Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

AGENDA FOR THE MEETING OF THE COUNCIL OF GOVERNORS

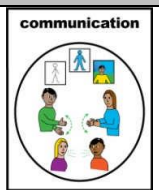
25 February 2016, 2.00pm

(registration and hospitality available between 1pm and 1.45pm)
Middlesbrough Football Club

NOTE: Cllr Ann McCoy, Lead Governor will be available from 1.40pm to meet with Governors

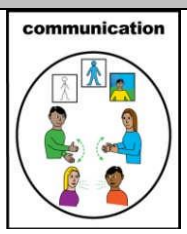
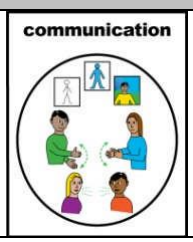
Agenda:

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
2.00 – 2.20 Standard Items					
1.	 	Welcome and apologies for absence	**For information** To make sure that we have enough Governors present to be quorate and introduce any new attendees. To advise of housekeeping arrangements	Lesley Bessant, Chairman 	Spoken
2.		Minutes of the meetings of the Council of Governors held 17 November 2015	**To agree** To check and approve the minutes of this meeting	Lesley Bessant, Chairman	Attached
3.		Public Council of Governors' Action Log	**To discuss** To update on any action items	Lesley Bessant, Chairman	Attached
4.		Declarations of Interest	**To agree** The opportunity for Governors to declare any interests with regard to any matter being discussed today	Lesley Bessant, Chairman	Spoken

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
5.	 	Chairman's activities	**For information** To hear from the Chairman on what she has been doing since the last meeting There will be an opportunity to ask a questions	Lesley Bessant, Chairman	Spoken
6.		Questions from Governors	**To discuss** To consider any questions raised by Governors which are not covered elsewhere on the agenda (*Governors are asked to provide the Trust Secretary with at least 24 hours written notice if they wish to receive a formal answer to their questions at the meeting.*)	Lesley Bessant, Chairman	Spoken
		1. Cllr Ann McCoy Appointed Governor, Stockton Borough Council Following the recent report in the press on 2/2/16. I would like to request that Governors are given an update on what procedures have been put in place following this unfortunate death in 2014. 2. Cliff Allison, Public Governor Durham Can the opening hours of cafe/restaurants in TEWV be confirmed. 3. Cliff Allison, Public Governor Durham What is the role, recruitment process, and mandatory training requirements of volunteers? 4. Catherine Haigh, Public Governor Middlesbrough			

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
		The Crisis Assessment Suite (CAS) at Roseberry Park Hospital is accessible by walking along a pathway next to inpatient bedroom windows. People on the way to and from the CAS can easily see into these ground floor rooms. This issue has been raised but so far nothing has been done in nearly a year of the CAS existence to ensure the privacy and dignity of these patients, for example by installing one way glass or blocking off the pavement. What is the Trust going to do to ensure privacy for patients on this ward? 5. Sandy Taylor, Public Governor Harrogate and Wetherby Service users and Carers have raised the issue of communicating with CMHT and particularly their key worker and the issue of leaving messages with admin staff. In particular they would like to know if the trust has any plans to use SMS messaging? 6. Sandy Taylor, Public Governor Harrogate and Wetherby Service users and Carers would like to know if formal processes exist to ensure their involvement at the earliest possible stage in planning new service developments and particularly capital developments? 7. Sandy Taylor, Public Governor Harrogate and Wetherby The most recent 6 monthly Nurse Staffing Report reference is made to data referring to 10 incidents in respect of pressure ulcers and 410 incidents of medication error. Could governors receive further information on these 2 areas and the further action the Board agreed?			
2.20 – 2.25 Governance Related Items					
7.	Please note there is no agenda item 7 for this meeting				
8.		Summary of the discussions held at meetings of the Board of Directors from November 2015 until January 2016.	**For information** An opportunity to read through the key areas discussed at recent meetings of the Board of Directors	Lesley Bessant, Chairman	Attached
9.		Monitor's Risk Assessment Framework	**For information** To receive information which is provided to Monitor, the regulator on how	Phil Bellas, Trust Secretary	Attached

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
			the Trust is performing		
2.25 – 2.55 Quality Related Items					
10.		i. Compliance activity in relation to the Care Quality Commission ii. An update on any items of relevance following contact with the Care Quality Commission not contained in the report at i.	**For information** To receive a briefing on the latest information from Care Quality Commission Inspections of the Trust	Elizabeth Moody, Director of Nursing and Governance 	Attached
11.		Service changes	**For information** To receive a briefing on changes and improvements to services in the Trust	Brent Kilmurray Chief Operating Officer 	Attached
12.		Crisis Services	**For information** Further to minute 15/71 to receive an update of the provision of crisis beds within the Trust	Brent Kilmurray Chief Operating Officer	Attached
13.		Autism Services	**For information** Further to minute 15/74 to receive an update on the provision of autism services	Brent Kilmurray Chief Operating Officer	Spoken
14.		Carer Strategy	**For assurance** Further to minute 15/48 to receive an update on the work	Elizabeth Moody, Director of Nursing and Governance	Spoken

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
			undertaken in support of the Carer Strategy		
2.55 – 3.05 Performance Related					
15.		The Trust's Performance Dashboard as at end December 2015	**For information** To review the performance of the Trust key indicators	Sharon Pickering, Director of Planning, Performance and Communication 	Attached
16.		The Trust's Finance report as at end December 15	**For information** To receive information and review the current financial position of the Trust	Colin Martin, Director of Finance	Attached
3.05 – 3.10 Standing Committees					
17.		Making the Most of Membership Committee	**For information** To receive information on the work of this committee and approve any recommendations made	Sandy Taylor, Chairman of Committee	Spoken
3.10 – 3.15 Procedural					
18.		Date and Time of next meeting: 19 May 2016 at 6pm. Middlesbrough			Spoken

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
		Football Club, Riverside Stadium, Middlesbrough, TS3 6RS			
19.		<u>Confidential Motion</u> *"That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:* *Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office-holder, former office-holder or applicant to become an office-holder under, the Trust.* *Any terms proposed or to be proposed by or to the Trust in the course of negotiations for a contract for the acquisition or disposal of property or the supply of goods or services.*			

Lesley Bessant

Chairman

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

MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 17 NOVEMBER 2015, 2.00 PM AT MIDDLESBROUGH FOOTBALL CLUB

PRESENT:
Lesley Bessant (Chairman)
Cliff Allison (Durham)
Mary Booth (Middlesbrough)
Richenda Broad (Middlesbrough Council)
Janice Clark (Durham)
Vince Crosby (Durham)
Hilary Dixon (Harrogate and Wetherby)
Gary Emerson (Stockton on Tees)
Paul Emerson-Wardle (Stockton on Tees)
Betty Gibson (Durham)
Andrea Goldie (Darlington)
Glenda Goodwin (Staff, Forensic)
Marion Grieves (Teesside University)
Catherine Haigh (Middlesbrough)
Simon Hughes (Staff, Teesside)
Prof Pali Hungin (Durham University)
Dr Judith Hurst (Staff, Corporate)
Lesley Jeavons (Durham County Council)
Kevin Kelly (Darlington Borough Council)
Keith Marsden (Scarborough and Ryedale)
Cllr Ann McCoy (Stockton Borough Council)
Jean Rayment (Hartlepool)
Gillian Restall (Stockton on Tees)
Zoe Sherry (Hartlepool)
Dr David Smart (CCG representative for Co Durham and Darlington)
Angela Stirk (Hambleton and Richmondshire)
Sarah Talbot-Landon (Durham)
Sandy Taylor (Harrogate and Wetherby)
Vanessa Wildon (Redcar and Cleveland)
Mark Williams (Durham)
Colin Wilkie (Hambleton & Richmondshire)

IN ATTENDANCE:
Phil Bellas (Trust Secretary)
Angela Grant (Membership Administrator)
Dr Hugh Griffiths (Non Executive Director)
Jennifer Illingworth (Director of Quality Governance)
Wendy Johnson (Team Secretary)
Brent Kilmurray (Chief Operating Officer)
Dr Nick Land (Medical Director)
David Levy (Director of Human Resources and Organisational Development)
Colin Martin (Director of Finance)
Barbara Matthews (Non Executive Director)
Kathryn Ord (Deputy Trust Secretary)

Sharon Pickering (Director of Planning and Performance)
Richard Simpson (Non Executive Director)
Jim Tucker (Deputy Chairman)

OBSERVERS
Martin Heard (PPI Liaison Officer)
Heather Simpson (PPI Officer)
Gemma Gray (PPI Officer)
Michelle Spencer (Student Nurse)

15/68 APOLOGIES
Martin Barkley (Chief Executive)
Cllr Stephen Akers-Belcher (Hartlepool Borough Council)
Dr John Drury (CCG representative for Hartlepool, Stockton on Tees and South Tees)
Jacqui Dyson (Staff, Durham and Darlington)
Claire Farrell (Redcar and Cleveland)
Chris Gibson (Harrogate and Wetherby)
Dennis Haithwaite (Darlington)
Cllr Tony Hall (North Yorkshire County Council)
Marcus Hawthorn (Non Executive Director)
David Jennings (Non Executive Director)
Elizabeth Moody (Director of Nursing and Governance)
Debbie Newton (representative for North Yorkshire Clinical Commissioning Groups)
Wendy Pedley (Staff, North Yorkshire)
Richard Thompson (Scarborough and Ryedale)
Prof Ian Watt (University of York)
Judith Webster (Scarborough & Ryedale)

15/69 WELCOME

The Chairman opened the meeting and noted apologies. Kevin Kelly, Appointed Governor representing Darlington Borough Council was welcomed to his first meeting.

15/70 MINUTES OF PREVIOUS MEETING

The Council of Governors considered the minutes from public meeting held on 22 September 2015.

Agreed – That the minutes of the meeting held on 22 September 2015 be approved and signed by the Chairman.

15/71 PUBLIC ACTION LOG

Consideration was given to the Public Action Log noting the relevant updates provided at the meeting including:

1. Minute 15/28 – Patient Access to wifi.

   Mr Martin advised that there had, on occasion, been a three to four day delay in patient access to wifi. Improvements to this process now allowed access within a

day. There were some occasions where this was not being achieved, this was due to staff members being absent who had been dealing with the request, however this was being further investigated to ensure that this did not delay access.

Mrs Booth asked if the guest wifi was available to patients?

It was noted that this was a separate access provision than that for patients and was intended more for professional visitors working within the organisation that did not have network access.

Action Completed

2. Minute 15/48 – Sharing of CCG expenditure information.

Mr Martin confirmed that this information had been shared with staff.

Action Completed

3. Minute 15/60 – Access to crisis beds with Darlington.

Mr Emerson advised that he had raised this issue at the last meeting to increase the profile of the crisis bed provision within the Trust.

Mr Kilmurray confirmed that:

1) The Trust did not have a large number of crisis beds available.
2) Shildon, within the Durham locality had a nine bedded crisis house
3) The Trust did work with the third/voluntary sector for the provision of crisis beds.

Action Completed

Agreed – That a report be provided at the next meeting on the operation of the crisis service including the provision of beds across the Trust.

Action Item – Mr Kilmurray

4. Minute 15/62 – Provision of Information Pack.

Mrs Pickering confirmed that an information pack in support of the Performance Dashboard report was available at the meeting.

Action Completed

15/72 DECLARATIONS OF INTEREST

There were no declarations of interest.

15/73 CHAIRMAN'S REPORT

The Chairman reported on her activities since September 2015. She had:

1) Made a number of visits to services and teams including:
    a. The Child and Adolescent Mental Health Service in Scarborough.
    b. The Anchorage in Whitby.

c. A number of services within York including a tour of Bootham Park Hospital where staff had been positive about working for the Trust.
d. To a number of estate and housekeeping teams across the Trust

2) Presented:
   a. Living the Value Awards to staff and teams at:
   - Cross Lane Hospital, Scarborough.
   - Foxrush House in Redcar.
   - Picktree Ward at the Boyes Lyon Unit where a family had made contact with the Trust about the kind and compassionate staff on the unit who had helped them and their father.

   b. Long Service Awards to a number of staff who had worked for 25 years or more in the NHS.
3) Spoke at a staff conference for Band 1-4 on career development.
4) Attended the Learning Disability Conference.
5) Met with the Chair of Northumberland, Tyne and Wear NHSFT who had been particularly keen on developing partnership work with the Trust.
6) Met with the Chair of the Vale of York Clinical Commissioning Group.

15/74 GOVERNOR QUESTIONS

1. Sandy Taylor, Public Governor Harrogate and Wetherby

'*Could an update be provided as to the new policy and arrangements for the appointment and training of Associate Hospital Managers?'*

Mrs Illingworth advised that a new policy had been ratified by the Trust which included detail around recruitment and training.

Cllr McCoy advised that the Promoting Social Inclusion and Recovery Committee had discussed the role of Associate Hospital Managers and suggested that it would be helpful for a role play exercise to be presented to Governors to assist understanding of the role.

Agreed -

1. A copy of the Associate Hospital Manager policy be made available to Governors.

Action Item – Mrs Illingworth / Mrs Ord

2. To arrange the delivery of a training role play exercise at a future Governor Development Day.

Action Item – Mrs Ord

2. Sandy Taylor, Public Governor Harrogate and Wetherby

'G*iven the proposed changes to Payment by Results for Mental Health providers, could a briefing on the implications for the Trust be provided?'*

Mr Martin advised that the Trust had received a consultation document detailing how providers would be reimbursed for the provision of adult and older people's mental health services. The current position of the Trust was payment by block

contract based on historic information. The Trust had been mandated to move to cluster currencies, resulting in 21 clusters covering all spectrums of patients across adult services. Two potential options were contained within the consultation.

It was expected that further guidance would be made available in early 2016 and a further update would be provided at the next Council meeting in February 2016.

Action Item – Mr Martin

3. Sandy Taylor, Public Governor Harrogate and Wetherby

'Given the position reported by the Chief Executive in September that 10% of registered nurse positions within North Yorkshire and York were vacant. What were the plans to improve this position?'

Mrs Illingworth confirmed that the Trust was undertaking a significant amount of work to address nurse staff vacancies. This included:

a. An increase in the nurse bank availability.
b. Consideration of a York nurse bank provision.
c. Staff being encouraged to work in more than one base location.
d. Consideration of the development/training of lower banded staff.
e. Delivery of dedicated and targeted recruitment fairs.
f. A review of how advertising was undertaken and consideration of advertising vacancies outside of NHS Jobs.

Mr Levy added that:

1) The filling of vacancies for registered nurses at Band 5 was a particular problem for the Trust with only 88% of vacancies filled compared to a national average of 97%.
2) Discussions were being held with educational bodies to consider fast tracking students where particular skills were already held, although it would be absolute that essential standards would need to be achieved and demonstrated.
3) There may be a future requirement to consider overseas recruitment.

Mrs Grieves suggested to the Trust that there was scope to look at the application process at the University where 5500 applications were received for 700 places and the potential consideration of higher apprenticeships.

It was also recognised that the Trust had to compete with a number of large independent healthcare providers within the North Yorkshire area therefore it was important for the Trust to be seen as the employer of choice.

4. Sandy Taylor, Public Governor Harrogate and Wetherby

'In relation to the results of the Friends and Family Test for Quarter 2, I would welcome comment with regard to the number of comments included within the narrative areas.

For example: I have 2 friends with teenage daughters both of whom (independently of each other) have had experiences that they have described as unsupportive, unhelpful and patronising?'

Mr Levy responded in that:

1) Five staff Friends and Family exercises had been conducted.
2) Each exercise had included a narrative option.
3) The volume of narrative responses provided had been consistent within each exercise.
4) Overall the narrative responses received were more positive in nature and the number received were above the national average of other Trusts.

5. Sandy Taylor , Public Governor Harrogate and Wetherby

'As a result of the reported media on implications for Transforming Care for People with a Learning Disability can an update be provided in relation to the 50% reduction in inpatient beds and the closure of Calderstones Hospital?'

In response, Mr Kilmurray informed the Council that:

1) Following the Winterbourne View scandal NHS England had commissioned a further programme of work under 'Transforming Care for Learning Disabilities'.
2) This work would decrease the number of inpatient beds by half for learning disability patients.
3) North East and Cumbria had been one of five areas identified as a fast track area.
4) The Trust had been working on plans during the summer around transforming the model of care rather than a bed closure plan.
5) Ten beds had already closed in The Dales.
6) By 2018/19 the plan was to reduce the number of beds from 44 to 26.
7) Achievement of the reduction of beds would be reliant on plans being brought forward in terms of home treatment.
8) Forensic Learning Disability Services would be impacted by this programme.
9) An update on the position of the Trust be provided at a future Governor Development Day.

Action Item – Kathryn Ord

The Council sought clarity on:

1) How the Trust would ensure consistency across different Clinical Commissioning Group (CCG) areas.

   Ms Jeavons advised that a Regional Board, with Commissioner representation, was in place to assist the delivery of the programme. However, there was concern within the Board around the funding of the programme with a particular concern around retrospective funding for those patients that had 'moved on'.

2) How this would affect any provision of autism services and the future development of community services for autism.

The Chairman suggested that an update be provided to the Council in February 2016.

Action Item – Mr Kilmurray

6. Gary Emerson, Public Governor Stockton on Tees

'*In light of comments made by representatives of Head Teachers to the Education Select Committee, can we confirm whether any child is waiting more than six months to access a mental health assessment or treatment within the Trust. Please also advise whether the Trust is charging or has ever charged schools or academies in its areas of operation for Trust staff to attend the school for assessment of need or the review of a child with mental health problems?'*

Mr Kilmurray confirmed that although no child had waited longer than six months to be assessed or treated, waiting lists were evident but waiting time was significantly less than six months. In addition, the Trust did not charge schools or academies for its services.

7. Cliff Allison, Public Governor Durham

Would it be possible/desirable to produce a Council of Governors Annual Report similar to that produced by Lincolnshire Partnership Trust?'

Mr Bellas advised that information on the work of the Council was already included within the Trust Annual Report, but that it was appropriate to refer this matter to the Task and Finish Group on Member and Stakeholder Representation and Engagement.

Action Item – Mr Bellas/Mrs Ord

15/75 BOARD OF DIRECTORS FEEDBACK

Mr Bellas presented the report containing the Board roundup summaries from September 2015 to October 2015 for information and to allow questions and clarification of any matters.

In response to a question it was noted that:

1) The Trust used an integrated approach in recognising pressures within the Trust and those faced by staff. These included:
    a. Monthly performance dashboards.
    b. Team dashboards.
    c. Risk escalation procedures.
2) The Trust had to be realistic in terms of expectations and there was a duty of care to staff.
3) The ability of the Trust to forward plan had enabled the performance and quality of service to continue at a high level.
4) The NHS in general was facing economic and performance pressures and this was expected to continue over the coming two/three years.

Agreed – The Council of Governors received and noted the content of the Board round up from September 2015 to October 2015 inclusive.

15/76 MONITOR RISK ASSESSMENT FRAMEWORK

The Council of Governors received a report on the Trust's position against the requirements of Monitor's Risk Assessment Framework.

It was noted that:

1) The Board of Directors had agreed (on 27 October 2015) the Quarter 2 2015/16 submission to Monitor of:
   a) A Financial Sustainability Risk Rating (replacing the Continuity of Service Risk Rating) of '4' in line with plan with a declaration that the Trust would maintain a rating of at least '3' for the next 12 months.
   b) Confirmation that capital expenditure for the remainder of the financial year would not materially differ from plan.
   c) Confirmation that no subsidiaries were included within the financial results.
   d) Confirmation of the two governance statements.
   d) A reported governance rating of 'green'.
   e) Exception reports in relation to:
      - The inspection of Forensic Learning Disability wards at Roseberry Park Hospital, for which a follow up review by the CQC was still awaited in response to the completion of action plans.
      - The Trustwide CQC inspection. It was noted that all actions had either been completed or were on track to be completed as at 30 September 2015, with the exception of an extension to the timescale for one action being deferred to Quarter 4 2015/16.
      - The appointment of Mr Marcus Hawthorn as the Trust's Senior Independent Director.
      - A progress report on the expansion of the Trust into York and Selby and actions taken in relation to Bootham Park Hospital.

In addition to the above Mr Martin confirmed that a formal sign off by the Board for the transfer of services in York and Selby had been undertaken and routine updates would be submitted to Monitor.

In response to a question it was noted that the action in the Trustwide CQC Action Plan which had been deferred to Quarter 4 2015/16 related to the provision of training on the Mental Capacity Act and a job description for a member of staff to support this was in the process of finalisation.

Agreed – The Council of Governors received and noted the content of the Monitor Risk Assessment Framework for Quarter 2, 1 July 2015 – 30 September 2015.

15/77 APPOINTMENTS TO NOMINATION AND REMUNERATION COMMITTEE

Consideration was given to the filling of two available seats on the Nomination and Remuneration Committee of the Council of Governors. Three nominations had been received:

- Vanessa Wildon
- Judith Hurst
- Betty Gibson

Agreed that:

1. ***Dr Judith Hurst be appointed as a member of the Nomination and Remuneration Committee until 30 November 2018.***
2. ***Betty Gibson be appointed as a member of the Nomination and Remuneration Committee until 30 November 2018.***

14/78 APPOINTMENT TO GOVERNOR OVERSIGHT COMMITTEE

Following the agreement of the Council of Governors to establish an Oversight Committee (minute 15/54 of the meeting held on 22 September 2015 refers) consideration was given to appoint four Governors to the Committee to include representation from each Governor type from the nominations received:

Public Governors

- Betty Gibson
- Vanessa Wilson
- Paul Emerson-Wardle
- Catherine Haigh
- Mary Booth

Appointed Governors

- Marion Grieves
- Cllr Ann McCCoy

Staff Governors

- Simon Hughes

Agreed – That Cllr Ann McCoy, Appointed Governor, Marion Grieves, Appointed Governor, Simon Hughes, Staff Governor and Catherine Haigh, Public Governor be appointed to the Governor Oversight Committee until 30 November 2018.

15/79 APPOINTMENTS TO TRUST WORKING GROUPS

Mr Bellas advised that at its meeting on 27 November 2014 (minute 14/96 refers) the Council of Governors reviewed and agreed the appointment of Governors to Trust Working Groups.

The Working Groups Governors currently appointed to were:

1. Spirituality Working Group – Judith Hurst.
2. Workforce and Development Group – Sandy Taylor.
3. Patient Experience Working Group – Catherine Haigh.

4. Equality and Diversity Working Group – Betty Gibson.
5. Environmental Strategy Working Group – group had been suspended temporarily during 2014/15.

There was a requirement to review Governor representation on Trust Working Groups for the next 12 months.

