

**AGENDA FOR THE MEETING OF THE BOARD OF DIRECTORS
TUESDAY 26TH APRIL 2016
VENUE: THE OLD SWAN HOTEL, SWAN ROAD, HARROGATE,
HG1 2SR
AT 9.30 A.M.**

Apologies for Absence

Standard Items (9.30 am)

Item 1	To approve the public minutes of the meeting of the Board of Directors held on 22nd March 2016.		Attached
Item 2	Public Board Action Log.		Attached
Item 3	Declarations of Interest.		
Item 4	Chairman's Report.	Chairman	Verbal
Item 5	To consider any issues raised by Governors.	Board	Verbal

Quality Items (9.45 am)

Item 6	To receive a briefing on key issues in the York and Selby Locality.	Ruth Hill to attend	Presentation
Item 7	To consider the report of the Quality Assurance Committee.	HG/EM	Attached
Item 8	To consider the monthly Nurse Staffing Report including: (a) The project plan for the Safe Staffing Project. (b) The key findings from the pilot of the safe staffing framework and tools in County Durham and Darlington.	EM	Attached
Item 9	To consider a report on the responses received to the consultation on the future provision of MHSOP inpatient services in County Durham and Darlington.	BK	Attached
Item 10	To receive and note a progress report on the Francis 2 Action Plans.	MB	Attached

Performance (11.00 am)

- | | | | |
|----------------|--|-----------|------------------|
| Item 11 | To consider the summary Finance Report as at 31 st March 2016. | CM | Attached |
| Item 12 | To consider the Trust Performance Dashboard as at 31 st March 2016. | SP | To follow |
| Item 13 | To consider the Trust Workforce Report as at 31 st March 2016. | DL | Attached |

Governance (11.25 am)

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|----------------|--|-----------|------------------|
| Item 14 | To approve the Quarter 4, 2015/16 Risk Assessment Framework submission to NHS Improvement. | PB | To follow |
| Item 15 | To consider a progress report on the Governance Action Plans. | MB | Attached |

Items for Information (11.40 am)

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|----------------|--|-----------|-----------------|
| Item 16 | To receive and note a report on the use of the Trust's seal. | MB | Attached |
| Item 17 | Policies and Procedures ratified by the Executive Management Team. | MB | Attached |
| Item 18 | To note that the next meeting of the Board of Directors will be held on Tuesday 24th May 2016 in the Board Room, West Park Hospital Darlington at 9.30 am. | | |

Confidential Motion (11.45 am)

Item 19 The Chairman to move:

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

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

Information relating to any particular applicant for, or recipient or former recipient of, any service provided by the Trust.

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

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

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

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

The meeting will adjourn for a refreshment break

Mrs. Lesley Bessant
Chairman
20th April 2016

Contact: Phil Bellas, Trust Secretary Tel: 01325 552312/Email: p.bellas@nhs.net

**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON 22ND
MARCH 2016 IN THE BOARD ROOM, WEST PARK HOSPITAL, DARLINGTON AT
9.30 AM**

Present:

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

In Attendance:

Mr. P. Bellas, Trust Secretary
Mrs. J. Jones, Head of Communications
Mr. L. Buckley, Director of Operations for Forensic Services (minute 16/62)
Ms. J. Smith, Corporate Performance Manager

Ms. K. Dobinson, Ms. H. Dobbs, Ms. A. Dove-Jones, Ms. S. Duffy and Mr. C. Evans,
student nurses.

16/57 MINUTES

***Agreed** – that the public minutes of the meeting held on 23rd February 2016 be approved as a correct record and signed by the Chairman.*

16/58 PUBLIC BOARD ACTION LOG

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

Arising from the report:

- (1) In response to a suggestion from Mr. Levy, it was agreed to amend the timescale for the consideration of providing greater flexibility within the Trust's 12 hour shift system, as part of the working longer review (minute 15/133 – 26/5/15 refers), to June 2016 in order to take into account the outcome of an improvement event which was due to be held in the preceding month.
- (2) It was noted that the self-assessment ratings for the Core Standards for Emergency Preparedness, Resilience and Response were due to be considered by the Audit Committee at its meeting to be held on 15th September 2016 prior to ratification by the Board (minute 15/321 – 24/11/15).

- (3) The proposed change to the timescale for the provision of the project plan for the safe staffing project (minute 16/07 – 26/1/16 refers) from March 2016 to April 2016 was approved.

Mr. Bellas undertook to make the above changes to the Action Log.

Action: Mr. Bellas

16/59 DECLARATIONS OF INTEREST

There were no declarations of interest.

16/60 CHAIRMAN'S REPORT

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

- (1) Attended the Service User and Carer Conference in Scarborough on 4th March 2016.

Mrs. Bessant reported that the event, which had been organised by Mr. Martin Dale (Locality Manager), had been well attended and had generated some very interesting and positive ideas.

- (2) Presented a "Living the Values" Award to the Mental Health Team at HMP Holme House on 7th March 2016.
- (3) Visited Birch Ward, West Park Hospital on 16th March 2016.

Mrs. Bessant highlighted the positive transformation of the ward, including the enthusiasm of staff and the improvements to the environment, since her last visit.

- (4) Led the process to appoint a successor to Mr. Barkley.

The Board congratulated Mr. Martin on his appointment as the Trust's new Chief Executive from 1st May 2016.

16/61 GOVERNOR ISSUES

No issues were raised.

16/62 LOCALITY BRIEFING – FORENSIC SERVICES

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

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

Arising from the presentation Board Members sought clarity on the following matters:

- (1) The lack of evidence of formal debriefings following incidents; a common theme identified from the mapping work undertaken with wards/teams in 2015.

Mr. Buckley reported that formal debriefings were undertaken but were not as consistent, structured or well received as he would have liked and that he wanted the arrangements to focus more on learning and reflection.

- (2) The findings from the ward observation exercise undertaken in forensic learning disability services in October and November 2014.

Mr. Buckley explained that, overall, the exercise had shown that approximately 36% of qualified staff time was taken up on administration; however, there was significant variation between wards depending on whether or not they had a ward clerk.

The Non-Executive Directors questioned:

- (a) Whether there were administrative tasks that, due to their importance, only qualified staff could undertake.

