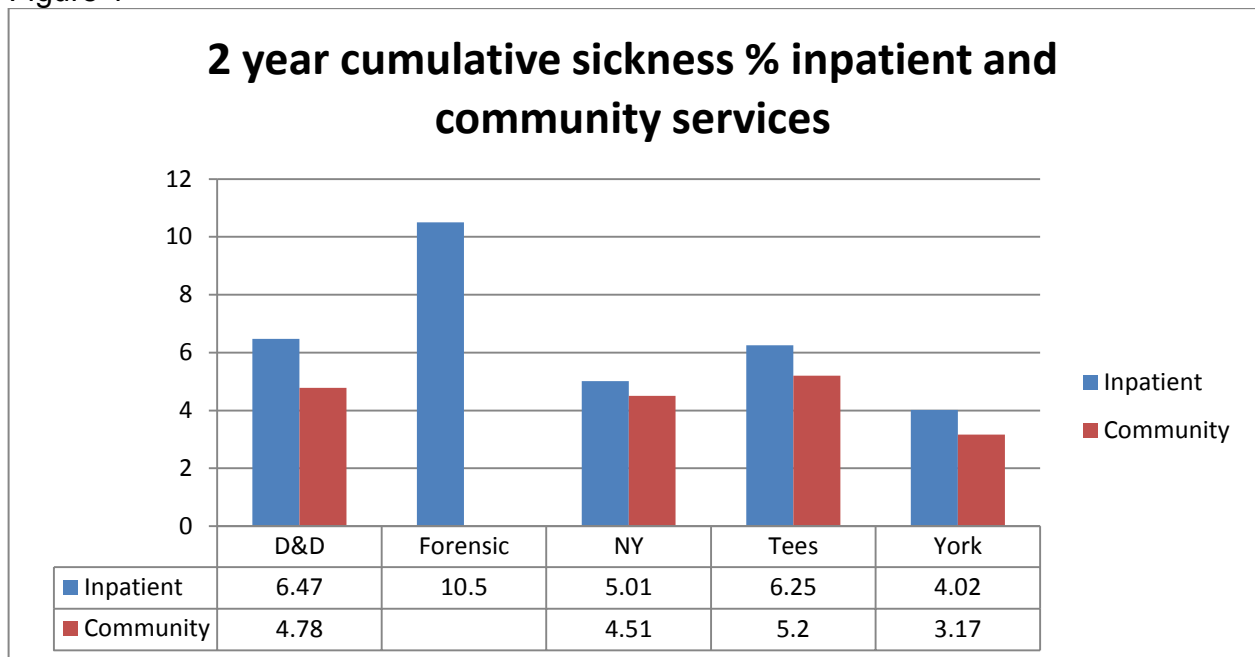
1.1 This report provides detailed analysis on a range of workforce related activities along with an update on progress towards the key HR related workforce performance indicators as at September 2016. The report will provide detailed analysis on:-

- Sickness absence
- Employee relations
- Recruitment and retention.

## 2.0 Sickness Absence Analysis

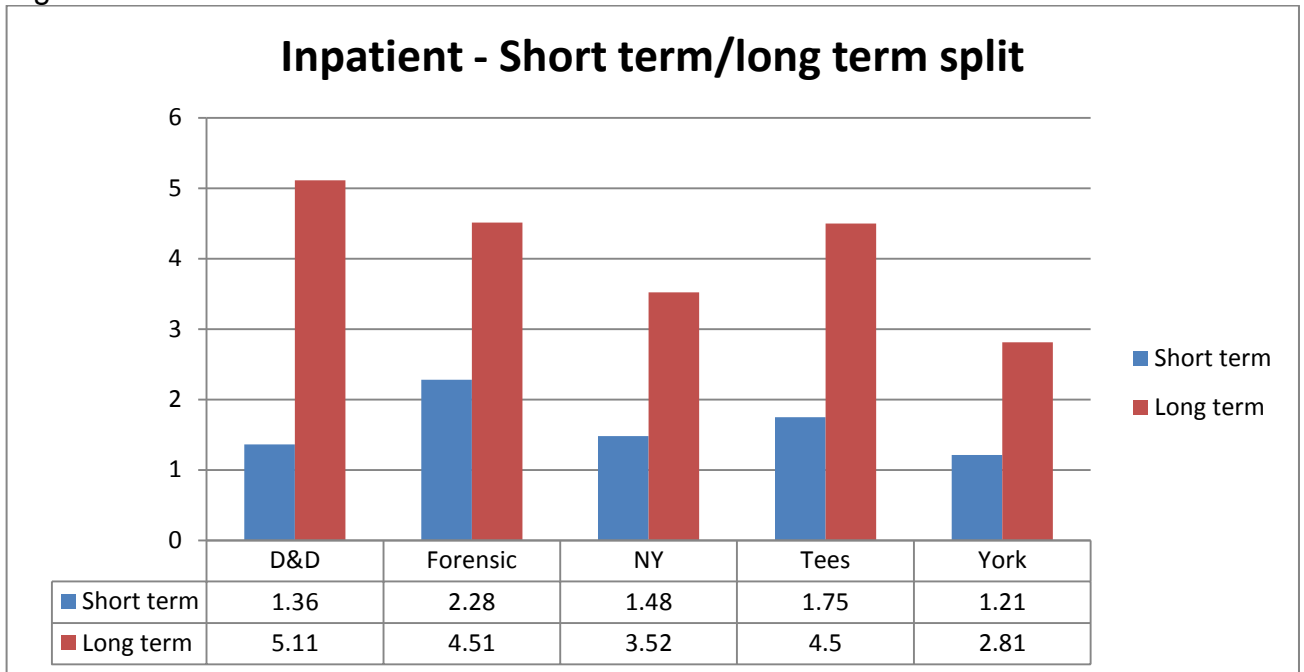
2.1 In reviewing the last 2 years data of sickness absence for inpatient and community wards it is clear that the sickness % within inpatient services is significantly higher than in community. The graph at figure 1 shows the cumulative sickness percentage for the last 2 years per directorate split into inpatients services and community services. \*The data for York and Selby is for one year only (2015/16). Forensic services is not split out between inpatient and community as ESR does not capture the community teams separately from inpatient services.

Figure 1



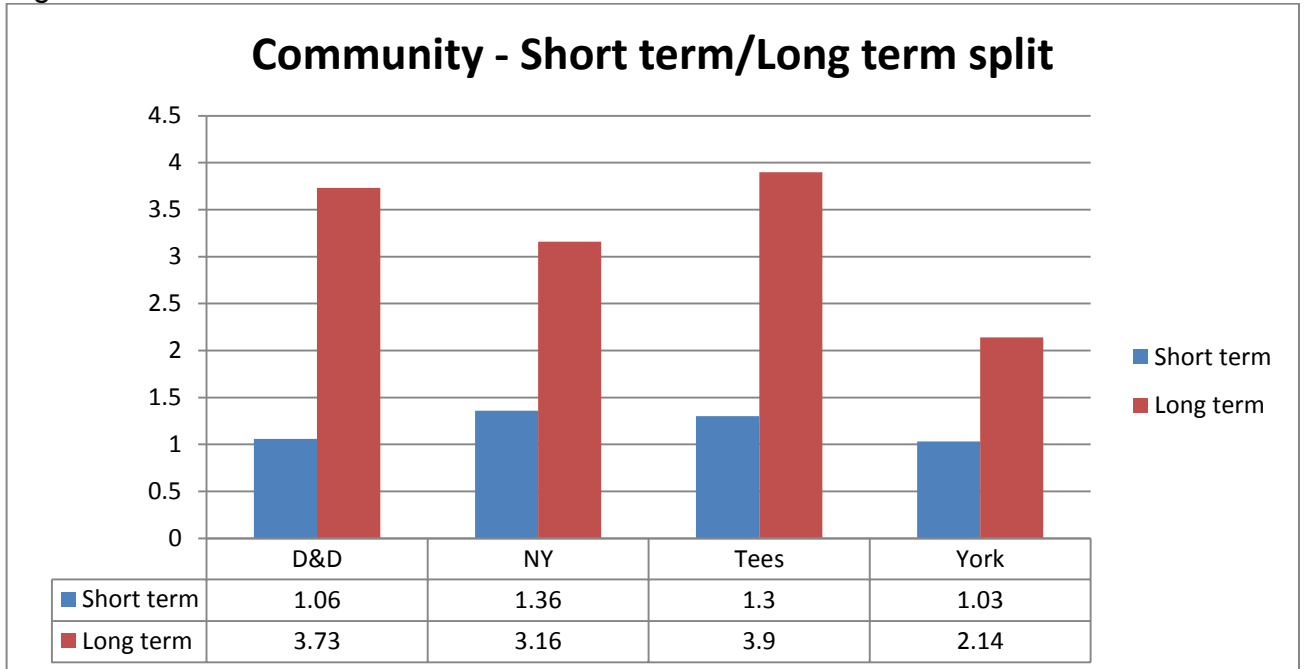
2.2 The graph at figure 2 shows the Inpatient sickness absence split between short term and long term absence rate. Durham and Darlington locality have the highest long term absence rate at 5.11%.

Figure 2



2.3 The graph at figure 3 shows the absence breakdown between short and long term absence within Community teams. Tees Locality have reported the highest level of long term absence at 3.9%

Figure 3



## 2.4 Reasons for absence:

The following graphs demonstrate the top 5 reasons for absence within Inpatient services and the comparison with community services. In all of the localities anxiety/stress and depression is the most prevalent reason for absence. The difference in percentage rate between inpatient and community teams in the majority of localities is not significant apart from in North Yorkshire. The difference in North Yorkshire between inpatient and community teams is 16.37%.

Figure 4

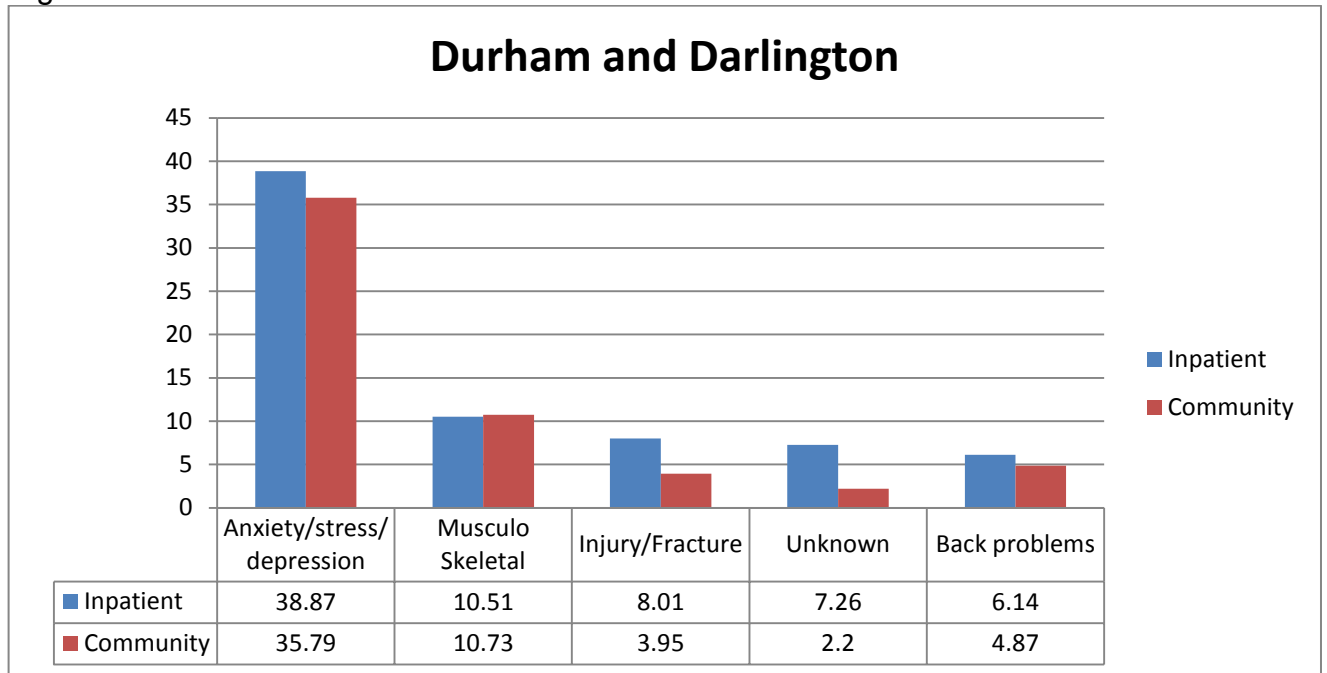


Figure 5

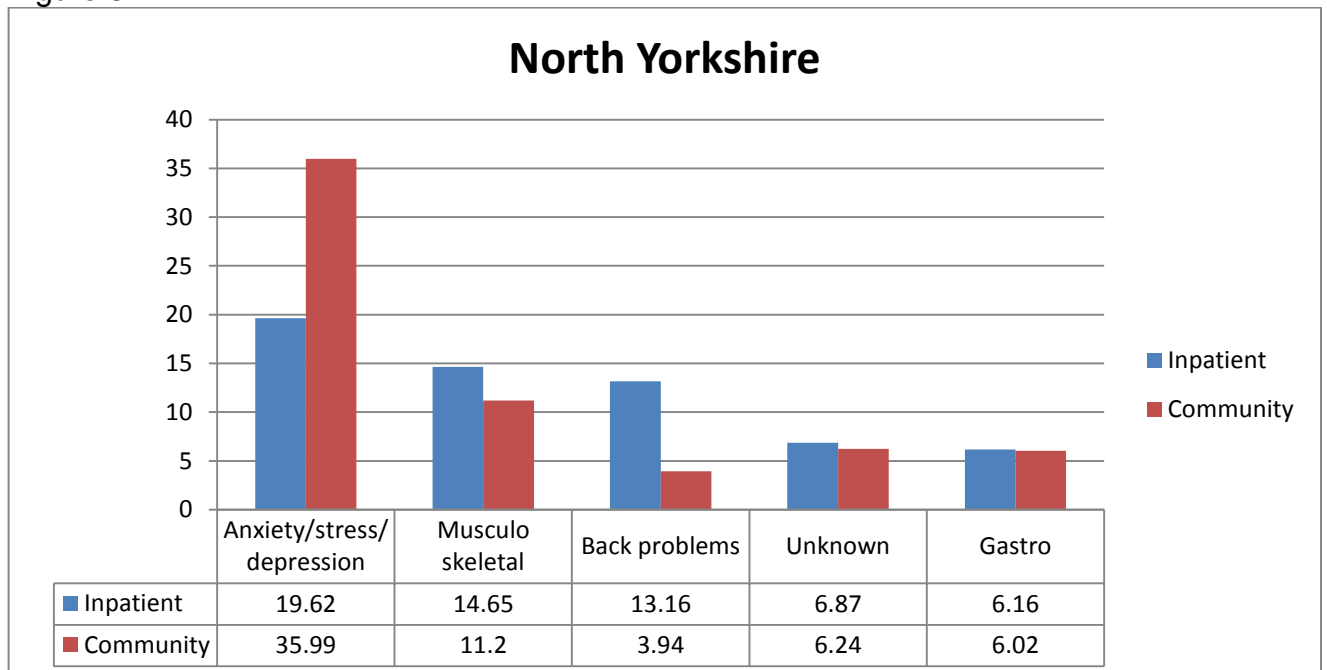


Figure 6

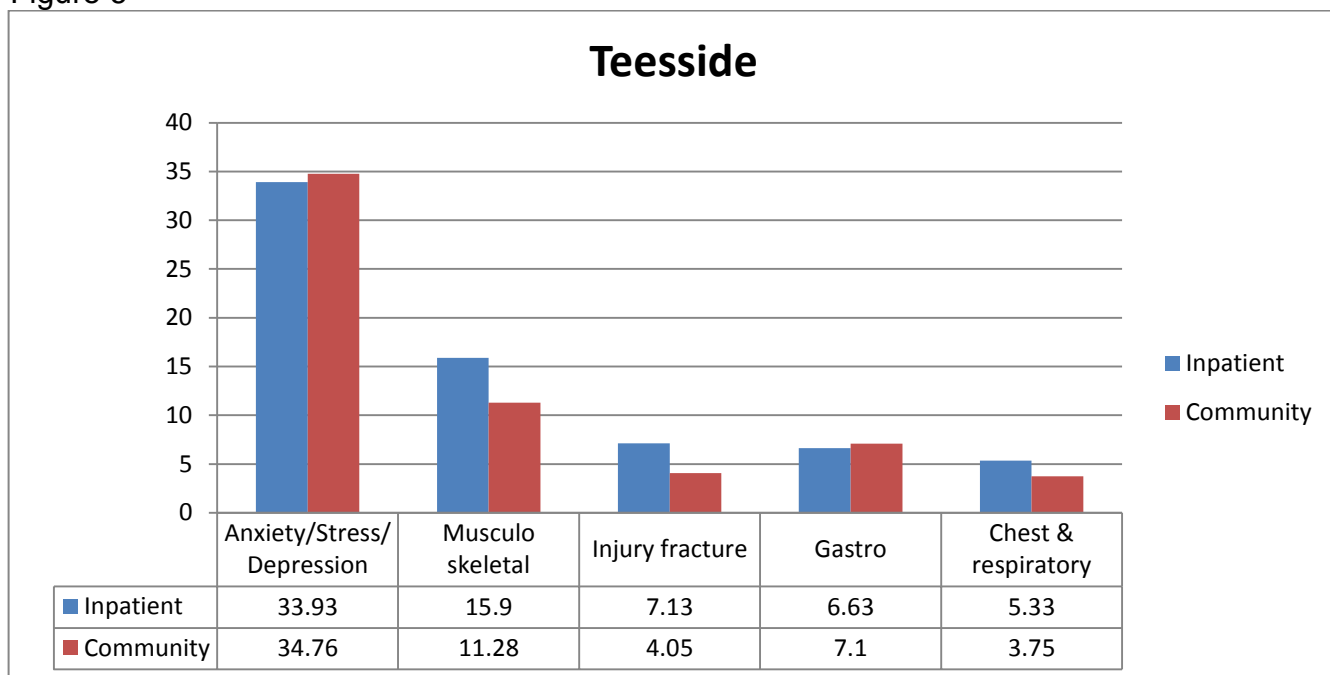
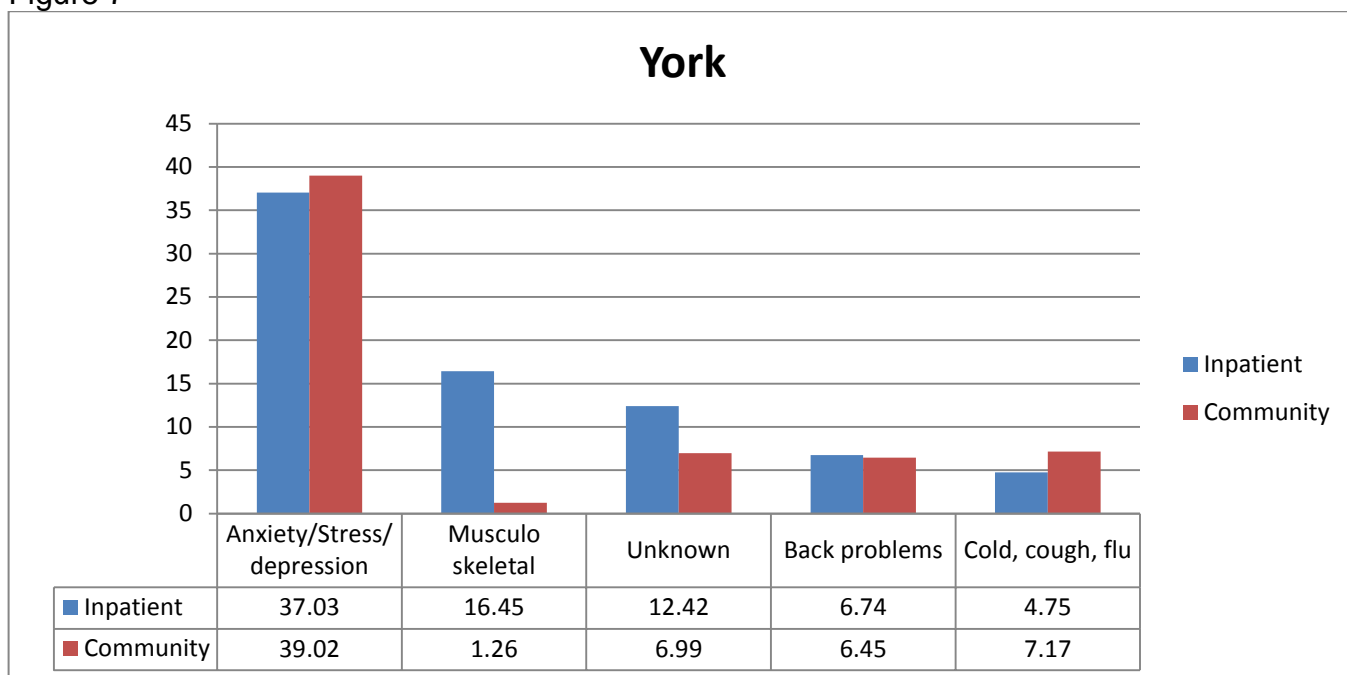


Figure 7



2.5 Within the top 5 reasons in community services for York nearly 12% was due to Gastrointestinal problems.

## 2.6 Short term absence

The HR teams have recently started monitoring short term sickness absence in detail. The focus is currently on individuals who have incurred 5+ episodes of absence in a 12 month rolling period. The HR teams are liaising with managers to determine where in the process staff are being managed and advising accordingly. This information is reviewed at case management and a summary will be provided on a quarterly basis to OMT.