The Chairman advised of nominations received:

Environmental Strategy Working Group	Vanessa Wildon – unopposed
Spirituality Working Group	Paul Emerson-Wardle - unopposed
Equality and Diversity Working Group	Betty Gibson – unopposed
Patient Experience Working Group	Janice Clark Catherine Haigh
Workforce and Development Group	Mary Booth Janice Clark Sandy Taylor

Agreed that:

1. ***Vanessa Wildon be appointed as a member of the Environmental Strategy Working Group for 12 months.***
2. ***Paul Emerson-Wardle be appointed as a member of the Spirituality Working Group for 12 months.***
3. ***Betty Gibson would continue as a member of the Equality and Diversity Working Group for a further 12 months.***
4. ***Catherine Haigh would continue to be a member of the Patient Experience Working Group for a further 12 months.***
5. ***Sandy Taylor would continue to be a member of the Workforce and Development Working Group for a further 12 months.***

15/80 APPOINTMENTS TO THE TASK AND FINISH GROUP - Member and Stakeholder Representation and Engagement.

Following the agreement by the Council of Governors at its meeting on 22 September 2015 (minute 15/55 refers) to establish a Task and Finish Group to review Member and Stakeholder Representation and Engagement, consideration was given to appoint a further four Governors (including representation from each type of Governor) from the nominations received:

Public Governors

- Mary Booth
- Janice Clark
- Paul Emerson-Wardle
- Betty Gibson
- Catherine Haigh
- Vanessa Wildon

Appointed Governors
- Marion Grieves
- Cllr Ann McCoy

No nominations had been received from Staff Governors.

It was noted that agreement had already been given by the Council to the appointment of Sandy Taylor as the Governor Sponsor.

Agreed that:

1. ***Cllr Ann McCoy, Betty Gibson and Catherine Haigh be appointed to the Task and Finish Group – Member and Stakeholder Representation and Engagement.***
2. ***The Appointment of a Staff Governor to the Task and Finish Group – Member and Stakeholder Representation and Engagement would remain vacant with a nomination to be sought outside of the meeting, to be agreed by the Chairman.***

Action Item – Mrs Ord

15/81 APPOINTMENTS TO THE TRUST'S JOINT AUDIT WORKING GROUP

Further to minute 15/52 (22 September 2015) Mr Bellas advised that no further nominations had been received from Governors. Any Governor who was interested in participating in the work of the Joint Audit Group was to contact him direct.

15/82 QUALITY ACCOUNT 2015/16

Mrs Pickering presented the Quarter 2 update of the Quality Account 2015/16 including:

1) Priorities 2 and 3 were likely to deliver all their current planned actions on time.
2) There was a low to moderate risk that Priority 1 might not be fully completed on time due to the requirement to embed recovery principles within the equality and diversity mandatory training.
3) Priority 4 was largely on track for delivery; however three of its actions were reporting a low level of risk to delivery against them due to the reliance on the timescales of the PARIS Programme.
4) Achievement of 4 of the 10 quality metrics in Quarter 2 2015/16.
5) Five quality metrics were not on target:
   - Number of unexpected deaths classed as a serious incident per 10,000 open cases which was reported at 0.68 above the target of 3.00 but an improvement was evident against the Quarter 1 performance. This rate related to 20 unexpected deaths reported during Quarter 2 with no patterns or trends identified. The Trust position for the financial year to date was 8.42, 2.42 above target.

   - Patient falls per 1000 admissions which was reported at 20.96 above target, an increase of 13.41 since Quarter 1. It is also an 11.99 increase in the position report at Quarter 4 2014/15. This related to 76 falls during the quarter: 26 (34%) in Teesside, 15 (20%) in Durham and Darlington, 13

(17%) in North Yorkshire and 22 (29%) in Forensics. No patterns or trends had been identified.

- Percentage of clinical audits of NICE Guidance completed with 1 NICE audit scheduled to be completed during Quarter 2 in relation to antipsychotic prescribing for people with a learning disability. This audit was not completed and was due to be undertaken by end of Quarter 3.

- Average length of stay for patients in Adult Mental Health and Mental Health Services for Older People Assessment & Treatment Wards. Within Mental Health Services for Older People (MHSOP) the average length of stay had been above target since Quarter 3 2013/14. The Trust position for Quarter 2 in MHSOP was 63.68, 11.68 above target.

- Percentage of complaints satisfactorily resolved. The position for Quarter 2 was 78%, 12% below target. There were no specific trends or patterns identified in the reasons given for dissatisfaction other than disagreement with elements of the information provided and conclusions reached.

6) The Board had identified four quality priorities to be included within the 2015/16 Quality Account as quality priorities for 2016/17, they were to:
   - Continue to develop and implement recovery focussed services through delivering the agreed project plan and identifying further work for the future by Quarter 4 2018/19.
   - Implement and embed the revised harm minimisation and risk management approach by Quarter 4 2016/17.
   - Further implement the nicotine replacement programme and smoking cessation project by Quarter 4 2016/17.
   - Improve the clinical effectiveness and patient experience at times of Transition by Quarter 4 2016/17.

Clarification was sought on:

1) The additional information in support of the unexpected deaths and evidence that there was no themes or trends especially those that could be linked to the crisis referral service.

   Mrs Pickering advised that the detail in relation to the unexpected deaths was included within the Trust Dashboard Report and the information pack that had been made available in support of that report.

   In terms of any themes or trends, assurance was given to the Council that all unexpected deaths did result in a full investigation being undertaken.

2) Whether there was any influence Governors could add to resolve any potential delays to the attainment of Priority 4 *'Implementation of age appropriate risk assessments and care plans for Children and Young People Services'.*

   Mr Martin advised that the PARIS programme of change was delivered by scheduled cohort releases and dependant on the number of requests for change, this could cause delays in the delivery of cohorts.

3) The language used in relation to the description of average length of stay which could be seen as discriminatory in relation to 'lack of engagement'.

   Mrs Pickering noted this feedback.

4) The support provided by the Citizens Advice Bureau (CAB) to the Trust and whether there were any plans to increase this.

   Mr Kilmurray advised that there was a half day per week from Middlesbrough CAB into Roseberry Park Hospital and some other inpatient units also received support from the CAB, but at present there were no plans to widen this further.

5) Were there any specific locations where the length of stay of patients was a particular problem area.

   Mrs Pickering advised that there were different issues within different localities all related to length of stay, generally the complexity of patients often resulted in a longer period of time as an inpatient.

   She agreed to provide the level of detail of length of inpatient stays by locality area.

Action Item – Mrs Pickering

Agreed – The Council of Governors received and noted the update on the Quality Account 2015/16.

15/83 COMPLIANCE ACTIVITY RELATING TO THE CARE QUALITY COMMISSION (CQC)

Arising from the report Mrs Illingworth advised that:

1) Due to the decision of the CQC, Bootham Park Hospital had been closed on 24 September 2015 resulting in patients requiring transfer to alternative inpatient provision.
2) The Trust had written to the CQC on 1 October requesting the relocation of outpatients to Bootham Park Hospital and a meeting held on 9 October to discuss proposals further.
3) Nine reports had been received following Mental Health Act inspections by the CQC.
4) Six further inspections had been undertaken for which the reports were still outstanding.
5) The compliance team had conducted seven mock inspections throughout the Trust.

In response to questions it was noted that:

1) Staff were aware of requirements re advocacy, care and treatment and consent and appeals however the lack of sufficient documentary evidence for compliance was regularly highlighted by the CQC.

2) It was important to highlight those reports where no issues were raised and that a number of reports by the CQC were extremely positive.

Agreed – The Council of Governors received and noted the report submitted to the Quality and Assurance Committee in relation to the Care Quality Commission.

15/84 UPDATE ON SERVICE CHANGES

Consideration was given to the service update report. No areas of clarification were raised.

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

15/85 PERFORMANCE DASHBOARD

Mrs Pickering presented the key issues as contained within the report and advised that a detailed information pack had been made available to Governors to support the performance summary.

In receiving the report the following was noted from discussions:

1) That improvements had been seen in waiting times during October although there had been a decline during September, this had been due to the number of referrals received and pressures within services.
2) Following an improvement in September the number of staff with a current appraisal was now showing a downward trend. The indicator only measured whether an appraisal had been held with no information around the quality of the appraisal.
3) Where patients had been re-admitted within 30 days of discharge this was not necessarily a deficiency within the management of that patient. It was reported to be more around the number of episodes of crisis experienced.
4) That the measurement of the recovery rate within IAPT service was undertaken by an outcome tool, completed on admission to service and at discharge. Specific guidance was in place in terms of measuring IAPT Recovery and in a number of cases; improvements were seen in patients but not necessarily sufficient in terms of the recovery outcome tool which was a nationally set target.
5) The Trust had set itself challenging targets and it was recognised that in some cases the actual performance and target differed significantly.
6) The levels of unexpected deaths within Durham and Darlington were particularly high; however these were not linked to any particular area or team. Assurance was provided that all unexpected deaths were fully investigated and one explanation was that there were additional services within the areas such as substance misuse services which resulted in some service users being high risk.

Agreed –

1. ***That the Council of Governors received and noted the Performance Dashboard report as at end of September 2015.***

2. ***That further information be made available to Governors around unexpected deaths with a briefing event held for Governors to gain a more detailed understanding of the Serious Untoward Incident investigation process***.

Action Item – Mrs Illingworth/Mrs Ord

15/86 FINANCE REPORT

With regard to the finance report for the period up to 30 September 2015 it was noted that:

1) The comprehensive income outturn showed a surplus of £4,711k, equivalent to 3.3% turnover and marginally ahead of plan.
2) The Trust was ahead of plan (£310k) for identified Cash Releasing Efficiency Savings (CRES) which was a decline since the last quarter due to the deferment of a number of schemes to 2016/17.
3) The Continuity of Services Risk Rating was reported as 3.
4) The Financial Sustainability Risk Rating was reported as 4.

Agreed - The Council of Governors received and noted the Finance report as at end September 2015.

15/87 COMMITTEE UPDATE

The Chairman invited Mr Taylor to update the Council of Governors on the work of the Making the Most of Membership Committee.

Mr Taylor advised that the full update of the work of the Committee would be circulated to Governors outside of the meeting but advised on the following in relation to the Draft Involvement and Engagement Framework:

1) That following a consultation period, the Committee had reviewed comments and had amended the draft Involvement and Engagement Framework which had been circulated at the meeting.
2) Subject to any further comments received in respect of the framework or the implementation plan, the Committee requested that the Framework be approved by the Council of Governors.

Action Item – Mrs Ord

Agreed – The Council of Governors:

1. ***Received and noted the update from its Making the Most of Membership Committee.***
2. ***Approved the Draft Involvement and Engagement Framework, subject to any further comments being received.***

15/88 CONFIRMATION FUTURE MEETING DATES

The Chairman confirmed the next meeting as 25 February 2015, 2pm at Middlesbrough Football Club.

15/89 CONFIDENTIAL RESOLUTION

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

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

Any 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.

The Chairman closed the public session of the meeting at 4.05pm.

ITEM NO 3

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**25 February 2016**
TITLE:	**Public Action Log**
REPORT OF:	**Phil Bellas, Trust Secretary**
REPORT FOR:	**Information / Assurance**

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

Executive Summary:

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

Recommendations:

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

Council of Governors Action Log

Item 3

RAG Ratings:

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

Date	Minute No.	Action	Owner(s)	Timescale	Status
19/05/2015	15/32	Introduction of Governor appraisals.	Phil Bellas	~~Feb-16~~ March -16	
22/09/2015	15/48	To provide a formal report on work which supports the Carer Strategy to provide assurance that previous good work has not been lost.	Elizabeth Moody	Feb-16	see agenda item 14
17/11/2015	15/71	That a report be provided at the next meeting on the operation of the crisis services including the provision of beds.	Brent Kilmurray	Feb-16	see agenda item 12
17/11/2015	15/74	To provide an update on the provision of learning disability beds at a future Governor Development Day.	Kathryn Ord	Feb-16	Completed
17/11/2015	15/74	To provide an update on the provision of autism services.	Brent Killmurray	Feb-16	see agenda item 13
17/11/2015	15/74	A copy of the Associate Hospital Manager policy be made available to Governors.	Jennifer Illingworth/ Kathryn Ord	Dec-15	Completed
17/11/2015	15/74	To arrange the delivery of a training event including role play exercise for Associate Hospital Managers at a future Governor Development Day.	Kathryn Ord	Jul-16	
17/11/2015	15/74	To provide an update on the 2016 guidance on payment by results.	Colin Martin	~~Feb-16~~ May -16	
17/11/2015	15/74	To refer the suggestion of the production of a Governor annual report to the Task and Finish Group on Member and Stakeholder Representation and Engagement.	Phil Bellas/Kathryn Ord	~~Feb-16~~ March -16	
17/11/2015	15/79	To seek a nomination for the appointment of a staff governor to the task and finish group for member and stakeholder representation.	Kathryn Ord	~~Jan-16~~ March -16	

Date	Minute No.	Action	Owner(s)	Timescale	Status
17/11/2015	15/82	To provide the level of detail of length of inpatient stays by locality area.	Sharon Pickering	Feb-16	see agenda item 15
17/11/2015	15/85	To provide further information to Governors around unexpected deaths with a briefing event held for Governors to gain a more detailed understanding of the Serious Untoward Incident investigation process.	Jennifer Illingworth/ Kathryn Ord	Feb-16	Completed
17/11/2015	15/87	To circulate the Making the Most of Membership update report to Governors	Kathryn Ord	Nov-15	Completed

ITEM NO 8

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**25 February 2016**
TITLE:	**Board round-up**
REPORT OF:	**Phil Bellas**
REPORT FOR:	**Assurance/Information**

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

Executive Summary:

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

Recommendations:

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

MEETING OF:	**COUNCIL OF GOVERNORS**
DATE:	**25 February 2016**
TITLE:	**Board round-up**

1. INTRODUCTION & PURPOSE:

1.1 The purpose of this report is to provide the Council of Governors with an update on the matters considered by the Board of Directors.

2. BACKGROUND INFORMATION AND CONTEXT:

2.1 The Council of Governors approved the recommendations of its Task and Finish Group on "Holding the Non Executive Directors to Account for the Performance of the Board" at its meeting held on 24th September 2014 (minute 14/70 refers).

2.2 Under recommendation 2 of the review report it was proposed that copies of the Board round-up (a brief summary of key issues which is produced following each Board meeting and published on the intranet) should be presented to the Council of Governors, as an aide memoire, to assist Governors, and others attending the Board meetings, to highlight any business related matters which they consider important to bring to the attention of the Council of Governors.

3. KEY ISSUES:

3.1 Copies of the Board round-ups for the meetings held on 24 November and 15 December 2015 are attached to this report.

4. IMPLICATIONS:

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

4.2 **Financial/Value for Money:** No risks have been identified.

4.3 **Legal and Constitutional (including the NHS Constitution):** No risks have been identified

4.4 **Equality and Diversity:** No risks have been identified.

4.4 **Other implications:** No risks have been identified

5. RISKS:

6. CONCLUSIONS:

6.1 This report is presented to the Council of Governors in accordance with the action plan developed to implement the recommendations of the Task and

Finish group on “Holding the Non Executive Directors to Account for the Performance of the Board”.

7. RECOMMENDATIONS:

7.1 The Council of Governors is asked to note the key matters considered by the Board of Directors at its meetings held on 24 November and 15 December (as contained in the Board round-ups for those meetings) and raise any issues of concern, clarification or interest.

Phil Bellas,
Trust Secretary

Background Papers:
Report of Task and Finish Group on “Holding the Non Executive Directors to Account for the Performance of the Board

Feedback from Board of Directors meeting held 24 November 2015

The key items on this month's agenda were:

Chairman's report
The Chairman reported back on two visits to Roseberry Park. She met with estates staff and visited the stores where she was shown a very efficient and impressive system for the ordering and storage of food resulting in reduced expenditure and stock levels. These innovations had been devised and implemented by the stores staff. She also attended one of the Schwartz Round sessions, a very powerful tool which she said gave staff the opportunity to talk freely about issues they had in common.

Research and development (R&D)
Joe Reilly, Clinical Director for Research and Development presented the Trust's annual report for R&D to the Board, and submitted the R&D strategy for the next five years for approval. Joe reported on our success to date, highlighting the increasingly large number of clinicians, service users and carers who are taking part in research. He noted the shift away from larger multicentre studies to smaller more intensive trials that are more relevant and have a bigger impact for the Trust. He talked about the importance of university partnerships and building on the work we've done to date particularly in York. The Board thanked Joe for an interesting presentation and approved the strategy

Quality assurance committee report
The Board received and noted this report.

Nurse staffing
Jennifer Illingworth presented the monthly nurse staffing report on behalf of Elizabeth Moody. The Board noted that triangulation of staffing and quality data had not identified any direct risks or implications for patient safety or experience within the reporting period. Jennifer also confirmed that in future serious incident reviews and reports would also address whether there were links with staffing levels.

Mental health legislation committee
The Board received and noted this report

Francis 2 action plan
The Board received and noted progress against the action plan.

Waiting times action plan
The Board noted that there were still some variations and fluctuations which are being investigated further. They were pleased to note the achievements to date and the work that services are doing to address this important issue. It was reiterated that reducing waiting times to a maximum of four weeks remained a key priority for services.

Composite staff action plan
The Board received an update on progress and noted that most actions were on track.

Emergency Preparedness, Resilience and Response
The Trust's submission to NHS England was approved although it was agreed that in future this should be presented to the Audit Committee for approval.

Finance report
Colin Martin reported that the Trust was on track with our financial plan for 2015/16.

Performance
Sharon Pickering presented the performance dashboard report. There was a discussion about the indicators which referred to the number and frequency of readmissions which concerned some members of the Board. It was agreed that further analysis would be carried out over a two month period and reported to the QuAC in February 2016. The Board approved the performance dashboard indicators. Sharon also presented the strategic direction performance report which was well received and the Board approved the proposed changes.

North Yorkshire
Adele Coulthard, Director of Operations gave the Board a presentation on key issues facing the North Yorkshire locality, the progress that has been made over the last twelve months and the enthusiasm to tackle the challenges the services are still facing. The Board were impressed with what's been achieved, particularly in relation to waiting times in children and young people's services and asked Adele to pass on their thanks to all the teams for all their hard work.

Lesley Bessant
Chairman

Feedback from Board of Directors meeting held 15 December 2015

The key items on this month's agenda were

Chairman's report
Lesley Bessant reported on her visit to Westerdale South and North at Roseberry Park in Middlesbrough (MHSOP). She noted in particular how positive the staff on Westerdale South were about the future. David Levy also noted that their staff Friends and Family Test results had been the best in the Trust.

Quality assurance committee
The Board received the monthly report. There was a discussion about the implications of the need to register Holly and Baysdale Units as children's homes (because they operate as short break facilities for children with learning disabilities or complex health needs with challenging behaviour). This will mean we will have dual responsibility to the CQC and OFSTED. The Board were advised that the Trust was liaising with colleagues in a local authority to help us prepare for this.

Nurse staffing
Elizabeth Moody presented the monthly nurse staffing report, noting that triangulation of the data had not identified any implications for patient safety or experience. Elizabeth noted that the % fill rate for registered nurses on Worsley Court did not reflect the actual position which included four full time registered agency nurses. It was agreed that the report needed to reflect this as it was misleading.

Medical education report
Dr Nick Land presented this report and the Board were pleased to note our extremely positive ranking nationally. TEWV is 11th out of 205 trusts, which is a significant achievement when competing with large teaching organisations.

Culture metrics
David Levy presented this report, which the Board found useful and agreed that the work that was planned to further refine the criteria would be very beneficial. They acknowledged that the downward trend on wellbeing was concerning and needed further analysis. David reported that a more extensive report on staff wellbeing would be presented to QuAC in February 2016.

Directors' visits
Martin Barkley reported that EMT had agreed to increase the frequency of visits to teams by EMT and Board members to monthly from January 2016 (this was previously bi-monthly).

Integrated governance framework
The Board approved the changes to the framework.

Feedback from Board of Directors meeting held 26 January 2016

The key items on this month's agenda were

Briefing on key issues in the County Durham and Darlington Locality
Jo Dawson, Acting Director of Operations for County Durham and Darlington, gave the Board a short presentation and update on progress and issues within the locality which was well received by the non-executive directors. Lesley thanked Jo, on behalf of the Board, for the work she'd done in leading the locality over the last six months.

Nurse staffing
Elizabeth Moody presented a six monthly review of issues, trends and quality indicators relating to nurse staffing. The report and information on staffing showed no conclusive evidence of any impact on patient care and no direct risks or implications for patient safety. There was a discussion about the importance of taking breaks during shifts and it was agreed that information about missed breaks should be included in future reports. There was also a lengthy discussion about planned staffing levels (are they appropriate?), staff rostering (is it being done effectively?) and observation levels (are they appropriate?). Elizabeth reported that a project plan for the safe staffing project, which would encompass this work, had been developed and would be included in the next nurse staffing report.

Finance report
Colin Martin presented the finance report and noted that the Trust was slightly ahead of plan.

Performance report
Sharon Pickering presented the Trust's performance dashboard which included separate data for York and Selby (services are not yet using our PARIS system). There was a discussion about the targets the Trust sets for itself (are they too challenging or do we have more to do?). It was agreed that indicators 1 – 12 in the dashboard were the most significant for the Trust and that we should continue to focus on improving our performance in these areas.

Workforce report
David Levy presented the workforce report which included performance information about the whole workforce and information about medical staffing issues and performance.

Risk assessment framework
The Board approved the submission of the quarter 3 2015/16 risk assessment framework to Monitor.

Equality Act 2010
The Board agreed to the publication of the equality data document, as required by the Equality Act 2010.

ITEM NO. 9

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**25th February 2016**
TITLE:	**Monitor Risk Assessment Framework Report**
REPORT OF:	**Phil Bellas, Trust Secretary**
REPORT FOR:	**Information/Assurance**

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

Executive Summary:

This report seeks to provide assurance that the Trust was compliant with the requirements of Monitor's Risk Assessment Framework for Quarter 3, 2015/16.

Recommendations:

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

MEETING OF:	**Council of Governors**
DATE:	**25th February 2016**
TITLE:	**Monitor Risk Assessment Framework Report**

1. INTRODUCTION & PURPOSE:

1.1 The purpose of this report is to provide the Council of Governors with information on the Trust's position against the requirements of the Risk Assessment Framework (RAF) for Quarter 3, 2015/16 (1st October 2015 to 31st December 2015).

2. BACKGROUND INFORMATION AND CONTEXT:

2.1 Monitor undertakes in-year monitoring, in accordance with its Risk Assessment Framework, to measure and assess a Foundation Trust's actual performance against its Annual Plan. The intensity of monitoring is based on Monitor's assessment of the risks (its "risk ratings") of a significant breach of the Trust's Licence conditions.