In response, Mr. Buckley emphasised the difficulties in achieving a balance between unqualified staff undertaking administrative functions and the need for assurance, to provide evidence for CQC MHA inspections, that the work had been completed. He advised that:

- The new version of the PARIS system might reduce the administrative burden on qualified staff.
- Whilst more administrative work could be undertaken by unqualified staff they would need an understanding of clinical matters.

- (b) Whether there were plans to undertake further observational work.

Mr. Buckley advised that the work on model wards involved detailed observations.

- (3) The impact of the developments undertaken by the Locality on patient care.

It was noted that:

- (a) Patient involvement and engagement had improved significantly over the last couple of years.
- (b) The developments should be considered in the context of the increased activity being undertaken by the Locality e.g. it was due to become the largest provider of female secure services in the Country.

- (4) The reasons for the vacant eight bedded ward and the proposals for its future use.

It was noted that the ward had become vacant as a result of bed reductions under the Transforming Care Agenda. At present, the Trust was receiving income for the beds and there might be demand for them, in the summer, due to a national lack of capacity. In the longer term work was being undertaken on the future configuration of the estate at Roseberry Park.

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- (5) The action being taken to support the recruitment and retention of staff in the Locality.

With regard to this matter:

- (a) The implementation of centralised recruitment was noted.
- (b) Mr. Buckley informed the Board that he would like to see a review of the Healthcare Assistant Framework, as there had been unintended consequences in relation to the movement of staff between services, and potentially longer notice periods for staff to reduce the time period between staff leaving and new staff commencing work.

On the latter point, Mr. Levy advised that there had been little support for lengthening notice periods when the matter had been discussed previously; however, he recognised that circumstances might have changed.

- (c) It was noted that work was being undertaken, including increasing site based flexibility, to improve availability and reduce the time spent on coordinating staffing.
- (d) Mrs. Moody highlighted the difficulties in recruiting learning disability nurses due to a lack of applications from suitable candidates and that this might get worse as there were reductions in training programmes nationally. She considered that thought needed to be given either to the Trust putting in place arrangements to “grow” its own nurses or to developing a programme to provide RMNs with the skills to practice in a learning disability setting.

Mr. Buckley responded that:

- As there was now less of a demarcation between mental health and learning disability services, a balance was needed between providing greater flexibility whilst recognising that specialist skills were sometimes required.
- Discussions had been held on developing a nurse training scheme for the Trust and this would need to be followed up.

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

16/63 QUALITY ASSURANCE COMMITTEE

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

- (1) The confirmed minutes of its meeting held on 4th February 2016 (Appendix 1 to the report).
- (2) The key issues discussed by the Committee at its meeting held on 3rd March 2016.

16/64 NURSE STAFFING REPORT

The Board received and noted the report on nurse staffing for February 2016 as required to meet the commitments of “Hard Truths”, the Government’s response to the Public Inquiry into Mid Staffordshire NHS Foundation Trust (the “Francis Review”).

Mrs. Moody highlighted the following matters contained in the report:

- (1) With regard to the York and Selby Locality (reported separately, as previously agreed, in Appendix 7 to the report):
 - (a) 11 of the 24 fill rate indicators had been rated “red” across both staff groups for all shifts.
 - (b) Overall, the position in the Locality was generally unchanged on the previous month.
 - (c) Further to minute 16/36 (23/2/16), staff from Acomb Garth had been seconded to services elsewhere in the Locality as a result of the reduction in bed occupancy at the unit.
- (2) For the remainder of the Trust:
 - (a) The total number of inpatient rosters during February 2016 was 66, the same as for the previous month.
 - (b) The lowest fill rates were in forensic services (i.e. Kingfisher/Heron and Robin Wards) and related to reduced bed occupancy as a result of the Transforming Care Agenda.
 - (c) The third lowest fill rate was at The Orchards. From the data it was evident that unregistered staff had been used to cover the shortfall in the numbers of registered nurses during night-time shifts.
 - (d) Westerdale South Ward had the highest fill rate for the fifth month running and the reasons for this, which were linked to activity, had been previously reported to the Board.
 - (e) The Teesside and Forensic Localities had wards using more than 50% bank staffing to deliver their fill rates.
 - (f) From the triangulation of staffing data against quality metrics:
 - None of the four wards which had had SUIs during the month were cited in the report as having staffing issues.
 - Although 36 PALS related issues were raised, none were related, either directly or indirectly, to staffing levels.
 - (g) An analysis of the HealthRoster system showed that there were 930 shifts in the month where unpaid breaks had not been taken; however, these had occurred for a number of reasons and there was no clear pattern of this being linked to staffing levels.

The Board’s discussions focussed on the following matters:

- (1) The frequency of missed breaks in view of the potential demoralising effect on, and risk of burnout of, staff.

On this matter:

- (a) Mrs Moody advised that:
 - The issue of missed breaks had been present for some time.
 - The report recognised that staff were working at pace and they needed to be supported including to provide sufficient headroom for reflection.

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- A number of issues relating to missed breaks had been identified including the impact of the 12 hour shift system; the custom and practice of some services; the level of activity and skill mix on certain wards; and staff views on what constituted a suitable rest break area.
 - The task and finish group, established by the HR and OD Directorate, was considering how to address these matters.
- (b) Board Members drew attention to the data by Locality on missed breaks and commented that:
- It might be skewed as in Teesside, which had the highest number of shifts with missed breaks, it was accepted that staff in the Learning Disability Units tended to eat with the service users.
 - The Joint Consultative Committee had highlighted the issue of missed breaks in County Durham and Darlington but the Locality was reporting the lowest number of shifts where a break had not been taken.

In response it was noted that there were potential recording issues with regard to missed breaks which would needed to be investigated.

- (c) The difficulties experienced by qualified staff in taking breaks when they were the only registered nurse on duty in an isolated unit.

Mrs. Moody assured the Board that, in those circumstances, the member of staff could take a break if clinical activity allowed but would be unable to leave the ward.

- (2) The recruitment, training and retention of nurses.

Board Members considered that it would be beneficial to receive a briefing on the Trust's approach to the recruitment, training and retention of nurses at scale and at pace.

Mrs. Moody outlined the work being undertaken on these matters which was being brought together in a work plan by the safe staffing group.

In response the Chairman asked for a report to be presented to the Board meeting to be held on either 24th May or 21st June 2016 with the proviso that, in addition to covering the Trust's longer terms plans (including actions and timescales) on nurse recruitment, training and retention, it should also provide assurance that these were not holding up improvements which individual services were seeking to take forward.