## 2.7 Long term absence

The sickness absence team has been in operation since October 2012, the team continues to manage all cases of long term absence across the trust. Prior to the trust having a dedicated sickness team, the average length of long term absence was **74 days**. This has reduced over the last 4 years and is currently **54 days, a reduction of 27%**. The number of cases that the team manages fluctuates between 150 – 190 cases at any one time. The team continue to progress staff to a final sickness hearing at the appropriate time if there is no likely return to work.

## 2.8 Sickness Absence Comparison 2014 – 2016

Analysis comparing the absence rates and reasons for absence between the period April – August 2014, April – August 2015 and April – August 2016 is contained within the table at figure 8. **The analysis for 2016 excludes York and Selby to enable a true comparison with previous years.** Although the number of short term episodes has increased by 10% the total number of days lost has increased by 471 which equates to an increase of 4%. The number of long term episodes has also increased by 9% in comparison with the same period in the previous year, however the average number of days has decreased by 3 days.

Figure 8

	Short Term Absence 1 – 27 days			Long term Absence 28 days +		
	No of episodes	Ave no of days lost	Absence rate	No of episodes	Ave no of days	Absence rate
Apr–Aug 2016	2235 	5 days 	1.4% 	495 	54 days 	3.3% 
Apr–Aug 2015	2011 	5 days 	1.3% 	449 	57 days 	3.1% 
Apr–Aug 2014	1928	6 days	1.3%	503	56 days	3.4%

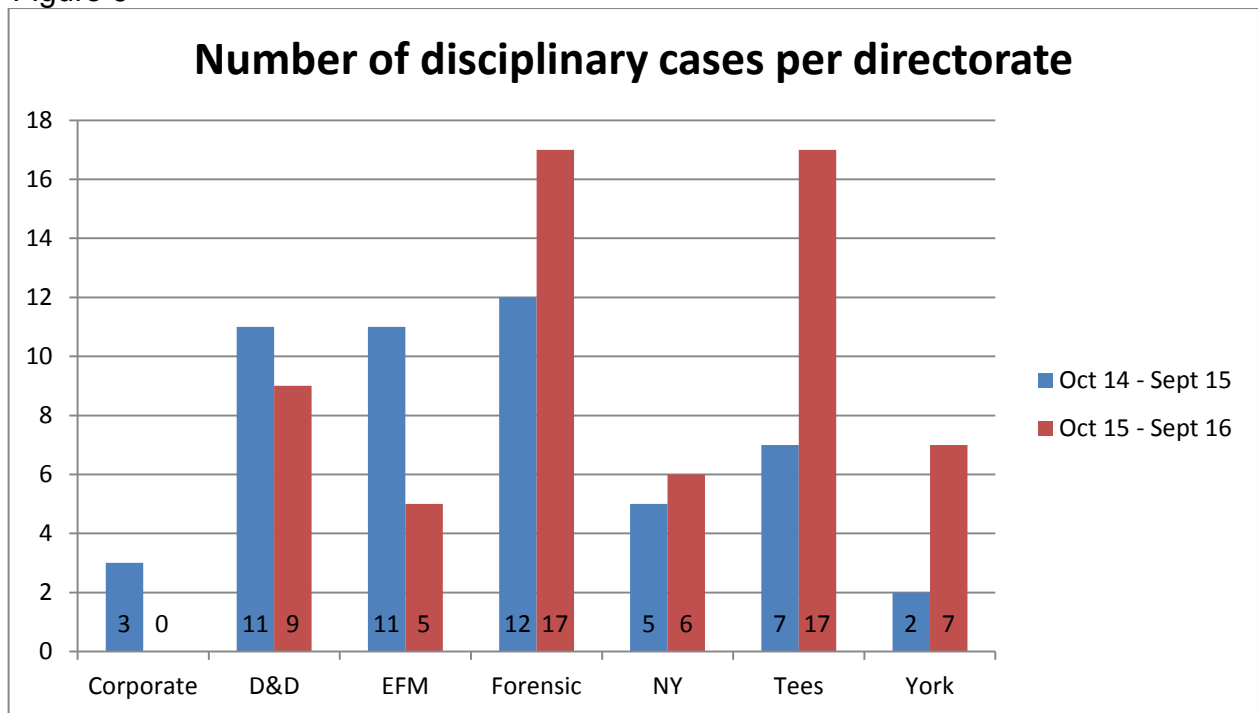
2.9 In the reporting period April – August 2014 and April – August 2015 67% of the workforce experienced no episodes of absence. The figure has reduced to 65% of the workforce. Anxiety/stress/depression/psychiatric illness is the reason reporting the greatest number of days lost for absence in all three years. A 10% increase in the number of days lost has been recorded between the reporting periods in 2015 and 2016.

### 3.0 Employee Relations Analysis

#### 3.1 Disciplinary :

The table below details the number of disciplinary cases split by locality which have occurred during October 2014 – September 2016.

Figure 9



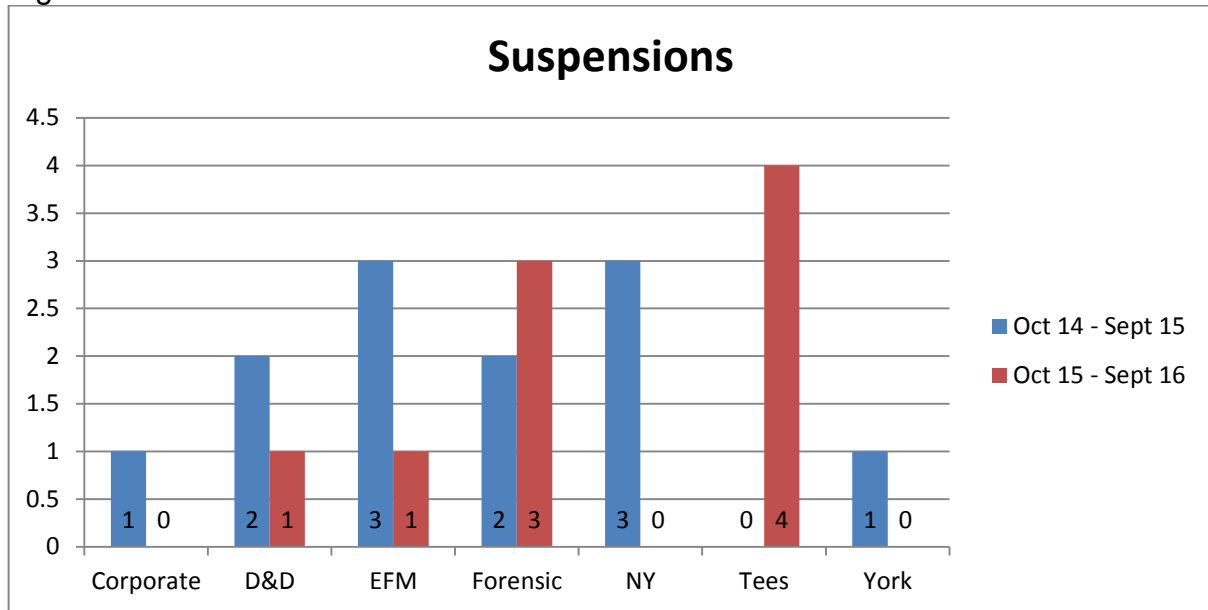
3.2 There were a total of 51 disciplinary cases from October 2014 – September 2015 and 61 cases from October 2015 – September 2016. An increase of 16% (10 cases).

3.3 The cases in Corporate services, Durham and Darlington and Estates & Facilities all reduced in 2015/16 from the previous year, whereas the cases in Forensic services, North Yorkshire and Teesside showed an increase. 3 of the Tees cases related to the same incident and 5 of the forensic cases related to the same concern. The figures reported for York and Selby do not reflect the full reporting period as the services transferred from 1<sup>st</sup> October 2015.

#### 3.4 Suspensions :

The table below details the number of suspensions within the reporting period October 2014 – September 2016. There were a total of 12 suspensions within Oct 14 – Sept 15. This reduced in the following year to 9 suspensions, a reduction of 25%. Suspension is a last resort and is only used for the reasons listed in the disciplinary procedure, the majority of cases where allegations could constitute gross misconduct, staff are placed on an alternative to suspension.

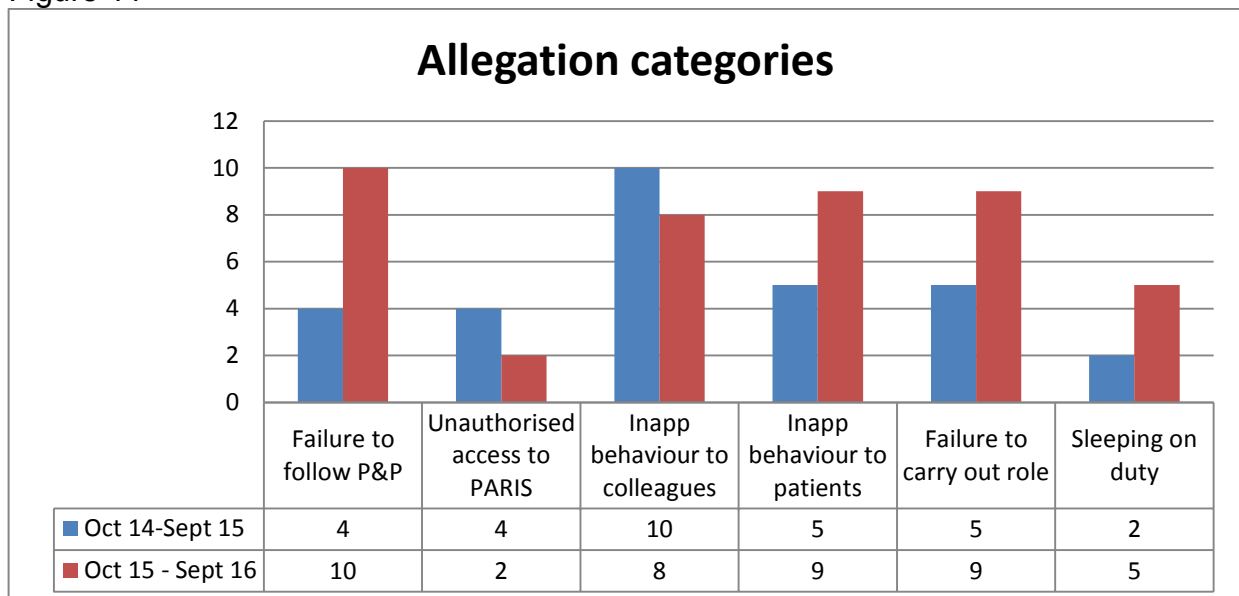
Figure 10



### 3.5 Allegation Categories

The table at figure 11 shows the **most commonly occurring** categories of allegations. The analysis highlights there has been a significant increase in allegations relating to failure to follow policies & procedures, inappropriate behaviour to patients, failure to carry out the role and sleeping on duty. There was a reduction in allegations relating to unauthorised access to PARIS and inappropriate behaviour to colleagues.

Figure 11

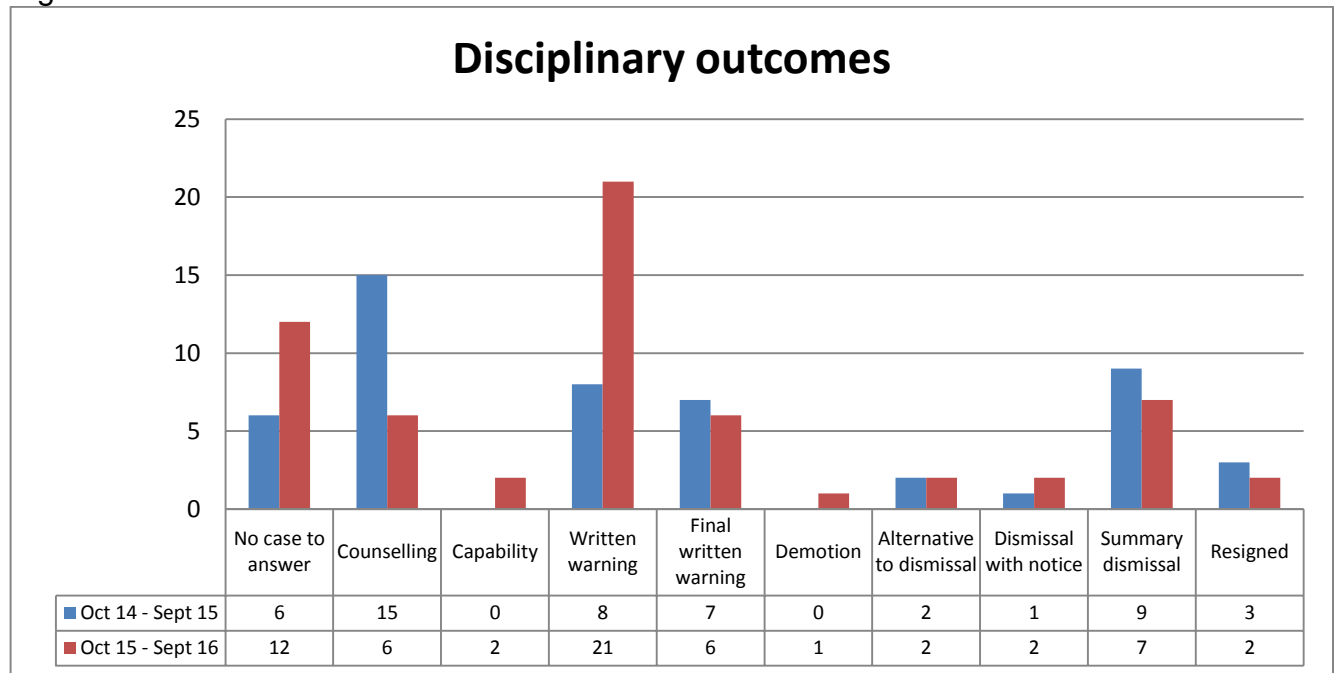


3.6 A quarterly lessons learned bulletin has recently been produced and circulated throughout the organisation. The bulletin captures any trends associated with employee relation matters, for example awareness of the inappropriate use of social media, sleeping on duty etc.

### 3.7 Disciplinary Outcomes :

The table below details the disciplinary outcomes for each case over the last 2 years. The analysis highlights there has been a significant increase in outcomes of no case to answer (50%), the majority of these cases have not progressed to a formal hearing and no case to answer was determined by the commissioning manager. Written warnings have increased by 62%. The number of cases which have resulted in counselling have reduced by 60%. For the year October 14 – Sept 15 counselling was the most common outcome however for the year October 2015 – Sept 2016 this is now a written warning.

Figure 12



### 3.8 Appeals :

A total of 7 appeals were submitted for cases which took place Oct 14 – Sept 15. All 7 appeals were against summary dismissal. Of the 7 appeals 2 were withdrawn, 2 appeals were not upheld, 1 appeal was upheld resulting in the staff member being reinstated with a final written warning and 2 appeals are still to be arranged.

3.9 A total of 5 appeals were submitted for cases which took place Oct 15 – Sept 16. 4 of these appeals were against summary dismissal and 1 against a written warning. 1 appeal against summary dismissal was not upheld and 4 appeals are still to be heard.

### 3.10 Employment Tribunals :

A total of 5 employment tribunals have been received and responded to between October 2014 – September 2016. The outcome of the claims are as follows:

- 1 staff member was successful in their tribunal claim,
- 3 individuals withdrew their claims,
- 1 case is ongoing (the claim has been successful but the trust is appealing the decision).

3 of the above cases relate to October 2014 – Sept 2015 and 2 cases to October 2015 – Sept 2016.

### 3.11 Investigating team :

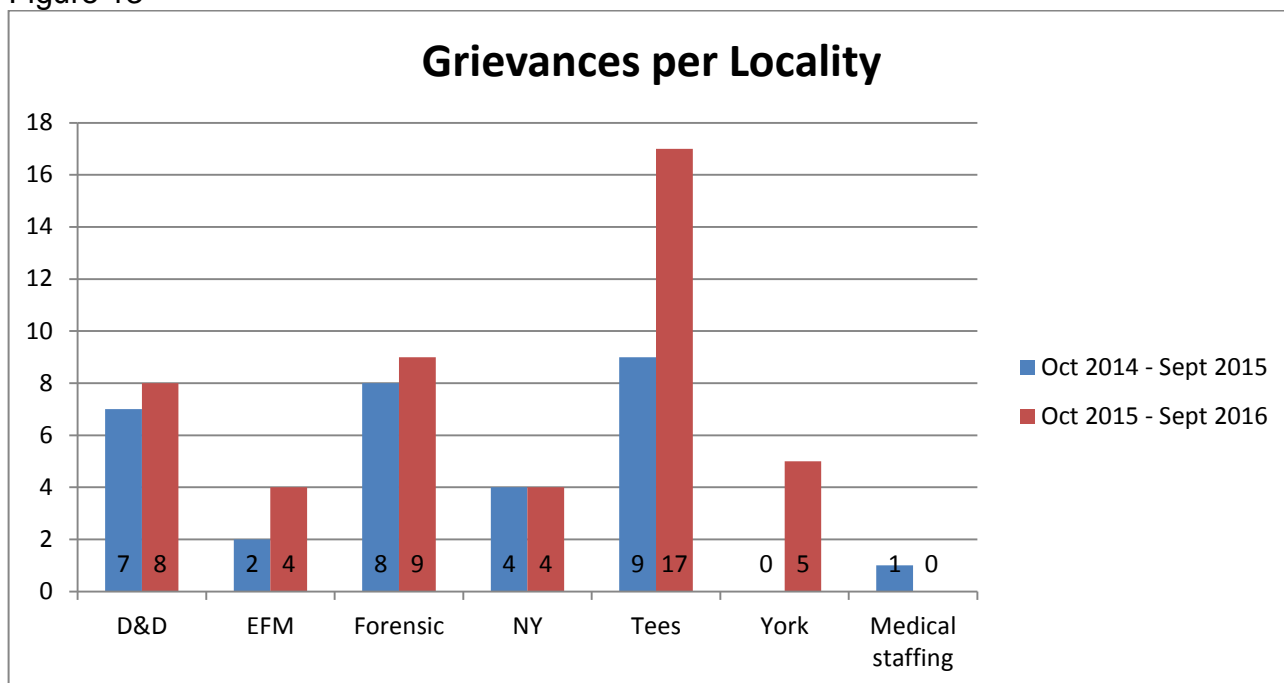
Since October 2015 the trust has invested in a dedicated investigating team who have undertaken all disciplinary investigations. The average length of time taken to conclude an investigation is currently **58 days**, slightly over target of 56 days. For the previous year before the team started the average length of time to conclude an investigating was **86 days**. **A reduction in the length of time by 35%**. The average number of days to complete the disciplinary process is currently **87 days**, slightly over target of 84 days, in comparison to the previous year of **117 days**. **A reduction of 26%**.

3.12 The investigating team is currently funded as a trial until March 2017. An evaluation of the team is due to go to EMT in November.

### 3.13 Grievances :

Throughout the year October 2014 – September 2015 there were 31 grievance cases. This figure has risen to 47 cases for October 2015 – September 2016 an increase of 34%.