2.2 At Quarter 2, 2015/16 the Trust had a Continuity of Service Risk Rating of 4 ("no evident concerns") and a Governance Risk Rating of "green".

3. KEY ISSUES:

3.1 At its meeting held on 26th January 2016 the Board of Directors approved the submission of information to Monitor for Quarter 3, 2015/16 in accordance with the Risk Assessment Framework based on:

(a) A Financial Sustainability Risk Rating of 4.

Details of the Trust's financial performance are provided under agenda item 16.

(b) Confirmation that the Board anticipates that the Trust will continue to maintain a Financial Sustainability Risk Rating of at least 3 for the next 12 months.

(c) Confirmation that the Board anticipates that capital expenditure for the remainder of the financial year will not materially differ from the forecast in the financial return.

(d) Confirmation that no subsidiaries were included in the financial results.

(e) Confirmation of the following Governance Declarations:

- "The Board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards."

- "The Board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework, Table 3) which have not already been reported."

(f) A Governance Risk Rating of "green" based on achievement of all the governance targets and indicators included in the Risk Assessment Framework.

(g) The following information on Executive team turnover (as at 31st December 2015) which Monitor uses as a potential indicator of quality governance concerns:

Executive Directors	Actual
Total number of Executive posts on the Board (voting)	5
Number of posts currently vacant	0
Number of posts currently filled by interim appointments	0
Number of resignations in quarter	0
Number of appointments in quarter	0

(h) The provision of exception reports with regard to the following matters:

- The inspection of learning disability services at Roseberry Park in March 2014.

  The Council of Governors will recall that the action plan arising from this inspection has been completed but the Trust is awaiting formal sign off by the CQC.

- The Trustwide inspection in January 2015.

  Monitor was informed that, as at 29th January 2016, all actions have been completed with the exception of certain environmental works, which are pending, and an extension to the timescale of one action, relating to the implementation of mental capacity monitoring systems, from January 2016 to May 2016.

- A progress report on the expansion of the Trust into York and Selby (which Monitor considered to be a material transaction) including:
  - The re-opening of the Section 136 Suite at Bootham Park Hospital on 16th December 2015 following an inspection by the CQC.
  - The negotiations with the CQC on returning outpatient services to the Hospital with the intention that this will be achieved in February 2016.

(NOTE: the phased return of outpatient services to the Hospital commenced on 8th February 2016.)

- The discussions to be held with the CQC on the process for responding to the compliance issues identified in the regulator's report on its inspection of the Hospital in September 2015, as at that time, Leeds and York Partnership NHS Foundation Trust was the registered provider of the services.
- The provision of a Corporate Governance Statement and Statement on Quality Governance in accordance with the undertaking given by the Board in September 2015.
- The planned commencement of the contract for the refurbishment of Peppermill Court, to provide a 24 bed adult inpatient unit, in February 2016 which will enable patients to be repatriated to the Locality in the summer of 2016.
- The action being taken by the Trust as one of four organisations named in an application for judicial review relating to the closure of Bootham Park Hospital in September 2015 and related matters.

4. IMPLICATIONS:

4.1 **Compliance with the CQC Fundamental Standards:** Information provided by the CQC is used by Monitor to assess organisational and financial governance, including service performance and care quality.

4.2 **Financial/Value for Money:** This issue is covered in the report of the Director of Finance under agenda item 16.

4.3 **Legal and Constitutional (including the NHS Constitution):** The Trust is required to hold a Licence in order to provide NHS services.

4.4 **Equality and Diversity:** There are no equality and diversity implications associated with this report.

4.4 **Other implications:** There are no other implications associated with the report.

5. RISKS:

5.1 There are risks that Monitor will take regulatory action if the Trust's Risk Ratings deteriorate.

6. CONCLUSIONS:

6.1 The Board informed Monitor that it considered that the Trust was compliant with the requirements of the Risk Assessment Framework for Quarter 3, 2015/16.

7. RECOMMENDATIONS:

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

Background Papers:
Monitor's Risk Assessment Framework (August 2015)

ITEM 10

COUNCIL OF GOVERNORS
PUBLIC AGENDA

DATE:	**25 February 2016**
TITLE:	**To assure the Council of Governors on the position of compliance with Care Quality Commission registration requirements**
REPORT OF:	**Jennifer Illingworth, Director of Quality Governance**
REPORT FOR:	**Compliance/Performance**

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

Executive Summary:

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

- **The Executive Director of Nursing is currently involved with a review commissioned by the Chief Nursing Officer for North of England in respect of the transfer of services from York and Selby and the subsequent closure of Bootham Park Hospital.**
- **Ofsted have requested that the Trust register Holly Unit and Baysdale Unit as a short break service**
- **A response to a Judicial Review following the closure of Bootham Park Hospital by a former patient has been sent to the claimant's solicitor**
- **The 136 Suite at Bootham Park was re-opened on 16th December 2014 and out-patient services are now also resuming.**
- **The draft Intelligent Monitoring Report has been received for comments prior to the report being published on 25th February 2016**
- **CQC has published its report following their inspection at Bootham Park Hospital in September 2015 when the hospital was managed by Leeds and York NHS Partnership Trust.**
- **There have been 21 MHA inspections and 17 associated monitoring reports received since the last report to Council of Governors. The CQC have also undertake a Care Home Inspection at 367 Thornaby Road**
- **The Compliance Team have undertaken six mock inspections since the last reporting period.**

Recommendations:

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

MEETING OF:	**COUNCIL OF GOVERNORS**
DATE:	**25 FEBRUARY 2016**
TITLE:	**To assure the Council of Governors on the position of compliance with Care Quality Commission registration requirements**

1. INTRODUCTION & PURPOSE

1.1 To provide the Council of Governors with a position statement on the Trust Care Quality Commission (CQC) registration and provide assurance of compliance with the Essential Standards for Quality and Safety required to maintain registration.

2. KEY ISSUES:

2.1 Judicial Review – provision of acute mental health services in York

On 22nd December 2015 the Trust received a letter from a solicitor acting on behalf of a claimant from the York and Selby locality. The letter stated that the claimant seeks to challenge the alleged failure of TEWV to provide acute mental health services in the York area and its alleged failure to obtain the appropriate CQC registration for services provided at Bootham Park Hospital. The letter stated that this failure first occurred on 1 October 2015 when TEWV became responsible for the provision of such services and is a continuing breach. The letter also cites CQC, York and Selby CCG and Leeds and York Partnership NHS Foundation Trust as proposed defendants.

The Trust instructed Wardhadaway to respond to the letter. A detailed response to the letter of 22nd December was sent to the Claimant's solicitor on 15th January 2016. The Trust are currently awaiting the outcome as to whether the Judicial Review will proceed following the responses provided by the Trust and other parties.

2.2 136 Suite and Outpatient Clinics at Bootham Park Hospital

An action plan for remedial work was submitted to CQC on 19th October 2015 with regard to the re-application to register services at the 136 Suite at Bootham Park Hospital. The 136 suite was re-inspected by five CQC inspectors on 7th December 2015 and the application to re-register 136 Suite, Bootham Park was approved. The 136 Service at York re-opened on 16th December 2015. From mid-February 2016 outpatient services will also be resumed at Bootham Park in a staged approach.

2.3 Draft CQC Intelligent Monitoring report

CQC has recently produced the latest version of their draft Intelligent Monitoring Report (See appendix 1) for TEWV to be published on 25th February 2016.

In summary there are four issues for the Trust identified by CQC in the intelligent monitoring report:-

- Composite indicator showing trusts flagging for risk in relation to the number of deaths of patients detained under the Mental Health Act - MHA database/MHLDD
- Composite indicator to assess bed occupancy - MHA Database/KH03
- Fully and partially upheld investigations into complaints – PHSO
- Composite indicator: Proportion of missing or invalid entries in the MHLDDS employment status and accommodation status fields – MHLDDS

CQC gave the Trust an overall risk score of 4 (2.76%) out of a maximum possible risk score of 145 in the intelligent monitoring report. There were no elevated risks identified.

2.4 **Report of CQC Inspection at Bootham Hospital in September 2015**

The Care Quality Commission (CQC) published a full report of its inspection of Bootham Park Hospital in York in September 2015, whilst the service was still part of Leeds and York Partnership NHS Foundation Trust.

The unannounced inspection followed concerns raised by Leeds and York Partnership NHS Foundation Trust about the delay in making safety improvements which had been required at an earlier inspection. At the same time CQC was also aware that TEWV had been awarded the contract to provide services at the hospital which had been put out to tender by Vale of York Clinical Commissioning Group.

The report makes clear that inspectors were concerned about the risk of suicide or serious harm to patients because Leeds and York Partnership Foundation Trust had not been able to remove all of the potential ligature points within the building.

A full report of the September inspection can be found on the CQC website at www.cqc.org.uk/provider/RGD.

The Compliance Team and Heads of Services for MHSOP and Adult in York are currently developing an action plan to address the issues raised within the report.

2.5 **Review commissioned by Chief Nursing Officer North of England following transfer of York and Selby and subsequent closure of Bootham Park Hospital**

A review has been commissioned by Margaret Kitching, Chief Nursing Officer North of England, following concerns about the risk to patients and resulting negative press following the transfer of mental health services provided at Bootham Park Hospital,York between TEWV and Leeds and York Partnership Trust. The concerns were raised following the Overview and Scrutiny Committee meeting where there was a call for a public inquiry.

2.6 Ofsted requirement for Holly Unit and Baysdale Unit

Following the Trustwide CQC inspection in January 2015, a CQC inspector involved with the C&YP inpatient inspection, highlighted to Ofsted that there was a potential requirement for the Trust to register Holly Unit, West Park Hospital as a children's home. A meeting was held on Thursday 12th November 2015 between Ofsted representatives / inspectors and the Trust's Director of Quality Governance and Head of Service for Holly Unit to discuss the issue.

Following this meeting the Trust received a letter from Ofsted on 17th November 2015 to confirm that Holly Unit "is operating as a short break facility for children with learning disabilities and or complex health needs or challenging behaviour." and therefore requires to be registered with Ofsted. This requirement would also affect Baysdale Unit at Roseberry Park. Work is now progressing to meet the requirements of registration for these two units with Ofsted.

2.7 Mental Health Act Inspections

There have been 21 MHA inspections and 17 associated monitoring reports received since the last report to Council of Governors:-

- Westwood, West Lane Hospital (C&YPS) 13th August 2015
- White Horse View, Easingwold, LD Rehab - 20th October 2015
- Jay Ward, FMH, Ridgeway - 29th September 2015
- Primrose Lodge, Chester le street, AMH Rehab - 14th October 2015
- Roseberry Ward, Lanchester Road Hospital, MHSOP – 3rd September 2015
- Kirkdale, Ridgeway, FMH – 15th September 2015
- Meadowfields, MHSOP, York and Selby - 5th November 2015
- Cedar Ward, West Park (D&D AMH) - 20th October 2015
- Brambling Ward (Ridgeway FMH) - 3rd November 2015
- Sandpiper (Ridgeway FMH) - 18th November 2015
- Bransdale (Roseberry Park, Tees AMH) – 10th November 2015
- Eagle / Osprey (Ridgeway FMH) – 26th November 2015
- Willow Ward, West Park (D&D AMH) – 30th November 2015
- Newberry, West Lane (C&YPS North Yorkshire) - 3rd December 2015
- Merlin, Ridgeway (FMH) – 8th December 2015
- Earlston House (D&D AMH Rehabilitation) – 10th December 2015
- Worsley Court, Selby (MHSOP Y&S)

The following wards have had recent MHA visits and reports are awaited:-

- Acomb Garth, York (AMH Rehabilitation Y&S) – 17th December 2015
- Lustrum Vale, The Dales, Stockton (Tees AMH Rehabilitation) – 18th January 2016
- Oak Rise, York (LD Y&S) 21st January 2016
- Harrier and Hawk (LDF) – 1st February 2016

2.9 Care Home Inspection at 367 Thornaby Road (LD Tees)

On 29th January 2016 the Compliance Team were notified that a CQC Inspector had arrived at 367 Thornaby Road to carry out a Care Home Inspection. Informal feedback was positive and the Trust are currently awaiting the draft report for factual accuracy checking.

2.8 Mock Inspections

The Compliance Team have undertaken six mock inspections since the November 2015 meeting of the Council of Governors:-

- North Durham Psychosis Team (D&D AMH)
- Rowan Lea, Cross Lane Scarborough (NY MHSOP)
- Westerdale South, Roseberry Park (Tees MHSOP)
- Worsley Court, Selby (Y&S MHSOP)
- Cherry Trees, York (Y&S MHSOP)
- Chester le Street Affective Disorder Team (D&D AMH)

Where necessary recommendations and action plans have been raised and will be monitored by the Compliance team and reported through the QuAG reports. A follow up inspection to assist with taking forward estates issues and dementia care at Meadowfields has also taken place following their inspection on 11th November 2015.

Table 1 below shows the Compliance Team's activity for Quarter 3 in respect of Mock Inspections and Eliminating Mixed Sex Accommodation (EMSA) reviews undertaken by the Team. The Compliance Team is currently planning a Trustwide Programme of Mock Inspections to take place during April 2016. This inspection will include clinicians from across the Trust to undertake peer inspections across all services over the two week period, similar to the inspection undertaken prior to the CQC Inspection.

Table 1.

Locality	Team / Ward	Date
D&D	MHSOP Oak Ward	14/10/2015
D&D	MHSOP Ceddesfeld Ward	23/10/2015
D&D	MHSOP Hamsterley Ward	23/10/2015
D&D	AMH Tunstall Ward	27/10/2015
NY	CAMHS West Lane Hospital Westwood Centre	04/11/2015
Y&S	AMH Acomb Garth - EMSA Review	06/11/2015
Y&S	MHSOP Meadowfields	11/11/2015
NY	AMH IP The Orchards - Ripon	19/11/2015
D&D	AMH Derwentside and Chester-le-Street Psychosis	25/11/2015
NY	MHSOP Scarborough Cross Lane Rowan Lea	02/12/2015
Tees	MHSOP Westerdale South	09/12/2015
Y&S	MHSOP Worsley Court	16/12/2015

IMPLICATIONS:

3.1 **Compliance with the CQC Fundamental Standards:** Provision of safe and effective high quality services is a strategic priority for the Trust and the Fundamental Standards of Quality and Safety that underpin CQC registration support and facilitate those quality services. Ongoing full registration reinforces the position of the Trust in maintaining high quality service delivery – any loss of registration has implications for the reputation of the Trust as quality provider.

3.2 **Financial/Value for Money:** Full CQC registration is an essential requirement of the Monitor authorisation the Trust to operate as Foundation Trust –complete loss of registration therefore would have disastrous business impact**.** There are financial implications in maintaining CQC registration – the annual fee structure, the corporate infrastructure required to maintain the evidence base and relationship with CQC and the costs of addressing any challenges to compliance with changing services.

3.3 **Legal and Constitutional (including the NHS Constitution):** Under the 2008 Health and Social Care Act (Regulated Activities) Regulations 2009, CQC registration is a pre-requisite to the status of service provider – the Trust can no longer legally undertake contractual obligations to provide services without registration for those services. In addition all the legal and statutory requirements that underpin the CQC Fundamental Standards forms the operational and professional legislative framework that the Trust has to comply with anyway – compliance with the registration standards enables the Trust to ensure those legal and statutory requirements are being met.

3.4 **Equality and Diversity:** The Equality and Diversity legislation underpins the CQC registration framework and therefore compliance with E&D legislation is monitored to mitigate risk to or compromise of CQC registration status.

4. **RISKS:** The essential requirement to have services registered before undertaking contractual obligations to provide could compromise the flexibility and nimbleness of the Trust to take on new or reconfigured services as the registration processes are not currently highly responsive. Internally there needs to be proactive and reflexive systems in place to reduce that risk by including registration and compliance advice/action as early as possible in the tender or contracting stage.

5. **CONCLUSIONS:** The Trust continues to maintain full registration with the CQC with no conditions and continue to strengthen the validated evidence base that demonstrates compliance with the CQC's framework for regulating and monitoring services

6. **RECOMMENDATIONS:** The Committee are asked to note the CQC registration and information assurance update.

Jennifer Illingworth
Director of Quality Governance

Background Papers:

Appendix 1: Draft Intelligent Monitoring Report to be published in February 2015

Appendix 1


CareQuality Commission
Intelligent Monitoring Report
Report on
Tees, Esk and Wear Valleys NHS Foundation Trust
To view the most recent inspection report please visit the link below.
http://www.cqc.org.uk/Provider/RX3
Draft February 2016

Tees, Esk and Wear Valleys NHS Foundation Trust	RX3

Intelligent Monitoring: Report published on 25 February 2016

CQC has developed a model for monitoring a range of key indicators about Trusts that provide Mental Health services. These indicators relate to the five key questions we will ask of all services – are they safe, effective, caring, responsive and well-led? The indicators will be used to raise questions about the quality of care. They will not be used on their own to make judgements. **Our judgements will always be based on the result of an inspection, which will take into account our Intelligent Monitoring analysis alongside local information from the public, the trust and other organisations.**

To view the most recent inspection report please visit the link below.
http://www.cqc.org.uk/Provider/RX3

What does this report contain?

This report presents CQC's analysis of the key indicators (which we call 'tier one indicators') for Tees, Esk and Wear Valleys NHS Foundation Trust. We have analysed each indicator to identify two possible levels of risk.

We have used a number of statistical tests to determine where the thresholds of "risk" and "elevated risk" sit for each indicator, based on our judgement of which statistical tests are most appropriate.Where an indicator has 'no evidence of risk' this refers to where our statistical analysis has not deemed there to be a risk or elevated risk. For some data sources we have applied a set of rules to the data as the basis for these thresholds - for example concerns raised by staff to CQC (and validated by CQC) are always flagged in the model.

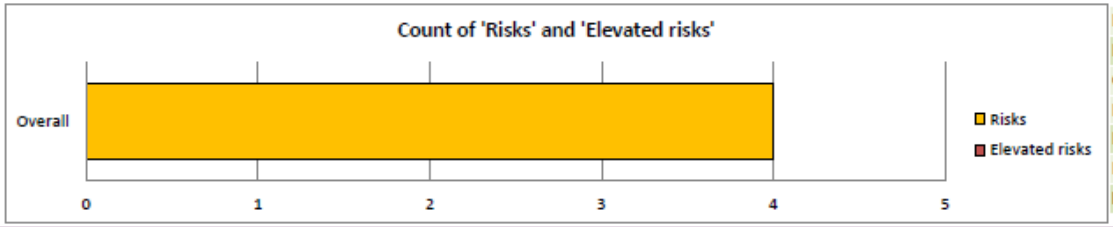
Further details of the analysis applied are explained in the accompanying guidance document.

What guidance is available?

We have published a document setting out the definition and full methodology for each indicator. If you have any queries or need more information, please email enquiries@cqc.org.uk or use the contact details at www.cqc.org.uk/contact-us

Tees, Esk and Wear Valleys NHS Foundation Trust

Trust Summary



Number of 'Risks'	4
Number of 'Elevated risks'	0
Overall Risk Score	4
Number of "No Evidence of risk"	70
Number of Applicable Indicators	74
Proportional Score	2.76%
Maximum Possible Risk Score	145

Safe	Composite indicator showing trusts flagging for risk in relation to the number of deaths of patients detained under the Mental Health Act - MHA database/MHLDDS	Risk
Responsive	Composite indicator to assess bed occupancy - MHA Database/KH03	Risk
	Fully and partially upheld investigations into complaints - PHSO	Risk
Well-led	Composite indicator: Proportion of missing or invalid entries in the MHLDDS employment status and accommodation status fields – MHLDDS	Risk

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Tees, Esk and Wear Valleys NHS Foundation Trust
Tier One Indicators

Key Question	ID	Indicators - Source	From	To	Observed	Expected	Risk?
Safe	MHSAF07C	Potential under-reporting of patient safety incidents - **NRLS/MHLDDS-HES Bridged**	01/11/2014	31/10/2015	0.12	0.10	No evidence of risk
	MHSAFE06	Proportion of reported patient safety incidents that are harmful - **NRLS**	01/11/2014	31/10/2015	0.35	0.38	No evidence of risk
	MHSDS_PMIN1	Proportion of mortality among mental health inpatients aged 0-74 (death recorded in ONS) - **MHLDDS-HES/ONS**	01/07/2014	30/06/2015	0.02	0.01	No evidence of risk
	MHSDS_PMCT1	Proportion of mortality among people in contact with community mental health services aged 0-74 (death recorded in ONS) - **MHLDDS-HES/ONS**	01/07/2014	30/06/2015	0.01	0.01	No evidence of risk
	MHSDS_PMCT2	Proportion of mortality among people in contact with community mental health services aged 0-74 (self-harm or undetermined ONS death) - **MHLDDS-HES/ONS**	01/07/2014	30/06/2015	0.00	0.00	No evidence of risk
	MHSAFE63	Patients that die following injury or self-harm within 3 days of being admitted to acute hospital beds - **MHLDDS-HES Bridged**	01/07/2014	30/06/2015	0.00	n/a	No evidence of risk
	MHSAFE64	People that take their own lives within 3 days of discharge from hospital - **MHLDDS-HES Bridged**	01/07/2014	30/06/2015	0.00	0.19	No evidence of risk
	COM_MORT01	Composite indicator showing trusts flagging for risk in relation to the number of deaths of patients detained under the Mental Health Act - **MHA database/MHLDDS**	01/08/2014	31/07/2015	n/a	n/a	Risk
	MHMORT01	*Trusts flagging for risk in the number of suicides of patients detained under the Mental Health Act (all ages) - MHA database/HSCIC KP90*	*01/08/2014*	*31/07/2015*	*	*n/a*	*Risk*
	MHMORT03	*Trusts flagging for risk in relation to the number of deaths due to natural causes of patients detained under the Mental Health Act (people aged under 75) - MHA database/HSCIC KP90*	*01/08/2014*	*31/07/2015*	*	*n/a*	*Risk*
	NHSSTAFF11	Fairness and effectiveness of incident reporting procedures - **NHS Staff Survey**	01/09/2014	31/12/2014	0.68	0.63	No evidence of risk
	NRLSL08MH	Consistency of reporting to the National Reporting and Learning System - **NRLS**	01/10/2014	31/03/2015	6 months of reporting	n/a	No evidence of risk
	COM_CASMH	Composite of Central Alerting System (CAS): Dealing with (CAS) safety alerts in a timely way - **CAS**	01/03/2009	31/10/2015	n/a	n/a	No evidence of risk
	CASMH01A	*The number of alerts which CAS stipulated should have been closed by trusts during the preceding 12 months, but which were still open on the date CQC extracted data from the CAS system - CAS*	*01/11/2014*	*31/10/2015*	*0 alerts still open*	*n/a*	*No evidence of risk*
	CASMH01B	*The number of alerts which CAS stipulated should have been closed by trusts more than 12 months before, but which were still open on the date CQC extracted data from the CAS system - CAS*	*01/03/2009*	*31/10/2015*	*0 alerts still open*	*n/a*	*No evidence of risk*
	CASMH01C	*Percentage of CAS alerts with closing dates during the preceding 12 months which the trust has closed late - CAS*	*01/11/2014*	*31/10/2015*	*< 25% of alerts closed late*	*n/a*	*No evidence of risk*
	MHRES20	Proportion of discharges from hospital followed up within 7 days - **MHLDDS**	01/07/2014	30/06/2015	0.70	0.70	No evidence of risk
	NHSSTAFF07	Proportion of staff receiving health and safety training in last 12 months - **NHS Staff Survey**	01/09/2014	31/12/2014	0.87	0.73	No evidence of risk
	PLACE_MH01	PLACE (patient-led assessments of the care environment) score for cleanliness of environment - **PLACE**	04/02/2015	30/06/2015	0.99	0.98	No evidence of risk
	SAFEGUAR01	CQC's National Customer Service Centre (NCSC) safeguarding concerns - **CQC**	01/11/2014	31/10/2015	72.00	31.49	No evidence of risk
	MHESR01	Proportion of registered nursing staff - **ESR**	30/09/2015	30/09/2015	0.46	0.53	No evidence of risk
	MHESR02	Ratio of occupied beds to all nursing staff - **ESR**	30/09/2015	30/09/2015	6.11	4.56	No evidence of risk