Action: Mr. Levy

In addition, Board Members sought clarity on:

- (1) Whether Robin Ward was achieving its target fill rates as a result of the allocation of staff from Kingfisher/Heron Ward.

Mrs. Moody advised that this information was available from the staffing roster.

- (2) Whether it was planned to amend the roster of Westerdale South Ward in recognition of it having the highest fill rate for some months.

It was noted that the increase to the staffing establishment of the ward should work through into the HealthRoster in due course.

16/65 EQUALITY OBJECTIVES 2016 - 2020

In accordance with the public sector duties under the Equality Act 2010 the Board:

- (1) Received and noted a progress report on the equality objectives set in 2012 (Appendix 1 to the covering report).
- (2) Considered the proposed equality objectives for 2016 – 2020 (as set out in Appendix 2 to the covering report).

Mr. Levy reported that:

- (1) Each of the Trust's Localities had proposed one of the equality objectives for 2016-2020 together with an outline of actions to be taken in the first year. This revised approach sought to ensure that the objectives were more relevant and aligned to work already being undertaken by them.
- (2) It was proposed to amend governance arrangements with progress on the objectives being reported, in the future, to the LMGBs, then to the Equality, Diversity and Human Rights Steering Group and to the Quality Assurance Committee in the bi-annual equality and diversity reports.

In response to issues raised by Board Members, Mr. Levy:

- (1) Advised that action taken in response to objective 5 (2012) had focussed on Black and Minority Ethnic (BAME) staff as, apart from this group and staff with disabilities, data from the staff survey on the views of other staff groups sharing protected characteristics was limited.

He drew attention to the broader approach being taken forward under the proposed corporate objective for 2016 – 2020 which focussed on undertaking research to understand the causes of any differences where staff who shared similar characteristics reported lower levels of satisfaction in either the staff friends and family test or the staff survey and to take steps to reduce or eliminate any lower levels of satisfaction.

- (2) Recognised that the achievement of many of the Locality objectives depended on Commissioners; however, Appendix 2 to the report set out the actions the Trust could take towards their achievement.
- (3) Noted the difficulties experienced in understanding the data included in Appendix 3 to the report and undertook to review its presentation.

Action: Mr. Levy

- (4) Recognised that a different approach was needed to responding to the views expressed by staff with disabilities in the staff survey as actions taken to date did not appear to be having an impact.

The Board noted that it was proposed to undertake further research in order to seek to understand the views of these staff and the actions which would make a real difference to them. However, it was recognised that engaging with these staff would be difficult and this was acknowledged in the proposed Trustwide workforce objective.

- (5) Acknowledged that the recognition of mental health issues and access to services in BAME communities remained an issue. Although this was not

included in the equality objectives for 2016 – 2020, work which had commenced under the 2012 objectives (e.g. that of the equality experts) would continue to be taken forward and embedded.

The Chairman asked for work being carried forward to be explicitly referenced in the action plans and governance arrangements.

Action: Mr. Levy

In addition, in response to a question in relation to the York and Selby overall objective (2016 – 2020), Mr. Barkley assured the Board that the Trust was supporting Ms. Sharon Stoltz, the Director of Public Health, in carrying out a joint needs assessment with both Universities in York following the increase in the number of suicides amongst the student population in the City.

With regard to the other universities in the Trust's area, he advised that:

- (1) The Trust worked closely with the Student Health Service and Counselling Team at Durham University.
- (2) Students attending Teesside University tended to be from local areas with more support being available from family and friends.

Agreed -

- (1) *that the equality objectives for 2016 – 2020, as set out in Appendix 2 to the above report, be approved; and*
- (2) *that progress against the 2016-2020 equality objectives be reported to the LMGBs, the Equality Diversity and Human Rights Steering Group and to the Quality and Assurance Committee in the bi-annual equality and diversity reports.*

Action: Mr. Levy

16/66 FINANCE REPORT AS AT 29TH FEBRUARY 2016

The Board received and noted the Finance Report as at 29th February 2016.

In introducing the report and in response to questions Mr. Martin advised that:

- (1) With the exception of the receipt of additional income from CCGs, which was increasing the forecast surplus, all other aspects of the Trust's financial performance were tracking to plan.
- (2) The forecast capital underspend was linked to the purchase of land for the reprovion on inpatient services in Harrogate which was now due to take place in 2016/17. Although previously the resulting variance would have breached Monitor thresholds, the regulator was now encouraging Trusts to maintain their capital resources.
- (3) The cash received from the CCGs was linked to national initiatives.

16/67 PERFORMANCE DASHBOARD AS AT 29TH FEBRUARY 2016

The Board received and noted the Performance Dashboard Report as at 29th February 2016 including:

- (1) The Trust Dashboard Report (Appendix A).
- (2) The Dashboard Report for the York and Selby Locality (Appendix B).
- (3) The Data Quality Scorecard (Appendix C).

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- (4) The report providing further details of unexpected deaths (Appendix D) including a breakdown of the data by Locality.

Mrs. Pickering reported that, following a review, performance against the national Early Intervention in Psychosis indicator had improved from 68.8%, as stated in the report, to 72%.

The Chairman highlighted the increase in the number of indicators rated “green” and those with upward trends compared to earlier in the financial year.

The Non-Executive Directors sought clarity on:

- (1) The reasons for underperformance on the indicator “Recovery Rate – Adult IAPT”.

Mrs. Pickering advised that:

- (a) The Tees IAPT service was not included in the access indicator as it was provided under the “Any Qualified Provider Model”; however, it was included in the “recovery” indicator.
 - (b) Over the last few months there had been an improvement on the “recovery” indicator in North Yorkshire. In the past the most significant issue had been in Scarborough due to people being very poorly when referred to the service; however, the national team had recently visited and complimented the team on its achievements.
 - (c) There tended to be fluctuations between CCG areas in the County Durham and Darlington Locality. The service was undertaking work to seek to understand the reasons for this and to address them but, overall, it was a complex picture.
- (2) The underperformance on the indicator “Percentage of appointments cancelled by the Trust”, an issue of concern to Governors.