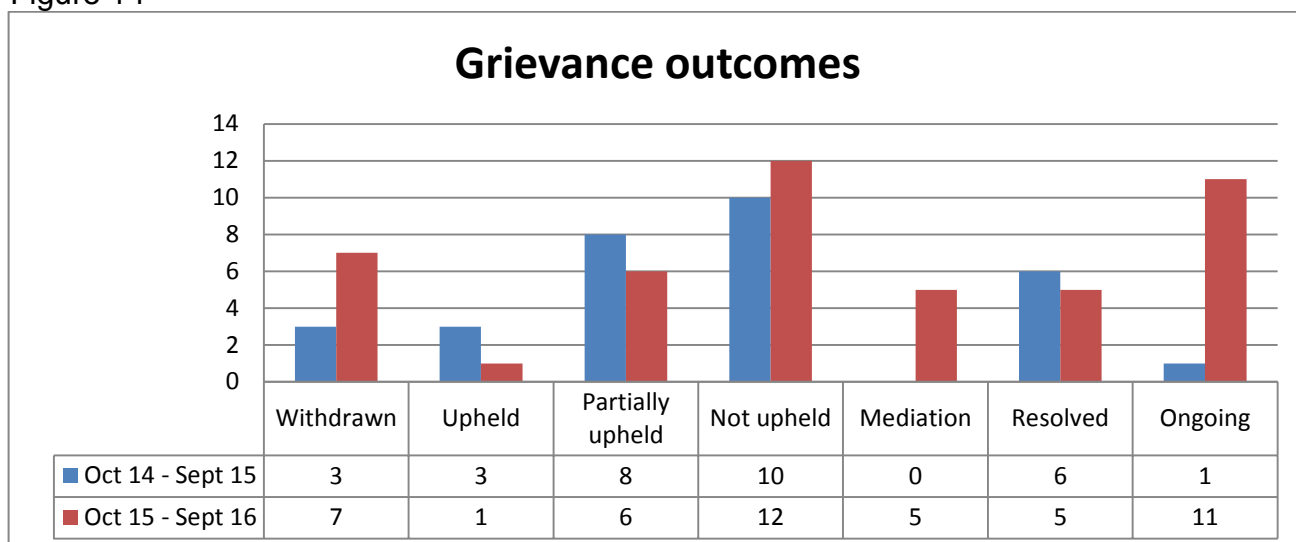
Figure 13



### 3.13 Grievance Outcomes

The Trust has trained a number of mediators to support staff to resolve concerns they may experience with colleagues or managers. There has been an increase in mediation being offered at a stage 1 grievance hearing as a means for resolution.

Figure 14



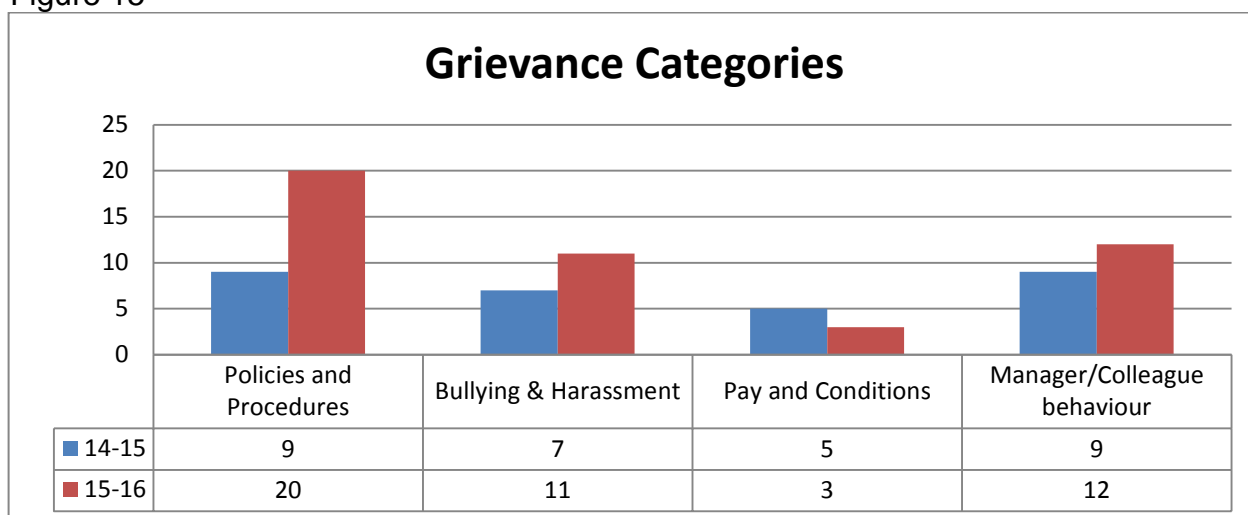
### 3.14 Grievance Appeals :

Of the 31 grievances within October 2014 – Sept 2015 a total of 12 staff appealed the decision (39%). Of the 47 grievances within October 2015 – Sept 2016 a total of 8 staff appealed the decision (17%).

### 3.15 Grievance Categories:

The graph at figure 15 highlights the reasons for grievances being lodged. There has been a significant increase (55%) in concerns regarding policies and procedures and a 36% increase in claims of bullying and harassment in the last 12 months.

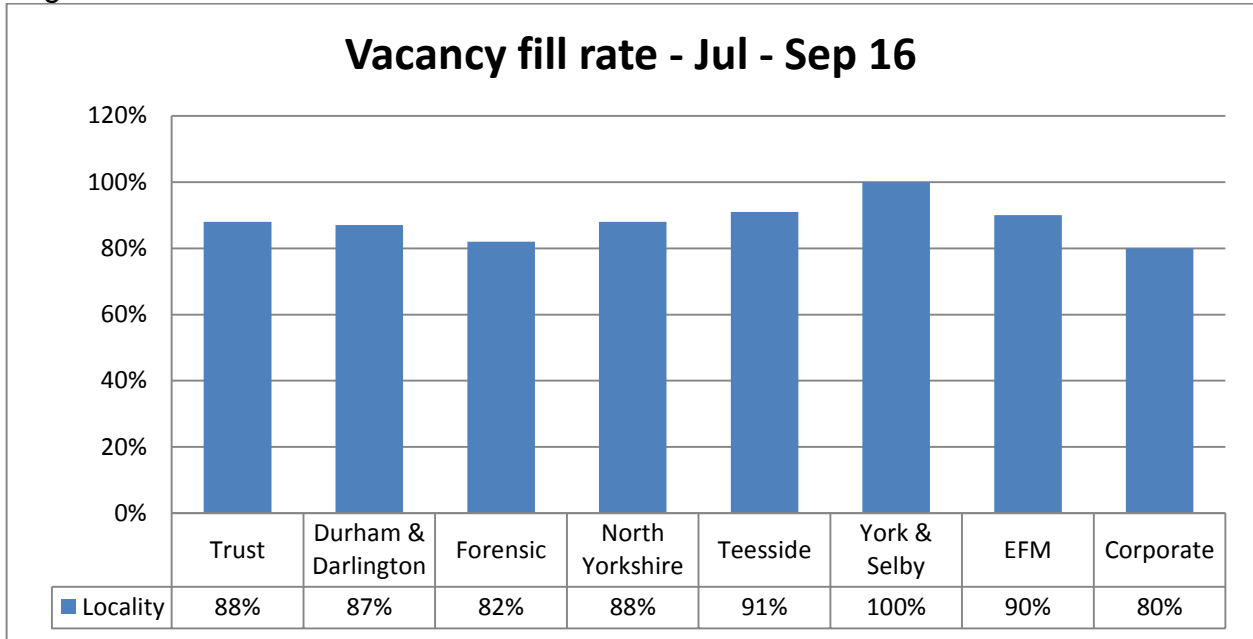
Figure 15



## 4.0 Recruitment Analysis

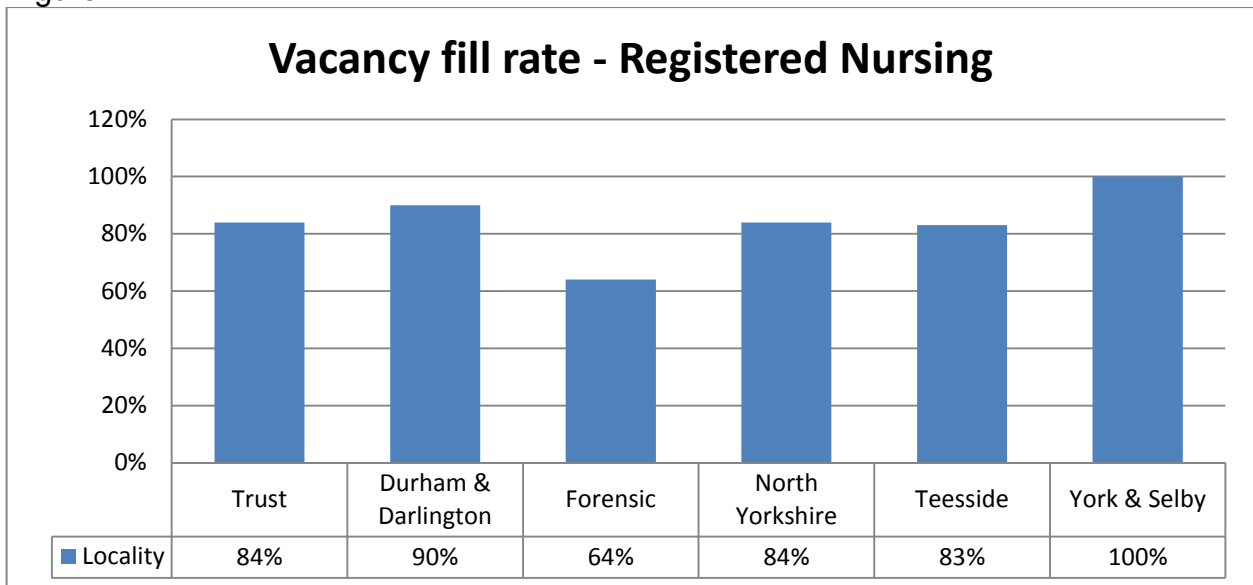
4.1 The total number of vacancies required during the reporting period was 307, with a total of 270 successful appointments made. The graph at figure 16 highlights a vacancy fill rate of 88%. The figures are based on people commencing in post during the quarter and unfilled vacancies. York and Selby Locality reported a 100% vacancy fill rate based on 21 recruitment episodes. The lowest vacancy fill rates were reported in Forensic Services at 82% fill and Corporate Services at 80%.

Figure 16



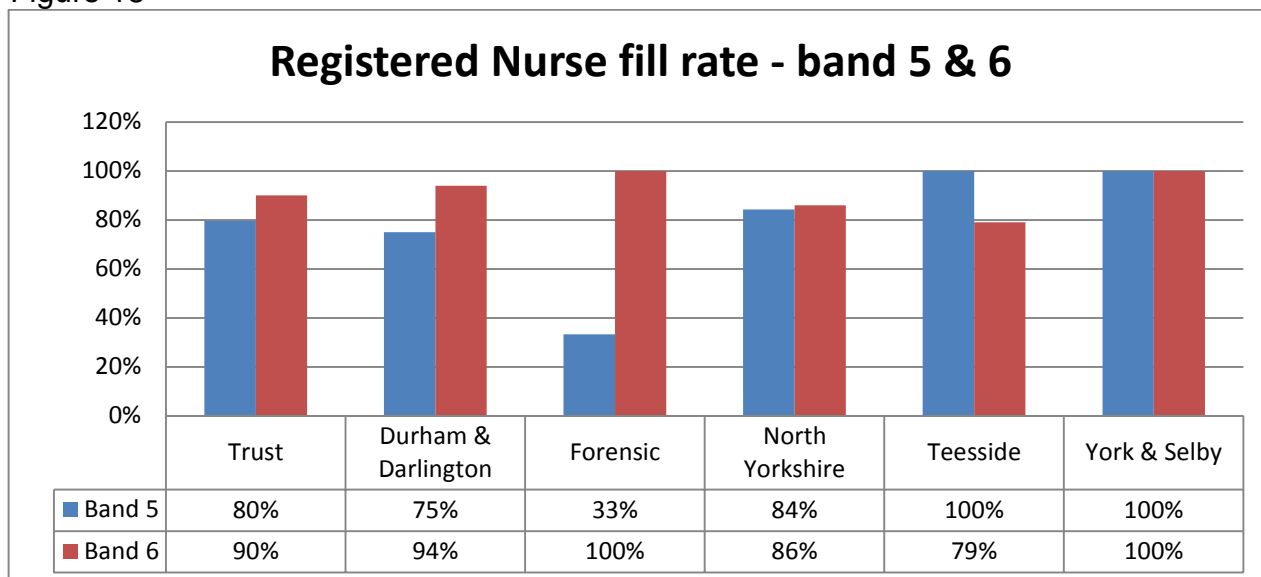
4.2 The graph at figure 17 provides the vacancy fill rate for registered nursing vacancies within the reporting period. The Trust reported a figure of 84%. Forensic Services reported to lowest fill rate at 64%. The figure is based on 14 out of 22 registered nurse vacancies being successfully recruited to. Forensic Services have successfully recruited 12 newly qualified nurses who are due to take up post in October 2016.

Figure 17



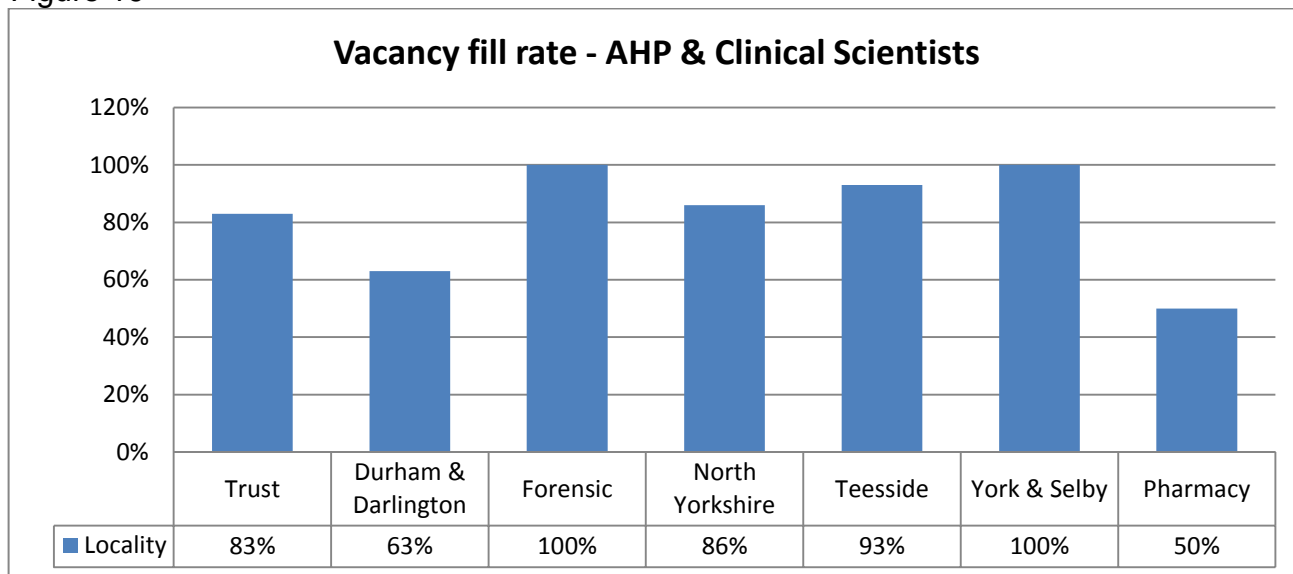
4.3 The graph at figure 18 provides a breakdown of the vacancy fill rate for registered nurse recruitment to bands 5 and 6 during the reporting period. Analysis of registered nurse leavers from Forensic Locality over the last 12 months highlights that 26% (6) indicated they were moving to the private sector. The majority of the leavers were from Forensic Learning Disability services. This figure is significantly higher than the 12% (23) of registered nurses leaving across the organisation to move to the private sector.

Figure 18



4.4 The graph at figure 19 highlights the vacancy fill rate for allied health professionals and clinical scientists. Pharmacy and Durham and Darlington reported the lowest success rate. A review of the vacancies unable to be recruited to within Durham and Darlington highlighted two Occupational Therapist band 6 posts were fixed term and a Dietitian band 6 part time.

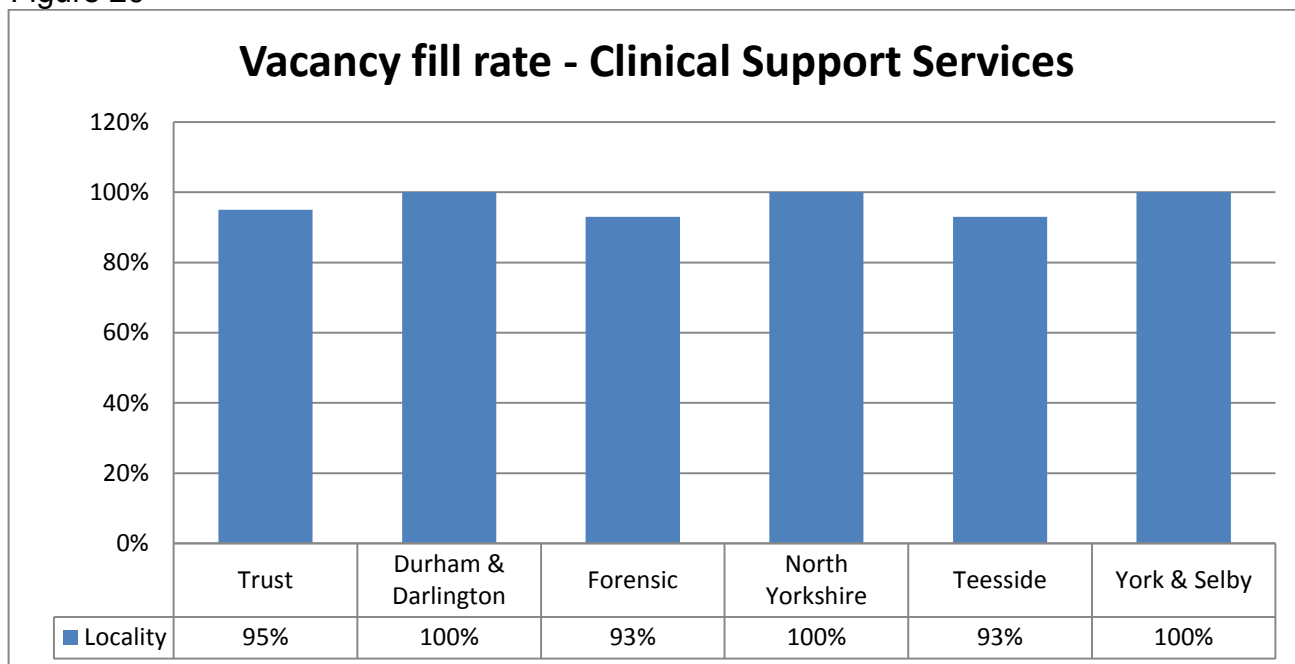
Figure 19



4.5 The graph at figure 20 highlights the vacancy fill rate for clinical support services such as health care assistant, therapy assistants.