Effective	CMHSURA06	Being informed: for having been told who is in charge of organising their care and services - **CMH Survey**	01/09/2014	30/11/2014	8.80	n/a	No evidence of risk
	CMHSURA38	Help finding support for physical health needs: for those with physical health needs receiving help or advice with finding support for this, if they needed this - **CMH Survey**	01/09/2014	30/11/2014	5.82	n/a	No evidence of risk
	MHCAR201	Proportion of patient records checked that show evidence of a physical health check on admission where the patient has been in hospital less than a year - **MHA Database**	01/09/2014	31/08/2015	0.98	0.96	No evidence of risk
	MHSDS_AE1	Proportion of detained mental health inpatients who attend Accident and Emergency departments - **MHLDDS - HES bridged**	01/07/2014	30/06/2015	0.18	0.21	No evidence of risk
	MHSDS_ACS1	Proportion of emergency admissions of mental health inpatients for ambulatory care sensitive conditions - **MHLDDS - HES bridged**	01/07/2014	30/06/2015	0.31	0.35	No evidence of risk
	MHCAR202	Proportion of wards visited where there were difficulties in arranging GP services for detained patients - **MHA Database**	01/09/2014	31/08/2015	0.33	0.13	No evidence of risk
	MHEFF107	Proportion of patient records checked where care plans showed evidence of discharge planning - **MHA Database**	01/09/2014	31/08/2015	0.80	0.70	No evidence of risk
	NAS_PH02	Service users who had five individual cardiometabolic health risk factors monitored in the past 12 months - **NAS2**	01/08/2013	30/11/2013	0.64	0.33	No evidence of risk
	NAS_PH03	Monitoring of alcohol intake in the past 12 months - **NAS2**	01/08/2013	30/11/2013	0.98	0.71	No evidence of risk
	NAS_PT01	Has cognitive behavioural therapy ever been offered to the service user? - **NAS2**	01/08/2013	30/11/2013	0.49	0.41	No evidence of risk
	NAS_PT02	Has family intervention ever been offered to the service user? - **NAS2**	01/08/2013	30/11/2013	0.28	0.20	No evidence of risk
	PLACE_MH02	PLACE (patient-led assessments of the care environment) score for food - **PLACE**	04/02/2015	30/06/2015	0.92	0.90	No evidence of risk
	NHSSTAFF04	Proportion of staff appraised in last 12 months - **NHS Staff Survey**	01/09/2014	31/12/2014	0.92	0.87	No evidence of risk
	NHSSTAFF05	Proportion of staff having well-structured appraisals in last 12 months - **NHS Staff Survey**	01/09/2014	31/12/2014	0.49	0.41	No evidence of risk
	NHSSTAFF06	Proportion of staff receiving support from immediate managers - **NHS Staff Survey**	01/09/2014	31/12/2014	0.73	0.70	No evidence of risk
	MHSAFE51	Proportion of patient records checked where the Responsible Clinician has recorded their assessment of a patient's capacity to consent at first treatment - **MHA Database**	01/09/2014	31/08/2015	0.95	0.67	No evidence of risk
	MHCAR19	Proportion of wards visited where there is an Independent Mental Health Advocacy (IMHA) service available - **MHA Database**	01/09/2014	31/08/2015	1.00	1.00	No evidence of risk

Key Question	ID	Indicators - Source	From	To	Observed	Expected	Risk?
	MHCAR20	Proportion of wards visited where detained patients have direct access to the Independent Mental Health Advocacy (IMHA) service - **MHA Database**	01/09/2014	31/08/2015	0.95	0.95	No evidence of risk
	MHEFF106	Proportion of patient records checked where there was an approved mental health practitioner (AMHP) report available - **MHA Database**	01/09/2014	31/08/2015	0.86	0.77	No evidence of risk
	MHSAFE52	Proportion of patient records checked that show evidence of discussions about rights on detention - **MHA Database**	01/09/2014	31/08/2015	0.97	0.89	No evidence of risk
Caring	CMHSURA18	Respect and dignity: for feeling that they were treated with respect and dignity by NHS mental health services - **CMH Survey**	01/09/2014	30/11/2014	8.34	n/a	No evidence of risk
	CMHSURA31	Time: for being given enough time to discuss their needs and treatment - **CMH Survey**	01/09/2014	30/11/2014	7.73	n/a	No evidence of risk
	PLACE_MH03	PLACE (patient-led assessments of the care environment) score for privacy, dignity and well being - **PLACE**	04/02/2015	30/06/2015	0.89	0.90	No evidence of risk
	CMHSURA10	Involvement in planning care: for those who have agreed what care and services they will receive, being involved as much as they would like in agreeing this - **CMH Survey**	01/09/2014	30/11/2014	7.93	n/a	No evidence of risk
	CMHSURA12	Involvement in care review: for those who had had a formal meeting to discuss how their care is working, being involved as much as they wanted to be in this discussion - **CMH Survey**	01/09/2014	30/11/2014	8.12	n/a	No evidence of risk
	CMHSURA35	Involvement in decisions: for those receiving medicines, being involved as much as they wanted in decisions about medicines received - **CMH Survey**	01/09/2014	30/11/2014	7.14	n/a	No evidence of risk
	CMHSURA42	Involving family or friends: for NHS mental health services involving family or someone else close to them as much as they would like - **CMH Survey**	01/09/2014	30/11/2014	6.81	n/a	No evidence of risk
	NAS_SD01	Was the patient provided with written information (or an appropriate alternative) about the most recent antipsychotic prescribed? - **NAS2**	01/08/2013	30/11/2013	0.46	0.36	No evidence of risk
	CMHSURA16	Support: for the people seen through NHS mental health services helping them achieve what is important to them - **CMH Survey**	01/09/2014	30/11/2014	6.59	n/a	No evidence of risk

Well-led	COM_CPEMH	Composite Indicator: Proportion of Mental Health Act (MHA) and hospital inpatient episodes closed by the provider - **MHLDDS**	01/07/2014	30/06/2015	n/a	n/a	No evidence of risk
	MHSDS_CPE01	*Proportion of provider closed episodes of patients detained under the Mental Health Act (MHA) - **MHLDDS***	*01/07/2014*	*30/06/2015*	*0.99*	*0.90*	*No evidence of risk*
	MHSDS_CPE02	*Proportion of provider closed hospital inpatient episodes - **MHLDDS***	*01/07/2014*	*30/06/2015*	*0.96*	*0.91*	*No evidence of risk*
	MHSDS_COMSIO	Composite indicator: Proportion of missing or invalid entries in the MHLDDS employment status and accommodation status fields – **MHLDDS**	01/07/2014	30/06/2015	n/a	n/a	Risk
	MHSDS_SIO1	*Proportion of MHLDDS records with a missing or invalid entry in the employment status field (EMPSTAT) - **MHLDDS***	*01/07/2014*	*30/06/2015*	*0.69*	*0.86*	*No evidence of risk*
	MHSDS_SIO2	*Proportion of MHLDDS records with a missing or invalid entry in the accommodation status field (ACCSTAT) - **MHLDDS***	*01/07/2014*	*30/06/2015*	*0.70*	*0.83*	*Risk*
	MONITOR_MH01	Monitor: risk rating for governance - **Monitor**	17/11/2015	17/11/2015	Monitor risk rating: No evident concerns	n/a	No evidence of risk
	TDA_MH01	NHS Trust Development Authority escalation score - **TDA**	Not included	Not included	Not included	Not included	Not included
	FLUVACMH01	Proportion of Health Care Workers with direct patient care that have been vaccinated against seasonal influenza - **Department of Health**	01/09/2014	28/02/2015	0.42	0.43	No evidence of risk
	MHWEL137	Proportion of days sick in the last 12 months for medical and dental staff - **ESR**	01/10/2014	30/09/2015	0.03	0.02	No evidence of risk
	MHWEL138	Proportion of days sick in the last 12 months for nursing and midwifery staff - **ESR**	01/10/2014	30/09/2015	0.05	0.05	No evidence of risk
	MHWEL139	Proportion of days sick in the last 12 months for other clinical staff - **ESR**	01/10/2014	30/09/2015	0.06	0.05	No evidence of risk
	MHWEL140	Proportion of days sick in the last 12 months for non-clinical staff - **ESR**	01/10/2014	30/09/2015	0.04	0.04	No evidence of risk
	NHSSTAFF16	Proportion of staff reporting good communication between senior management and staff - **NHS Staff Survey**	01/09/2014	31/12/2014	0.39	0.31	No evidence of risk

Key Question	ID	Indicators - Source	From	To	Observed	Expected	Risk?
	NHSSTAFF20	Proportion of staff feeling pressure to attend work when feeling unwell in the last 3 months - **NHS Staff Survey**	01/09/2014	31/12/2014	0.19	0.21	No evidence of risk
	NTS12_MH01	General Medical Council national training survey – trainee's overall satisfaction - **GMC**	24/03/2015	06/05/2015	Within the middle quartile (Q2/IQR)	n/a	No evidence of risk
	STASURBG01	Proportion of staff who would recommend the trust as a place to work or receive treatment - **NHS Staff Survey**	01/09/2014	31/12/2014	0.71	0.63	No evidence of risk
	GMC_MH01	General Medical Council enhanced monitoring - **GMC**	01/06/2015	30/06/2015	No concerns	n/a	No evidence of risk
	MHRES17	Proportion of wards visited that have community meetings - **MHA Database**	01/09/2014	31/08/2015	0.90	0.92	No evidence of risk
	WBLOW_MH01	Snapshot of whistleblowing alerts received by CQC - **CQC**	16/11/2015	01/02/2016	0.00	n/a	No evidence of risk
	COM_CMHS	Composite indicator to assess occurrence of sampling errors or non-submission of data to the two most recent iterations of the Community Mental Health Survey - **CMH Survey**	01/09/2013	30/11/2014	n/a	n/a	No evidence of risk
	CMHS_CURR	*Occurrence of sampling errors or non-submission of data relating to the current iteration of the Community Mental Health Survey - **CMH Survey***	*01/09/2014*	*30/11/2014*	*Submission, no errors*	*n/a*	*No evidence of risk*
	CMHS_PREV	*Occurrence of sampling errors or non-submission of data relating to the previous iteration of the Community Mental Health Survey - **CMH Survey***	*01/09/2013*	*30/11/2013*	*Submission, no errors*	*n/a*	*No evidence of risk*
	MONITOR_MH02	Monitor: continuity of service rating - **Monitor**	17/11/2015	17/11/2015	3: emerging or minor concern	n/a	No evidence of risk
Cross cutting	SYEMH	Negative comments submitted to Share Your Experience - **CQC**	01/10/2014	30/09/2015	0.19	1.00	No evidence of risk
	P_OPINIONMH	Negative comments submitted to Patient Opinion sources - **Patient Opinion**	01/08/2014	31/07/2015	0.38	1.00	No evidence of risk

Suppression: We apply a strict statistical disclosure control in accordance with the HES protocol to all published data. This requires that small numbers are supressed to prevent individuals being identified and to ensure that patient confidentiality is maintained. An asterisk (*) in the observed column indicates a suppressed value between 1 and 5.

Not applicable or N/A Values: "n/a" is used to mean either that an expected value is not relevant to a specific indicator because the indicator is rules based or the indicator does not have an observed value.

ITEM NO. 11

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**25 February 2016**
TITLE:	**Service Changes Report**
REPORT OF:	**Brent Kilmurray, Chief Operating Officer**
REPORT FOR:	**Information**

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

Executive Summary:

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

Key themes to note:

- Developments on Early Intervention Psychosis services across localities.
- Investment in Children and Young People's services.
- Continued uncertainty regarding commissioning intentions on the Transforming Care Learning Disability Programme.
- Developments in Acute Liaison Services.

Recommendations:

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

MEETING OF:	**Council of Governors**
DATE:	**25 February 2016**
TITLE:	**Service Changes Report**

1. INTRODUCTION & PURPOSE:

1.1 To provide an update on service changes within Tees, Esk and Wear Valleys NHS Foundation Trust.

2. BACKGROUND INFORMATION AND CONTEXT:

2.1 This paper seeks to provide an overview for Governors regarding some of the key current service issues. The update is set out by locality and service.

3. KEY ISSUES:

3.1 Durham and Darlington

Adult Mental Health and Substance Misuse

Further to the update in previous quarters we have confirmed arrangements with each GP federation in the Durham, Darlington, Easington and Sedgefield (DDES) area to develop the GP aligned Mental Health Professional role. Funding has been agreed and job descriptions finalised with the service expected to commence in April.

Mental Health Services for Older People

There are national monies for liaison service expansion and we have identified proposed developments. There is also a national specification for liaison which would require additional funding to make some of changes required, particularly working across 24 hours a day, 7 days a week (Core 24).

We are currently undertaking a public consultation on changes to the way we deliver inpatient services for people living with organic conditions. This will mean moving from three 10 bedded wards to two 15 bedded wards. Options include variations on either mixed sex or single sex wards as well where the wards are located, either on a single site or two sites. There are public events planned, as well as meetings with our staff, patients and carers.

Children and Young People's Services

We continue to experience high demand and referrals to the Child and Adolescent Mental Health Service. We are working with Commissioners to secure recurring funding for the CYP Crisis Service and to develop this model as part of the Core 24 all age liaison service model. We have also received

funding from Commissioners to further develop the Eating Disorder service and increase capacity to respond to need.

Learning Disability Service

We have continued to work with the Trust Transforming Care Group to develop options for what the future bed provision will look like in line with national requirements. Alongside this we have developed a service model to enhance the community services, to ensure that we can support patients in the community and reduce the likelihood of hospital admission.

We have also started work on a pilot project to develop further an autism assessment service within County Durham. The project aims to utilise the existing multi-disciplinary skills to improve the capacity to respond to autism referrals.

3.2 Tees

Adult Mental Health and Substance Misuse

Early Intervention in Psychosis - EIP access and treatment standards are being monitored nationally. There has been a great deal of work to ensure we are compliant with the very prescribed standards and workforce requirements to deliver the ambitious aspirations. We expect to meet the waiting time element but staff will need to receive the prescribed CBT for psychosis training before we are able to meet the treatment standard.

IAPT, AQP and redeployment - Staff are being redeployed and we anticipate treatment continuing until the end of March.

Rehabilitation Strategy - Patients are moving on from Park House and Lustrum Vale and it is not expected that moving to a single unit will be a problem.

Mental Health Services for Older People

Bed pressures continue in Tees services, due to difficulties discharging patients as the available nursing home places continue to reduce. Although we understand, from Local Authority colleagues, that there are new providers looking to come into Tees we are still only seeing closures and re-registrations from nursing home to residential home.

Children and Young People's Services

CQC inspection of safeguarding in Hartlepool and an OFSTED inspection in Middlesbrough has resulted in very positive feedback about CYP services to add to the comments from the Local Government Association review across Tees.

Referrals continue to be high and waiting times targets in Stockton remain challenging.

Learning Disability Service

We are still awaiting the outcome of the review of respite services across Tees. The extended community service is still described as a pilot and the future bed requirements have yet to be specified by commissioners. The uncertainties created by the transformation project nationally is a real concern for the locality.

3.3 North Yorkshire

Adult Mental Health and Substance Misuse

NYCC Partnership - Following a two day event with colleagues from North Yorkshire County Council work is under way to refresh joint working arrangements. This includes more formal agreements and joint governance.

Harrogate - A service improvement plan is in place to address systems and processes associated with the Harrogate Community Mental Health Team (CMHT) and Cedar Ward. This includes the embedding of pathways, enhancing clinical skills and revising local management processes.

Personality Disorder Strategy - A meeting has taken place to review the implications of the Personality Disorder strategy for North Yorkshire. Malcolm Bass, the Trust's Personality Disorder Lead, is spending time working with senior clinicians and managers developing plans for embedding the pathway into local services.

Mental Health Services for Older People

Scarborough, Whitby and Ryedale - A Rapid Process Improvement Workshop (RPIW) involving Scarborough CMHT has resulted in the implementation of a "one stop shop" model for Memory Services. This has resulted in an increase in assessment slots from 8 to 12 slots per week.

Acute Liaison has now increased its capacity to provide a service over 7 days rather than the previous 5 days per week.

Ryedale CMHT and Springwood have been successful in recruitment this last few months. They have appointed a new Consultant Psychiatrist, a Psychologist and a Speech and Language Therapist.

Hambleton & Richmondshire - Memory Services have now got full staffing establishment following a protracted period of Long term sickness for critical staff and achieved excellent accreditation for its service.

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Dr A Roberts gave a presentation on shared care for memory provision to our Local GPs and they have agreed to take on stable ACI monitoring through their annual checks and to look at a pathway for mild cognitive impairment.

CMHT is developing a role for advance nurse practitioner which will support more robust clinical supervision and support for our Medical staff.

Acute Hospital Liaison now offers support to the local community hospitals as well as to the Friarage General Hospital.

We have seen the new appointment of Physiotherapist to the CMHT.

The Occupational Therapist was trained and became a trainer in patient activity therapy for dementia and is rolling this out to all our Occupational Therapists in MHSOP NY.

Harrogate - On the 1st February 2016 the first Pilot team for the Harrogate New Care Models began. The team is referred to as the 'Community Care Team' and are tasked with working together across organisational boundaries and finding opportunities to eliminate unnecessary referrals, streamline communication and improve the overall coordination of care for those with complex, long term conditions of all ages. TEWV have appointed one Senior Mental Health Practitioner (Kiri Quinn) whose role is to triage referrals, offer short term interventions, provide education and training with mental health conditions and speedily access secondary specialist care where necessary. Other than a few teething problems with IT, the launch has been a success and over the last 10 working days, Kiri has received 13 referrals (all from Health Visitors). Recruitment will be starting shortly to employ a further 3 Senior Mental Health Practitioners to work into the other Community Care Teams which commence 1st June 2016, as well as an Advanced Nurse Practitioner to work across all four teams and manage/support the four Senior Mental Health Practitioners.

Rowan Ward have an advert out for an Advanced Physical Health Care Nurse to work with their increasing frail patients and to further develop the skills of our nursing staff.

An increase of patients with high physical and mental health needs has led to a need for increased flexible staffing, which at times has been challenging.

Children and Young People's Services

All developments from the service transformation programme of work are now completed. Single point of access, supports 95% of referrals with an access assessment within 24hrs of referral - the positive response to this service is seeing an increase in referrals into service; the service is watching its ability to see people within the 4 week access standard.

The NYCC funded "looked after and vulnerable children service" is up and running and very well valued by local authority colleagues. The service offers consultations, assessment and also intervention when required.

CCG transformation plans describing how they will invest new money for CYP mental health have been approved.

- Major focus on early detection & prevention
- Emotional and wellbeing support into schools & primary care
- Life coaches for our most vulnerable children.

Funding has been released for the development of a community eating disorder pathway – this is new investment of £384k across the North Yorkshire and Vale of York CAMHS teams.
Main challenges relate to the increasing referral numbers and workforce capacity – particular in Scarborough. We will be working with our AMH & MHSOP colleagues at a joint preceptorship programme to secure newly qualified nurses into service.

Discussions are in place across York and Scarborough regarding the face to face consultant cover out of hours in Scarborough – which remains a telephone OOH provision. To date, there remains no commissioner investment in CAMHS crisis or seven day intensive home support – there is good joint working with Acute Hospital liaison and adults.

AMH, MSHOP & CAMHS are working jointly towards an all age response for urgent presentations – this is in line with the Mental Health Crisis Concordat requirements.

The final phase of the West Lane site re-development for Children & Young People's Services will be complete by mid-March 2016 This has included new re-provision or extended provision for all three inpatient areas and a new build for Tier 4 outpatients and Eating Disorder Community Services, which also includes a shared school for two of the wards.

Learning Disability Service

Scarborough Whitby and Ryedale (SWR) Learning Disabilities (LD) team have run a pilot with GP Practices to provide support into the surgeries, working alongside Practice Nurses to increase the uptake of health checks for people with a learning disability. This has been positively received by primary care and has been funded by the Scarborough &Ryedale Clinical Commissioning Group (CCG).

Harrogate & Craven (H&C) LD team are currently piloting the use of technology for clinical community staff to help address the issue of geography in NY, enabling less time to be wasted in traveling back to base, thus optimising clinical contact time and supporting more productive methods of working.

Hambleton & Richmondshire (H&R) LD team are linking with colleagues in mental health services to implement work around the Greenlight Toolkit and to further develop better joint working between the teams. They are looking with the support of Strategic Health facilitation to carry out service user audits of local mental health services, something that has already been carried out in Scarborough with Cross Lane Hospital.

Work continues with the NY PCU looking at the future community service model in relation to Transforming Care.

3.4 York and Selby

Business Recovery Continuity / Estate Update

Since 28th September 2015 all adult inpatient services have been provided by the Trust across its inpatient wards. The majority of inpatient care has been provided at Roseberry Park (RPH - Middlesbrough) with additional input from West Park Hospital (WPH - Darlington).