It was noted that:

- (a) There were significant data quality issues with this indicator.
 - (b) The consideration of actions to improve data quality would take into account the findings of a review being undertaken by the Internal Auditors.
 - (c) Plans were in place to improve the recording of the reasons for cancelled appointments, both negative (e.g. due to sickness, etc) and positive (e.g. where appointments had been brought forward).
- (3) Whether there were plans in place to improve the data quality assessments of those indicators achieving scores of 1 to 3 against the data source or data reliability criteria.

Mrs. Pickering provided assurance that a number of initiatives were being taken forward to improve data quality including the implementation of the DATIX system and the Patient and Carer Experience Feedback system project.

16/68 INFORMATION GOVERNANCE TOOLKIT SUBMISSION 2015/16

Consideration was given to the Trust's Information Governance Toolkit submission for 2015/16 taking into account:

- (1) Assurances, as detailed in the report, that the Trust had achieved at least level 2 on all sequences within the Toolkit.
- (2) The review of controls supporting the completion of the IG Toolkit submission by the Internal Auditors which had provided "Full" assurance.

Agreed – that the Information Governance Toolkit submission for 2015/16, as set out in the above report, be approved.

Action: Mr. Martin

16/69 POLICIES AND PROCEDURES RATIFIED BY THE EXECUTIVE MANAGEMENT TEAM

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

16/70 DATE AND TIME OF NEXT MEETING

It was noted that the next meeting of the Board of Directors would be held, in public, at 9.30 am on Tuesday 26th April 2016 in the Old Swan Hotel, Swan Road, Harrogate.

16/71 CONFIDENTIAL MOTION

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

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

Information relating to any particular applicant for, or recipient or former recipient of, any service provided by the Trust.

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

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

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

- (a) the free and frank provision of advice, or
- (b) the free and frank exchange of views for the purposes of deliberation, or

-
- (c) *would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.*

Following the transaction of the confidential business the meeting concluded at 12.45 pm.

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

Trust Board Briefing

Forensic Service

Levi Buckley
22nd March 2016

making a difference together

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

Our strategy going forward

- Embedding recovery
- Increasing in-patient productivity
- Staff support and development
- Improving physical health

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Service issues going forward....

- **FLD** – implications of Transforming Care– massive transformational change
- **FMH** – standardising work esp. CPA and MSP
- **OH&C** – mobilisation prisons and L&D, seizing opportunities
- Procurement

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Key threats to the service

EXTERNAL

- Transforming care
- Secure procurement (2016/17)
- Meeting regulatory requirements

INTERNAL

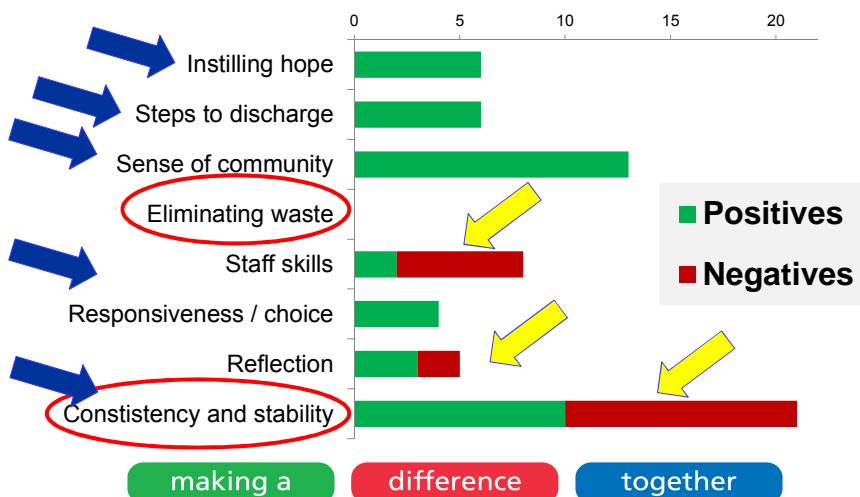
- CRES
- Staff morale

making a

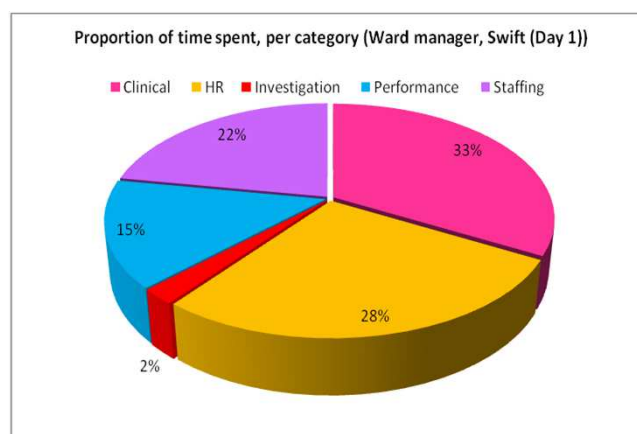
difference

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3P themes - changes

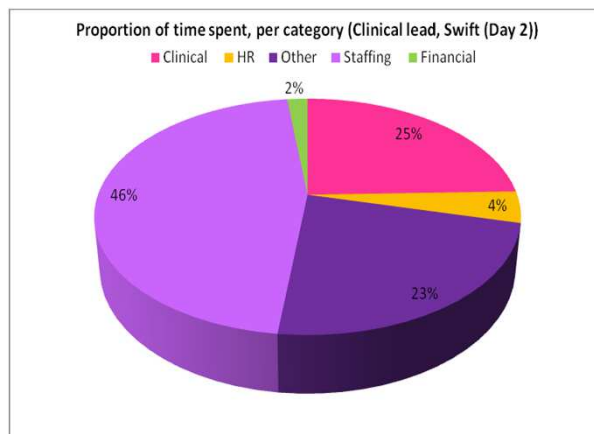


2013 B7/B6 observations



making a difference together

2013 B7/B6 observations

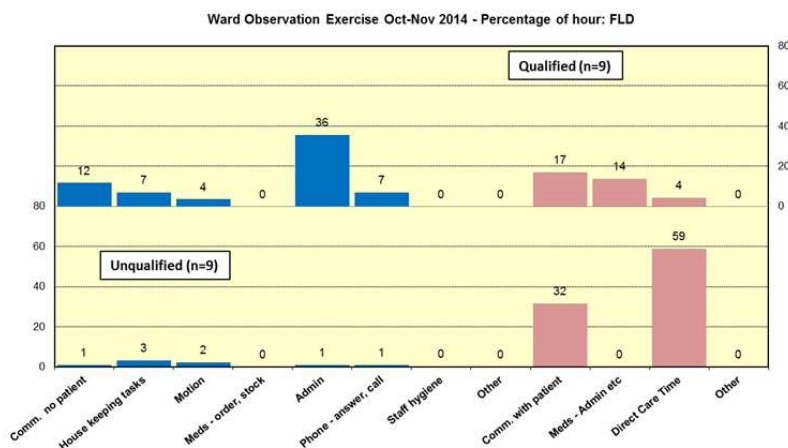


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Observations 2014



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Observations 2015

Ward / Teams mapped were as followed:

FLD 16 Mar Robin Heron Kingfisher	12 hour shift Band 5 Nurse
FLD17 Mar Harrier – Hawk	12 hour shift Band 6 Nurse
FLD 30 Mar Swift	12 hour shift Band 5 Nurse
FLD 31 Mar Eagle – Osprey	12 hour shift Band 6 Nurse
FLD 10 Apr Harrier – Hawk	9am – 5pm Band 7 Ward Manager
FMH 29 Apr Lark	12 hour shift Band 5 Nurse
FMH 1 May Newtondale	9am – 5pm Band 7 Ward Manager

Approximately 75 hours data

Hour by hour data available for all dates – two used in this presentation however
themes emerging identified all wards

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Common themes across all 12 hour shifts mapped

- Staff frequently moved from ward to ward
- Higher use of Bank Staff / overtime
- Breaks to cover and support other wards for breaks
- MDT – Missing in Action? Value added?
- Staff taking breaks in their cars – Parking issues, café expensive, access to their mobile phones
- Sickness cover
- Registered staff (Band 6's) missing their breaks

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Demands on nursing teams	
Managing the shift	
Daily management (BAU)	
Escorts	
Unpredictable demand	
Nursing staff availability	
Named nurse duties	
Staff development	
Establishment	
Ward skill mix	

Demands on nursing teams	
Managing the shift	Health roster Bank (unfilled shifts)
Daily management (BAU)	
Escorts	
Unpredictable demand	
Nursing staff availability	
Named nurse duties	
Staff development	
Establishment	
Ward skill mix	

Demands on nursing teams	
Managing the shift	Diary management Clinical tasks Managerial tasks Administrative tasks Handover
Daily management (BAU)	
Escorts	
Unpredictable demand	
Nursing staff availability	
Named nurse duties	
Staff development	
Establishment	
Ward skill mix	

Demands on nursing teams	
Managing the shift	Community leave Internal movements <ul style="list-style-type: none"> • Therapy • Recovery college • Social Maintenance works
Daily management (BAU)	
Escorts	
Unpredictable demand	
Nursing staff availability	
Named nurse duties	
Staff development	
Establishment	
Ward skill mix	

Demands on nursing teams	
Managing the shift	Increased Observations Attending Acute Hospital MOVA incidents Court Appearances Seclusion Reviews
Daily management (BAU)	
Escorts	
Unpredictable demand	
Nursing staff availability	
Named nurse duties	
Staff development	
Establishment	
Ward skill mix	

Demands on nursing teams	
Managing the shift	Ward rounds CPAs / CTRs / MHRTs Formulation Training
Daily management (BAU)	
Escorts	
Unpredictable demand	
Nursing staff availability	
Named nurse duties	
Staff development	
Establishment	
Ward skill mix	

Demands on nursing teams	
Managing the shift	1:1s Care plans CPA prep Manager/Tribunal prep
Daily management (BAU)	
Escorts	
Unpredictable demand	
Nursing staff availability	
Named nurse duties	
Staff development	
Establishment	
Ward skill mix	

Demands on nursing teams	
Managing the shift	Supervision Appraisal Mand and stat Releasing time to train <ul style="list-style-type: none"> • Service specific - clinical • PARIS • QIS
Daily management (BAU)	
Escorts	
Unpredictable demand	
Nursing staff availability	
Named nurse duties	
Staff development	
Establishment	
Ward skill mix	

Demands on nursing teams	
Managing the shift	Managing vacancies Pregnancy Sickness Recruitment Retention Understanding demographics Succession planning
Daily management (BAU)	
Escorts	
Unpredictable demand	
Nursing staff availability	
Named nurse duties	
Staff development	
Establishment	
Ward skill mix	

Demands on nursing teams	
Managing the shift	Qualified:HCA MDT input Patient mix
Daily management (BAU)	
Escorts	
Unpredictable demand	
Nursing staff availability	
Named nurse duties	
Staff development	
Establishment	
Ward skill mix	

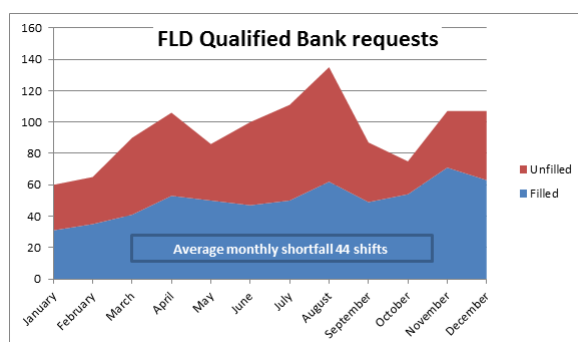
Common themes across all 12 hour shifts mapped continued.....

- Little evidence of matrons / managers visible on wards
- Myth busting – amount of time in office / on computer
PARIS entries entered on a rota basis
- No evidence formal debriefing following incidents
- No visible evidence of admin support on wards
- Lengthy process for managing patients money on wards
- Evidence of traditional MDT approach to reviews of patient engagement (except Robin, Heron, Kingfisher – Daily Report Out and 1:1 meetings)

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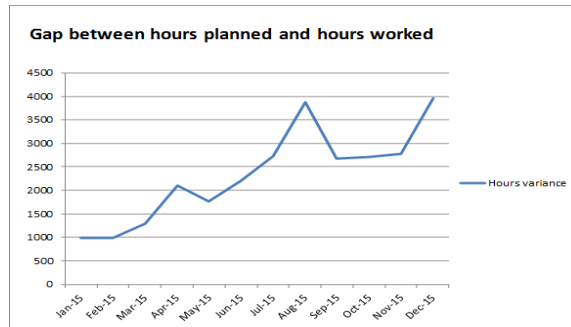


Issues with both
demand **and** supply

making a

difference

together



Issues with both
demand **and** supply

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Recovery

- My Shared Pathway integration
- Recovery College
- Community meetings
- Collaborative risk assessments
- Extend and embed Safewards
- Positive Behavioural Support

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Enablers

- Model ward programme
 - Learning from model lines (prep, prep, prep)
- Certified leaders and QIS for leaders
- Senior leaders time freed up
- Releasing staff
- Head of nursing

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Transforming Care Fast Track Update

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FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	26 th April 2016
TITLE:	Board Action Log
REPORT OF:	Phil Bellas, Trust Secretary
REPORT FOR:	Information/Assurance

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

Executive Summary:

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

Recommendations:

The Board is asked to receive and note this report.