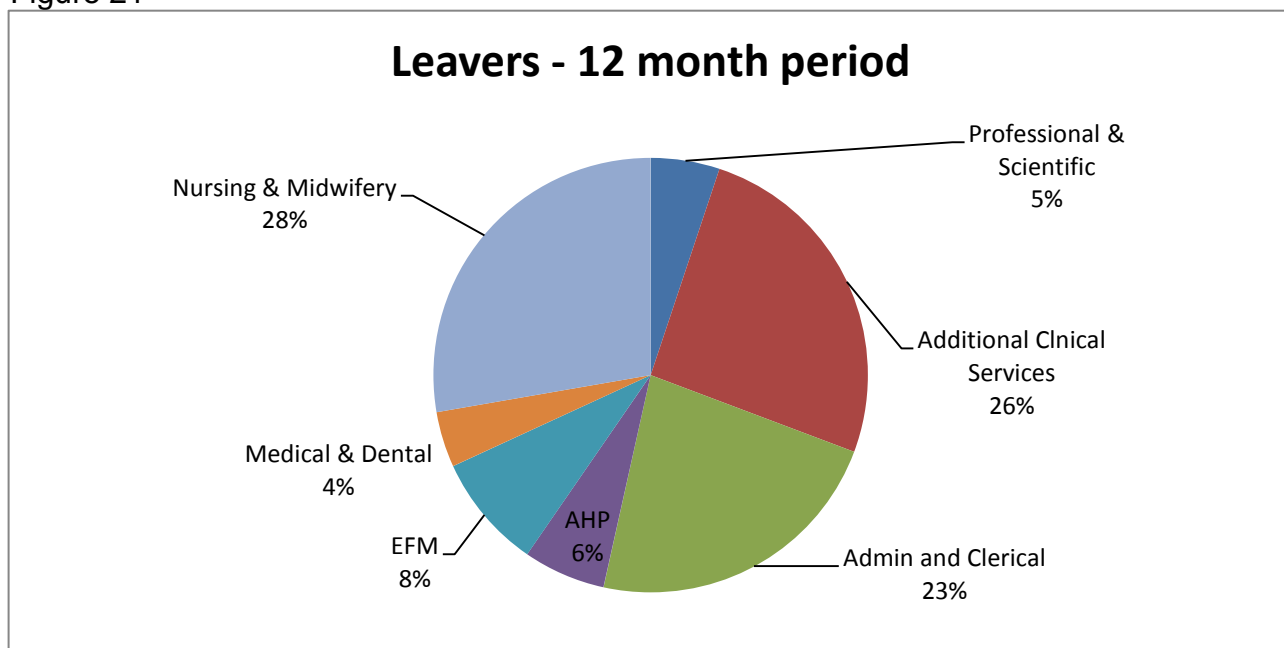


Figure 20



4.6 The graph at figure 21 provides a breakdown of leavers by professional group over the last 12 month period. Nursing and Midwifery reported the largest proportion of leavers at 28%, the professional group make up 33% of the workforce. Additional Clinical Services represent 25% of the workforce and reported 26% of leavers during the reporting period.

Figure 21



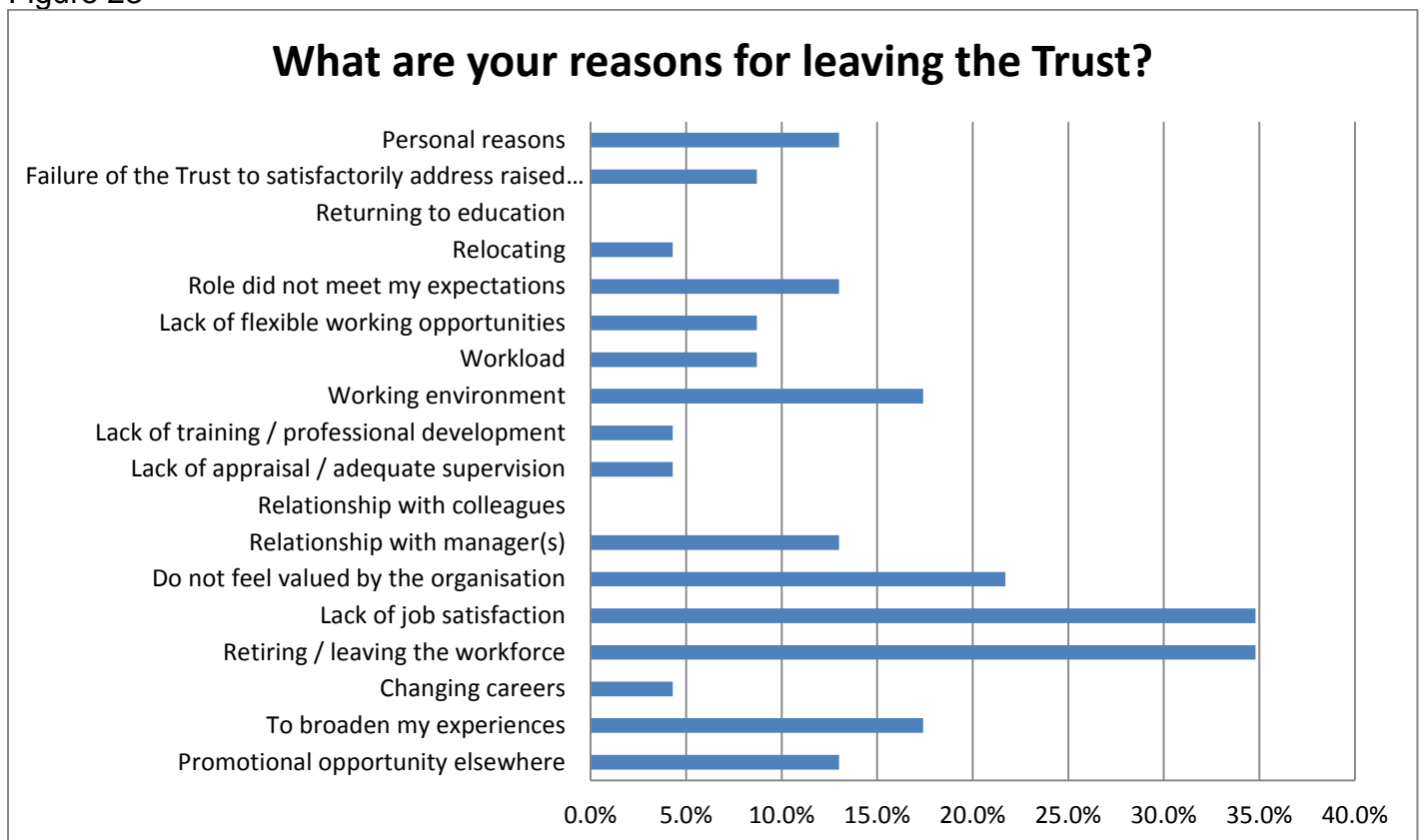
4.7 The table at figure 22 highlights the number of leavers by professional group and the turnover rate for each group.

Figure 22

	Professional & Scientific	Add Clinical Services	Admin & Clerical	AHP	EFM	Medical & Dental	Nursing & Midwifery
No of leavers	36	180	160	43	60	29	195
Turnover rate	8%	11%	12%	13%	15%	9%	9%

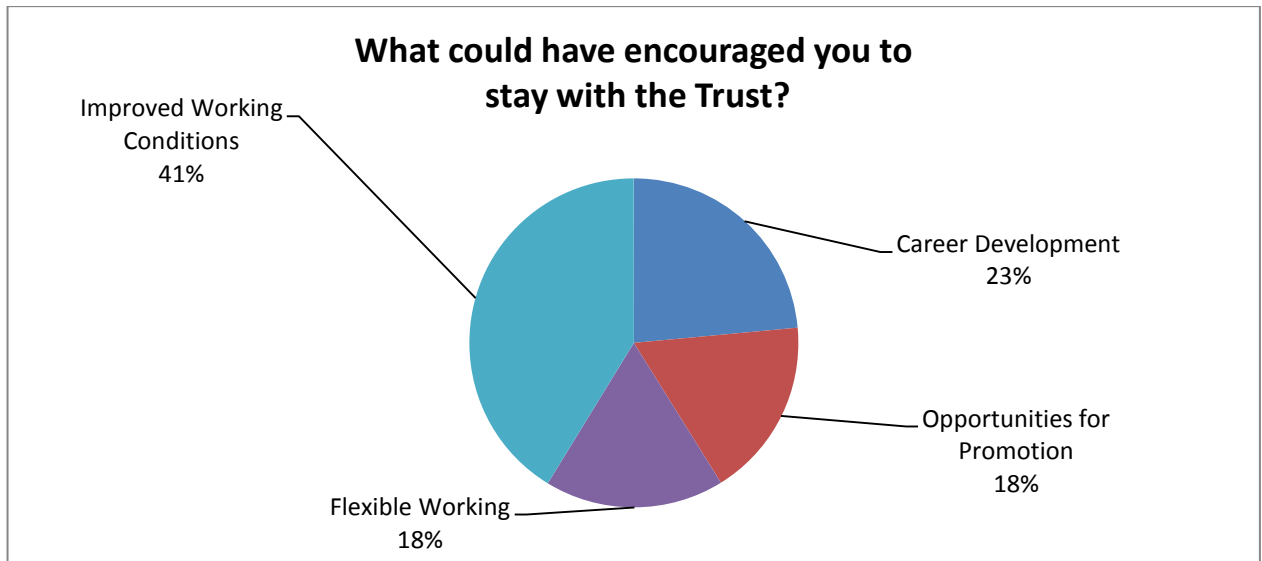
4.8 The number of leavers during the reporting quarter was 161. An exit questionnaire is emailed to staff leaving the organisation. 14% of staff responded to the questionnaire, the figure is a reduction in the response rate of 33% reported in quarter one. The graph at figure 22 highlights the responses received to the question “**What are your reasons for leaving the Trust?**” A total of 23 responses were received with more than one choice being available to opt for. Lack of job satisfaction and retiring/leaving the workforce reported the highest response rate.

Figure 23



4.9 The graph below highlights “**What could have encouraged the leaver to stay with the Trust?**” Of the seventeen responses 41% indicated improved working conditions.

Figure 24

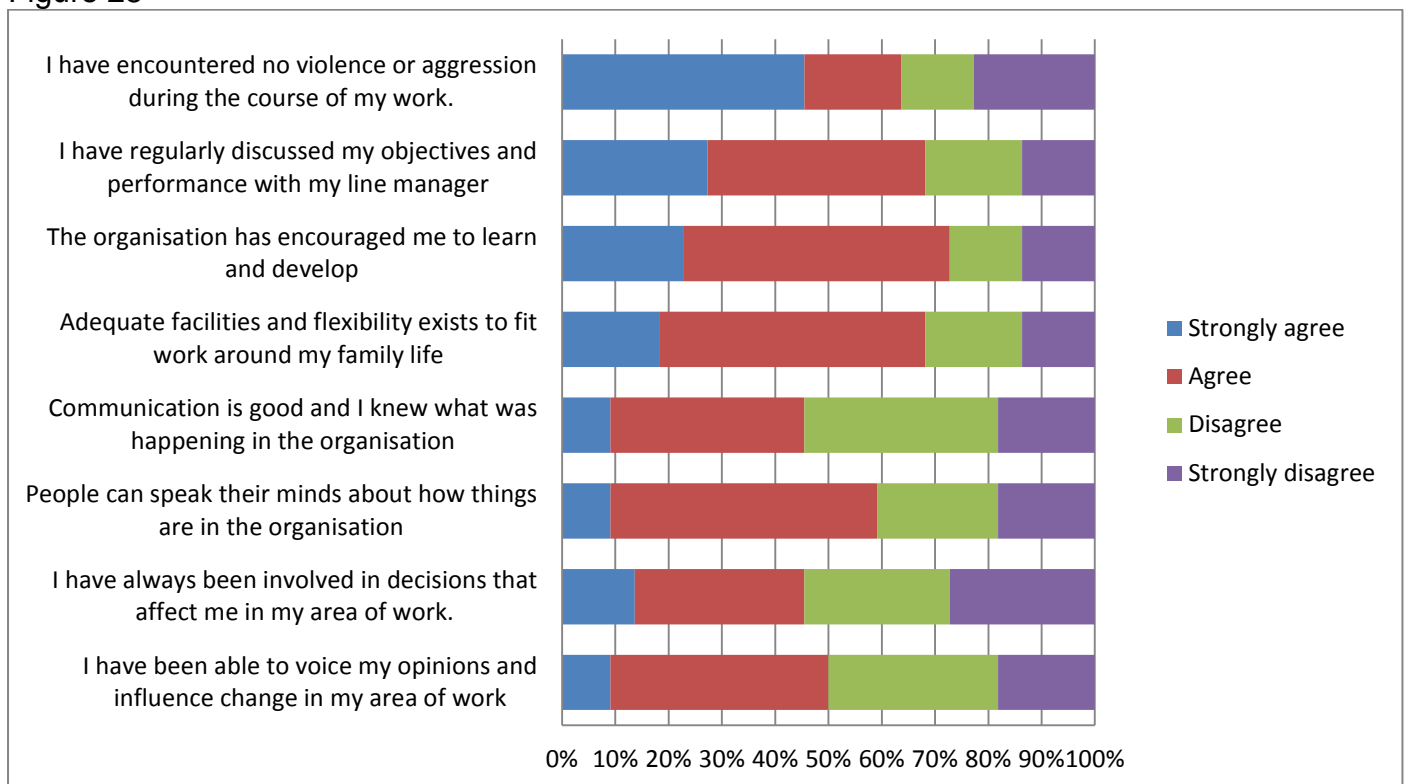


4.10 9 of the respondents included additional comments when responding to the questionnaire. The responses are summarised below:

- a number of people highlighted the organisation as being too focussed on targets which detracted from patient care.
- Low staff morale, however this was not specific to any locality.
- Shift patterns and long shifts, particularly when shifts are together and impact on work life balance.

4.11 The graph at figure 25 shows the responses received to a range of statements the respondents were asked to grade.


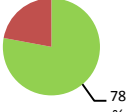


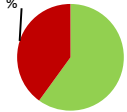
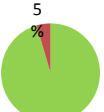

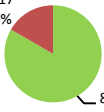




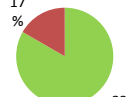






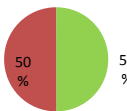





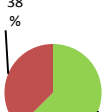
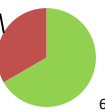




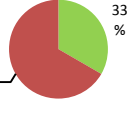

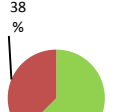
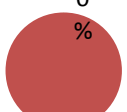
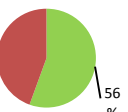
Figure 25



- 4.11 The following pages include the compliance rates on a range of key performance indicators. The reported turnover rate within Estates and Facilities Management is higher than other localities. Analysis of the leavers shows that 14% (13) of staff opted to retire and return and 44% highlighted retirement as the reason for leaving. The age profile of EFM shows 56% of the workforce are over 50, with 18% aged over 60.
- 4.12 York and Selby Locality reported the highest turnover rate at 16%. A total of 101 leavers were reported within the 12 month reporting period. The highest reason for leaving was retirement at 26% of leavers.
- 4.13 Appraisal and mandatory training compliance continues to improve with a number of localities consistently reporting in excess of 90% compliance rates.

### KEY PERFORMANCE INDICATOR SUMMARY

	Key Performance indicators	Target	Trust	Durham & Darlington	Teesside	Forensic	North Yorks	York and Selby	EFM	Corp
1	Labour Turnover rate	8% - 12%	10.7% 	10.0% 	8.8% 	8.2% 	10.4% 	16.4% 	13.7% 	13.7% 
2	Sickness Absence FYTD	4.5 %	4.8% 	5.1% 	5.3 	5.3% 	4.5% 	5.0% 	4.5% 	2.5% 
3	% of investigations concluded within 8 weeks	95% 	27% 	0% 	0% 	17% 		0% 	0% 	
4	% of grievances concluded with 3 months	95% 	20% 	0% 	0% 	0% 	0% 	0% 	0% 	
5	% of staff receiving an annual appraisal	95% 	10% 	11% 	6% 	7% 	14% 	50% 	8% 	14% 
6	% of staff compliant with mandatory and statutory training	95% 	11% 	10% 	8% 	8% 	13% 	33% 	7% 	9% 

	Key Performance Indicators	Target	Trust	Durham & Darlington	Teesside	Forensic	North York	York and Selby	EFM	Corp
7	% of new starters attending corporate induction within 3 months of commencing employment	100% 	22% 	5% 	37% 	40% 	5% 	43% 	17% 	10% 
8	% of new starters confirmation of local induction checklist completed within 2 weeks of commencing employment	100% 	30% 	27% 	17% 	14% 	14% 	67% 	67% 	17% 
9	% of band 1 -5 recruited within 13 weeks	75% 	50% 	48% 	54% 	60% 	43% 	67% 	38% 	33% 
10	% of band 6 – 9 recruited within 15 weeks	75% 	44% 	37% 	48% 	67% 	33% 	38% 	0% 	44% 

## Staff Friends and Family Test - Quarter 2 2016 - Appendix 3

### RAG Table for Trust wide results

	Q4 2014	Q1 2015	Q2 2015	Q4 2015	Q1 2016	Q2 2016
How likely are you to recommend this organisation to friends and family if they needed care or treatment	83	84	83	82	82	81
How likely are you to recommend this organisation to friends and family as a place to work	72	74	72	72	72	72
*The care of patients/service users or supporting clinical services is the top priority for my team	81	82	81	80	81	88
I am able to make suggestions to improve the work of my team/department	80	81	80	80	78	82
*I believe that it is worth my while making suggestions	N/A	N/A	N/A	N/A	N/A	76
*There are opportunities for me to show initiative in my role	75	77	76	76	74	81
I am able to make improvements in my work area	69	70	71	71	70	N/A
*Overall my role gives me job satisfaction	N/A	N/A	N/A	N/A	N/A	78
*I believe people within my team treat me with dignity and respect	N/A	N/A	N/A	N/A	N/A	87
*I am able to access job relevant non-mandatory training and/or continuing professional development opportunities	N/A	N/A	N/A	N/A	N/A	81
I look forward to going to work	62	63	63	62	62	N/A
I am enthusiastic about my job	76	78	76	76	76	N/A
Time passes quickly when I am working	70	80	78	81	81	N/A
<b>Excellent: 80%+</b>	<b>Good: 65% - 79%</b>	<b>Fair: 50% - 64%</b>	<b>Poor: 40% - 49%</b>	<b>Very poor: under 40%</b>		

\*New or amended questions for Q2 2016

### **Free Text Comments**

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

#### **Extremely likely**

Dedicated staff, excellent care delivered. Safe and friendly place.

I am confident in the ethos of the organisation.

Caring staff, excellent facilities.

I work with an excellent team of people.

Quality of care by co-ordinators is excellent, very skilled, knowledgeable and caring.

I have worked in this Trust for 40 years through many changes so I am aware of the standard of care provided.

There is no other option but I do think that many staff are skilled and compassionate and do the best job that they can.

As per my experience, TEWV is the one of the best Trusts I have come across. Well trained doctors and staff and well organized management are easily found within this Trust. Patients have been looked after well as well.

We have robust systems and high quality staff.

I believe in the NHS and this Trust.

Staff still try and give the best care even though Trust policy regarding patient care is financially led and all about the money now.

Fantastic team, looking after members and listening to their needs.

The continuous training of staff which keeps everyone updated on the latest treatments necessary.

Already advised people to attend.

Good treatment levels with successful outcomes.

Great boss who supports my development.

Extremely caring and nice staff.

Have recently recommended a family member access CAMH's service, very professional, high level of care with good outcomes. Patient focused service.

I think our staff are skilled and dedicated they do the best they can.

The organisation is able to deliver an excellent service with passionate staff who care about the patients they support.

As I have seen front line staff genuinely care about their patients and will go above and beyond to help them.

People here care. They are very involved with the wellbeing of the patient, and they are responsive enough to things when they are wrong.

The quality of care from the staff.

Very well organised with excellent services across the Trust.

Very committed team. An environment that promotes privacy and dignity.



I believe we provide excellent care in our team and are caring and responsive to individual's needs.

Good staff care and encourages development of man power skills.

I think all staff provide a great standard of care to all our patients .

Extremely well trained and caring clinical staff. We are fortunate to work in one of the recently built units; opened by the Archbishop of York who said all mentally ill patients should be cared for in such units.

In comparison to other local providers of MH and LD.

Because front line staff are always doing their best for their patients and the organisation is very patient focussed.

Well ran service. Outcomes are positive, staff friendly.

Forward thinking and innovative Trust with very good values for staff and patients.

Focussed and deliver an excellent service.

The Trust provides good services.

Mental health provides a good service generally.

Because of the professionalism of my colleagues working in mental health services.

TEWV staff are so professional, positive and caring. I recommend involvement with TEWV without hesitation.

I have accessed treatment recently and found it to be excellent. I also believe that staff working in TEWV are well trained good professionals.

Worked for the Trust for over 20 years and they supported me to return to work even with my limitations.

If they were to be attending where I work, unsure about other services in the Trust.

It provides a very good evidence based service.

I think the Trust puts patients first.

The team that I do my clinical work with at Bankfields Court are awesome.

Feel that patients are given the best care possible even though there are pressures on the staff to undertake targets.

Since joining the team in March 2016 I am impressed with the values, the compassion and the professionalism of all the staff, I have elderly parents and relatives and I would not hesitate to refer them into the service should they need it.

I think the care we give our patients is excellent and would be happy for any of my family to come onto Wingfield.

Honest person centred care I would trust all staff members with any of my family.

Care is well organised and is unlikely to be left to drift.

They are professional, demand the highest standards from everyone whom they work with and provide excellent evidence based care with service users at the heart of the delivery.

Being new to TEWV I am seeing lots of positive changes, for the last few years colleagues have only been offered temporary contracts so obviously people have come and gone on a very regular basis. We are moving into a more settled period as TEWV are offering perm contracts which means I will be more able to do my own job (albeit at a lower pay scale, which is less positive!!)