TEWV have worked with CQC to reinstate the Place of Safety (136 Suite) on the 16 December 2015 and the phased return of Outpatients from the 8th February 2016. As part of this process there has been considerable work undertaken with NHS Property Services to address the estate requirements and meet the necessary health and safety elements and issues identified by CQC.

Work commenced on 1 February 2016 to upgrade Peppermill Court, York. This unit will provide 24 beds and the 136 suite and will enable the reinstatement of adult beds back to York. Work is anticipated to take approximately 6 months with the unit being operational by Summer 2016.

A number of estate issues have been progressed or are planned covering:

- Interim modifications to Worsley Court (male dementia unit in Selby) to address service requirements including staff attack alarm system/ backlog maintenance/ revisions to door entry – work scheduled February to April 2016.
- Minor modifications to Meadowfields (female dementia unit in York) – staff attack alarm system work scheduled March to April 2016.
- Acomb Gables (rehabilitation unit in York) - work scheduled from April 2016 to upgrade the unit to dementia standards for the transfer of patients from Worsley Court in Summer 2016. This work will also enhance the Community Team space and increase outpatient facilities.

A work stream around the development of community hubs has begun. This is exploring the optimal configuration of community teams. This will improve clinic and patient facing environments, address the need to consolidate a number of separate community bases, which in turn will improve team effectiveness. The plans for hubs are interdependent on various service

solutions and availability of sites/ buildings. Plans are developing and should be identified by Autumn 2016.

Plans for the new hospital are progressing. The Trust is currently in discussions with the CCG to develop a Strategic Outline Case that will consider options for the procurement of a new hospital and include options on potential sites.

Mental Health Services for Older People & Adult Mental Health

Work is continuing to move the services from an all age model to MHSOP and AMH delivery.

As part of the estate changes to Acomb Gables the temporary closure of the rehabilitation beds is being planned. Work is underway to support the discharge of patients to appropriate placements. A quality improvement event (3P) is planned in March which will review the service model and will involve a number of service users/ carers and a range of stakeholders including housing, voluntary and community sector, local authority partners as part of this work.

Children and Young People's Services

The Trust has reviewed the funding and service model in CAMHS and has invested £350,000 into the service to enhance the clinical capacity. The recruitment to new primary care mental health worker posts will increase the staffing and enable the development of a crisis service.

The service continues in its participation in the Children's IAPT programme which will increase the skills and transformation of the CAMHS service in York & Selby.

Additional funding has been confirmed by the CCG to invest in a North Yorkshire and York wide Eating Disorders Service.

Learning Disability Service

As part of the national 'Transforming Care' agenda work is underway to address the key elements of this plan – reducing inpatient beds and enhancing community services to reduce the need for hospital admission.

The Trust currently has two inpatient units for people with a learning disability:

- White Horse View in Easingwold - an eight bed rehabilitation unit for people with learning disabilities from across the Vale of York; and
- Oak Rise – an eight bed acute assessment and treatment unit in Acomb.

We also have a community learning disability team for York and Selby based at Systems House in York.

White Horse View was commissioned in 2011 to provide rehabilitation services nearer to home for adults with learning disabilities who had previously been supported outside of the Vale of York area. The aim was to prepare them for leading more independent lives. The service has fully delivered on this aim and those adults now enjoy meaningful lives as part of the community.

When TEWV took over responsibility for these services on 1 October last year plans were already in place to close White Horse View, once the remaining patients had been discharged. There are now only four patients in the unit and they all have discharge plans in place. The team at White Horse View has had great success in helping people to move on to live more independent lives and we expect to be able to close the unit in early Spring. The savings we will make from closing the unit will be reinvested, primarily in learning disability services in York and Selby.

3.5 Forensic Services

Transforming Care (Assuring Transformation)

As previously reported, the implementation of NHS England's Assuring Transformation programme continues to be the most significant issue facing the service. The service has delivered the plans to reduce inpatient beds by 8 by 31st March 2016, but the uncertainty regarding the future investment in community services continues to be a concern.

The service continues to work with staff, commissioners, providers, patients and advocates to develop alternative models of care to reduce length of stay and reduce future admissions. We are involving service users in the development of these models.

Restrictive Practice

The Restrictive Practice Framework has been fully established from May 2015 and has been recognised by the CQC, NHS England and Royal College of Psychiatry Quality Network visits. The framework is mapped against security levels (Medium, Low, Non-forensic) and individual patients to review risks and associated restrictions eg supervised visits, courtyard access, access to IT equipment etc.

The service has also implemented a pilot for patients in low secure wards to have access to their own mobile phone within the secure perimeter. The pilot is due to report at the end March 2016 to consider extending to other wards.

Recovery and Outcomes

The Forensic Service Recovery College has been a successful development and has helped to support service users reporting hope and optimism for their

future. We now have two service users who regularly attend national and regional recovery events.

The service has an internal Recovery and Outcomes group to coordinate the involvement of service users in planning recovery programmes and this has supported the Forensic Service User Recovery Wards held 9th February 2016. This was the second annual event and was a great success.

Positive Behavioural Support (PBS)

The role of PBS in addressing incidents of violence and aggression continues to develop. Specifically this has included:

- Further development of the PBS pathway
- PBS workshops – extended to May 16 due to demand
- PBS awareness and training into all ward areas during 2016
- Patient leaflets regarding incident debriefing
- SafeWards programme extended

Carer Involvement

This has been an area that we have struggled with as many carers are not local to the service. We have appointed a Directorate Lead for carer involvement – the developments include:

Carer support groups - The team has established Carer Link Nurse Meetings to take place monthly. All identified carers are invited to this meeting every alternate month. This meeting is called the Carer Involvement Group (CInG). Following each CInG meeting, a newsletter is produced to outline what is discussed, and this is sent to all carers. This also features any opportunities for involvement for carers, as well as brief news about service user events, and one carer has offered to write poetry for inclusion in this.

Psycho-educational support as appropriate - The team continue to approach different representatives from various disciplines and relevant external organisations to ask for their input at the CInG meetings (eg senior management, psychology, social work, nursing staff, MIND, Recovery College or any other individuals who may wish to help). This will be to promote education about the service, mental health and learning disability conditions and the treatments offered, as well as opportunities for support and education for carers.

Carer involvement in service user events – Carers have been involved in several service user events as reported in Quarter 2. Feedback forms were sent to carers following the Christmas party on 21st December, and one response has been received which was very positive. The next event to involve carers will be the Ridgeway Recovery Awards on Tuesday 9th February 2016.

4. IMPLICATIONS:

4.1 **Compliance with the CQC Fundamental Standards:**
None directly arising from this report.

4.2 **Financial/Value for Money:**
None.

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

4.4 **Equality and Diversity:**
None.

4.4 **Other implications:**

5. RISKS:

6. CONCLUSIONS:

6.1 This paper provides a high level summary of some of the key service changes currently being managed.

7. RECOMMENDATION:

7.1 That the Council of Governors note the report and raise any questions they may have.

Brent Kilmurray
Chief Operating Officer

Background Papers:

ITEM NO 12

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**25 February 2016**
TITLE:	**Crisis Services**
REPORT OF:	**Brent Kilmurray**
REPORT FOR:	**Information**

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

Executive Summary:

At the Council of Governors meeting in November 2015 it was requested that the Chief Operating Officer prepare an overview of Crisis Services, including access to crisis beds.

The attached report provides details on the location, function, structure and activity information for the Trust's crisis services. There ae also references to the Shildon Crisis and Recovery House and the Richmond Fellowship Crisis beds on Tees.

Recommendations:

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

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

CRISIS RESOLUTION & INTENSIVE HOME TREATMENT SERVICES

Sarah Sams

Summary

Crisis Resolution Teams were developed upon publication of the Mental Health Policy Implementation Guide, DH 2001.

The crisis teams offer urgent assessment to those individuals presenting a considerable risk to themselves, others or acuity of mental health distress. Referrals are made by a variety of sources, including general practitioners, statutory and non-statutory agencies. The crisis teams aim to assess individuals within 4 hours of receiving a referral.

The assessment explores mental and psychological health, social wellbeing and risks, to determine the appropriate options for treatment and intervention in the community to meet the clinical needs. They work predominantly in the service users' home and are advocated as the primary alternative to acute hospital admission.

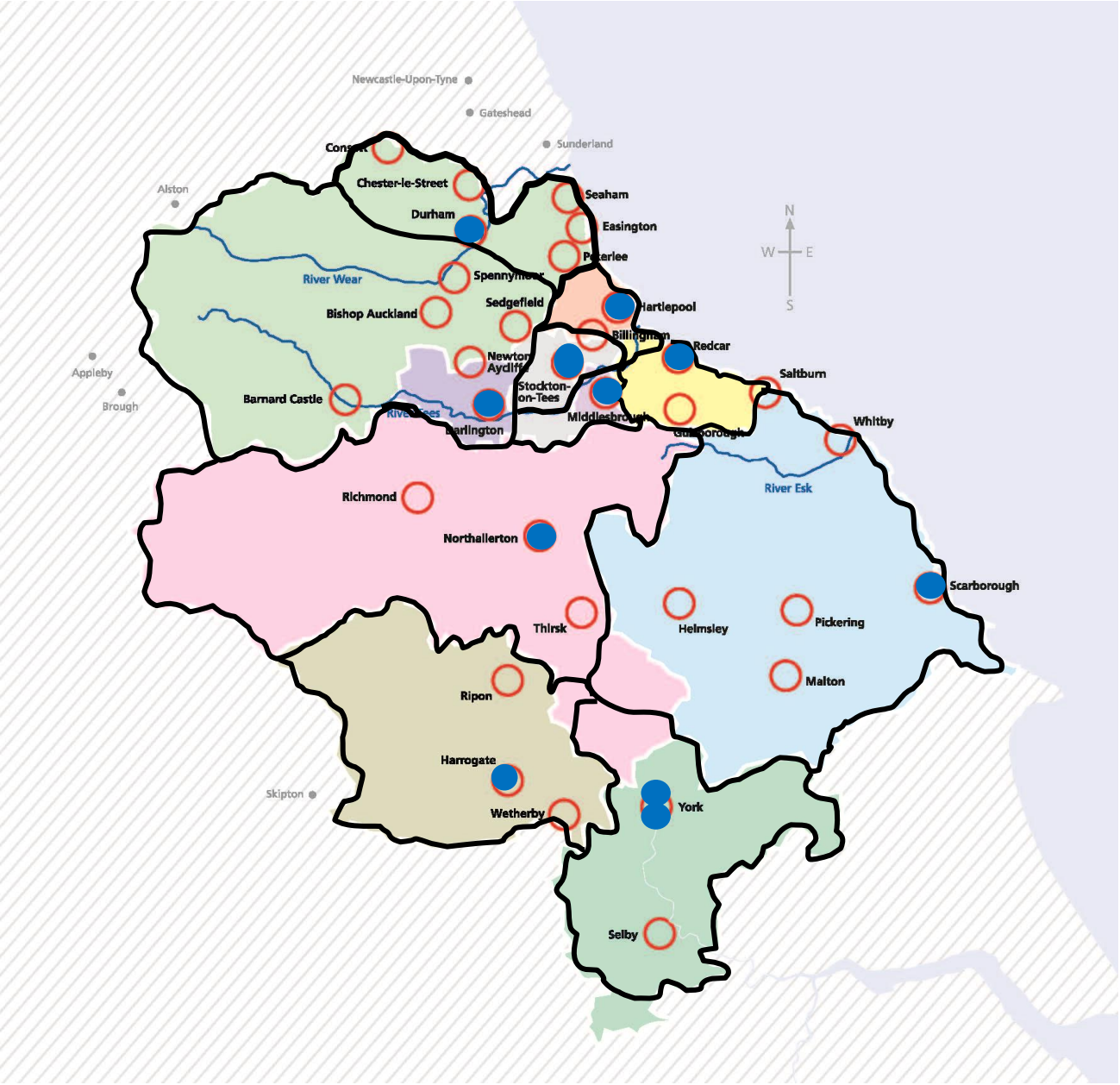
Key Principles of Care:

- A 24-hours, 7 day a week service
- Rapid response following referral (4 hours)
- Intensive intervention and support in the early stages of the crisis
- Active involvement of the service user, family, supporters and/ or carers
- An assertive approach to engagement and intervention with sufficient flexibility to respond to differing service user's needs.
- An emphasis on learning from the crisis with the involvement of the whole social support network
- Remaining involved with the service user until the crisis has resolved and appropriate next steps are formulated and agreed.
- Working to reduce future vulnerability to crisis.

However, home treatment may be unsafe or undesirable for some individuals who are experiencing a negative impact upon their functioning, are at high risk, or have a home environment which exacerbates their difficulties. In these circumstances hospital admission may be necessary and is arranged by the crisis team in circumstances where risks and/ or distress are serious and imminent.

The crisis team will remain actively involved in discharge planning and providing intensive care at home to facilitate discharge and the earliest opportunity.

There are 11 crisis teams across TEWV NHS FT, 1 crisis assessment suite and 2 residential crisis units. Whilst there are similarities across the teams in terms of functioning and staff make up, the teams cover a variety of community demographics.



The blue dots represent Crisis Team base(s)

This map is a guide only, since catchment areas are defined by GP practice, not by address.

Crisis Service Provision and local supportive services:

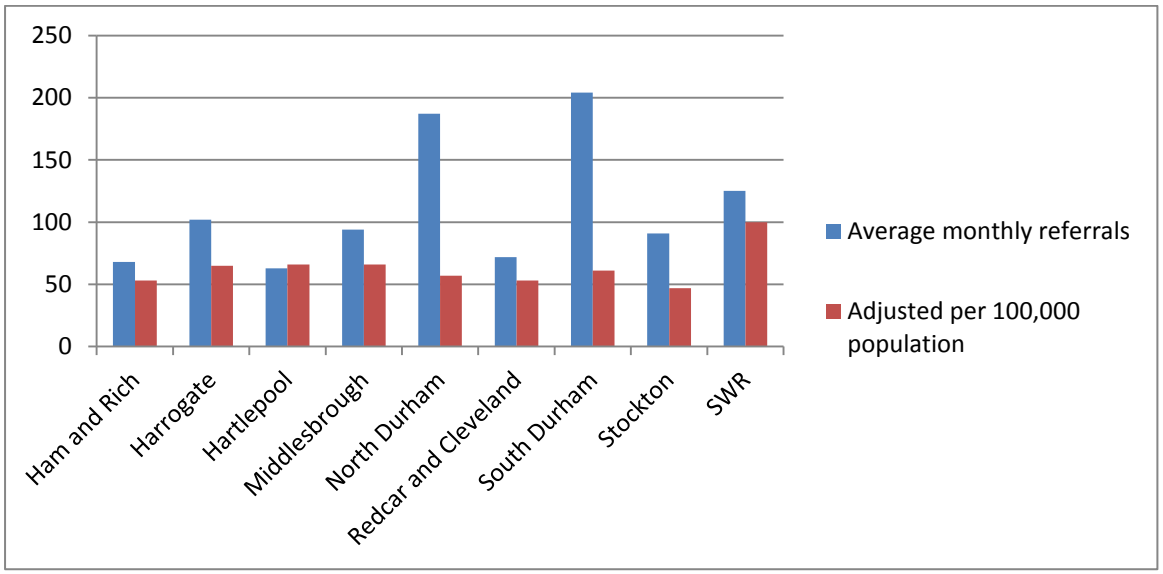
Crisis Team	Roles/ Function	Team/ Shift Make Up	Referral Sources	Supportive Services (Local)
North Durham	Crisis Assessment and Home based treatment provided by one team – however HBT is led by Team OT, supported by STR(s).	(1 service manager/ crisis D+D) 1 Team Manager 1 Advanced Practitioner 1 Shift Coordinator (Office based/ B6) Days (0720 – 2000) 5 Qualified 2 STR OT for HBT Mon - Fri 0900 - 1700 Nights (2000 – 0730) 2 Qualified staff	GP, CIT, A+E via Liaison Psych, Police, 111, Diversion Team, Self/ carer, 3rd Sector, Other NHS, Other Stat Agency eg Social Services, Inpatients.	Psychiatric Liaison 0800 – 2200 7 days weekly. CAMHS crisis teams 0900 – 1700 Mon – Fri Criminal Justice Diversion Team 0900 – 1700 Mon - Fri *Crisis team cover A+E outside of hours stated above
South Durham	Crisis Assessment and Home based treatment provided by whole team	(1 service manager/ crisis D+D) 1 Team Manager 1 Advanced Practitioner 1 Shift Coordinator (Office based/ B6 from 0900 - 1700) Days (0800 – 2200) 3 Qualified 2 STR Nights (2000 – 0830) 2 Qualified staff	As above	As Above
Middlesbrough	Crisis Assessment and Home based treatment provided by whole team	(1 service manager/ crisis Tees) 1 (shared with R+C) Team Manager 1 Shift Coordinator (0745 – 1945) Days (0800 - 2000) 3 Qualified and 1 STR Nights (2000 - 0800) 1 Qualified (+3 to cover tees wide crisis)	GP, CIT, Police, 111, Diversion Team, Self, 3rd Sector, Other NHS, Other Stat Agency eg Social Services. Addiction services Gatekeeping for Inpatients via Liaison Psych	24/ 7 Liaison Psychiatry Street Triage 1130 - 2300 7 days* Diversion services 0800 - 2000 7 days* Crisis Assessment Suite *Crisis Team cover out of these hours
Stockton	Crisis Assessment and Home based treatment provided by whole team	(1 service manager/ crisis Tees) 1 (shared with Hartlepool) Team Manager 1 Shift Coordinator (0745 – 1945) Days (0800 - 2000) 3 Qualified and 1 STR Nights (2000 - 0800) 1 Qualified (+3 to cover tees wide crisis)	As Above	24/ 7 Liaison Psychiatry Street Triage 1130 - 2300 7 days* Diversion services 0800 - 2000 7 days* Crisis Assessment Suite *Crisis Team cover out of these hours
Redcar and Cleveland	Crisis Assessment and Home based treatment provided by whole team	(1 service manager/ crisis Tees) 1 (shared with M'bro) Team Manager 1 Shift Coordinator (0745 – 1945) Days (0800 - 2000) 3 Qualified and 1 STR Nights (2000 - 0800) 1 Qualified (+3 to	As Above	24/ 7 Liaison Psychiatry Street Triage 1130 - 2300 7 days* Diversion services 0800 - 2000 7 days* Crisis Assessment Suite *Crisis Team cover out of these hours

		cover tees wide crisis)		
Hartlepool	Crisis Assessment and Home based treatment provided by whole team	(1 service manager/ crisis Tees) 1 (shared with Stockton) Team Manager 1 Shift Coordinator ~(0745 – 1945) Days (0800 - 2000) 3 Qualified and 1 STR Nights (2000 - 0800) 1 Qualified (+3 to cover tees wide crisis)	GP, CIT, Police, 111, Diversion Team, Self, 3rd Sector, Other NHS, Other Stat Agency eg Social Services. Addiction services	24/ 7 Liaison Psychiatry Street Triage 1130 - 2300 7 days* Diversion services 0800 - 2000 7 days* Crisis Assessment Suite *Crisis Team cover out of these hours
Hambleton and Richmondshire	Crisis Assessment and Home based treatment provided by whole team	1 Team Manager (currently vacant) Days (0900 – 2100) 3 Qualified Nights (2100 – 0900) 2 Qualified	GP, CIT, A+E / general hospital , Police, 111, Self, 3rd Sector, Other NHS, Other Stat Agency eg Social Services.	Liaison Psychiatry 0800 – 2000/ 7 days.
Harrogate	Crisis Assessment and Home based treatment provided by whole team	1 Team Manager Days (07.30 – 20.30) 3 Qualified Nights (20.00 – 08.00) 2 Qualified	GP, CIT, A+E / general hospital , Police, 111, Self, 3rd Sector, Other NHS, Other Stat Agency eg Social Services.	Liaison Psychiatry 08 – 2000 / 7 days a week. * Trial commencing for 24 hour service 3 days per week until March 2015
Scarborough	One team – with 2 specific functions (assessment and HBT)	1 Team Manager Days: (0900 – 2100) 2 B5 Qualified Home Based Treatment 2 B6 Qualified Assess Nights (2100 – 0900) 2 Qualified	GP, CIT, A+E / general hospital , Police, 111, Diversion Team, Self, 3rd Sector, Other NHS, Other Stat Agency eg Social Services. Addiction services	Liaison Psychiatry mon - fri 0900 – 1700* Street Triage 1130 – 2300* *Crisis Team provide cover outside of these hours Diversion Team Mon - Fri 0900 – 1700
York and Selby	Urgent Care Services: Separate functions as follows with 1 pool of staff that rotate: Single point of access SPA Crisis Assessment Home Based Treatment Liaison Psych (A+E only) Street Triage Sec136 Suite	1 Service Manager (York and Selby) 1 B6 Shift/ *136* Coordinator 1 B7 team lead for the 2 separate HBT (NE and SW city of York) Home Based Treatment Days (0900 – 1700) 3 Qualified 2 STR Home Based Treatment Days 1 STR 1130 – 1930 Crisis Assessment Days (0830 - 2230) 3 Qualified 2 STR//Nights? Single Point of Access - Telephonic triage 1 Admin/ 1 Qualified Liaison 0830 - 1830 2 Qualified Street Triage (1130 - 0000) 2 Qualified 1 STR *Business Continuity Plan Street Triage 24/ 7 with 2 B6* Hospital Liaison 1 Modern Matron, 1 B6	All referrals through SPA service. Only exclusion criteria would be LD (in operational hours)	Included within service Please note, these services are currently under review.

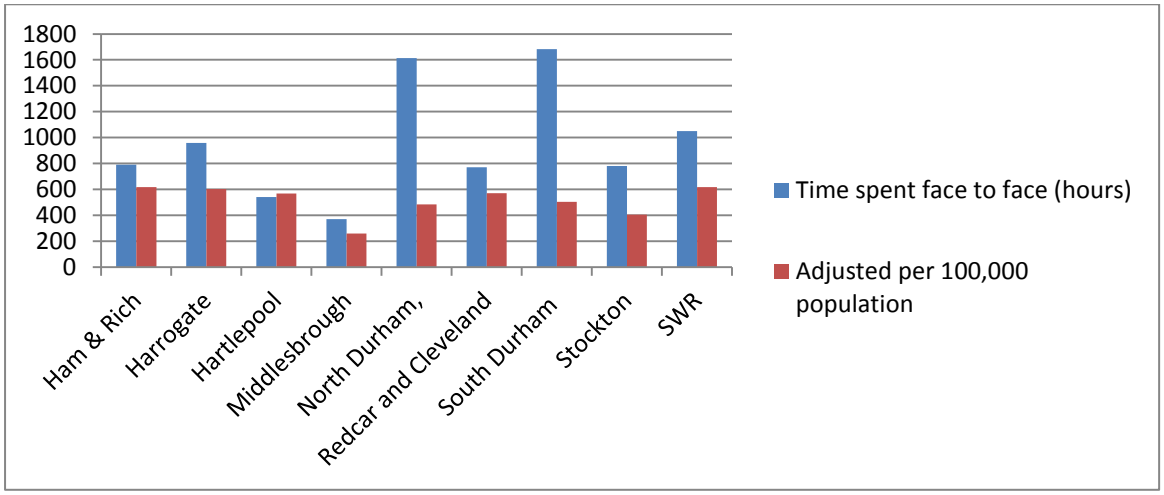
Crisis Teams: Overview

Tees, Esk and Wear Valleys NHS Foundation Trust, receive over 13,000 crisis referrals annually.