Board of Directors Action Log

RAG Ratings:

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

Date	Minute No.	Action	Owner(s)	Timescale	Status
26/05/2015	15/133	Consideration to be given to providing greater flexibility within the Trust's 12 hour shift system as part of the Working Longer Review	DL	Jun-16	
23/06/2015	15/170	Information on the three wishes raised by teams to be included in future reports on Directors' visits	BK	Jun-16	
27/10/2015	15/293	The Board to discuss the closure of the Governance Action Plans	MB	Apr-16	See agenda item 15
24/11/2015	15/319	The next progress report on the Francis 2 Action Plan to be prepared as a final "stock take" with those items remaining outstanding and those being taken forward through other workstreams being highlighted	MB	May-16	See agenda item 10
24/11/2015	15/321	In future assurance on the self-assessment ratings of the Core Standards for Emergency Preparedness, Resilience and Response to be provided to the Board by the Audit Committee	BK	Sep-16	
24/11/2015	15/324	Report to be provided to the Board, following consideration by the QuAC, on the context of Performance Dashboard metrics 13 ("Percentage of patients re-admitted to Assessment & Treatment wards within 30 days"), 14 ("Number of instances where a patient has had 3 or more admissions in the past year to Assessment and Treatment wards") and 15 ("Median number of days from when an inpatient is discharged to their next admission to an Assessment and Treatment ward") and the relevance of their targets	SP	Apr-16	See agenda item 7

Date	Minute No.	Action	Owner(s)	Timescale	Status
15/12/2015	15/346	Reporting of the culture metrics, including the provision of information on trends, to be reviewed	DL	Apr-16 Sep-16	
26/01/2016	16/07	The project plan for the Safe Staffing Project to be provided to the Board	EM	Apr-16	See agenda item 8
26/01/2016	16/07	The safe staffing review framework and tools to be piloted in the County Durham and Darlington Locality with a report to be provided to the Board on key findings	EM	Apr-16	See agenda item 8
26/01/2016	16/12	The Equality Data Document to be used in the 2016/17 Annual Planning Cycle	SP	Oct-16	
23/02/2016	16/33	Briefing on the project on engaging with GPs and their teams as partners in care to be provided to a Board Seminar	MB	Seminar Programme to be reviewed April 16	
23/02/2016	16/36	A paid for advertisement, linked to the Peppermill Court refurbishment, to be taken out in the York Press	DL	May-16	
23/02/2016	16/39	The composite staff action plan, refreshed to take into account the 2015 staff survey results, to be presented to the Board	DL	May-16	
23/02/2016	16/39	The Trust's 2015 staff survey results to be compared to all mental health and learning disability trusts	DL	May-16	
23/02/2016	16/39	A data document on the 2015 staff survey results to be provided to Board Members	DL	May-16	
22/03/2016	16/64	Report to be provided to the Board on the Trust's approach to improving the recruitment, development and retention of nurses, and to provide assurance that longer term plans were not impacting on the present actions to address these issues in services	DL	Jun-16	
22/03/2016	16/65	The action plans and governance arrangements to take forward the Trust's equality objectives for 2016/2020 to be more explicit on the carrying forward and embedding of work to support the 2012 objectives	DL	Sep-16	
22/03/2016	16/65	Approval of: - The equality objectives for 2016 - 2020 - The revised governance arrangements to support the achievement of the equality objectives	DL	-	Approved
22/03/2016	16/68	Approval of the Information Governance Toolkit submission 2015/2016	CM	-	Approved



York & Selby Locality Board Presentation 26th April 2016

Ruth Hill

Director of Operations

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

● **Issues**

- Bootham Park Hospital – ongoing business continuity - making Peppermill a reality
- High profile/ service impact across AMH rehab & recovery/ MHSOP beds
- Emerging issues around waiting times/ activity/ ways of working
- Transforming Care
- Future in Mind

● **Exchange Events & Symposium**

● **Converge and Discovery Hub**

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To continuously improve the quality and value of our work.

- QIS work
 - IAPT
 - Rehab & Recovery
 - PIPA for MHSOP
 - CAMHS
- Purposeful Productive Community Services
- Training & skills
- IT roll out to support / provide information (current gaps)

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

- Recruitment & Retention Issues

- Nursing gaps

- Context of Management of Change

- Rostering changes
- Change of unit/ team
- Leadership structure
- Change Fatigue

- Public Relations issues

- Skills within Teams

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To have effective partnerships with local, national and international organisations for the benefit of our communities.

● Local

- Three Local Authorities
- One CCGs
- One Acute Trusts
- Three HWBBs
- VCS Input via “Connect”
- Police and Crime Commissioner

● National

- No formal links nationally

● International

- International Mental Health Collaborating Forum (IMHCF)

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To be recognised as an excellent and well governed foundation trust that makes best use of its resources for the benefit of our communities.

● Financial Pressures

- Capped Contract
- OOA risks
- CCG / System pressures

● LMGB

- Embedding systems
- Transfer from LYPFT

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FOR GENERAL RELEASE

Board of Directors

DATE:	Tuesday, 26 April 2016
TITLE:	To receive the assurance report of the Quality Assurance Committee
REPORT OF:	Dr Hugh Griffiths, Chairman, Quality Assurance Committee
REPORT FOR:	Assurance

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

Executive Summary:

The purpose of this report is to update the Board of Directors on any current areas of concern in relation to quality and to provide assurance on the systems and processes in place.