TEWV always have patients experience at the for front of all the care they provide.

Dedicated, well-trained staff.

The service user experience always come first for TEWV staff, improvement of quality of care is always being pursued.

### **Likely**

The care we provide is great. In the present climate we are not allowed to provide as much of it as we should or would wish to.

I recently had a family member detained under MHA and their care was excellent.

I feel I would recommend this likely as someone who needed care as I believe we have some great staff who deserve a lot more recognition that they get currently.

Staff are thoughtful in the community teams and want to help patients to recover.

Good staff who care about their patients.

I believe that there will be good and bad areas in most Trusts.

Staff try hard.

I know this is one of the best Trusts in the country.

Too much focus on processes and box ticking over actual face to face care.

Staff are dedicated to patient care.

Good and competent staff.

In the hope they would get staff who genuinely care.

The rating could be higher, as I think the organisation is very well led and efficient, but is let down at times by resource/staffing issues which could lead to an excellent standard of care.

I didn't score higher as I am well aware of the staffing pressures throughout our team.

Very professional dedicated staff with the interests of the client at the centre.

It is overall a good Trust with good doctors.

In my experience as a Carer and concerned family member, clinic staff do not pro-actively seek the concerns of close relatives and carers some carers are very vocal but others wait to be invited to talk about their concerns.

From talking to both patients and staff it appears that treatments are tailored to the individual.

I have very high standards and would worry about any of my family under the care of anyone.

The Trust is staffed by diligent and professional staff. Although funds are limited they work hard to ensure high quality care.

Only if they needed to.

I think it depends on where in the Trust - some areas are better than others.

It is the local provider.

We're else offers this service.

Except Forensic Learning Disabilities.

From the professionalism I have seen and the Trust values.

It is the only provider in the area.

Depends on which service they needed to access, but in the main, yes.

Some services in York still need improvement to deliver quality care (includes staffing levels).

It would depend on which area they lived in, I would be less likely to recommend a service if was Durham and Darlington Adult Mental Health.

On a whole this Trust appears to be very caring with some fantastic staff.

Neither myself or the majority of my family or friends live within the Trust's boundaries.

The vast majority of clinical teams do an excellent job.

I think that in most cases the care and treatment delivered by TEWV is good and safe. I think that TEWV are better than their 'competitors'.

Because of the job I do I get to see how different teams with the Trust work and there are some places that I would happily recommend.

Likely because there is nowhere else to go. Based on previous experience of trying to get a relative access to service I would avoid if at all possible as the crisis team were unhelpful and placed barriers at every stage.

Had a relative as inpatient and care was good although a couple of issues. One of which dealt with well and not so happy on way other issue dealt with.

There is no other option for secondary care within the locality I live, to go to any other provider would require a distance that would not be beneficial, saying that the services provided by TEWV are generally of good standard.

I have seen staff working extremely hard but I have also witnessed a family member not receiving the best care. I would like to think that overall, the Trust can provide excellent care and treatment, but maybe not in every case.

Is there any choice?

A family member had telephone support, which TEWV were involved with, this was not effective, as there was no checking that they had understood and were implementing the advice in the workbook, asking if they had done the work and understood it is not enough. Other aspects of the Trust are very good, but not excellent, although the majority of staff does their absolute utmost to provide positive patient experiences.

I think it would depend on each person who asked me and what their particular complaint was, i.e. should they need specialist care.

The team I work with put the patient at the heart of their care and go the extra mile to help others.

Most of the people I have worked with are very passionate about what they do and I feel confident they would provide the best care for someone I know.

Good service, long waiting lists in certain areas for certain types of therapy.

I have the unique position of being a member of staff and a service user and have been very happy with the care I have received.

Staff strive to provide high quality care.

Would depend on the level of service that is required , and also as to whom they may see.

I am aware of variation in the quality of services across TEWV. If I was able to recommend services of my choice then I would. There are services that I definitely would not.

I think the services in the area where I work provide a good service with the limited resources available, one issue that concerns me is that service users and carers have to travel to inpatient units some miles away from their home which if you don't drive causes major issues as the public transport service in the area is really poor and unreliable.

Based on the last chief executive and his leadership would have given higher so waiting to see if there's a similar approach under new leadership.

I work with very friendly teams, however cannot put extremely likely as I think admin are not appreciated in the current format of working at my location.

Good mental health services.

I believe with offer a high standard of care.

If they live in the TEWV area it is the best care going.

The services are depleting that are available for service users. There is only so many times we can think outside the box to provide adequate support for our clients. It can be depressing and frustrating at times that there are services that are having to close because of lack of funds for a much needed service. Such as day services.

The care given and environment is calming and staff are helpful.

I would only recommend likely for the local services I work with. I would not recommend different services in the Trust related to how they treat me.

The poor staffing levels in some units would be a concern.

Dependant on the service. Most services I would be extremely recommend.

Staff are caring and friendly and do all they can to help their patients, despite workloads and pressures.

It's the only source of treatment in my locality, there is no patient choice, basically a ridiculous question.

The people who I work with are very caring and therefore I would be happy for them to care for a relative and/or friend of mine.

I think in general the Trust does put service users and carers at the centre of what we do but there's been lots of information recently about failures in services in Durham and Darlington that perhaps would make me question whether certain services would provide the best care for my friend or relative.

Only mental health NHS provider in area we live so lack of choice other than private or charity based.

This would be dependent upon the nature of the illness, and the area involved.

Patients are well cared for by ward staff despite strange and unhelpful working practices introduced by management which does not help in the improvement of patients care.

Likely to as the patients are very well looked after on our ward, to the extent that this is not helpful when they come to moving on as this is rehabilitation and just about everything is done for them. Patients then are more likely to try to do something in order to jeopardize this.

It would depend on what care or treatment they required as funding is obviously an issue in certain areas, waiting lists are too long and carers are ignored by certain specialist teams.

This would be dependent on hospital and ward.

Would depend on which area needed though! Inpatients I wouldn't recommend not due to the ward staff but higher management.

Sometimes there are waiting lists and there is not enough staff capacity wise to get the waiting lists down and to see clients as we would like to.

TEWV is the only mental health facility in the area.  
It's relatively the only provider in the area.

Most of the staff are caring and compassionate but there are some (just a few) that I would not like a friend or family member to experience.

It depends on the patient's age and type of difficulties.

Mainly as they have no other choice in reality.

Staff are fantastic and their skills are second to none.

This depends on the area I have no experience in any other area than York. The unit I work at has a great team and that would be of benefit to anyone I know that needed our type of treatment.

No choice of provider.

We prioritise the needs and care of our patients and their families/carers. Despite a cash strapped, and recourse depleted, service, I still think we do an excellent job.

### **Neither likely nor unlikely**

Variation within and across localities and specialities.

It would depend on which member of staff they are given. The lack of consistency in quality of clinicians approach is a failure of leadership in setting standards (which is not compensated for by ticking boxes) and the fact that staff do not feel cared for which exaggerates any compassion fatigue they may be experiencing from, too high a case load to manage safely and effectively.

The care overall is very good if you can get into the service. Depending upon previous treatments already accessed I would be more likely to advise a family member to try self-help and GP firstly.

Some excellent team members in secondary care community services however the stress of the workload is having an impact overall. Staff are leaving and are being replaced by more inexperienced staff.

Due to a couple of SUI's where I have known of the patient or family member who have died.

This would depend on which part of the service and the particular problems they may be presenting with. Some services are good and some not so good. For example I would not recommend IAPT as of the limitations. An ADT with a good care coordinator, I might recommend, but that depends on who they get.

Long waiting times watered down therapy (capacity and demand issues).

If waiting times were resolved then I would as there are some excellent staff working in the teams, however the wait is too long.

Depends on which service they require but if there are no other alternatives available locally, and you can't pay for private assessment/ care package, this question is redundant certainly within the service I work, staff are having to deal with huge numbers of cases which means meaningful assessments and timely interventions are not routinely available. Experienced and trained staff have left/ are planning to leave the service due to unrelenting pressures of work combined with being micro-managed.

As a member of staff I am aware of how excellent the service we can provide is however, as a service user I have experienced poor and fragmented care which has also highlighted massive discrepancies - in recommending the Trust I would be unable to say for certain what level of care they would receive.

Depends which part of the service they were being referred to.

Management at Roseberry Park are more concerned with political correctness than safeguarding staff and more importantly other patients.

My partner has recently been assessed for Autism. (it runs in his family and he has signs of it which are affecting his daily routine) He has had a letter saying that TEWV cannot offer him any help but no explanation why, this news has sent him on a downward spiral as he has been offered no alternative or information.

There is currently issues with the Crisis and CAS teams and response times to self-presenters . A two - three hour waiting time is not acceptable without triage.

Whilst staff make every effort to ensure a high standard of patient care, poor staffing levels often make it difficult for this to happen.

As I think I said last time I have significant concerns over staffing levels on our open wards. They are far from ideal given the care needs and level of disorder present these days. With shorter admissions and fewer beds inpatients in general have higher needs and present higher risks than they did 10 or even 5 years ago. The pressures of admitting York patients increases this significantly. However otherwise good care is available in some areas of the Trust. And as I have also said the standard of care can be inconsistent even within one team.

Too much of a postcode lottery as to what services are available but have no other option as cover such a vast area. Some services are great and would recommend them.

They would go to their local Trust, so my recommendation would not be relevant.

Targets not people/need.

I just wouldn't recommend a service when really this is all they have to choose from.

The experience is dependent on the quality of the staff member and this is not standardised. There are some very good staff that I would be pleased to have caring for family or friends. There are other staff I would not allow to look after my dog.

This would depend on the child's presentation. I might refer to private sector for specific needs, because in the NHS families have to go through a lot of assessment to get to specialist services.

Not all services are of the same high quality and resources vary.

The staff delivering care are committed to patient care but the Manager's simply look at statistics and figures and really don't care about the stress staff are experiencing.

If not on observations, care can be very far and in between, as no staff to deal with the patients.

My first comment is that in my mind mixed wards for organic and functional patients do not work and never have. The feedback I have receive mainly from the functional patients is that they feel that it adds a further negative impact on their already distressed state. We deal with organic patients who have a range of behavioural problems, from aggression both physical and verbal for example which the functional patients are having to deal with. We also have at times several patients who are on close observations which in turn impacts on staffing numbers. I know of wards that have half the patients with the same staffing levels, it does not take much to then comprehend the impact it has on staff morale and stress within the work place. Staff at times, especially the HCA's within the team while working nearly a thirteen hour shift do not even have a break during their shift and at times are struggling to even go to the bathroom. The ward is only run because of staffing loyalty and commitment to the patients in their care but this does not alter the fact that for most of the time the ward is struggling. My fear is risk and harm to either staff or patients on many levels. Work stress, serious injury or even worse god forbid.

If people live in this area, then it is not really a recommendation, as what other options do they have to receive treatment, especially if they do not want to travel. The question, needs re-wording. I make a recommendation if there is no alternative choices. Also I may recommend one area, and not have any knowledge about other services/directorates/localities. The question is too big!

Variability of service and staff quality means that I would recommend some teams, but not others.

Due to working for the Trust not likely to refer family but would friends.

Wards currently understaffed leading to lower quality of care and the ability to fulfil obligated tasks for patients.

Have heard some derogatory remarks made by staff regarding their patients which is extremely unprofessional.

I feel things have changed and they are more directed to meeting targets and money and no longer 100% care.

I am aware of waiting times and how figures 'stats' can legitimately be configured to appear to be reaching performance targets. I am also concerned that achieving performance targets appear to be given priority over service users as well as an underlying current of fitting individuals into care pathways rather than shaping services for individuals.

Standard of care varies between localities and teams.

Depends on the area of which they require support as some teams are notably more helpful than others. I've observed some teams having no regard for relatives of service users who work in service and how confidentiality is maintained.

Wouldn't recommend our service as we are swamped and could not be sure of the service they might receive and in what timescale.

I have worked for the Trust for many years. I have worked with some very kind and passionate staff. And have worked with some staff that I wouldn't like to look after my relatives. I feel caring isn't just about qualifications although I have them. But some staff don't care about people they have bullied other members of staff.



I'm not sure where else they would be able to go if they had a mental health issue - unless they could fund privately. So I might have to 'suggest' I wouldn't recommend services though as I am sure the assessment process would be characterised by frustration and rejection and they would likely be on a long waiting list

Care is provided in accordance with local area and GP registration so choice of provider is not really an option.

I have only just started to work for TEWV and have no other experience other than my work area to be able to comment fully.

I have not worked in the TEWV Trust long enough to agree or disagree with this statement. I would be happy to recommend my place of work if they needed care and treatment.

I don't think staffing levels are adequate enough to provide high standard care for patients.

I think there is huge variance in quality of service particularly for in-patients and older people. I would not for instance recommend any in-patient unit for older people in the York area.

I don't feel that we have been with TEWV enough time to make an informed answer.

If they live in this area I doubt they would have much choice. The Trust is too big to be able to comment on the service as a whole. It does feel we are very corporate, target driven.

The nature of mental healthcare working is changing irrespective of the particular institution so that I don't think patients get the time with staff that they need to help them in recovery. It has become very influenced by issues of potential litigation.

### **Unlikely**

Not enough staff to care for the needs of family if required.

Unfortunately there is no choice.

There are highly motivated and skilled staff in the organisation who work very hard to maintain good quality work and professionalism. They genuinely care about the patients and they recognise the value of positive teamwork and goodwill. However I would not want any loved one with anything more than minor/minimal mental health needs to be treated in a service that encourages and supports a silencing culture. This seems to serve the function of overtly prioritising business needs. This creates an inflexible system, ineffective communication, and restricts opportunity for full and accurate assessments of patients' needs, risk management, treatment and referral processes.

Environment and staff too pressured and under resourced to give sufficient time to clients, or to have sufficient thinking and reflective time to manage own responses and plan and deliver best care. Very target driven, and pressure to document everything although understandable, means that energy taken to show appearance of care on documentation, takes time away from giving real care.

Currently, the team I work in are under a huge amount of pressure, partly due to staff sickness and a reduction in the workforce. This impacts on patient care in terms of the amount that people are seen and what can be offered to them. I'm aware that this is a nationwide issue due to the savings that the NHS and Social Care have each year. Therefore, I would probably be recommending private care to family and friends (if they could afford it).

Long waiting lists, overwhelmed staff, unsafe care.

Not a criticism of my colleagues who are skilled and caring - but I would not recommend on the basis of our service being under resourced and over stretched.

The Trust is geographically too large, leading to extensive travel for carers and family members to visit their relatives in hospital. Imagine if I had an accident at home and had to travel 100 miles (to Edinburgh for example) for A&E? And yet it is acceptable for a person (experiencing what is likely to be their most vulnerable moment) needing admission to a mental health ward to have to travel 90 miles to Scarborough if there are no beds in the locality?

Staff in adult services (working age people) are tied up by/hide behind confidentiality and family members of service users are left in the dark completely.

I have been a patient's family member and where appalled at the reception the family received and the patient received whilst in hospital. Staff sat in the office whilst patients were talking about certain things that were quite alarming.

I have always answered likely but however with the shortage in nurses and psychology I don't believe we have the systems in place to aid a speedy recovery due to the shortage of staff who can deliver nursing care and treatment to enable patient to live independent in the community.

Understaffed, under resourced, HCA's not adequately trained and supported to meet the demands of their role, nursing staff not supported in their role and put under increasing pressure (doing the work of other professionals in addition to their own role - not able to delegate certain tasks that are not specifically qualified roles (i.e. handling money) creating more pressures. Nurses having no autonomy to make changes. Supervision not happening. All of these have a significant impact on patient care - staff are exhausted, waiting times are longer, morale is low which then effects patient care.... nurses spread too thinly between patients.

From a personal experience with a close member of my family and the help and treatment that she received was not great and they have been in the service many years. It is only in the past few years I have been old enough to understand what is happening around me and the lack of support given when needed to the person suffering with a mental health illness and for the family that need help and support to cope and help understand the illness.

Inexperienced staff working in senior role. Uncaring professionals as the Trust became a business and caring professionals are difficult to find. It has become mechanical caring profession in my opinion. It is simply about targets, risks and safeguarding you have crossed all dots due to current blaming culture. Saying that we do find old school staff that attempts to apply a real patient centred care.

Unfortunately, my personal experience of the care given to a family member has been non-existent, leaving me to pick up the pieces and manage life with my two young grandchildren. Scarborough has no facilities for family therapy or considers the needs of a service user regarding their parental responsibilities, which means that the service user regresses even worse than when they were first admitted.

A patient was left in her bed after being incontinent in her bed, staff on duty were aware of this because they commented on the smell yet they didn't attend to her needs. Shocking. Management are also aware but nothing has been done.

Whilst the treatment differs greatly between teams, I find that some teams are extremely disorganised and leave patients in a position that I would not like to imagine myself or a relative/friend in. Perhaps as I am not clinical, I do not understand that some of the situations patients are left in are acceptable. However, to myself, leaving patient in crisis for up to an hour, or patients off the ward in their pyjamas, and allowing them to go outside, and having wet themselves and being agitated does not seem appropriate to me.

My family don't live in this area.

Staff off sick long term which compromises patient care.

Due to the way TEWV care for their staff.

Insufficient human resources to guarantee level of quality care aspire to.

I have recently been in a carer role position for CAMHS service and I didn't find the experience good. There was poor coordination of appointments, also appointments given and expected to attend within 1/2 hr of them being made without thought of logistically getting to clinic. I was given no carer support strategies and expected to be an expert when I am not one in this field of psychiatry.

Time is spent filling out paper work instead of with the service users.

I would not want a relative to be nursed on the wards due to insufficient staffing levels, inexperienced staff working on the wards and poor management.

The care that some people provide is outstanding, however all staff report that they are busy and stretched and don't have time, this results in compassion fatigue.

Services are very strained. Often seems hitting targets are more important than client's needs or staff health.

Due to the service recently received.

Long waiting lists from initial assessments to treatment - not enough clinically qualified staff to deliver evidence based interventions – e.g. IPT or family therapy or CBT. Better to go private - buildings are old and uninviting especially CYPS - therapy rooms dull.

In CAMHS, I don't think we provide an efficient service. Clinicians often try to put children onto particular care pathways without doing a sufficiently thorough assessment. On occasions the initial pathway/focus of assessment has little to do with the family's actual concerns. I think this comes from pressures to assess and treat children as quickly as possible. In itself that's a good thing but I think a lot of staff don't have enough training or experience to make sure they still develop a proper therapeutic relationship with clients before deciding on a particular strand of intervention. I think there is a tendency to concentrate on the problem rather than the child.

TEWV is bureaucratic and becoming worse, staffs are being compromised by needing to take time away from client visits to complete unnecessary admin that has little extra value but earns TEWV money.

All other services are good in my opinion and the staff are of good quality, but the single point of access service lets the whole system down and I believe residents of York get a very poor service.

The service I work in is significantly under-resourced in terms of staff and clinical space - resulting in very long waiting lists and exhausted staff. There has recently been some indication that space issues might be addressed, but still very little recognition that in order to reduce waiting lists in a lasting way, we need more therapists.

Too long waiting lists. When you know the intervention will be short and rigid pathways have to be followed.

Too much emphasis on nonflexible system issues, online notes and following policy word by word without having adequate resources to support such expectation. As a result too much time spent on system, policy and paperwork. Little time for patient care.

### **Extremely unlikely**

Payroll are the main reason my experience of working with TEWV is poor.

Waiting times, quality of service due to pressures of waiting lists, staff morale which impacts on capacity.

Closing ward and moving to a hospital that is miles away from family and friends should they require this service in the future.

The Trust has little to no interest in the treatment that may benefit patients the Trust is only concerned in money and business. There is little to no consideration given to the local needs of people and has embarked on a venture of making people travel huge distances for inpatient care this hits hard at certain population groups more than others particularly the elderly. The Trust is also more than happy to leave teams under resourced not just for a few weeks but for months and years as it helps the budget figures around the various directorates. This Trust is a sham!!! Perhaps a new item on the board meeting should be the very definition of the word Trust. To all intents in purposes this is an utterly moot point as the Trust is now so large that there is no other option for the vast majority of the population in an alternative secondary care provider however perhaps it should be noted that there is no a concerted effort being made by a number of primary care provider to look at their own mental health care provision rather than involve TEWV. Do they get a copy of this survey?

I would not recommend any friends or family to use the CAS suite due to how people who need help are treated.