The graph beneath shows number of average number of referrals per month, based on January 2015 to December 2015, for crisis teams and adjusted per 100,000 population. The information has been gathered using the Integrated Information Centre (IIC)



The graph beneath demonstrates the face to face contacts per team (in hours) for the year 1st January 2015 - 31st December 2015.



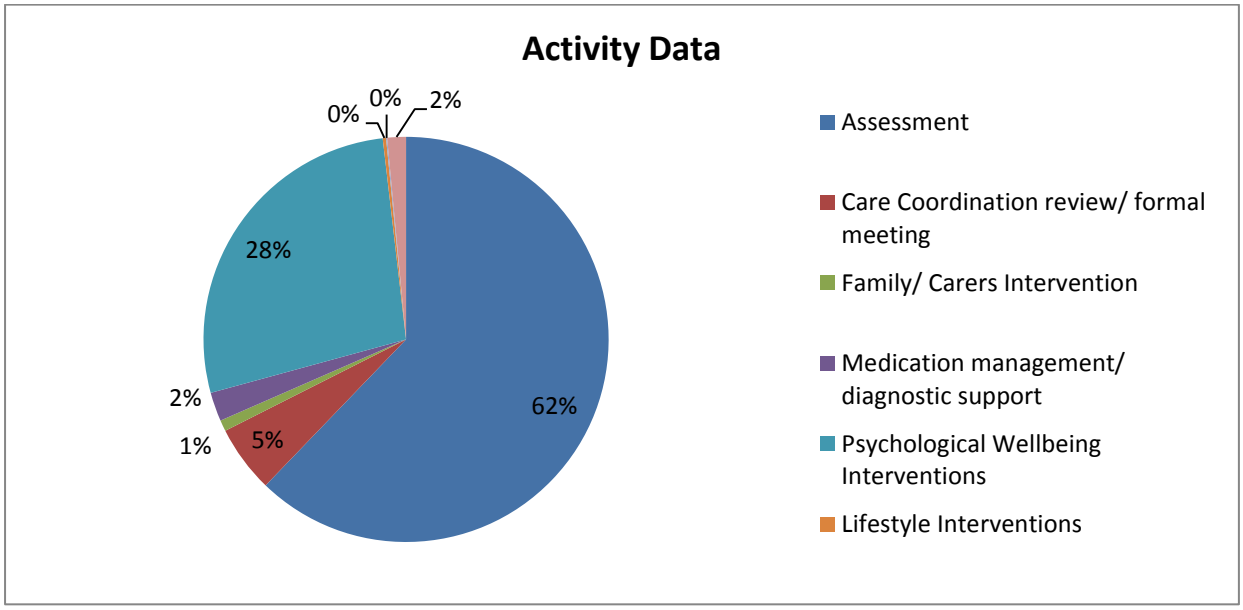
Crisis Team Activity:

NB: York and Selby information cannot yet be included as it is not collected by the Integrated Information Centre (IIC)

Based upon figures from 1st January 2015 - 31st December 2015, the following table shows the average number of face to face contacts per months, per crisis team:

Crisis/ Home Treatment Team	Average number of face to face contacts per month	Face to Face contacts per month per 100,000
Ham and Rich	68	53
Harrogate	66	42
Hartlepool	97	101
Middlesbrough	56	39
North Durham	164	49
Redcar and Cleveland	138	102
South Durham	232	77
Stockton	107	56
Scarborough, Whitby, Ryedale	112	92
TOTAL	**1,040**	**558**

The pie chart, below, shows the percentage of time spent on activities for the crisis teams trust wide.



The Crisis Network has recognised differences in recording practices and will be preparing service wide guidance as part of its work. This will enable the network to look at outcomes and effective treatments with more reliable data going forward.

North Durham Crisis Team:

The crisis team covers the North of County Durham. It is a mixed urban and rural area which has 3 prisons within its catchment area. The approximate population is 330, 000. There is also a university which creates a fluctuating population size, particularly during the academic term(s).

The team averages around 40 referrals per week. The biggest referral sources are the General Practitioners and the wider Multidisciplinary Team (at 25% each). The North Durham crisis team have joint access to the Crisis Recovery House, a non "nursing registered" residential alternative to hospital admission. The crisis recovery house has 9 beds, and the crisis team in-reach daily.

South Durham Crisis Team

The crisis team covers South Durham area, and 3 CCGs, approximately 12,00 square miles serving a population of 300, 000. The catchment area is mixed urban and rural, with particular areas of social deprivation seen in the Darlington and Bishop Auckland areas.

The team average 44 referrals per week. The biggest source of referral is from the Multidisciplinary Team at 31%, and a GP referral rate of 22%. The South Durham crisis team have joint access to the Crisis Recovery House, a non-"nursing registered" residential alternative to hospital admission. The crisis recovery house has 9 beds, and the crisis team in-reach daily.

Middlesbrough Crisis Team

The Middlesbrough Crisis Team covers approximately 21 square miles and serves a population of 142,000. The catchment area is predominantly urban, with significant areas of social deprivation. There is also a university which creates a fluctuating population size, particularly during the academic term(s).

The team average 20 referrals per week. The biggest source of referral is from the Multidisciplinary team at 40%, with GP referrals at 22%. The crisis team have access to 2 crisis beds, a service provided by The Richmond Fellowship, commissioned by TEWV.

Redcar and Cleveland Crisis Team

The Redcar and Cleveland Crisis Team covers approximately 94 square miles and serves a population of 135,000. The catchment area is mixed urban and rural, and of particular relevance is the recent closure of industry within the local community, which has revealed a recent increase in referrals.

The team average 18 referrals per week, the biggest source of referral is the Multidisciplinary team at 38%, with GP referral rate of 23%. The crisis team have joint access to 2 crisis beds, a service provided by The Richmond Fellowship, commissioned by TEWV.

Hartlepool Crisis Team

The Hartlepool Crisis Team cover an approximate 36 square miles and serves a population of 95,000. The catchment area is predominantly urban, with some areas of social deprivation and serves a university campus, creating a fluctuating population, particularly during academic term(s).

The team average 15 referrals per week. The biggest source of referral is the GP at 30%, with multidisciplinary referral rate of 28%. The crisis team have joint access to 2 crisis beds, a service provided by The Richmond Fellowship, commissioned by TEWV.

Stockton Crisis Team

The Stockton crisis team cover an approximate 80 square miles and serves a population of 192, 000. The Catchment area is mixed urban, with very little rurality. There is mixed socio-economic communities of both affluence and social deprivation.

The team average 21 referrals per week. The biggest source of referral is the Multidisciplinary team at 36%, and a GP referral rate of 30%. The crisis team have joint access to 2 crisis beds, a service provided by The Richmond Fellowship, commissioned by TEWV.

Teesside Crisis Assessment Suite

The Crisis Assessment Suite serves the Tees directorate (Middlesbrough, Redcar and Cleveland, Stockton and Hartlepool). Since becoming fully operational in September 2015, the crisis assessment centre has received and assessed more than 900 individuals. The biggest source of referral is from police (either detained under Section 136 MHA 1983(07) or voluntary attendance) at a rate of 42%. Self-referral rates are 37%. Additional functions include diversion from emergency departments across Tees.

Hambleton and Richmondshire Crisis Team

The Northallerton crisis team cover Hambleton and Richmondshire (900, square miles) and serves a population of approximately 126,000. The catchment area is predominantly rural, with high area of farming community. In addition the area includes Ministry of Defence barracks.

The team average 16 referrals per week. The biggest source of referral is from the multidisciplinary team at 26%, and GP referral rate of 22%. The crisis team have no access to residential alternatives to hospital admission.

Harrogate Crisis Team

The Harrogate crisis team covers the Harrogate and Rural district CCG, and serves an approximate population of 160,000. The catchment area is predominantly rural, relative to national information, a prosperous area. There are small pockets of social deprivation.

The team average 24 referrals per week. The biggest source of referral is the multidisciplinary team at 26%, with a GP referral rate of 26%. The crisis team have no access to residential alternatives to hospital admission.

Scarborough, Whitby and Rydale Crisis Team

The Scarborough Crisis Team serves an approximate population of 120, 000, it is predominantly rural, with three main coastal towns. There are areas of significant social deprivation and an additional challenge of low levels of extra care or supportive accommodation.

The team average 29 referrals per week. The biggest source of referral is the MDT at 28%, and a GP referral rate of 17%. The crisis team have no access to residential alternatives to hospital admission.

York and Selby

The York Crisis Services (currently split into 2 catchment areas) cover York and Selby, serving a population of 330, 000. The population is comparatively affluent; however, there are pockets of significant deprivation in parts of York and Selby and surrounding Sherburn-in-Elmet. The population can be viewed as urban in the city, rural in surrounding areas. York includes a university, which creates a fluctuating population size, particularly during the academic term(s).

As yet, data is not collected by IIC, relating to York and Selby since that area uses an alternative version of electronic recording system, Paris. The crisis and urgent care services in York and Selby are currently under review.

Home Treatment Services

Just over a third of all referrals result in an episode of intensive home based treatment, however, data relating to same is currently being created by the IIC team.

The charts above define percentage of time spent on assessment vs home treatment. Psychological wellbeing interventions include: problem solving, coping strategy enhancement, relapse prevention and mental health promotion. Care Coordination Review includes the transfer of care, inpatient in-reach and formulation meeting and legislative meetings. In the main, greater time is spent on assessment than on home intensive treatment.

Accurate data of the numbers of individuals contacting the Crisis Teams is difficult to collect as not all teams record these contacts in the same way. There is a piece of ongoing work relating to telephone contact and “listening services”, which should inform this element of the crisis team role.

The Crisis Operational Policy

The Operational Policy has been re-written and reviewed to include a description of the role and function of the Crisis and Intensive Home Treatment team and the series of standard work descriptions that were developed and tested during the Rapid Process Improvement Workshop and reviews in 2012. The policy has recently been approved and ratified.

Trustwide Crisis Team Overview October 2014 – September 2015

MDT* Inclusive of secondary community care, CPN, specialist team. Total = 3711
Other sources of referral include Police, DRR, A+E, PCLW, Local Authority.
Potential problem areas: "Hospital Ward" may be classed as internal/ external inpatients.

Where teams are collocating, MDT figures are not representative.

Referral sources of Paris are not inclusive of all possible sources – and so best match approach is used.

	Total referrals	Key Referral Sources			
		GP	MDT*	Self-referral	Carer / Supporter
South Durham	2,447	558 (22.8%)	776 (31.7%)	166 (6.8%)	24 (1%)
North Durham	2,247	579 (25.8%)	580 (25.8%)	122 (5.4%)	32 (1.4%)
Middlesbrough	1,127	252 (22.4%)	453 (40.2%)	127 (11.3%)	20 (1.8%)
Hartlepool	756	224 (29.6)	213 (28.2%)	81 (10.7%)	32 (4.2%)
Redcar & Cleveland	859	195 (22.7%)	325 (37.8%)	86 (10%)	25 (2.9%)
Stockton	1,093	329 (30.1%)	398 (36.4%)	90 (8.2%)	33 (3%)
Scarborough, Whitby & Ryedale	1,498	257 (17.2%)	430 (28.7%)	56 (3.7%)	11 (0.7%)
Harrogate	1231	258 (21%)	323 (26.2%)	5 (0.4%)	1 (0.1%)
Hambleton & Richmond	814	181 (22.2%)	213 (26.2)	42 (5.2%)	7 (0.9%)
TRUSTWIDE CRT TOTAL	12,072				

Item 15

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**25TH February 2016**
TITLE:	**Board Dashboard as at 31st December 2015**
REPORT OF:	**Sharon Pickering, Director of Planning, Performance & Communications**
REPORT FOR:	**Assurance**

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

Executive Summary:

The purpose of this report is to provide the latest performance for the Board Dashboard as at 31st December 2015 (Appendix A) in order to identify any significant risks to the organisation in terms of operational delivery. This dashboard does not yet include information relating to the York and Selby Locality as this is not within the IIC. The exceptions to this are the 3 staffing indicators where data relating to York and Selby staff is included. A separate appendix covering the York and Selby Locality is attached in Appendix B.

In terms of the Trust (excluding the York and Selby Locality) 13 of the 24 (54%) indicators are being reported as red in December 2015 which is a deterioration on the position in November. Of those, 5 are showing an improving trend over the last 3 months. In terms of the York and Selby Locality report 6 of the 11 (55%) indicators reported are showing as red.

The key risks identified are:

- Access – Waiting Times (KPIs 1 & 2)
- Psychological Therapies – Access (KPI 6) and Recovery (KPI 7)
- Out of Locality Admissions (KPI 12)

- Appraisal (KPI 19)
- Mandatory Training (KPI 20)

Recommendations:

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

MEETING OF:	**COUNCIL OF GOVERNORS**
DATE:	**25TH February 2016**
TITLE:	**Board Dashboard as at 31st December 2015**

1 INTRODUCTION & PURPOSE

1.1 To present to the Council of Governors the Trust Dashboard scorecard (Appendix A) as at 31st December 2015. Further detail for each indicator, including trends over the previous 3 years, will be available within the information pack that will be available at the Council of Governors Meeting or can be provided electronically on request from the Trust Secretary's Department tewv.ftmembership@nhs.net.

2. KEY RISKS/ISSUES

2.1 Key Issues/Risks

The key issues are as follows:

- Given that the Trust took over as the provider of mental health and learning disability services to the Vale of York CCG on 1st October this report now includes the following 4 Appendices:
  - The usual Dashboard scorecard produced from the IIC in Appendix A. For most of the indicators this scorecard does not yet include information relating to the York and Selby Locality as this is not available within the IIC. The exception is the 3 staffing indicators where the data relating to the staff in the York and Selby Locality are included.
  - A separate dashboard for the locality of York and Selby is included within Appendix B where the information is available. It should be noted that until the services in York and Selby move over to the Trust's PARIS system in April 2016 (from the Leeds Partnership system) it will not be possible to report against all the indicators.
  - The Data Quality Scorecard is included in Appendix C. This does not include an assessment of the data quality relating to the York and Selby locality. It is proposed that a data quality assessment for this is undertaken at the start of 2016/17 when the services transfer to the Trusts PARIS system.
- The Trust (including York and Selby services) achieved all of the Monitor targets for Q3.
- For the Trust (excluding the York and Selby Locality) 13 of the 24 (54%) indicators are being reported as red in December 2015 which is a deterioration on the position in November. Of those, 5 are showing an improving trend over the last 3 months. In terms of the York and Selby report 6 of the 11 (55%) indicators reported are showing as red.

The key risks are as follows:

- Access - Both waiting time targets (KPIs 1 & 2) continue to show an underperformance as at the end of December although they have not deteriorated from the November position despite there being less working days available due to the additional bank holidays in December. Children and Young

Peoples' (CYP) services, particularly in Durham and Darlington, continue to be the area of most concern. The level of staff vacancies and sickness in the CYP service in Durham and Darlington is a significant factor which is impacting on the position and the services are developing a further action plan to improve the position where possible.

- Psychological Therapies - Access (KPI 6) The Trust (excluding York and Selby) is below target and there has been deterioration in performance. Traditionally there is a reduction in people accessing the services over key holiday periods and this is reflected once again however the rate of the of reduction in December 2015 is less than that in previous years and performance has remained higher than that in December 2014 and 2013. . The York and Selby locality is also below target however it has improved its performance. Action plans to address performance issues (including recovery rates) in the different IAPT services continue to be implemented and an action plan has been developed for the York and Selby service.
- Psychological Therapies - Recovery Rate (KPI 7) Performance for the Trust continues to be below target with none of the localities delivering the target. There has, however, been an improvement from November in the Trust position excluding York and Selby. The York and Selby performance deteriorated in December when compared to November.
- Out of Locality Admissions (OoL) (KPI 12) Performance has improved in December compared to November, however the Trust position (excluding York and Selby) remains one of underperformance. Only Durham and Darlington are achieving target with Teesside and North Yorkshire being over target at 22.5% and 35.94% respectively. Work is continuing in terms of identifying further actions that can be implemented to improve the position. It should be noted that the supporting indicators around number of readmissions, 3 or more admissions and median number of days between admissions have also under performed. The Trust has received a report from Durham University who it commissioned to undertake some detailed statistical modelling. This has recommended that the focus of attention should be on reducing the length of stay rather than the number of admissions. Discussions are ongoing as to how this could be achieved.
- Appraisal (KPI 19) – Performance is under target for the Trust (including York & Selby Locality) as a whole but has improved in December. The Trust figures excluding York & Selby Locality improves slightly to 83.77% from 83.75% (including York & Selby). Discussions are to be held in the Staff Domain group in terms of what more could be done to ensure that appraisals are accurately recorded in the Electronic Staff Record (ESR). Given the transfer date of staff in York and Selby onto the Trust ESR system was 1st November 2015 work is ongoing to validate the figures reported from ESR for these staff.
- Mandatory training (KPI 20) – Performance has improved significantly across the Trust although performance remains under target. If the York and Selby staff are excluded from the figures, performance increased from 82% in November to 91% in December.

2.3 Appendix D provides further details of unexpected deaths.

2.4 Appendix E provides a glossary of indicators.

3 RECOMMENDATIONS

It is recommended that the Council of Governors:

- Receive this paper and raise any areas of concern/query.

Sharon Pickering
Director of Planning, Performance & Communications

Trust Dashboard Summary for TRUST

Strategic Goal 1: To provide excellent services, working with the individual users of our services and their carers to promote recovery and well being

	December 2015				April 2015 To December 2015			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
1) Percentage of patients who were seen within 4 weeks for a first appointment following an external referral.	98.00%	84.40%			98.00%	82.64%		98.00%
2) Percentage of patients who were seen within 4 weeks for a first appointment following an internal referral	98.00%	86.47%			98.00%	86.97%		98.00%
3) Percentage of people experiencing a first episode of psychosis that were treated with a NICE approved care package within two weeks of referral.	50.00%	66.67%			50.00%	72.69%		50.00%
4) Percentage of people referred to the IAPT programme that were treated within 6 weeks of referral.	75.00%	88.38%			75.00%	83.33%		75.00%
5) Percentage of people referred to the IAPT programme that were treated within 18 weeks of referral.	95.00%	94.65%			95.00%	94.21%		95.00%
6) Access to Psychological Therapies - Adult IAPT: The percentage of people that enter treatment against the level of need in the general population (treatment commenced)	15.00%	12.61%			15.00%	13.28%		15.00%
7) Recovery Rate - Adult IAPT: The percentage of people who complete treatment who are moving to recovery	50.00%	44.54%			50.00%	46.00%		50.00%
8) Percentage of admissions to Inpatient Services that had access to Crisis Resolution Home Treatment Teams prior to admission (adult services only) - post-validated	95.00%	96.62%			95.00%	97.19%		95.00%
9) Percentage CPA 7 day follow up (AMH) - post-validated	95.00%	98.09%			95.00%	97.71%		95.00%
10) Percentage of CPA Patients having a formal review documented within 12 months - snapshot (AMH)	98.00%	98.86%			98.00%	98.86%		98.00%
11) Percentage of community patients who state they have been involved in the development of their care plan (month behind)	85.00%	91.02%			85.00%	89.87%		85.00%

Trust Dashboard Summary for TRUST

Strategic Goal 2: To continuously improve the quality and value of our work

	December 2015				April 2015 To December 2015			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
12) The percentage of Out of Locality Admissions to assessment and treatment wards (AMH and MHSOP) - post-validated	15.00%	22.54%			15.00%	17.12%		15.00%
13) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP)	15.00%	23.38%			15.00%	24.70%		15.00%
14) Number of instances where a patient has had 3 or more admissions in the past year to Assessment and Treatment wards (AMH and MHSOP)	17.00	28.00			157.00	200.00		209.00
15) Median number of days from when an inpatient is discharged to their next admission to an Assessment and Treatment ward (AMH and MHSOP)	146.00	115.50			146.00	114.50		146.00
16) Percentage of appointments cancelled by the Trust	0.67%	1.02%			0.67%	1.06%		0.67%
17) Number of unexpected deaths classed as a serious incident per 10,000 open cases - Post Validated	1.00	0.74			9.00	12.14		12.00
18) Percentage of wards who have scored greater than 80% satisfaction in patient survey (month behind)	75.00%	71.11%			75.00%	74.12%		75.00%

Strategic Goal 3: To recruit, develop and retain a skilled, compassionate and motivated workforce

	December 2015				April 2015 To December 2015			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
19) Percentage of staff in post more than 12 months with a current appraisal (snapshot)	95.00%	83.75%			95.00%	83.75%		95.00%
20) Percentage compliance with mandatory and statutory training (snapshot)	95.00%	88.57%			95.00%	88.57%		95.00%
21) Percentage Sickness Absence Rate (month behind)	4.50%	4.77%			4.50%	4.53%		4.50%

Trust Dashboard Summary for TRUST

Strategic Goal 5: 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

	December 2015				April 2015 To December 2015			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
22) Number of reds on CQC action plans (including MHA action plans)	0.00	0.00			0.00	0.00		0.00
23) Total number of External Referrals into the Trust Services	5,940.00	6,392.00			52,688.00	56,963.00		69,931.00
24) Delivery of our financial plan (I and E)	71,700.00	-223,000.00			-4,957,000.00	-5,820,000.00		-4,784,000.00

Trust Dashboard Summary for York & Selby Locality

Strategic Goal 1: To provide excellent services, working with the individual users of our services and their carers to promote recovery and well being