Assurance statement pertaining to QuAC meeting held 07 April 2016:

The Quality Assurance Committee have consistently reviewed all relevant Trust quality related processes in line with the Committee's Terms of Reference. Issues to be addressed have been documented, are being progressed via appropriate leads and monitored via the appropriate sub-groups of QuAC.

The key issues during the reporting period are summarised as follows:

- LMGB reports were received from 3 localities (Tees, Durham & Darlington and York & Selby). Key issues raised were relating to nurse recruitment, CYPS waiting times and, in York & Selby, trying to ensure service quality/delivery is not compromised during a period of significant organisational change.
- There had been unexpected pressures in the Patient Safety Team due to staff sickness and delays in recruitment combined with a significant increase in activity. Mitigating actions had been agreed and instigated and it was noted that a positive difference, both in performance and morale, was already evident.

- An event is to be held on 21 April, hosted by TEWV and Mazars for North East, North Yorkshire and Humber provider Trusts to focus on how to consistently implement the recommendations from the Southern Healthcare report.
- The Committee considered the first draft of the Quality Account for 2015/16.
- A report of analysis of activity on assessment and treatment wards was received following a request from the Board of Directors for further work to be undertaken to better understand 3 Trust Dashboard indicators - % of people readmitted to Assessment and Treatment Wards within 30 days, number of instances where a patient has had 3 or more admissions in the past year and median number of days from a patient being discharged to their next admission.

Recommendations:

That the Board of Directors receive and note the report of the Quality Assurance Committee from its meeting held on 07 April 2016.

MEETING OF:	Board of Directors
DATE:	Tuesday, 26 April 2016
TITLE:	To receive the assurance report of the Quality Assurance Committee

1. INTRODUCTION & PURPOSE

The purpose of this report is to advise the Board of Directors of the key issues, concerns, risks, exceptions and the mitigating actions in place to address these, together with assurances given, considered by the Quality Assurance Committee, at its meeting on 07 April 2016.

2. BACKGROUND INFORMATION AND CONTEXT

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

3. KEY ISSUES

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

3.1 Tees LMGB – where key issues raised were:

1. The recruitment of sufficiently qualified nurses, as well as medical and AHP staff. There was also an issue about the proportion of newly qualified staff in some inpatient areas. The committee were informed that various actions are being put in place to address this including looking at long term solutions for the next 1-5 years.
2. CYPS waiting times – the 4 and 9 week targets are not being consistently achieved across the locality and screening assessment slots have been introduced to try and address this.

3.2 Durham and Darlington LMGB - where key issues raised were:

1. There had been some anonymous concerns raised around leadership and staff behaviours within MHSOP at Picktree Ward. A new manager has been put in place and an improvement action plan is being implemented and monitored.
2. CYPS capacity and waiting times – it was discussed that issues around staff sickness and absence was impacting on the ability to deliver the expected waiting times.
3. There were concerns raised around Danshell Nursing homes and the care provided. These issues had been raised with relevant Commissioners who also have concerns.

3.3 York & Selby LMGB - where key issues raised were:

1. The reporting of information for the locality was still limited at this time however the roll out of PARIS was expected to be completed by the end of April 2016 so this situation should improve.
2. There were significant changes within the locality, which may have impact on service delivery and quality, such as the temporary closure of Acomb Gables and the large number of staff under Management of Change.
3. Public engagement events regarding service changes had recently gone very well with high levels of participation.

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

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

4.1 Patient Safety Group

1. There had been unexpected pressures in the Patient Safety Team due to staff sickness and delays in recruitment combined with a significant increase in activity. Mitigating actions had been agreed and instigated and it was noted that a positive difference was already evident.
2. Two SBARD safety alerts had been received by the group, one relating to methadone toxicity which was immediately circulated trust-wide and one relating to the use of mobile phones for patient contact which needed further consideration.
3. An event was to be held on 21 April, hosted by TEWV and Mazaars for North East, North Yorkshire and Humber provider Trusts to focus on how to consistently implement the recommendations from the Southern Healthcare report.

4.2 Patient Experience Group

1. It was highlighted that all localities were underperforming in relation to Indicator 5 on the Quality Strategy Scorecard (percentage of patients being given a copy of their care plan). It was expected that this would improve once the “drop down” box on PARIS had been implemented and the information could be more reliably collected.
2. Assurance was given that all areas and localities routinely reviewed their own patient experience and complaints data and complaints and had actions in place to address any shortfalls or issues identified.

4.3 Draft Quality Account

1. The Committee considered the first draft of the Quality Account for 2015/16 and noted that it would now be shared with stakeholders and Commissioners.
2. Governors were involved in reviewing the Draft Quality Account.
3. It was noted there would be revised quality metrics for the 2016/17 Quality Account, following the current review of the quality strategy and quality strategy scorecard indicators.

4.4 Analysis of activity on Assessment and Treatment Wards

1. This report had been provided to the Quality Assurance Committee following a request from the Board of Directors for further work to be undertaken to understand the level of performance around 3 Trust Dashboard indicators - percentage of people

readmitted to Assessment and Treatment Wards within 30 days, number of instances where a patient has had 3 or more admissions in the past year and median number of days from a patient being discharged to their next admission.

2. The Committee considered the issues and whether further analysis was required and it was recommended that:
 - a) A 3 month rolling position be reported monthly on the indicators.
 - b) Those patients with a diagnosis of Personality Disorder should not be moved from the indicators, given that there might be frequent short admissions for this client group.
 - c) That the discussion around increasing the targets for these indicators would now go to the Operational Management Team for further discussion.
3. It was noted that further work around a review of broader aspects of care for patients with Personality Disorder and a review of patients who misuse substances would be undertaken at the AMH SDG.

5. COMPLIANCE/PERFORMANCE – EXCEPTION/ASSURANCE REPORTS

5.1 Compliance with CQC Registration Requirements.

1. It was noted that the judicial review information provided was currently being assessed by a Judge to determine whether there is sufficient merit to grant permission to the claimant to proceed to a formal hearing.
2. There had been 2 MHA inspections and associated monitoring reports since March 2016 with 1 internal mock inspection and one revisit to follow up on an action plan.
3. The final report, commissioned by NHS England, relating to lessons to be learned from the Bootham Park transfer would go to the Overview and Scrutiny Committee on 25 April 2016. There were no recommendations for TEWV within the report.