Exercise is not even considered as treatment even though it has major health benefits for physical and mental health. Limitations on the ward make exercise very difficult for patients. The food is very unhealthy and contributes to the ill-health of patients. Limitations on the ward make eating healthy almost impossible. I think living a healthy lifestyle is impossible in TEWV hospitals and I feel that it promotes unhealthy life choices.

Poor staffing levels which impact on quality of care delivered.

I would feel comfortable recommending family and friends to the team in which I work, however, I would be extremely unlikely to be comfortable should my family or friends require care or treatment in the wider Trust. This is based on both personal and professional experience.

Lack of resources - I have a family member in another part of the country who receives services not available in North Yorkshire.

Due to not enough staff to keep young people safe and so not able to provide activities.

Work load is far too much. Constantly feel like I'm not doing a good job as I have too many patients to see and not enough time. Need more staff.

AMH at Roseberry Park and West Park are very poorly managed by the site managers, modern matrons and some ward managers. Management have poor communication with staff, and are unaware and not interested in staff safety, staff health or minimum staff numbers. It is because Roseberry Park is unsafe for both staff and patients due to minimum staffing numbers on all wards being too low, that a substandard level of care is delivered, and we are unable to guarantee the safety of staff, patients, or visitors. It is for this reason I couldn't possibly recommend TEWV for treatment or to work for to anyone, as the site at Roseberry Park is unsafe, and bluntly to this regard not fit for purpose. In my view the CQC should do unannounced weekend night visits, and they would see the reality of just how bad things are, and just how poor a job management are doing. Specifically \*\*\*\*\*, \*\*\*\*\*, and \*\*\*\*\* should all be dismissed as they are not doing their jobs effectively, and this is leaving both staff and patients at serious health and safety risks.

Staffing is atrocious. Lack of safety is atrocious.

Current systems mean that quality of patient care is a bit of a lottery.

Staff stress will impact on client care. Staff often work long periods of time on other units so when return to their unit don't really know what's changed or what has been going on.

TEWV seem to have a short-sighted policy of saving as much money as possible today even if it costs more in the long term. They seem to have no regard for patient care, only making the balance sheet look good.

They live out of area.

### **Don't know**

I think the staff shortages would concern me. There is variation in areas so it would depend on where and when. Due to the geographical location it would be difficult to find an alternative.

Do not work in treatment related area so hard to comment.

I don't know anyone who's been treated by the Trust.

No experience of the clinical efficiency of the Trust.

Never been a patient.

Don't have any experience of TEWV as a client so unable to give an answer.

Not having been a patient, I don't feel I have had the experience to be able to comment.

We seem to be governed more by meeting targets than caring for patients.

### **How likely are you to recommend this organisation to friends and family as a place to work?**

#### **Extremely likely**

Redeployment, staff development, talent management, values based management, staff support.

This is a great place to work. Excellent terms and conditions, supportive Managers.

Opportunities to develop, supportive culture.

Yes. I still enjoy working in the Trust. My nephew has just secured work in the Trust on a Band 6.

In the hope that we could change some negative attitude of staff towards mental health services.

I have been trained and am currently working within TEWV. TEWV is the one of the best Trusts I have come across. Friendly environment, gives priority to team work, respects every body's opinion and well organized team, well trained trainers and well supported trainees. Medical staffing are well trained, friendly and are always ready to help staff.

I enjoy being employed by TEWV - I like the way the organisation is led, the approach of the QIS, but could be made better by improving retention of staff (e.g. more internal job advertisements).

I am extremely likely to recommend TEWV, but I am not likely to recommend the current service I work in as a place to work.

I have worked for TEWV since its conception and have had excellent support and opportunities. Very proud to work for TEWV.

Very supportive work environment.

Great opportunities, caring staff and patients, good communication.

I am currently working with the community affective team and have never been happier at work after 18 years. My colleagues are amazing and the support I get is fantastic.

Lovely people, working hard to get people better, so helpful.

My sister has recently had a successful interview to join the housekeeping team at West Park Hospital.

All my colleagues are helpful and friendly.

My daughter wishes to work here with my other son, daughter and wife.

Very good place to work.

Fantastic place to work. Strict policies that are followed. Good management structure and support.

Good career prospects good level of pay good staffing and managers.

The challenges in the NHS are led by the government - not by TEWV who do a lot to support me!

Clear promotion pathway. Training opportunities good. Good team support.

Nice place to work, the Trust invest in staff.

Offered lots of training opportunities.

I think the Trust is well organised and offers lots of opportunities for development.

A large organisation provides a wide range of different roles and opportunities for advancement.

I have recommended to family and friends.

People mean what they say. Every nurse and doctor I have talked to really do want to make a difference to the care of their patients - a passionate work environment is what I want as a workplace.

Culture and ethos of the organisation is supportive to staff.

TEWV invest and emphasise the importance of professional development and health and wellbeing of their staff.

Good place to work, good professional development opportunities, good training programme and supportive staff team.

In my opinion it's a great place to work.

It one of the best run Trusts I've worked in and listen to people who work in other Trusts I feel quite lucky to be in TEWV.

TEWV is an organisation that provides good support to staff.

Have always felt supported and valued.

TEWV promotes, and has, a workforce committed to professionalism and caring for individuals.

In terms of the team that I work for I would be extremely likely to recommend someone to work here.

I have felt very supported from the onset.

Very supportive manager and team.

Good place to work, staff and managers maintain good working relationships, there is no us and them work as part of a team.

Good place to work in.

Fantastic opportunities for those who wish to take them.

Very supportive employer.

I enjoy my job and feel valued.

Excellent team and environment to work in.

We work as a team and very friendly to work with.

Excellent training opportunities for clinical staff. Unfortunately admin staff are poorly catered for once mandatory training is dealt with.

TEWV cares a lot about staff and the wellbeing provision is excellent.

The Trust is a fantastic employer - certainly the best I've ever worked for. Sometimes it's easy to get swept up with how busy or stressed we all are and forget that actually we have things pretty good here. There is plenty of support available and on the whole people are nice, helpful and kind. I have lots of family and friends who work for other NHS Trusts and whenever they talk about their experiences at work it makes me so grateful that I came to TEWV rather than one of the other local Trusts.

Well-paid. Good support and leadership from the organisation.

Well managed Trust that scores highly in external reviews. Good CQC report.

I think the Trust is a good organisation to work for.

I have always found the Trust a supportive and empathic place to work.

This is a very supportive and nurturing environment in which to work. Training is given the high level of importance needed to permit staff to feel confident in their practice.

It is a very caring and supportive environment.

Extremely supportive, good training packages and the directors and executive staff are visible and supportive.

MHSOP at Ashwood is a wonderful place to work, such a caring team both with service users and staff. Pulling together at peak times and ensuring we all perform to a high standard.

It is very containing and supportive to work in an environment where the expectations are made clear and transparent and statements about what is important are followed up by actions consistent with this.

I feel very well supported in terms of professional development, learning and development and there seems to be a clear focus on staff well-being which also extends to the working environment.

The organisation appears to be committed to the welfare of and development of staff.

### **Likely**

TEWV need to work on having a top-down critical approach with teams, only hearing from managers when problems arise. We receive good communication from the very top downwards (chief exec team) but from middle management a lack of communication has been around for over a year. To be fair positions (team managers) that are unfilled would help if they were filled, but management above teams have not attempted to fill the gap e.g. sent regular email updates.

Good staff team and all staff work hard, certain members of management need to learn people skills.

The Trust are innovative in their ways and their wish to make systems work better. Despite



the job being stressful at present, I hope that this will change over time. I believe that TEWV is in a better position than other Trusts and this is why I would recommend it to family and friends as a place of work. They do attempt to look after their staff such as offering mindfulness training, breaks away and other self-care opportunities.

Good and competent staff.

Generally my experience of TEWV indicates that the Trust looks after its staff very well. An exception is the IAPT service where I know there are a large number of very unhappy practitioners who describe the management as draconian.

Very much depends on which team as the pressure is vastly different.

I would have scored lower however I am aware that other places to work for are even worse than TEWV so in comparison TEWV is a better place to work for. I didn't score higher as there are staffing pressures within our team and I have seen my colleagues stressed due to excessive workload and many people going off sick.

If they were working for the NHS then extremely likely but would probably encourage them not to work for the NHS.

No better or worse than any other Trust to work for.

Good medical development, HR and excellent educational faculty.

I have been very fortunate to work with enthusiastic and caring and compassionate people.

I do believe we deliver care and would recommend this as a good place to work.

Only on certain wards.

The NHS is a large employer and one with many benefits.

I would recommend friends and family to work for TEWV if they have a genuine interest in service improvement and a passion for person centred care.

In the economic climate TEWV is an organisation that is struggling with staff retention especially on the wards. Staff support and safety is low or barely existent in the wards and some teams. However, currently I am with a team who team manager is experienced and supportive of her staff. If a friend or family member was struggling to find a job I would recommend TEWV and provide my support and supervision of how to survive within.

Even in this uncertain time the NHS is still a good place to work.

Only provider in the area for mental health jobs.

It is important that strong, committed people with the courage of their convictions work for the Trust, otherwise there will be no care for service users in the future. People need to be able to speak up and challenge wrongdoing, even if it means they will be bullied and ostracized in return. This has to continue for change to happen because there are many people living in Scarborough with desperate need for support, but Scarborough does not have the facilities. With strong people willing to introduce services needed in the community, the Trust could be an excellent place to work and be supported by. But until that happens, unfortunately, people are left to die and families are broken.

TEWV is a good employer but due to the financial constraints placed on the NHS by the government working in the NHS is not something I would readily recommend.

Again it would depend on which area it was, if it was Durham or Darlington Adult Mental Health I would be less likely to recommend it as a place to work.

The vast majority of teams are supportive and encouraging to colleagues.

I have been very impressed by TEWV over the last 4 years due to the way they have invested in me as an employee.

Depends which hospital.

The Trust is generally a good employer, but frequently tries to run teams with less staff than their quota.

I really enjoy the diversity of the work and the welcoming, collaborative working attitude from the other members of the team.

Some areas more than others. But again no choice if want to work for the NHS in mental health in this locality and I'm not sure I'd recommend anyone working for the NHS these days.

My manager is very supportive, however I feel that sometimes higher management has little understanding of the challenges that face clinicians day to day and this means that staff can feel pressured and under scrutiny.

The Trust have high standards and continue to strive for excellence - offering opportunities for staff to improve practice whilst providing support - induction, training packages, regular supervision, employee support, talent management etc.

The reason that I have not chosen extremely likely is because the Trust does not consider the needs of employees who have childcare commitments in relation to being able to attend training events. Training and development opportunities are often based at West Park Hospital, Northallerton, York etc which for those living in Scarborough and Whitby take 2 hrs to get too. Most training starts at 9am and for those with children it is impossible to arrange childcare commitments for 7am as this does not exist. Maybe they should consider delivering training more locally or start it at a time which would facilitate attendance for those with childcare commitments.

Again variation across the organisation. Some places I would very strongly recommend others I would not. As an organisation TEWV has excellent values and employment procedures however the application of these can vary.

HR and recruitment process was pretty straight forward, interviews and NHS job process was really simple. Really good team to work with and good job.

I would recommend TEWV as a place to work, I enjoy working with the team I am currently employed in and take pride in what we as a team achieve with the resources we have and encourage students that come on placement to consider working in this area. However I do think that opportunities to develop and advance in your career vary depending on the area you work in. Training offered again varies in different areas and can mean that staff have to travel some distance to attend training opportunities offered. I have seen the changes in the

way the Trust works in order to improve practice is in fact reducing patient contact as it is not always taken into account the distances that some clinical staff have to travel to see patients, pressure on clinical staff to reach targets and knowing the consequences if this doesn't happen, i.e. ICC showing individuals how much they are costing the Trust because they are failing to hit targets which means loss of income for the Trust increases the stress staff are already under.

I would recommend TEWV as a place to work, however I would rather not work with my family or close friends.

I always get paid and there is a lot of fairness in TEWV.

It is becoming more and more demanding.

The dynamics of the team have much improved, due to the hard work of our Team Manager.

I used to say very likely and I enjoyed working here, however recently, I have been treating some staff members, who have had a rough time from the Trust who have not been very understanding about their mental health conditions, which is ironic considering the type of Trust we are. I have been disappointed by this.

My answer would previously have been extremely likely, but with the introduction of new targets and ways of working, in addition to the difficulties frequently encountered with the electronic recording system, I am now less likely to make a definite recommendation.

This would be dependent on locality and team.

It is a good place but more staff would improve it.

Good reputation as a MH Trust - better than most.

I work in York and felt services were very neglected under LYPFT. I am hopeful of positive change with TEWV.

I enjoy the job I do but have to admit not as much lately. The paper work, changes that are proposed to our shift patterns, the extra audits and filing that takes me off the shop floor, the pressure on my manager r.e. extra workloads all have an impact on the time I have to spend with patients. The role is more mentally draining.

Friendly team. Office environment could be better.

You seem much more organised than the 5 other organisations that have run mental health services in York since I have worked here.

It is an experienced organisation who has been able to manage a difficult transition of services in my works locality.

**Neither likely nor unlikely**

As things stand, TEWV is a good employer, but its fate does not lie entirely in its own hands. I have little faith that the NHS in general, never mind the mental health sector, will be able to provide the kind of security and support for its staff that they should expect.

Staff morale is low in some areas due to staffing shortages.

Staff cutbacks and understaffing mean staff doing more than one person's job leading to

increased stress and worsened patient care.

The workload is increasing rapidly and burnout is a big issue within the team.

Pressure to achieve targets.

Terms and conditions are reasonable but management practices in areas are demotivational.

Although I generally find working for TEWV positive, there have been issues with HR and support for professional development that would make me reluctant to recommend TEWV fully to a friend or family.

It would depend very much on the service and speciality they want to work in.

If you need a job to survive, you've got to take one where there's one!

No recognition for 100% staff attendance or coming into work early unpaid - why?

The NHS as a whole becoming more like a private company has inevitably led to cost cutting to the extreme, money is the main issue, not health care.

Management still struggle to treat staff equally. Some staff know how to play the system therefore systematically get away with doing less work.

Lack of communication on any issue.

Very much depends upon where you work. Some services/teams function well and would be good to work in. Others do less well or struggle with resource shortfalls.

Electronic record system awful. Too much time spent on non-value added activity. Lack of willingness to support part time working.

Senior management are alienated and detached.

Department going through a restructure at the moment. Morale is low. Everyone is worried about their jobs; wondering where they will be after Christmas.

Difficult to answer as it is a big Trust and there is a lot of variation in teams, departments and management skills which impacts on enthusiasm, morale etc.

Dynamics within the department recently have affected the response here.

I have always been very positive about TEWV, however I have begun to notice not everybody is treated equally.

This is always a difficult question, as no other NHS provider within reasonable distance as an alternative employer.

Constant pressure to meet targets.

I am not sure that it is a family friendly organisation to work for.

I feel that we work consistently over and above our designated hours as we are conscientious and end up typing well after our day should have ended!

The work experience (morale, team relationships, time/shift/annual leave management is too dependent on the personality of the line management structure.

In the current climate I would not advise the NHS lightly as a place to work. If my friend/family had decided to work in the NHS, I would probably recommend TEWV as a good option.

Depends on what a person is looking for.

Again, you get promised support but get nothing. The staff who already work there give you support but not management.

I personally enjoy my role on the ward and always have done however I can still recognise other staffing disciplines hardship on a daily basis through their feedback. It is still important to make positive changes and this questionnaire does give staff the opportunity to speak out and try and get others to hear about what would and could make the ward a safer and more positive environment to work and live in for both staff and patients. I feel that I would have to tell possible future employees the above information and then to let them decide.

I've had elements of support from frontline staff I work with however I feel I have been a target for management. Although been informed no issues or concerns with my practice I am frequently called to see manager and often receive criticism for my efforts which in turn has not helped my confidence.

I would allow them to make up their own mind as I am considering my options.

Most of my family and friends have jobs not in health.

When support for personal trauma is needed it isn't consistent.

Community – Definitely. Inpatient (RPH) - Definitely not!!!

Recommendation dependent on specific locality and team.

Working for TEWV is difficult. Unfortunately, attempts to streamline our records and admin systems and to monitor our work have led to huge amounts of bureaucracy which really get in the way of clinical work. The intention was good but I think things have gone too far. Paris is confusing and seems to change as soon as I have find out how to use it the old version. Outcome measures are important but now overlap so we end up asking for the same information in several different ways at the same time. Some of the data we are asked to collect for commissioners has no useful purpose for the family or clinicians and doesn't give a meaningful picture of what we do. A lot of these issues are common to all Trusts but I feel a lot of TEWV time is wasted by things which were intended to save us time. The main benefit of working in TEWV is simple – it's not NTW, which is a worse employer.

It would depend which service.

It would depend on what area of the Trust they wished to work.

It would be dependent on the position they were looking to acquire as some positions within the Trust do not have scope for progression or training opportunities.

It would depend on which area they are looking to work. Present department - without doubt

would recommend but pockets of other areas would be a definite no.

I cannot state that TEWV is any more or less satisfactory as an employer than any other Trust in the NHS. I have worked in various areas around the UK but don't see any clear reason to single TEWV out as a place to work.

I have not worked for the TEWV Trust long enough to comment on this either way. However I feel that the NHS has changed over the years and when I started 15 years ago the NHS was a good place to work and staff felt valued. Over recent years and various Trust changes I feel staff are undervalued and not kept informed of changes in a personal manner.

As a part time member of staff I find the time needed to complete all the mandatory training as well as CPD quite stressful to fit in around my caseload.

This would depend on the area in which they chose to work.

Could be worse.

I am ambivalent about TEWV currently. I think local leadership in York is not really managing the transition/change to PPW very well. Communication is not good. Morale low and cynicism high in my team at least.

I don't feel that we have been with TEWV enough time to make an informed answer.

I have no problem with TEWV, but as in reply above, the changes across the board in the work experience has made the experience for staff much less enjoyable if they see care work as people work. For example use of computers and much more documentation has complicated the work and changed its focus, while the attempt to avoid possible litigation makes the working atmosphere less relaxed and more fearful.

### **Unlikely**

I believe that the Trust do not fully support their staff and do not allow staff to do their job correctly as they will often focus on the corporate things that do not matter instead of focusing on providing their staff with the recognition and support they deserve. Instead they want to push staff to do over and above their role with no support or thanks. We are all just a number not a person.

Too stressful working in Mental Health.

As a nurse it is a stressful and difficult job. Not enough holidays for new starters under 5 years.

Too much stress and pressure from staff.

Trust has good values and rhetoric but unfortunately there is a big gap between that and reality of working conditions for staff.

An unnecessarily stressful place to work caused by not thinking through changes to procedures. This makes mistakes more likely.

Depending on where they would be working, some localities/directorates I would not recommend.

I have answered this due to where I work currently.

The reason for my answer is I think there is too much stress and pressure working in the Trust, I also think the Trust no longer appreciate staff who work hard we have had a lot of long term staff leaving recently due to stress.

Within TEWV the treatment of Mental Health seems to be considered something that can be delivered along the same lines as classroom teaching. The fact that people are individuals who require bespoke approaches is given lip service and may even be mentioned within policies but individuality is not recognised within the management culture. Helping people understand their most troubling thoughts and feelings is different to fixing (or making) cars.

Very little care towards staff wellbeing by management.

CAMHS is a tough context to work in, in TEWV - high volume of casework and stressed teams.

Sadly over the last two years we as an organisation have become more interested in Japanese Kaizen styles of working that do not consider patients or staff, merely numbers.

The Trust clinical management is being replaced by production orientated managers which does not work with people.

The Trust has dramatically changed over the past 18 years which I have worked for the Trust and it is not for the better in my opinion.

I can't speak for the whole Trust but after nearly a decade in my service I wouldn't recommend it. Staff are over worked and under-appreciated.

I think the staffing levels need to be addressed. Many shifts we work short, this in my opinion is a disaster waiting to happen. It compromises patient and staff safety it also appears to go unrecorded or unnoticed. However when there is an announced visit from CQC or top tier management, there always seems to be countless staff available, wards appear to be well managed and patients gainfully occupied. Also staff training is often cancelled at short notice.

The facilities for staff are very poor. Roseberry Park hospital does not have showers or changing rooms for staff and there isn't anywhere suitable to lock bicycles up so people who would like to cycle to work drive their cars instead. I think that staff are treated badly by TEWV. The work load is unrealistic and it feels like staff are set up to fail. Staffing levels are often poor meaning that the environment is not always safe. Patient care is spot on. However, sometimes feel that staff are not supported, especially medical secretaries as expected to do more and more duties which are not really part of our job description.