		Dec-15			October - December 2015			Annual
		Target	Month	Status	Target	YTD	Status	Target
1	Percentage of patients who were seen within 4 weeks for a first appointment following an external referral							
2	Percentage of patients who were seen within 4 weeks for a first appointment following an internal referral							
3	Percentage of people experiencing a first episode of psychosis that were treated with a NICE approved care package within two weeks of referral	50.00%	87.50%		50.00%	56.67%		50.00%
4	Percentage of people referred to the IAPT programme that were treated within 6 weeks of referral *	75.00%	86.92%		75.00%	85.28%		75.00%
5	Percentage of people referred to the IAPT programme that were treated within 18 weeks of referral*	95.00%	99.23%		95.00%	99.17%		95.00%
6	Access to Psychological Therapies - Adult IAPT: The percentage of people that enter treatment against the level of need in the general population (treatment commenced)*	15.00%	9.48%		15.00%	7.73%		15.00%
7	Recovery Rate - Adult IAPT: The percentage of people who complete treatment who are moving to recovery*	50.00%	35.85%		50.00%	38.93%		50.00%
8	Percentage of admissions to Inpatient Services that had access to Crisis Resolution Home Treatment Teams prior to admission (adult services only)*	95.00%	75.00%		95.00%	91.67%		95.00%
9	Percentage CPA 7 day follow up (AMH)*	95.00%	100.00%		95.00%	93.75%		95.00%
10	Percentage of CPA Patients having a formal review documented within 12 months - snapshot (AMH)	98.00%	98.54%		98.00%	98.54%		98.00%
11	Percentage of community patients who state they have been involved in the development of their care plan (month behind)							

		Dec-15			April - December 2015			Annual
		Target	Month	Status	Target	YTD	Status	Target
Strategic Goal 2: To continuously improve the quality and value of our work								
12	The percentage of Out of Locality Admissions to assessment and treatment wards (AMH and MHSOP)							
13	Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP)							
14	Number of instances where a patient has had 3 or more admissions in the past year to Assessment and Treatment wards (AMH and MHSOP)							
15	Median number of days from when an inpatient is discharged to their next admission to an Assessment and Treatment ward (AMH and MHSOP)							
16	Percentage of appointments cancelled by the Trust							
17	Number of unexpected deaths classed as a serious incident per 10,000 open cases							
18	Percentage of wards who have scored greater than 80% satisfaction in patient survey (month behind)							
Strategic Goal 3: To recruit, develop and retain a skilled, compassionate and motivated workforce								
19	Percentage of staff in post more than 12 months with a current appraisal (snapshot)	95.00%	50.00%		95.00%	50.00%		95.00%
20	Percentage compliance with mandatory and statutory training (snapshot)	95.00%	65.61%		95.00%	65.61%		95.00%
21	Percentage Sickness Absence Rate (month behind)	4.50%	6.46%		4.50%	6.34%		4.50%
Strategic Goal 5: To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of the								
22	Number of reds on CQC action plans (including MHA action plans)							
23	Total number of External Referrals into the Trust Services							
24	Delivery of our financial plan (I and E)							

*** Indicators 4 - 9 contain data for VoY CCG only**

Data Quality Assessment

Appendix C

		Data Source					Data Reliability					KPI Construct/Definition					Total Score	Percentage as at June 2015	Percentage	Notes
		A (5)	B (4)	C (3)	D (2)	E (1)	5	4	3	2	1	5	4	3	2	1				
		Direct Electronic transfer from System	Data extracted from Electronic System but data is then processed manually	Other Provider System	Access database or Excel Spreadsheet	Paper or telephone collection	Always reliable	Mostly reliable	Sometimes reliable	Unreliable	Untested Source	KPI is clearly defined	KPI is defined but could be open to interpretation	KPI is defined but is clearly open to interpretation	KPI construction is not clearly defined	KPI is not defined				
1	Percentage of patients who have not waited longer than 4 weeks for a first appointment	5						4				5					14	93%	93%	
2	Percentage of patients who have not waited longer than 4 weeks following an internal referral	5						4				5					14	93%	93%	
3	Percentage of people experiencing a first episode of psychosis that were treated with a NICE approved care package within two weeks of referral	5						4				5					14	87%	93%	The Trust has developed a local KPI pending publication of national construction. There is an issue identified with allocation of a care co-ordinator which was required for this indicator, which has been monitored through the Data Quality group, but has temporarily been removed from the logic. Work has been undertaken with the services to improve reliability, therefore the score for data reliability has increased from 3 to 4.
4	Percentage of people referred to the IAPT programme that were treated within 6 weeks of referral		4					4				5					13	87%	87%	
5	Percentage of people referred to the IAPT programme that were treated within 18 weeks of referral		4					4				5					13	87%	87%	
6	Access to Psychological Therapies - Adult IAPT: The percentage of people that enter treatment against the level of need in the general population (treatment commenced)		4					4				5					13	87%	87%	
7	Recovery Rate – Adult IAPT: The percentage of people who complete treatment who are moving to recovery		4					4				5					13	87%	87%	
8	Percentage of admissions to Inpatient Services that had access to Crisis Resolution Home Treatment Teams prior to admission (adult services only)		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.
9	Percentage CPA 7 day follow up (adult services only)		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 CPA Patients having a formal review documented within 12 months – snapshot (adult services only)	5						4				5					14	93%	93%	
11	Percentage of community patients who state they have been involved in the development of their care plan (month behind)					1		4				5					10	67%	67%	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.
12	Percentage of out of locality admissions to assessment and treatment wards (AMH and MHSOP) - post validated		4					4				5					13	87%	87%	
13	Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP)	5						4				5					14	93%	93%	

		Data Source					Data Reliability					KPI Construct/Definition					Total Score	Percentage as at June 2015	Percentage	Notes
		A (5)	B (4)	C (3)	D (2)	E (1)	5	4	3	2	1	5	4	3	2	1				
		Direct Electronic transfer from System	Data extracted from Electronic System but data is then processed manually	Other Provider System	Access database or Excel Spreadsheet	Paper or telephone collection	Always reliable	Mostly reliable	Sometimes reliable	Unreliable	Untested Source	KPI is clearly defined	KPI is defined but could be open to interpretation	KPI is defined but is clearly open to interpretation	KPI construction is not clearly defined	KPI is not defined				
14	Number of instances where a patient has had 3 or more admissions in the past year to Assessment and Treatment wards (AMH and MHSOP)	5					5					5					15	100%	100%	
15	Median number of days from when an inpatient is discharged to their next admission to an Assessment and Treatment ward (AMH and MHSOP)	5					5					5					15	100%	100%	
16	Percentage of appointments cancelled by the Trust	5									1	5					11	87%	73%	Whilst data reliability has been tested, a number of data quality issues identified by the Patient Experience Group and the localities have raised a significant concern; therefore the Data Quality Group has assessed reliability at 1. For example: • appointments being incorrectly recorded as cancelled • not all cancelled appointments being recorded • appointments not having outcomes recorded A working party is to be established to investigate the problem and produce longer term recommendations
17	Number of unexpected deaths classed as a serious incident per 10,000 open cases					1		4				5					10	67%	67%	Different sources in calculation - lower one used which is a manual process including a telephone call and data entered onto Datix (unexpected deaths)
18	Percentage of wards who have scored greater than 80% satisfaction in patient survey (month behind)			3				4				5					12	80%	80%	Surveys for ward are via the hand held device. The devices are uploaded electronically (can sometimes be issues with the devices) direct to CRT. Patient Experience Team (PET) provided with ward based reports. PET open every ward report, identify the % and number completing, calculate the numerator manually then type this into the spreadsheet for each individual ward. Latter 2 processes open to human error.
19	Percentage of staff in post more than 12 months with a current appraisal – snapshot	5						4				5					14	93%	93%	
20	Percentage compliance with mandatory and statutory training – snapshot	5						4				5					14	93%	93%	
21	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.
22	Number of reds on CQC Action Plans (including MHA Action Plans)				2		5					5					12	73%	80%	Whilst static reports are emailed to the Trust, the information is maintained on an Excel spreadsheet. This is monitored and updated in conjunction with the services. Contingencies are now in place to ensure data is correctly reported and sourced on time and data is extracted from the spreadsheet onto the manual return for upload onto the IIC. Therefore, the score for data source has increased from 1 to 2.
23	Total number of External Referrals into the Trust Services	5					5					5					15	100%	100%	
24	Are we delivering our financial plan (I and E)		4				5					5					14	93%	93%	

Number of unexpected deaths and verdicts from the coroner April 2015 - March 2016

	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	1																				**1**
Natural causes	1					1															**2**
Hanging																					**0**
Suicides	6	2	5														1				**14**
Open	1		1																		**2**
Drug related death	1	2																			**3**
Drowning																					**0**
Misadventure	1																				**1**
Awaiting verdict	9	8	9	1		1		1			2	2	3			1	4		1		**42**
Total	**20**	**12**	**15**	**1**	**0**	**2**	**0**	**1**	**0**	**0**	**2**	**2**	**3**	**0**	**0**	**1**	**5**	**0**	**1**	**0**	**65**

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	7	4			

Number of unexpected deaths total by locality				
Durham & Darlington	**Teesside**	**North Yorkshire**	**Forensics**	**York & Selby**
25	19	19	2	0

** There was originally 11 reported within this month, however, one incident was susbequently downgraded by Commissioners*

Number of unexpected deaths and verdicts from the coroner 2014 / 2015

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

	Number of unexpected deaths in the community					Number of unexpected deaths of patients who are an inpatient and took place in the hospital					Number of unexpected deaths where the patient is an inpatient but the death took place away from the hospital					Number of unexpected deaths where the patient was no longer in service					Total
	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	
Accidental death																					**0**
Natural causes	1										1					1					**3**
Hanging	1	1	1													1					**4**
Suicides	14	8	3	1					1							1	3	2			**33**
Open																					**0**
Abuse of drugs																		1			**1**
Drowning																					**0**
Misadventure	1															1					**2**
Awaiting verdict	6	1	3			1	1				1					3	1				**17**
Total	**23**	**10**	**7**	**1**		**1**	**1**	**0**	**1**		**2**	**0**	**0**	**0**		**7**	**4**	**3**	**0**		**60**

Number of unexpected deaths classed as a serious untoward incident											
April	May	June	July	August	September	October	November	December	January	February	March
4	2	7	7	4	4	2	8	3	7	5	8

Number of unexpected deaths total by locality				
Durham & Darlington	**Teesside**	**North Yorkshire**	**Forensics**	**York & Selby**
33	15	10	2	0

Glossary of Indicators

Table no.	Description	Comment
1	Percentage of patients who were seen within 4 weeks for a first appointment following an external referral	These waiting times are in relation to patients being referred from external sources (for example GPs). They relate to patients seen in the month, and of those, the percentage who were seen within four weeks.
2	Percentage of patients who were seen within 4 weeks for a first appointment following an internal referral	These waiting times are in relation to patients being referred from internal sources (for example another Trust team). They relate to patients seen in the month, and of those, the percentage who were seen within four weeks.
3	Percentage of people experiencing a first episode of psychosis that were treated with a NICE approved care package within two weeks of referral	We are still awaiting national development of this indicator. Currently the indicator reports patients experiencing first episode psychosis who have been accepted onto caseload, had an EIP care coordinator allocated and a NICE concordant package* of care commenced and, of these, the percentage who attended a first appointment within 2 weeks of the date the referral was received.
4	Percentage of people referred to the IAPT programme that were treated within 6 weeks of referral	These waiting times relate to the number of ended referrals that finish a course of treatment in the reporting period and, of these, the percentage that received their first treatment appointment within 6 weeks of referral. To be counted within the denominator, the patient must have attended at least two treatment contacts and the referral must be coded as discharged.
5	Percentage of people referred to the IAPT programme that were treated within 18 weeks of referral	These waiting times relate to the number of ended referrals that finish a course of treatment in the reporting period and, of these, the percentage that received their first treatment appointment within 18 weeks of referral. To be counted within the denominator, the patient must have attended at least two treatment contacts and the referral must be coded as discharged.
6	Access to Psychological Therapies - Adult IAPT: The percentage of people that enter treatment against the level of need in the general population (treatment commenced)	The Improving Access to Psychological Therapies (IAPT) programme aims to improve access to evidence based talking therapies in the NHS through an expansion of the psychological therapy workforce and service. This indicator is comprised of the number of people who have entered (i.e. received) psychological therapies, as a percentage of the number of people who are expected to have depression and or anxiety disorders.
7	Recovery Rate - Adult IAPT: The proportion of people who complete treatment who are moving to recovery	This indicator is comprised of the number of people who are moving to recovery of those who have completed treatment, as a proportion of the number of people who have completed treatment who are not at clinical caseness at treatment commencement.
8	Percentage of admissions to Inpatient Services that had access to Crisis Resolution Home Treatment Teams prior to admission (adult services only)	An admission has been gate kept by the Crisis Resolution Team if the Crisis Resolution Team have assessed the service user before admission and if they were involved in the decision-making process, which resulted in admission.
9	Percentage CPA 7 day follow up (adult services only)	All patients who are discharged to their place of residence, care home, residential accommodation, or to non-psychiatric care must be followed up within seven days of discharge. Follow up starts on the day following discharge and ideally should be made with the patient face to face.
10	Percentage of CPA Patients having a formal review documented within 12 months - snapshot (adult services only)	This indicator relates to the percentage of adults who have been on CPA for more than 12 months who have had at least one meeting with their Care Co-ordinator in the past 12 months.
11	Percentage of community patients who state they have been involved in the development of their care plan (month behind) (AMH, MHSOP and LD)	This indicator reports the number of community patients who state they have been involved in the development of their care plan against the number of community patients who have responded to the involvement/development of the care plan question in the patient survey. To facilitate this a new question was added to the hand held devices asking "Have you been involved in the development of your care plan?"
12	Percentage of out of locality admissions to assessment and treatment wards (AMH and MHSOP) - post- validated	Out of locality admissions relates to people who need to be admitted into a ward which is not in the same locality as their GP. Localities have reviewed all wards and a template has been developed to show where patients from each commissioning area would be expected to be admitted to. This indicator measures the percentage of patients that were not admitted to the assigned wards. E.g. an Adult Mental Health patient within Durham City should be admitted to Lanchester Road Hospital, and if the patient has then been admitted to West Park, this will be recorded as 'out of locality admission.'
13	Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP)	This indicator reports the total number of admissions to AMH and MHSOP Assessment and Treatment wards in the month and, of those, the percentage that were readmissions within 30 days of a discharge from any Trust ward.

14	Number of instances where a patient has had 3 or more admissions in the past year to Assessment and Treatment wards (AMH and MHSOP	This indicator counts the number of patients who were admitted in the month that had previously been admitted on 2 or more occasions during the previous 12 months
15	Median number of days from when a patient is discharged as an inpatient to their next admission as an inpatient	This indicator measures the median (mid point from a range of data) time, in days, from a patient being discharged from an Assessment & Treatment ward to readmission back into an Assessment & Treatment ward. It is intended that this indicator will monitor the effectiveness of the discharge process as well as the robustness of the community services maintaining patients within the community. A higher number of days would suggest that the discharge process was more effective and the community teams interventions more successful.
16	Percentage of appointments cancelled by the Trust	This indicator counts the number of direct (face to face or telephone) appointments regardless of the outcome of the appointment and, of those, measures the percentage that were cancelled by the Trust.
17	Number of unexpected deaths classed as a serious incident per 10000 open cases - post validated	This KPI measures the number of unexpected deaths classed as a serious incident per 10,000 open cases. The total number of open cases on the Paris system is divided b 10,000 to obtain the correct ratio for this calculation.
18	Percentage of wards who have scored greater than 80% satisfaction in patient survey (month behind)	This indicator reports the number of wards who have scored greater than 80% satisfaction in the patient survey against the number of wards who have had responses to the satisfaction question in the patient survey. It uses the question "Overall, rate the care you have received" and counts Excellent and Good responses as being satisfied.
19	Mean level of improvement on SWEMWBS (AMH only)	This indicator is a patient related outcome measure (PROM), which looks at the score taken at the referral to service and then again at the discharge point from TEWV (start of spell to end of spell) for new patients and calculate the improvement. A mean improvement score is the calculated as an overall figure for Adult Mental Health. New patients would be reported in the month they were discharged but only if their referral was after 4th November due to commencement of this PROM.
20	Mean level of improvement on SWEMWBS (MHSOP only)	This indicator is a patient related outcome measure (PROM), which looks at the score taken at the referral to service and then again at the discharge point from TEWV (start of spell to end of spell) for new patients and calculate the improvement. A mean improvement score is the calculated as an overall figure for Mental Health Services for Older People. New patients would be reported in the month they were discharged but only if their referral was after 4th November due to commencement of this PROM.
21	Percentage of HoNOS ratings that have improved in the non-psychotic and psychosis super classes for patients that are in scope (AMH and MHSOP) - Snapshot	This indicator is a clinician related outcome measure (CROM), which reports the number of in scope patients in the non-psychotic and psychosis super classes whose most recent HoNOS score is lower than their referral HoNOS score as a percentage of the number of in scope patients in those super classes on an active case load within the month who have more than one HoNOS rating.
22	Percentage of HoNOS ratings that have improved in the organic super classes for patients that are in scope (AMH and MHSOP) - Snapshot	This indicator is a clinician related outcome measure (CROM), which reports the number of in scope patients in the organic super classes whose most recent HoNOS score is lower than their referral HoNOS score as a percentage of the number of in scope patients in those super classes on an active case load within the month who have more than one HoNOS rating.
23	Percentage of staff in post more than 12 months with a current appraisal (snapshot)	Staff employed by the trust must have completed an appraisal with their supervisor, and informed the workforce information department Information is entered onto ESR at least once a year.
24	Percentage compliance with mandatory and statutory training (snapshot)	This indicator reports the number of courses completed for compliance with the 7 core mandatory and statutory training as a percentage of the number of courses to be completed for compliance. Bank staff and non-Trust staff are excluded
25	Percentage Sickness Absence Rate (month behind)	This indicator measures the number of days lost within the month due to sickness absence, as a percentage of the number of days available.
26	Number of reds on CQC action plans (including MHA action plans)	This indicator counts the number of reds detailed on Care Quality Commission action plans, including Mental Health Act action plans.
27	Total number of External Referrals into the Trust Services	This indicator counts the number of external referrals received into Trust services (GP and other);all external referrals to all services are included.
28	Are we delivering our financial plan (I and E)	This indicator measures the Income and Expenditure plan at TRUST LEVEL, reporting the actual "surplus or deficit" compared to the "planned surplus" (target). If the figure is plus (positive) this denotes a deficit; if the figure is minus (negative) this denotes a surplus.

Item No. 16

COUNCIL OF GOVERNORS

DATE:	**25 February 2016**
TITLE:	**Finance Report for Period 1 April 2015 to 31 December 2015**
REPORT OF:	**Colin Martin, Director of Finance**
REPORT FOR:	**Assurance and Information**

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

Executive Summary:

The comprehensive income outturn for the period ending 31 December 2015 is a surplus of £5,820k, which is equivalent to 2.6% of turnover and is marginally ahead of plan.

Identified Cash Releasing Efficiency Savings at 31 December 2015 are in line with plan.

The Trust continues to identify schemes to deliver CRES in 2016/17 whilst plans continue to be progressed for 2017/18.

The Financial Sustainability Risk Rating for the Trust is 4 for the period ending 31 December 2015.

Recommendations:

The Council of Governors are requested to receive the report, to note the conclusions in section 5 and to raise any issues of concern, clarification or interest.

MEETING OF:	**Council of Governors**
DATE:	**25 February 2016**
TITLE:	**Finance Report for Period 1 April 2015 to 31 December 2015**

1. INTRODUCTION & PURPOSE

1.1 This report summarises the Trust's financial performance from 1 April 2015 to 31 December 2015.

2. BACKGROUND INFORMATION

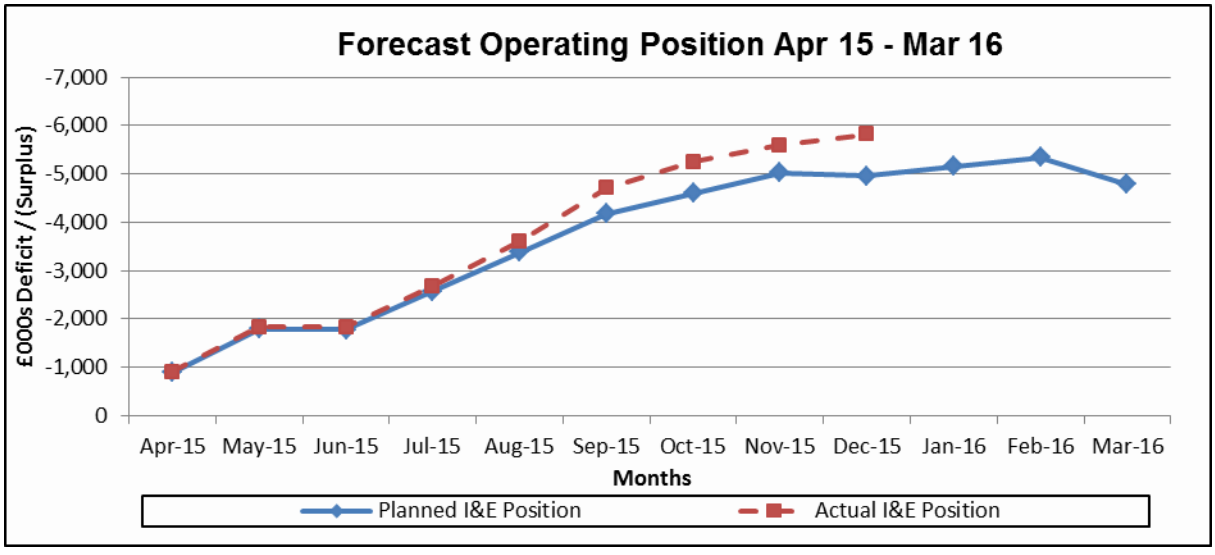
2.1 The financial reporting framework of a Foundation Trust places an increased emphasis on cash and the statement of financial position as well as the management of identified key financial drivers. The Board receives a monthly summary report on the Trust's finances as well as a more detailed analysis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

3. KEY ISSUES:

3.1 Statement of Comprehensive Income

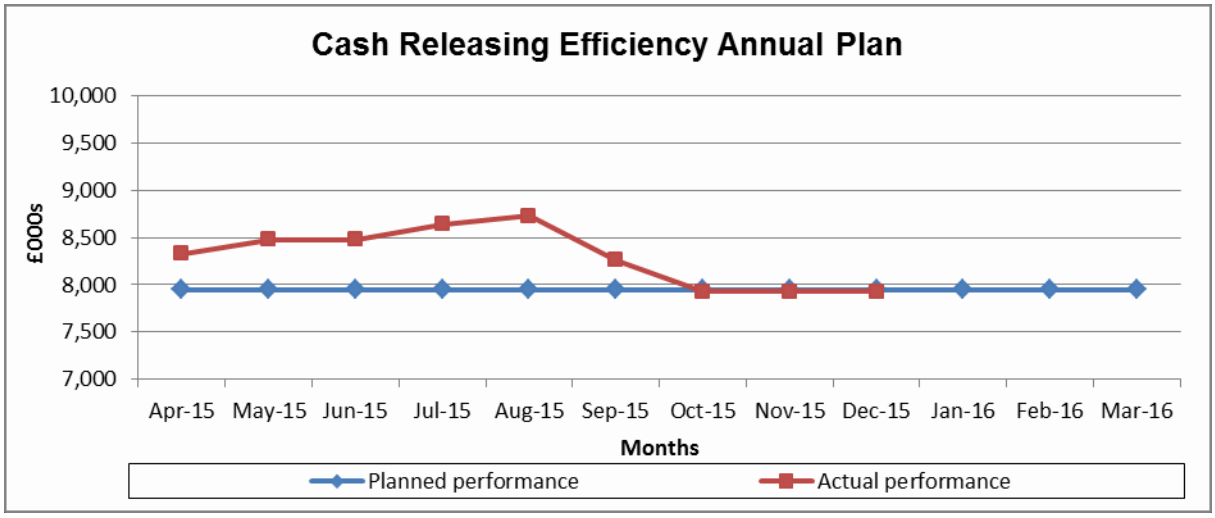
The financial position shows a surplus of £5,820k for the period 1 April 2015 to 31 December 2015, representing 2.6% of the Trust's turnover and is ahead of plan.

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

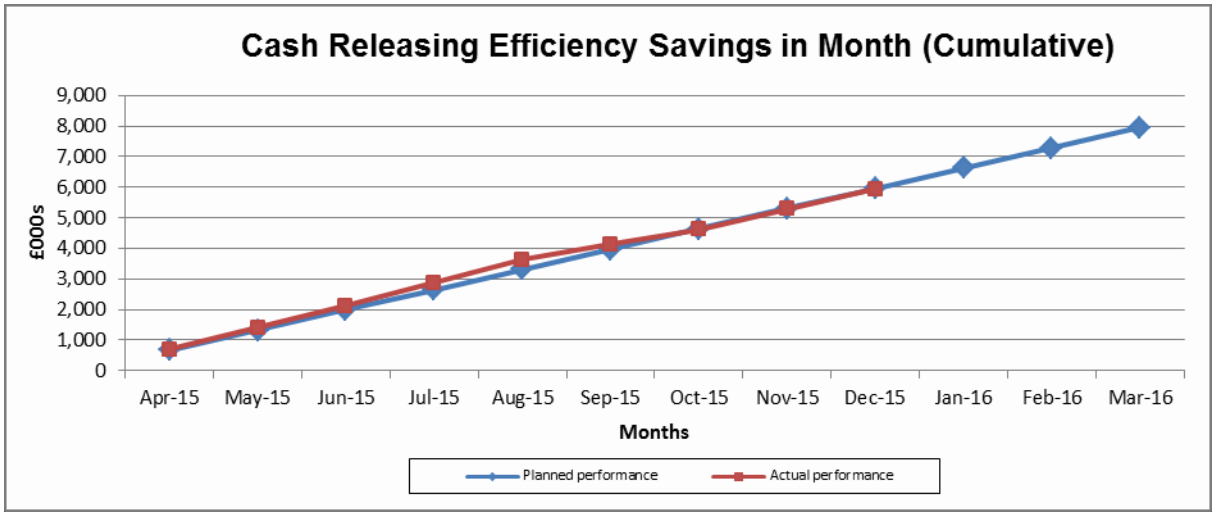


3.2 Cash Releasing Efficiency Savings

Total CRES identified at 31 December 2015 is £7,930k. The reduction in September and October was due to some schemes being deferred to 2016/17. At this stage it is not anticipated that there will be any further material changes against the CRES plan in 15/16.

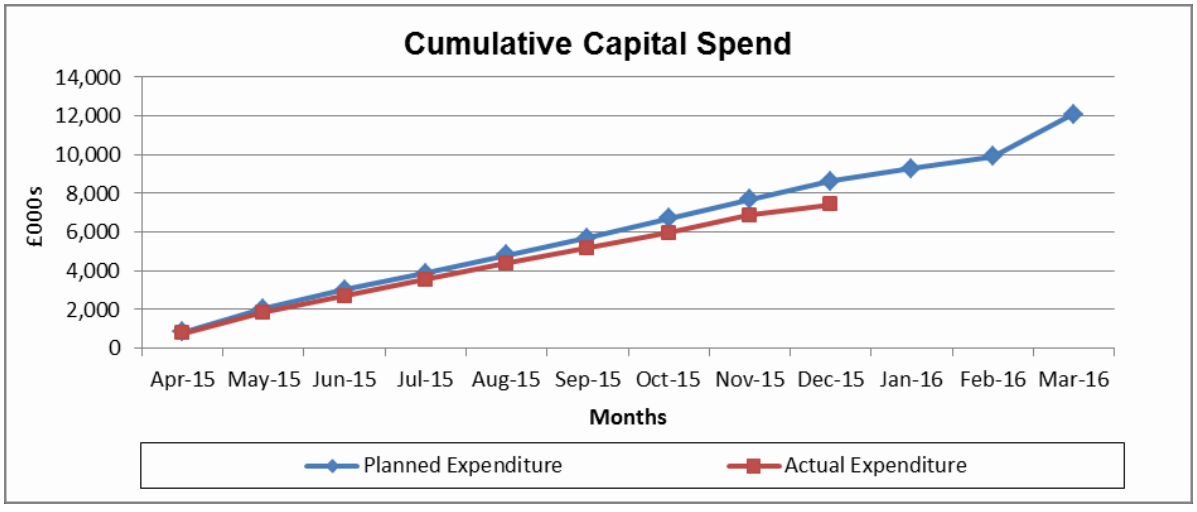


The monthly profile for CRES identified by Localities is shown below.



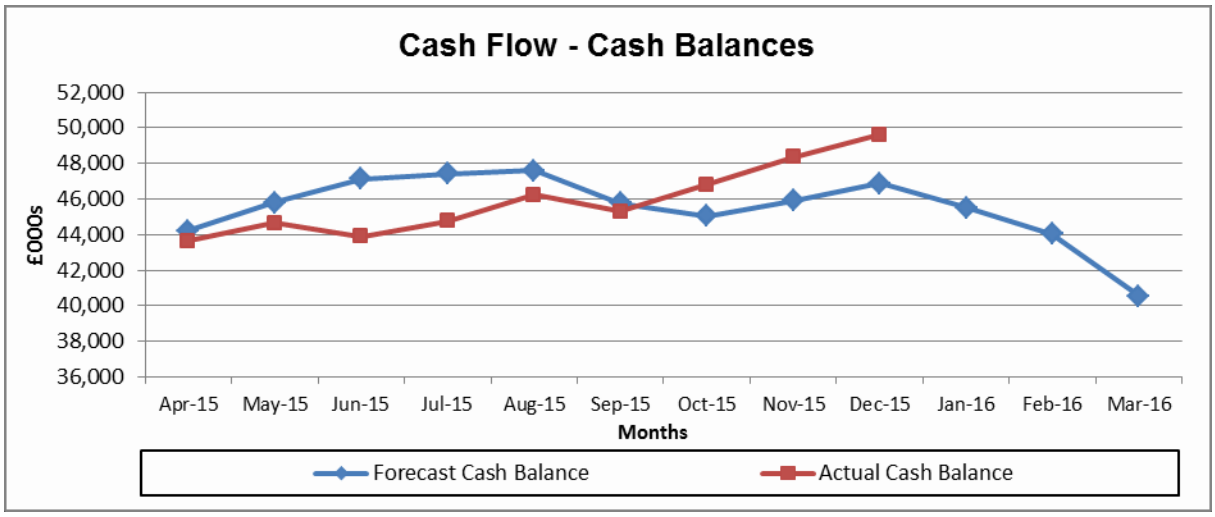
3.3 Capital Programme

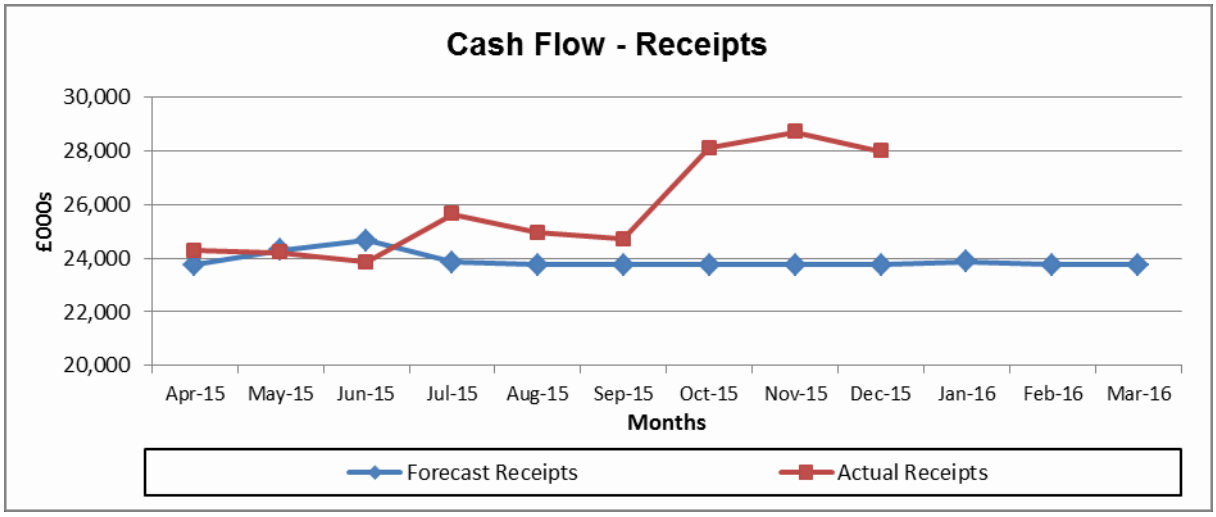
Capital expenditure to 31 December 2015 is £7,442k, and is slightly behind plan.

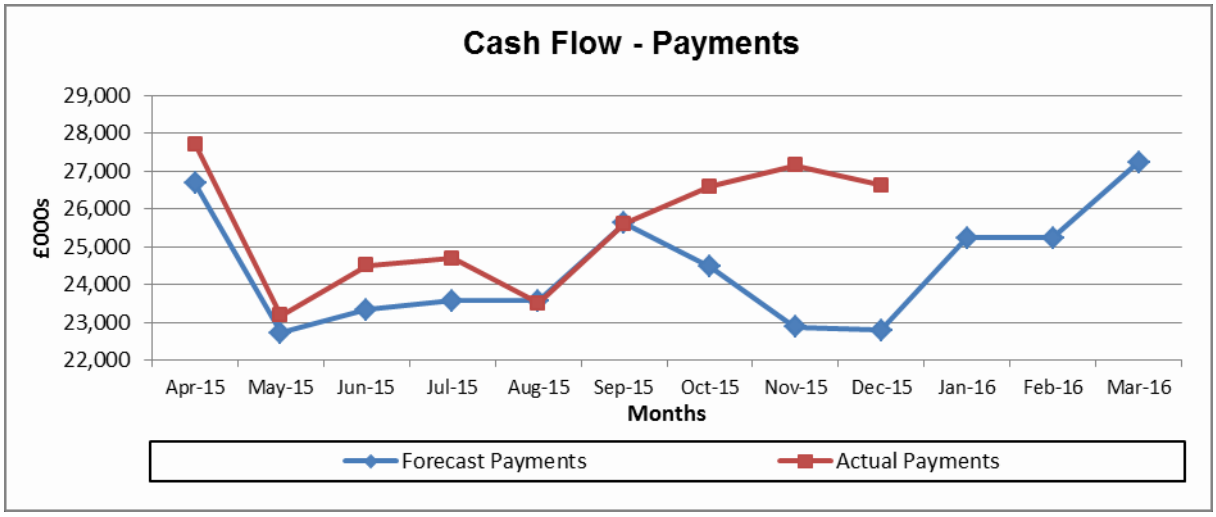


3.4 Cash Flow

Total cash at 31 December 2015 is £49,609k and is ahead of plan due to slippage against capital schemes and working capital cycle variations following the start of the Trust's contract to provide MH & LD Services to the York and Selby locality.





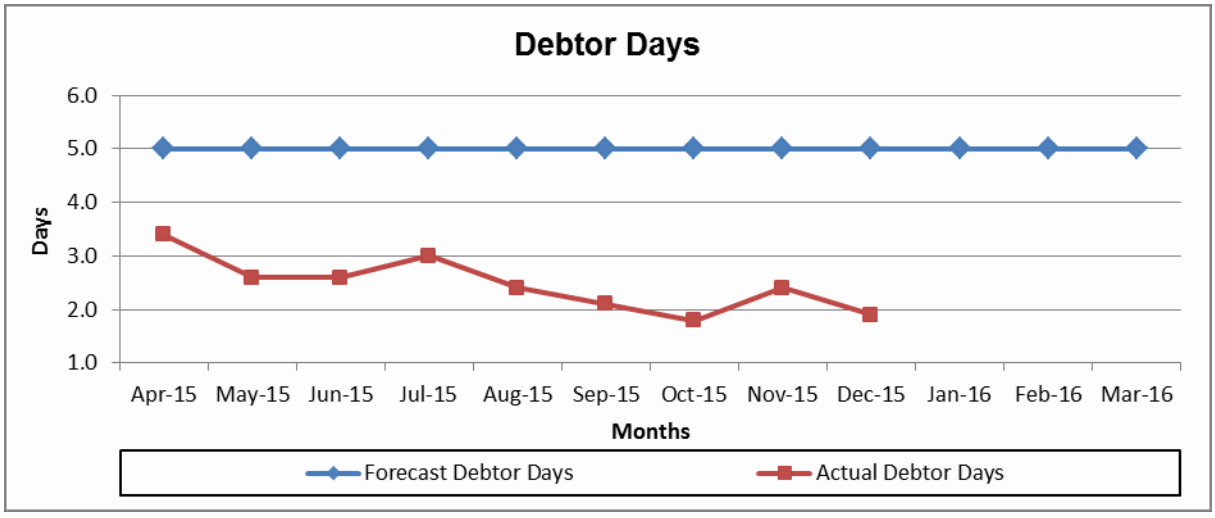


The increase within receipts and payments from October 2015 is due to additional revenue streams related to the York and Selby locality.

Other payment profile fluctuations over the year are for PDC dividend payments, financing repayments and payments for capital expenditure.

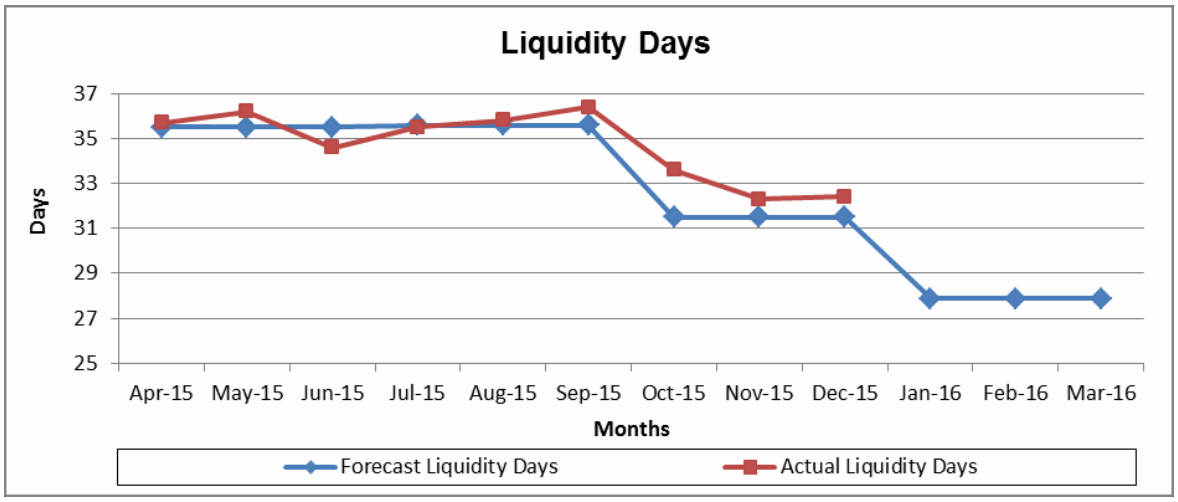
Working Capital ratios for period to 31 December 2015 were:

- Debtor Days of 1.9 days
- Liquidity of 32.4 days
- Better Payment Practice Code (% of invoices paid within terms)
  NHS – 74.67%
  Non NHS 30 Days – 98.78%



The Trust had a debtors' target of 5.0 days and actual performance of 1.9 days, which is ahead of plan.

3.4.1 The liquidity days graph below reflects the metric within Monitor's risk assessment framework. The Trust liquidity days ratio is marginally ahead of plan.



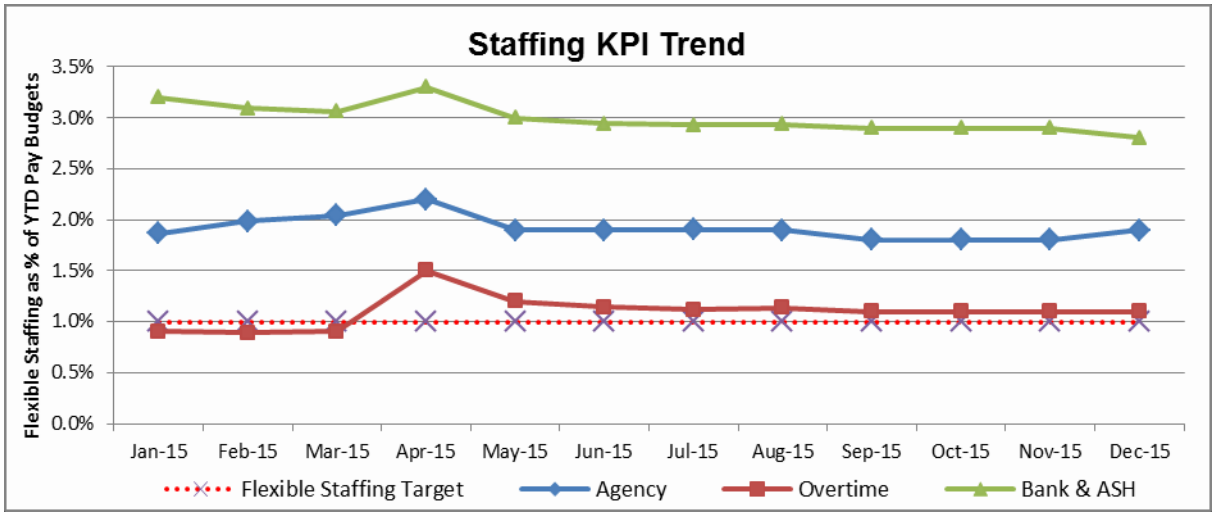
3.5 Financial Drivers

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

Tolerance	Aug	Sep	Oct	Nov	Dec
Agency (1%)	1.9%	1.8%	1.8%	1.8%	1.9%
Overtime (1%)	1.1%	1.1%	1.1%	1.1%	1.1%
Bank & ASH (flexed against establishment)	2.9%	2.9%	2.9%	2.9%	2.8%
Establishment (90%-95%)	94.3%	94.0%	94.0%	93.7%	93.0%
Total	**100.3%**	**99.8%**	**99.8%**	**99.5%**	**98.8%**

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 & ASH. For December 2015 the tolerance for Bank and ASH is 5.0% of pay budgets.

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



Additional staffing expenditure is 5.8% of pay budgets. The requirement for bank, agency and overtime is due to a number of factors including cover for vacancies (44%), enhanced observations (17%) and sickness (15%).

3.6 Monitor Risk Ratings and Indicators

3.6.1 The Financial Sustainability Risk Rating was assessed as 4 at 31 December 2015, and is in line with the restated planned risk rating.

3.6.2 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 1.43x (can cover debt payments due 1.43 times), which is in line with plan.

3.6.3 The liquidity metric assesses the number of days operating expenditure held in working capital (current assets less current liabilities). The Trust liquidity metric is 32.4 days which is in line with plan and is rated as a 4.

3.6.4 The income and expenditure (I&E) margin assesses the level of surplus or deficit against turnover, excluding exceptional items e.g. impairments. The Trust has an I&E margin of 3.1% and is rated as a 4.

3.6.5 The variance from plan assesses the level of surplus or deficit against plan, excluding exceptional items e.g. impairments. The Trust surplus is 0.3% ahead of plan and is rated as a 4.

3.6.6 The margins on Financial Sustainability Risk Rating are as follows:

- Capital service cover - to reduce to a 1 a surplus decrease of £2,123k is required.
- Liquidity - to reduce to a 3 a working capital reduction of £24,725k is required.
- I&E Margin – to reduce to a 3 an operating surplus decrease of £4,745k is required.
- Variance from plan – to reduce to a 3 an operating surplus decrease of £708k is required.

Monitors 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
I&E Margin	25	1%	0%	-1%	<=-1%
Variance from plan	25	0%	-1%	-2%	<=-2%

TEWV Performance	**Actual**		**Annual Plan**		**RAG**
	Achieved	Rating	Planned	Rating	**Rating**
Capital service Cover	1.43x	2	1.38x	2	0
Liquidity	32.4 days	4	31.5 days	4	0
I&E Margin	3.1%	4	3.0%	4	0
Variance from plan	0.3%	4	0%	4	0

Overall Financial Sustainability Risk Rating	**4.00**

3.6.7 6.9% of total receivables (£239k) are over 90 days past their due date. This is above the 5% finance risk tolerance set by Monitor, but is not a cause for concern as negotiations are ongoing to resolve.

3.6.8 4.9% of total payables invoices (£523k) held for payment are over 90 days past their due date. This is within the 5% finance risk tolerance set by Monitor.

3.6.9 The cash balance at 31 December 2015 is £49,609k and represents 66.0 days of annualised operating expenses.

3.6.10 Actual capital expenditure is 86% of planned expenditure to date.

3.6.11 The Trust does not anticipate the Financial Sustainability Risk Rating will be less than 3 in the next 12 months.

4. IMPLICATIONS:

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

5. RISKS:

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

6. CONCLUSIONS:

6.1 The comprehensive income outturn for the period ending 31 December 2015 is a surplus of £5,820k, which is equivalent to 2.6% of turnover and is marginally ahead of plan.

6.2 Identified Cash Releasing Efficiency Savings at 31 December 2015 are in line with plan.

The Trust continues to identify schemes to deliver CRES in 2016/17 whilst plans continue to be progressed for 2017/18.

6.3 The Financial Sustainability Risk Rating for the Trust is 4 for the period ending 31 December 2015.

7. RECOMMENDATIONS:

7.1 The Council of Governors are requested to receive the report, to note the conclusions in section 5 and to raise any issues of concern, clarification or interest.

Colin Martin
Director of Finance