Because I was displaced from my job of 8 years and believe this was handled very poorly.

Jargon and convoluted procedures/processes, basics not there.

The number of managerial initiatives that have no relevance to clinicians on the ground has reached a point when clinicians are confused about what is expected of them. Managerial decisions have limited clinical input and are often wasteful as the decisions are not grounded in clinical practice.

I would recommend people to work for the service I work in as it is well managed and the staff provide excellent care. However I feel that TEWV itself do not provide enough funding

for staffing.

TEWV tend to treat staff as commodities rather than people. The work load and expectations from TEWV is sometimes unmanageable. As a part time worker, the weighting of the workload is out of proportion.

Clearly the Trust is experiencing increasing difficulties in recruiting and retaining staff particularly for in-patient areas. I would assume there are many reasons for this but the lack of flexibility shown to staff in terms of shift patterns is probably not helpful and at the very least seems to be quite demoralising from their perspective. There seems to be an increasingly prescriptive approach leading to a lack of autonomy for community staff relating to how they manage their work which again has an impact upon job satisfaction. I doubt this is an issue specific to this organisation.

There are not enough staff to meet the demand of the patients and Trust/national targets. Staff are overworked as they feel forced to do overtime to cover sickness and holidays. It feels less about patient care and more about meeting targets.

I feel that more and more pressures (stressors) are put onto employees, which impacts on people's wellbeing.

Too outcome measure centred, less bothered with patient care.

Staff are numbers merely commodities, management do not care about staff only about staffing the wards. Sickness levels are rising all the time but this does not get addressed, management are not interested.

Progressively losing sight of importance of patient care as central to everything we do.

No support given from senior management, just seen as a number.

There is ongoing additions to tasks that need doing but there is no such thing as 'more time' therefore there is a constant pressure and stress.

Little support for staff on the frontline HCAs and Nurses, understaffed wards and wards becoming increasingly dangerous environments.

No support from management.

Do not feel that staff wellbeing is taken in to consideration.

A colleague recently made a comment that working for TEWV is like being in an abusive relationship and I do agree, because at times we put up with things or we are told this is what is happening - get on with it.

Currently staff morale is so low I do not think I would want a family member to attend the service and pick up on the negativity.

I have worked for the NHS for 33 years, and my views are coloured by my experiences. I think the health service is a very hard place to work now. I regularly do more unpaid work on my lap top than my contracted hours. Subsequently something has to give and I am taking early retirement this year.



Morale is low in a lot of areas, a lot of staff are leaving the Trust. One person that has worked for 30 years has taken retirement has not even been offered an exit interview and she is not alone. On call manager system in the night can leave areas with below minimum staffing to cover areas that have to send patients to general hospital - robbing Peter to pay Paul system of cover. Happens quite a bit. Some staff have had bad experiences with requesting flexible working and have left. Some people hate change but most of us are willing to be flexible. In my own personal circumstances I can say that my manager is supportive of my role as sole carer to my husband and mother, and I am more than happy to help out in return when I can - this makes for a good working relationship and makes me feel valued.

Constant change. Lack of leadership. Low morale amongst over-worked staff and unbelievable levels of IT/bureaucracy. Target culture undermining the service provided in a business which is meant to be about people.

Recently had a lot of conflicting communications from management and lots of messing around with shifts at the last minute. Unnecessary stress for all.

As an organisation, TEWV does not seem to Trust its staff very much - lots more micro-managing of people's diaries etc. than in other Trusts I have worked for. This is very unhelpful as (at least in my service) most staff work very hard and don't need the extra pressure of feeling like they are being checked up on all the time!

Demands to jump through hoops collecting demographic data, difficult when I have not met the patient.

There are far too many compulsory courses that keep needing to be done which impacts on clinical time with patients and then makes my job harder due to having to catch up on lost clinical time. There needs to be 3 days of full courses which covers all mandatory training and courses we are required to do rather than 15 days of booking on courses.

My family and friends do not live in the North Yorkshire area.

I don't think staffing levels are adequate and because of this, staff morale is low. I think there is too much top down management and continuous change. There is no chance for stability.

### **Extremely unlikely**

Staff are left without support to try and deliver care to a standard not supported by the Trust. Too much emphasis is put on invoice related paperwork and not on humane recovery focussed patient care.

When a complaint is made staff are moved into non-patient areas but as they are not suspended there is no rush to investigate. Unsocial hours, weekends add to a person's pay packet so often they find themselves out of pocket. I am aware of one incident where it took nearly 4 months for the investigating manager to work out the member of staff was on leave (and out of the country) when the alleged incidents occurred. Our work load has increased yet the introduction of the 12 hour shift means that over 30 hours a week have been deleted from the rota, that's 30 hours staff could be spending with patients.

I would recommend working for TEWV as an employer but I would not want anyone to work for the service that I work in under the sort of false pretences that it currently operates. I would not want anyone to feel unsupported to such an extent that they feel devalued, deskilled, demoralised and dehumanised. There are communication pathways and systems in the organisation but using them is not recommended and is instead frowned upon by the Management Team. At the moment this is a professionally voiceless system in which to

work. Helping patients motivates hard work but this can only go so far. As an organisation that is part of TEWV it has the potential to be both high achieving and well serving to patients, staff and commissioners; but at the moment it lacks the integrity to recognise and realise this.

I feel that a bullying type of culture has been prevalent for a number of years.

Culture of bullying and harassment.

Again, payroll have made my employment particularly difficult due to their incompetence and unfriendly approach.

Higher managers don't listen or care about workload, communication is shocking, training non-existent due to pressures of caseloads. To be honest I would not recommend to a friend.

Trust does not listen to views of staff.

The Trust cares very little about staff welfare. Chronically under resourced teams caseloads too high it's a bloody joke.

Not always supported from senior management.

Understaffed, under resourced, HCA's not adequately trained and supported to meet the demands of their role, nursing staff not supported in their role and put under increasing pressure (doing the work of other professionals in addition to their own role - not able to delegate certain tasks that are not specifically qualified roles i.e. handling money) creating more pressures. Nurses not having autonomy to make changes. Supervision not happening. All of these have a significant impact on patient care - staff are exhausted, waiting times are longer, morale is low which then effects patient care.... nurses spread too thinly between patients. Staff are not appreciated.

TEWV as an employer seems to treat teams with a massive degree of inconsistency. Teams in North Yorkshire appear to be less valued - my department is not even recognised by our equivalent teams in the rest of the Trust. We also do not benefit from many of the advantages of working with the Trust - our car parking is not free, and I either have to pay £500 a year to not have a guaranteed space, or park on residential streets nearby and get abuse from residents. We also do not benefit from any of the cafe deals as obviously we are attached to a different Trust's hospital, and now our Administration is due for a review, but purely for North Yorkshire, as it has been said that we have too much Admin. I feel that management must be massively out of touch, as we have a massive admin deficit - I do not understand why these claims have been made when I have never had any management sit with my team or make any effort to check our workload. I do not feel at all valued as an employee.

Too much of a 'top down' approach. Feel completely disempowered and not valued for knowledge and skills. Just there to help tick boxes and make data look good for commissioning.

Unorganised - No staff support - No opportunities for training or development - TEWV does not hold its own Trust values. Long term sickness of staff. Invisible managers.

Too much focus on targets and money saving opportunities rather than good quality patient care and care for staff.

Bullying from higher management is endemic.  
Because I don't feel we are valued or respected. Management are rude and make you feel like you are not good enough, too much pressure being placed on us.  
Not enough staff so means staff are at risk of assault, do not get adequate breaks and staff are becoming tired and sick and stressed.

TEWV puts higher emphasis on cost saving than it does on patient care or the care of employees. The Trust states that it cares about staff well-being and has 'mindfulness' courses etc. but TEWV managers do not address the root-cause of stress and poor mental health of staff at work which is staff having to consistently work with severely reduced resources and budgets. Being expected to do more with less and constantly achieve unrealistic deadlines is impacting negatively on staff well-being and morale.

High pressured, communication poor from higher management, demands are huge with what appears to be lack of understanding from higher management. I've never felt stressed at work until the last year, I question staying in the NHS.

Staff not valued and overburdened. Bureaucratic focus not a patient centred focus despite widely advertising the opposite. Continued lack lustre shoulder shrugging approach to tackling issue of enabling staff to have entitled rest breaks.

I would not recommend this Trust due to how senior leaders in the Trust have treated me in an awful fashion.

13.5 hour shifts, understaffed and often no break, would you recommend it??

The organisation has become too focused on balancing the books at the expense of their staff welfare, cutting clinical posts and doing long days are driving staff to ill health.

I couldn't possibly recommend to anyone as a place to work; it is dangerously understaffed, with significant health and safety risks, significantly underpaid for the work performed at HCA and nurse levels, and the managers previous stated are incompetent in their respective roles. Management do not listen to anything staff say, do not act upon concerns raised, and have poor communication and interaction with staff. The attitude of these 3 are also combative and aggressive at times making them totally unapproachable. Why report anything if nothing ever gets done when you report it and just get shouted at for raising genuine concerns?

Lack of staff leaves you feeling unsafe. Lack of structure makes you feel unsafe. Lack of management support leaves you feeling insignificant and down.

Pressure of work and low staff numbers.

Stressful working environment and demands. Staff feeling threatened and intimidated when unable to meet demands and some services are not very family friendly.

Senior management appear to be totally out of touch with the needs of the client groups and staff resources needed to meet those needs, money is allocated according to political and personal whim rather than client need.

Very stressful place to work support often comes too late when events are over, rotas are often unfair e.g. getting 4 shifts in a week and shifts on a Sunday rolling into the next weeks 3 shifts so working 4 shifts in a row etc. often swaps are not allowed or not even looked into

if you are not the right person.

TEWV do not inform their staff about important changes. Earlier this year, I know of one consultant psychiatrist who learnt about his/her redundancy when a local newspaper reported that a unit was closing down. The consultant was officially informed 2-3 weeks later.

Staff morale is low, staff including myself feel as though we are being squished into a set model/told how to work with a lot of disregard for professional skills and practice wisdom - the away days are a fine example of staff being made to feel they are making changes to the service yet actually, feel as though new ways of working and expectations are being drip fed and forced onto them. As one staff member said during the away day simply moving the deck chairs on the titanic.

Only if you like a lot of admin, and happy to constantly assess for risk.

I have worked for the health service for 31 years and for the first time in my career can't wait to leave. We have recently transferred over to TEWV, we are currently being told our working hours are being changed to fit in with working time directive, and that it is for the good of my health to be able to take a break away from my patients, this will involve extending my working night duty, the most proven unhealthy, life limiting shift, I won't be allowed to sleep in my break as there is no other trained staff on duty so I am accountable for the unit and need to hold the keys and be available at the end of a radio to act appropriately. I won't be paid for this. I often work 3 nights a week so the Trust is getting 1 and a half hours free service from me. How can this be legal. At the end of this shift I then have to attempt to drive home safely!!!!!! I feel that the Trust is now all take, take, take and no give, we have to conform to policies that put us all under one umbrella, but each service is individual and should be assessed in its own right. After my 31 years I feel the caring profession is becoming more about paperwork and ticking boxes than caring for sick people.

I feel the admin staff are overlooked, not included in decisions and are completely unknown individually to the management team.

The recent admin review here in York has affected my current job to the detriment, so this is probably not the best time to ask this question.

### **Don't know**

It depends which areas of employment in TEWV.

Too many changes on a daily basis - nothing settled. Not sure how much this happens in other services.

I have always previously said likely or very likely but following some recent issues I am no longer sure. I think some of the expectations put on staff are unrealistic and I can see it making people unwell. I have seen a loss of the belief in a quality service in order to meet targets which I haven't seen so clearly previously.

I have worked for the Trust for many years. I have worked with some passionate caring people. I have also worked with staff that have bullied other members of staff. I have been on the receiving end of being bullied. This knocked my confidence. In fact the place where I worked closed down and some staff TUPE over to private sector and the rest of remaining staff stayed with NHS. It took me a while to settle there but I found it was fair place to work. However in the nursing profession I feel yes training is very important but I think caring attitude is something that we all should have to look after people (service users) I don't think bullying will ever stop in this profession as some characters are nasty and culture is hard to

break!

TEWV only relatively recently took over from LYPFT as my employer - it's a little early to say.

### **Additional comments**

The neutrality of my last comment simply reflects the fact that I am on the brink of semi-retirement, and not even sure how long that semi will last. The strong positives indicate that I have been part of a well-managed and supportive team throughout, and that the Trust values what we do.

I feel sometimes some of my colleagues do not work as a team and share relevant information. Some tend to keep their information to within a few people.

I am unwilling to complete this as mentioned previously - I don't believe it is anonymous and any answers I give I would have to justify - the management team will then try to change my answers by changing my mind.

Top priority appears to run with as little staff as possible, do not provide safe working environment. Unable to access non mandatory training and so are stuck at a dead end.

I have good support from my team but not my manager.

York staff are significantly blocked from accessing training due to a lack of venues in York. Travelling to alternative sites should not have to happen. TEWV won the bid for York and training in York in my view is part of that bid!

There are many good people working within this organisation unfortunately none of them are in positions to influence the way services are provided and improve things for patients and staff. Unfortunately the culture and structures that sustains this are self-perpetuating.

There are financial constraints that can stop some applications for courses.

Haven't received any opportunities for non-mandatory training as yet.

Care of patients/service users is top priority for my team - however top priority for TEWV managers appears to be cost saving and achieving targets - making staff work harder with dwindling resources makes staff morale low and affects the health and well-being of staff. Now I have a new team manager I am able to make suggestions to improve the work of the team/department and to take initiative in my role. I feel listened to and respected by my manager. I feel my team are starting to respect me more over time. I struggle to access job relevant non-mandatory training/CPD. The only training I am permitted to go on is the free (HENE funded) training courses and generally I have to do these courses in my own time.

Not always able to attend courses due to many staff wanting to further their development also.

Work pressure is such that I am having real difficulty accessing mandatory let alone CPD opportunities.

Recently obtained a new job role due to poor management. Looking forward to change a new team.

Staff morale is the lowest I have ever known it since I started working in 1980!!!

We have been told there is no training budget. I am contemplating taking a lower paid job for opportunities to go on worthwhile training.

Showing initiative is not always looked upon as a good thing (it is sometimes about knowing your place in the hierarchy system). Too many chiefs!

I feel that sometimes priority is given to those who might complain about services, or who have complained, regardless of whether the complaints are legitimate. It feels as if the risk that someone might say something bad about the service outweighs the needs of other families, for instance. In my experience this is not limited to this Trust or this particular part of the service.

Workload is so great it is very hard to do training as well.

I do hope that the senior managers in this team don't run away with the opinion that it's anything to do with them, I do my job effectively as do my colleagues in spite of senior managers.

I would like to confirm that the care of patients/service users or supporting clinical services is the top priority of the team, however it would appear that paper work and the completing is of a higher priority than patients.

Although progress is being made I do not believe that the department as a whole has a focus on supporting clinical services. Overall I feel as though I am able to make improvements to my own individual role but feel limited in my ability to influence overall departmental policy.

Progression in the area I work is limited as is the training.

I don't feel able to access non-mandatory training because, once I have seen the required number of clients, completed admin, written letters, completed the outcome measure forms, attended mandatory training and done all the other things in my job role, there isn't time for other training. CPD is part of my job plan but gets pushed out very quickly by the directorate's activity targets and other priorities.

I am able to access non mandatory training but I am unable to access mandatory training due to no training being held in my local area within the Trust.

As I only work two days per week I concentrate solely on EMDR therapy and I enjoy this immensely.

All mandatory training other than Basic Life Support/Resuscitation which was recently transferred out of the Trust to another provider. Since that time, although the standard of the training is very good, the ability to access this training is a serious challenge, with insufficient places for demand. Other than this, all other mandatory training and CPD opportunities have been excellent. However, by scoring it as strongly disagree I am hopeful that this will provide additional impetus to increase the number of training places/courses available, so that it is not as challenging to obtain a place.

Certain dynamics within the team have affected my response here.

My role is in line with that of a higher banded secretary role.

Staff often feel they cannot make a decision or use initiative as it will be frowned upon and they dare not as they will be scrutinised for decisions made. Job satisfaction is hindered by move from Leeds to TEWV and all the IT/change pressure. Satisfaction re client based work is high. Local training venues in York are slowly improving, which helps with efficient time management.

I feel I am currently limited in my progress due to difficulty to progress to band 6, as those posts that are in the area I am specialising are either temporary contracts or are put out to cleaning first meaning someone with less experience in that field will get the post over my own experience and knowledge. Due to this it forces people who wish to stay with the Trust to look at other Trusts to progress.

Minimal funding for non-mandatory training courses of relevance to my job/role.

I sometimes feel if I want to give an opinion I am talked over and not listened to. I do feel my face does not fit at times and one rule for one and one rule for another.

Training can be difficult to access due to having to travel and limited places.

I am restricted in accessing non-mandatory training as I am told I do not work enough hours (13.5) even though I have worked for the Trust for 15 years!

Though I believe that dignity and respect within my team I am not sure that it is true in the wider Admin field within in my locality.

Due to staffing time away from work to do training is at best limited.

I am working in a fantastic team, they are always working hard and going extra mile. However I am not satisfied within my job, so that I must go to private sector to get the experiences. I am thinking about returning to NHS after a while.

Although I feel I am treated with respect, I cannot say the same for all of my colleagues.

I am able to access training if I'm prepared to travel over 150 miles to attend it!

Too many meetings, are they really necessary?

There seems to be more staff shortages lately which places more burden on the staff who are on the shifts and this is getting them down.

Staff not allowed to attend non mandatory training without taking leave or paying for it, but service lead takes a freebie to Australia!!!

I have been trying since January 2016 to get my increment sorted out and I'm still trying.

Some courses are hard to get on within a reasonable time scale.

I feel recently we are being instructed more of what to do when to do it and de skilling our staff in making judgements and putting forward ideas.

The first response/resus mandatory training has been impossible to access and as a result has placed my training record in red through no fault of my own. My training was at least 6 months out of date before there was a single available training date.

Nothing available in York.

As a preceptor I find it difficult to access training in an acceptable time frame, be it due to lack of availability or not on LRH site. Also, I booked on training without copying my manager in. By the time I responded to the e-mail the place had gone which I found extremely annoying.

Overall communication could be improved.

The last survey I wrote was all positive I cannot believe how negative my answers are. Management are allowing some healthcare assistants too much power and they show no respect to staff nurses. Supervision and appraisals are non-existent.

As before Admin staff could be better resourced.

Like I said the Trust need to come up with way to stop bullying.

Too much emphasis on non-face to face indirect patient activities such as recording activities/contacts in a particular way. Top down changes in community services. Team pays more importance to entering online data/notes rather than spending more time to engage with patient's problems. PARIS online system adds to bureaucracy and is very time consuming.

Those in my immediate team do treat me with dignity and respect. The service is, however, characterised by a dictatorial and oppressive communication style.

Love my job and my team.

This is without doubt the most dedicated team I have ever worked with. They value my input to the team, to the service and to those using the service as much as I value theirs. The training I have access to has enhanced my practice and career opportunities.

I believe, especially just recently that my colleagues don't have a good understanding of my role and the pressures that comes with it. Also my privacy can be impinged at times, when I am having supervision sessions in my office and staff just open the door and walk in.

I love my job but I only work part time when other people in a similar job role work full time. Despite this, I am expected to do the same amount of clinical work, supervision, meetings etc. in less hours per week. This is unfair and makes me feel stressed at work. Otherwise this is a fantastic team to work with.

I try to strike a balance between clinical work and my own training and professional development. However, as we prioritise our patient's needs, often personal training and development has to be set aside due to time restraints.

The majority of people within my team treat me with dignity and respect but there are one or two individuals who don't when under pressure/stressed. Whilst I am able to access job relevant non mandatory training, it is difficult to implement some of the training due to supervision resources or CPD to keep your accreditation.

Unfortunately pressures of Paris and documentation and high caseloads make it feel like care of patients is not given priority as staff are so stretched.

There are a lot of good things about working for this Trust, but the few bad points can



sometimes outweigh the good, which is a great shame. Colleagues are generally supportive and we try to work together and support each other but sometimes it feels like an uphill struggle.

Due to my position within the Trust I am unable to access job relevant non-mandatory training and /or continuing professional development opportunities.

Could do with more access to training in York.

I feel the services are being pressured to meet targets for caseload numbers as opposed to recovering patients at times due to restriction of monies.

I don't believe that making suggestions is now worthwhile as it gets listened too but nothing comes from it. So why say something if nothing gets done? I used to get a lot of job satisfaction but now with the government wanting certain changes to be made within the NHS Trust in which I work I feel that now all I am is a glorified babysitter and it is a crying shame as I used to be proud to say I worked for the NHS but definitely not so much now.

CPD opportunities are limited and it is being expected more and more that staff pay for training out of their own pockets which I feel is fundamentally wrong.

All the team are very supportive.

All though we can make suggestion it's not always taken or the process can be slow to change. I gain satisfaction due to the care and attention I give to the patients and carers, however the documentation is long and time consuming.

There is not sufficient training in the York area.

Lately there has been reason for me to think the Trust think more about saving money by cutting resources rather than improve the quality of patient care.

I have loved my Job for 19 years and worked with this setting for that time however I feel at the minute due to staff shortages on all professions we are failing the patients whom are admitted.

Our CPD is quite poor. I oversee my own CPD (which is my responsibility) but tend to have to pay for external courses to get truly useful learning.

For the love of God, forward these comments to the new CEO. And also bring back 8 hour shifts. These are better for staff health as long term research clearly demonstrates, and also produces more staff on the wards making the sites safer.

Trust targets appear to be taking priority over patient care. Accessing non-mandatory training etc. would be difficult when increased workload and job planning are now in place.

At the moment we do not get adequate management support which is impacting on our team sense of safety and morale. However the team are excellent and are doing the best they can to weather this. It is not sustainable though and it will have an impact eventually. Unfortunately I have seen this many times in the NHS. Sadly all the PPCS plans and efforts will not be as effective as they could be without good support or even some support from managers.

Suggestions are pointless. There is an agenda to fulfil targets and to please Commissioners

and if the suggestions do not fit the agenda you are wasting your time. Staff I feel are treated with scorn. The manner in which they are spoken to or sent e-mails is blaming and unhelpful. Management do not accept any part if things are not as they should be - it is all down to staff who are trying there hardest to do a good job. This is the worst situation I have been in when working for this Trust.

I believe that many staff are very defensive about their practice especially if they have been working in the same area for a long time. When I have come in as a new member of staff and have put forward some fresh ideas and taken initiative I have felt that I have been blocked on every turn. I have repeatedly requested management supervision and the opportunity to briefly present my ideas and have volunteered to come in on my free time to implement them if agreed however I have been refused access to supervision and support to explore and share my ideas for improvement. I feel that I have no power or control to improve my day to day working life as I am not party to any decisions that are made and I am kept down when I try to make suggestions. This gives me very low job satisfaction and I feel that often I am not treated with respect. I do not feel that providing high quality care is always the priority in my place of work and there is very little focus and attention given to professional development.

Time not allocated and not so far been able to access - also mandatory training to be done without reduction in patient contacts which can increase pressure and staff stress levels.

Dignity/Respect? I agree that our staff nurses and HCA's/NA's on my ward treat each other with the afore mentioned.

The Trust is good to work for but the workload is overwhelming due to having to write so much for each review on a system that is not fast/user friendly.

As part time, I struggle to attend any non-mandatory training or complete CPD/ SPA, without doing this in my own time. There is no chance to do this during work hours.

I booked on one course at least 4 months before it was due, received the confirmation and then was told a week prior to the course day that I was only on the reserve list and could attend but maybe turned away if there were too many on the day. I live 24 miles away on a round trip from the venue so was not prepared to just turn up to be turned away when I thought I was already booked. When I said I had received confirmation about it I was told they had no record of it. I still have not done the course.

Senior managers deliberately devalue and marginalise staff from important decisions, have little regard for patient care and their main concern is their future careers and increasing their salary and power. They squander resources on ill-conceived initiatives that do not deliver wide-ranging or lasting benefits to staff and patients.

Within the context of the Team within which I work I believe that suggestions and change is encouraged and acted upon. Within the context of the Trust I feel that decisions are made which do not always take into account the already significant work load and expectations of the workers within Teams. And neither acknowledges the increasing work load and stress incurred on staff members or the impact on the quality and efficiency of service delivered to the client group.

I am unable to keep up with the minimum training requirements for my qualifications.

Within team I feel valued, within professional group less so.

I find the Trust is open and honest about its expectations of me and my team and there is

opportunity for support to ensure we meet the standards expected.

Not during working hours.

I am new to my team.

Delivery of training is often based in geographical areas requiring travel time of approx. 1.5 - 2hrs and starts at 9am, this makes it impossible for those with childcare responsibilities to attend.

The staff compact works in practice and we all get opportunities for training and development.

I love my job 100% but job satisfaction gets reduced when a lot of the time working is with not enough staff.

But this is only due to diligence and good will of staff. Quite often we don't have the right tools or resources to fully to do jobs without added pressure. It feels like we are feeding a machine and not about client care any longer.

Funding for external training is a big hurdle and restricts access to job relevant training and as such CPD opportunities.

Training opportunities are good.

The Trust don't care about staff. We are just a number.

Now I have moved I cannot tell you how well I feel again.

Very hard to access developmental training, especially if external.

Computer based training is often complicated and prone to hitches, whereas face to face workshops where you can talk to staff, even when actually using computers, are better for sorting out problems, especially for people of older generation.

I believe most of my team feel that their main priority is the care of their patients however management seem more focused on targets and processes instead of patients being treated. I find that I always make suggestions which to me seem logical that are never taken on board I feel totally disheartened and feel that each time I take the initiative and try to make positive changes I am never rewarded or recognised. I believe from PDP view our opportunities are restricted due to the crisis team is under as there a no allowances made for peoples caseloads due to not having enough staff to cover so that we can develop as clinicians. I believe this puts our team at a disadvantage to other teams and we are not being given the same development opportunities as someone in an integrated team that has smaller caseloads and workloads and more staff.

Note: Thanks for the boxes. Deteriorating situation now hence more negative responses. At this stage you may be asking the wrong questions (e.g. compare being able to access with having the time to access training) We are told our Trust is one of the best which makes me fear for the rest at this stage. Mandatory and Statutory Training is detracting from professional CPD which will have longer term consequences. M and S Training commitment has disproportionate impact on part-time workers of which there are an increasing number. We are now be pressured in to doing without thinking - smarter working needs smarter thinking as well as the time and the technology to communicate.

The way some members of my team and I try to work but is not the top priority of the entire team. Second statement, I work with strong characters in my team and making a suggestion is usually not worth my pay grade. My manager would hear it but it is not always used or acted upon. Nevertheless, I make changes to my approach to our role and my line manager usually welcomes it. I have taken my own approach regarding my role which differed with the team's opinion upon how we should work and it was well received by my manager. I do like my job, team politics are difficult at times but management in their capacity are friendly (line manager) There are characters in the team who are hostile and unfriendly acting as seniors but in same pay grade as myself who has been upsetting a few staff harassing and bullying. This has been going on for the past two years and management is aware but has not acted upon it effectively yet. I have discussed development about leadership and it was agreed for me to first complete QIS leadership training; however it has not materialised as yet. It was due to be in place for September and I do not think it will happen this year. I have requested leadership development for the past 10 years and developmental opportunities never came my way. The requests are recoded in all my PDP's but due to service needs management I always been advised that at every time the team could not spare my time for training. Amazing enough, when I left my last position the staff taking my previous post was sent to Leeds for a leadership degree training.... Guess my face does not fit.

The Trust's PPCS work is the main intended means of improving the work of teams in the Trust currently. Unfortunately it is overly bureaucratic and time consuming. It also drives behaviour away from the main priority of patient care regularly, as it creates a climate of fear which results in people chasing its targets rather than doing what the clients need. This seem very difficult for senior managers to appreciate, but if you were to ask any 10 senior clinicians you would obtain a preponderance of view similar to mine. The values underpinning the PPCS initiative are good but the way it is being implemented is lacking subtlety. The Trust seems to have lost sight of the entire concept of leadership, the most simply and powerful definition of which is people follow you. The way leadership is being demonstrated in the organisation currently seems to involve leaders pushing people to adhere to the QIS/KPO way of doing things, without ensuring you have won people's hearts and minds. People feel PPCS is being done to them and they have no say in how best to implement it for their clients.

My answer regarding the dignity and respect question is ticked disagree as most do but not everyone does.

At a team level I feel well supported to pursue training and CPD activities. PPCS and CRES focus makes it feel like care of patients is no longer top priority.

There are not many professional development opportunities for medical secretaries as once at top of band, nowhere else really to go.

E learning on the portal is a nightmare not very straight forward.

The Trust smoking policy comes in direct conflict with the nursing code of practice and respecting patient's own lifestyle choices. This has had an impact on staff/patient relationships, when staff have had to remove cigarettes and detained patients do not have leave from the ward.

Very little training in York at the moment.

New role since last survey.

My ward management are supportive, however, the wider lower management try and make changes to working practice without consulting me.

I have found this very difficult to answer. It all depends what team you are working for and who manages that team. I have been on a secondment/swap recently and been very happy with this, however I have to move back to my old team and am very distressed by this due to the poor management of that team. These questionnaires need to relate to where you are working rather than the Trust as each geographic area is very different. Unless the questionnaires are going to relate to my day to day working I do not really want to take part in them as they do not represent me.

I currently work part time so accessing CPD opportunities can be difficult.

Since transferring to Worsley Court when the recovery unit closed in March I was made to feel very welcome by the staff and patients and relatives. I am really enjoying working with elderly men and I feel I make a difference to them helping them with their daily needs I am so much happier in my work. I'm not so keen on the distance I have to drive as I use to walk to work and don't enjoy driving but I'm enjoying my job very very much and hope to stay working with this male patient group. I feel every day is a good day sometimes challenging but it's so worthwhile making a difference to them. I enjoy my job and working for the NHS. Hope I can stay with this team.

I feel I am being discouraged from seeing clients for more than a few appointments. I have too many patients on my caseload and too many new patients to give appointments effectively.

It is difficult to show any commitment to non-mandatory training. Study time is infrequent or non-existent.

Training has to be done around clinical contacts which means the majority of online training is done in my own time - we are told we have time in our week to do this however none of the staff report this to actually be the case - this issue is disregarded by management. Our service is driven by targets – it's about meeting prevalence rather than offering the right service to individuals - patients are pushed through the service to meet targets. Staff are supervised on clinical contacts and patients recovering - dashboards are available for all staff to see - the service has now created a name/shame service which has impacted on staff morale. Management has talked about reducing staff pay and formal meetings if staff are not hitting their weekly contacts and recovery rate. Managers are naming and shaming staff to other members of staff which is causing upset.

Most people in my team treat me with dignity and respect however some don't appear to.

Looking at staffing to enable staff to be able to spend quality time with their service users - whilst everyone appreciates that the paperwork is necessary often time spent with service users is not long enough.

I am very happy in my job, I like my team and feel it's a good place to work overall. However communication and support surrounding the team is lacking.

After over 25 years service I intend to leave the Trust as it appears to be heading off in a direction I believe not to be conducive to good patient care.

Re whether care of patients/carers is a top priority - the administration relating to delivery of care takes too much time - staff get overwhelmed with everything that is expected of them.

Re the first point - this reflects the ethos of the team - views in the team can be varied as to how the Trust position is seen.

I love my job and I am very happy working for the Trust.

I only have a few weeks before I leave. I am leaving because I cannot work in this Trust.

Team tries hard but pressures are ridiculous.

Staff safety should be the biggest priority within Ridgeway hospital. I think that treatment within TEWV hospitals works too much within the Medical model framework. A cheaper, safer and arguably more effective treatment than medicine is exercise yet this is never considered as a viable treatment method. I don't get much job satisfaction because I feel that I do not get to spend much time with patients and feel overworked.

I have held very interesting positions throughout my working life all over the World and would say TEWV is right up there among the best for looking after their staff and being supportive.

Patients are top priority for frontline staff but paper work becomes a mandatory objective that must be completed. This leads to verbal warning when paperwork is not completed even if this is due to ward and patient demands. Patients not receiving their leave offered by consultants due to low staffing levels and not being able to facilitate safely for patients. There are always opportunities to show initiative and make decisions within my job role, but the lack of support in decision making leaves staff unwilling to make on the moment decisions. I have a lot of satisfaction in my job role which comes from the patients and helping people, seeing people go home well and thanking myself and other staff. Sometimes making suggestions can feel daunting and fear of repercussions in some aspects, sometimes feels it falls on deaf ears.

The Trust is supportive but the local university have cut a number of suitable courses which does not help with personal development.

The Affective team cannot cope with the amount of referrals made to them making the job very difficult. Patients at times are passed onto Talking Changes when previously would have gone to secondary mental health services.

There is a definite distinction to be drawn between the Trust and its Corporate agenda and the job of a community nurse. People in my situation strive their best to deliver a high level of care to patients trying to conduct the role of a nurse. The Trust does nothing to support this. I repeat this Trust is a Joke!!!!

There have been improvements in my team over the past two years as we have come to know each other and worked together to develop a very good supportive team.

They are no professional development opportunities. I have personally made professional opportunities. However they are not recognised with higher banding or pay. Refused pay band review. Mandatory training is poor (e-learning) No opportunities to progress. As a health care and no support from Managers.

I believe the figures are sometimes the priority for my team. Whatever suggestions I make, I don't feel are listened to and are rarely actioned. I feel really disillusioned at the minute in my current role.

Need more training opportunities in York and Selby.

I can show initiative but they are not given due consideration by higher authorities as they have to deal with their own set agenda I have very little opportunity to do CPD and even mandatory training as all my time (at work as well as a large chunk of my personal time at home) gets used up with direct and indirect clinical care.

Investigations need change. I would think it be best to have the investigations and hearing done within a week, it's mentally torture waiting weeks and weeks and having to work on the wards at the same time as you can't focus 100%.

As stated previously training opportunities offered often involve staff in the area of my work having to travel a fair distance to attend any training or PD opportunities.

The team I work in is very stretched with high caseloads, and lots of staff have left over the past few years, and little psychological resource. Hoping that PPCS will help to make important changes to how we work.

No money in the budget for CPD training.

As a member of TEWV staff for a number of years and attempting to access external training to no avail, I have finally attended a training course that has assisted with my delivery to patients wellbeing. I am pleased that my line manager is now in support and recognizes external trainers of quality that benefit patients/service users .

I work with a compassionate team who want to deliver the best possible service - however the culture here is very top down; little respect shown by management to clinicians i.e. being shouted at.

I do feel I get 100% support from my manager and fellow workers. Feel I can make any suggestions and very listened to however feel I cannot always put a face to higher managers in the Trust and think this is important.

There are not enough mandatory training course offered in York. This needs to improve.

The above remain true but work pressures are increasing which impacts on all of these things.

Mostly I am treated with dignity and respect but when I'm not it causes me a great deal of stress.

Whilst my experience of my team is very positive, I do feel that at times the wider organisation is rolling out ideas in a somewhat ideological fashion, without sufficient testing or feedback (e.g. some of the new productivity 'products' that replicate rather than make things leaner and have no proven added value as yet, and when feedback is offered it is ignored and we are expected to just get on and do it). We are encouraged to challenge ideas, but not above a certain level - it would appear that in order to get ahead we have to become politicians and learn to say the right things, rather than the wider Trust being able to reflect on its shortcomings. There is a huge amount of money and resource going into performance and performance management, which I understand the need for. However, this can often feel very divorced from real world clinical issues and some arbitrary targets are privileged at the expense of being willing to properly address the very basics such as can we ensure we have a room to meet a patient in, let alone provide a choice, as on the patient FFT. When we raise such basic needs with our organisation, it feels to me personally that we risk being labelled as difficult or else responsible for providing all such solutions on top of doing the actual work. I do not think that asking clinicians to find clinical space out of thin air is appropriate, realistic or indeed abides by the Trust Compact, as employees can feel very

skewed against what we get back (in my opinion). I acknowledge that the Trust has many positives but I also think that there is little appetite for honest feedback from the ground up at times.

I have applied and been successful in changing jobs.

I have very little free time to complete training either mandatory or non-mandatory.

I do not feel that we have been with TEWV enough time to make an informed answer.

I often feel that collecting statistics is given greater priority and a large proportion of my time is spent completing paperwork.

I do not feel a band 3 is given the opportunities to develop into a manager role like a band 4 is.

My team is a little consultant led rather than team led.

Although I feel valued within my team and by my line manager - I feel that the Trust do not communicate effectively about how they value their staff.

Mandatory training is hard to access for York based staff.

In regards to last question -dependent on finances available.

Training discussions are on-going but rarely amount to anything.

Very happy in my role and my team and would recommend this team to anyone. Very patient focussed and also focussed on the wellbeing of staff. I feel valued by my manager.

Several mandatory courses booked so far in advance it means I breach training requirements.

Often struggle with accessing e-learning for training.

Question one for the team (nurses) it is a priority. For management it is not.

I truly love my job and working for Tees, Esk and Wear Valleys Trust. It is a brilliant job, I work with great people in an excellent service and get the opportunity to help others. I am however disappointed/frustrated that as an associate practitioner (band 4), the Trust does not invest/develop opportunities for myself and colleagues in similar roles, to become fully qualified nurses; while undertaking our current roles.

I have identified opportunities to access free training events, but have not been allowed to attend these.

I disagree because my caseload is too high for my time to be dedicated to such opportunities.

Again this answer applies to community. RPH Inpatient is a different story!

What would help our role in primary care mental health would be able to prescribe.

Struggle fitting in training due to workloads.



Mandatory training is too complicated to arrange. I suspect there is an entire team on bonus for making it awkward! It appears that courses can be booked using ESR, but no! That is not allowed. Accessing first response training is almost impossible. My competence in this training runs out late October, last month I attempted to book it, I cannot access a date until June 2017. I will simply have to tell my patients not to collapse for another 8 months!

Corporate staff do not have many training opportunities - even less if you are below a certain pay grade.

Do not wish to complete this test as I now know the results get put up on the wall for everyone to see how we feel and our line manager gets questioned.

I am treated with dignity and respect by peers but not by senior management.

Although I can access relevant mandatory training etc I do not always get the time and opportunity whilst on duty to access these due to patient need. Only working 3 days a week, and currently studying at University, on a work based course.

Staffing levels are not adequate so leave staff stressed and burnt out.

Some management appear to stereotype staff. One appeared bewildered that I would know about something and replied, how would you know about that!?. Sometimes nursing staff treat housekeepers as if they would be unknowledgeable in anything being their work specification.

I have just started a new role in July 2016, my new manager is like a breath of fresh air. I feel much more confident and supported and I am much happier now when coming to work. I think some managers in the Trust need further development and support. I cannot believe the difference it has made to my wellbeing by moving on into a different team.

The local team do try to prioritise patients/service users but are in conflict with bureaucratic imperatives/data collection/activity recordings. Not worth making any suggestions as there is rigid adherence to 'standard processes'. Ideas submitted can result in negative repercussions. The patient contact and 'Purposeful and productive' aspects of direct care and coaching and supporting other team members is satisfying and I feel treated with dignity and respect in that for. However, I have not been treated with dignity or respect by the Trust and more especially so called professional leadership.

Predominately members of my team do treat me with dignity and respect, however there are a few who class banter as essential and don't always see how this can affect an individual. A small minority try to denigrate others who do not share the same opinion/belief as they do rather than value the differences. CPD opportunities have definitely improved however needs building upon.

Accessing e-learning is not easy at all. The courses are there but the difficulty is getting them to run/start.

FOR GENERAL RELEASE

BOARD OF DIRECTORS

<b>DATE:</b>	25 <sup>th</sup> October 2016
<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> October 2016</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>
269	6.10.16	Licence to underlet relating to Phoenix, Newington Road, Middlesbrough.	Mr. D. Kendall, Interim Director of Finance & Information Mr. P. Bellas, Trust Secretary
270	6.10.16	Agreement to extend Standstill Agreement in relation to negotiations on the Roseberry Park PFI scheme.	Mr. C. Martin, Chief Executive Mr. B. Kilmurray, Chief Operating Officer
271	12.10.16	Contract documents relating to the Rosewood Centre, West Lane Hospital.	Mr. D. Kendall, Interim Director of Finance & Information Mr. P. Bellas, Trust Secretary
272	17.10.16	Agreement to extend Standstill Agreement in relation to the Roseberry Park PFI scheme.	Mr. B. Kilmurray, Chief Operating Officer Mr. P. Bellas, Trust Secretary

**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)