6. GOVERNANCE

6.1 Safeguarding & Public Protection Report

1. Assurance was given that the Trust was meeting legal requirements for safeguarding adults and children within the legislative framework.
2. The workload of the safeguarding team continued to increase due to the multi-agency safeguarding hub which had been established in Durham.
3. There had been an increase in the number of safeguarding adult alerts and an action plan was in place for this which would be monitored by the Safeguarding and Public Protection sub-group.

7. IMPLICATIONS

7.1 Quality

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

7.2 Financial/value for money

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

7.3 Legal and Constitutional (including the NHS Constitution)

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

7.4 Equality and Diversity

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

8. CONCLUSIONS

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

9. RECOMMENDATIONS

That the Board of Directors note the issues raised at the QuAC meeting on 07 April 2016 and to note the confirmed minutes of the meeting held on 4 February 2016 (appendix 1).

Jennifer Illingworth
Director of Quality Governance

Appendix 1

Item 1

MINUTES OF THE MEETING OF THE QUALITY ASSURANCE COMMITTEE, HELD ON 4 FEBRUARY 2016, IN THE BOARD ROOM, WEST PARK HOSPITAL, DARLINGTON AT 2.00PM

Present:

Dr Hugh Griffiths, Chairman of the Committee
Mrs Lesley Bessant, Chairman of the Trust
Mrs Jennifer Illingworth, Director of Quality Governance, (for minutes 16/08, 16/13 & 16/15)

Dr Nick Land, Medical Director
Mrs Elizabeth Moody, Director of Nursing & Governance
Mr David Jennings, Non-Executive Director
Mr Jim Tucker, Non-Executive Director

In attendance:

Mrs Karen Atkinson, Head of Nursing, Teesside
Mrs Karen Agar, Associate Director of Nursing and Governance,
Dr Ruth Briel, Deputy Medical Director, York & Selby
Mr Stephen Davison, (for minute 16/14)
Mr David Brown, Director of Operations, Teesside (for minute 16/04)
Mrs Lorraine Ferrier, Head of Nursing for Durham & Darlington
Mrs Betty Gibson, Governor
Mrs Ruth Hill, Director of Operations, York & Selby (for minute 16/07)
Mrs Ann Lowery, Head of Compliance
Mr David Levy, Director of HR and Organisational Development, (for minute 16/16)
Ms C McCann, Director of Nursing
Mr Brent Kilmurray, Chief Operating Officer
Mrs Donna Oliver, Deputy Trust Secretary
Mr Chris Williams, Head of Pharmacy (for minute 16/11)
Dr Ingrid Whitton, Deputy Medical Director for County Durham & Darlington (for minute 16/05)

Students from the University of Teesside: Rosie Whittle, Caroline Hartley, Tom Hind, Lesley Hindle, Bethany Horner and Gemma Hunter.

16/01 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Lenny Cornwall, Deputy Medical Director for Teesside, Mr Martin Barkley, Chief Executive, Mr Richard Simpson, Non-Executive Director, Mrs Barbara Matthews, Non-Executive Director and Ms Jo Dawson, Acting Director for Operations for Durham & Darlington.

16/02 MINUTES OF PREVIOUS MEETING

Agreed – that the minutes of the meeting held on 3 December 2015 be signed by the Chairman of the Committee, subject to a minor amendment to page 2, 15/150, which should read that due to the low levels of SULs, analysis was difficult.

16/03 ACTION LOG

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

The following updates were noted:

- | | | |
|--------|--|-----------|
| 15/137 | Review of Scorecard metrics.
This matter was deferred to the March 2016 QuAC meeting. | |
| 15/139 | Reflect outcome of Quality Account stakeholder event back to Health and Well-being Boards. Review the current Quality Account.
This would be deferred to the March 2016 QuAC meeting. | |
| 15/148 | Clinical Audit and Effectiveness – check the number of ambers on the completed clinical audits compared with the previous year.
This matter was covered under minute 15/228. | Completed |
| 15/152 | Mental Health Legislation themes to feature as part of the monthly CQC compliance report. | Completed |
| 15/153 | Information strategy and Governance report – discussion required around whether this report was required by QuAC.
This report would not report to the Quality Assurance Committee, it would be reported through Information Groups. | Completed |
| 15/174 | Discuss nursing pilot project further with representation from Nursing and Governance.
It was confirmed that Ms McCann was now a member of the Nursing Pilot group. | Completed |
| 15/176 | Force Reduction Project – undertake comparisons with pilot sites and similar types of wards to understand this work and break down the data by individuals. In Quarter 4 report there would be a breakdown of pilot sites, compared to similar size services.
This was covered under minute 15/232. | Completed |
| 15/186 | Quality Account – further clarification required around the red line on page 5 - graph reporting number of patient falls Trust wide.
This was deferred to the March 2016 QuAC meeting. | |
| 15/189 | AIMS accreditation for Rowan Lee – query if this had been successful.
It was noted that this accreditation had been successful. | Completed |
| 15/204 | Escalate to Board of Directors concerns over lack of residential and nursing home placements.
Discussions had been ongoing about MHSOP beds and Mr Barkley would feed back to the March 2016 QuAC meeting on any developments. | Completed |

15/204(ii)	D&D locality report – breakdown the £2m forecasted deficit and how it is attributable to flexible staffing, use of agency, undelivered CRES and non-staff spend, including prescribing. This matter was covered under minute 15/224.	Completed
15/204 iii)	D&D locality report – end column of risk register to be labelled.	Completed
15/206 (3)	Quality Strategy Scorecards suggested amendments to the metrics in the scorecard.	Completed
15/206	To include explanatory narrative as a footnote to appendix 2, correct radars for 3 of the indicators and correct typographical error on section 3.4.4 (p4).	Completed

16/04 TEES LMGB ASSURANCE/EXCEPTION REPORT

The Committee received and noted the Tees LMGB assurance/exception report.

Mr Brown highlighted the top concerns at present:

1. Adult inpatient staffing levels at Roseberry Park.
Measures had been put in place to address this matter and there would be an increased daily establishment to 1 qualified nurse on each of the 4 wards, in light of the extra patient activity from York in the first 3 months.
2. Increasing numbers of MHSOP patients being admitted out of the area.
Admissions had fallen recently and bed occupancy was below the expected level, however peaks of demand were difficult to manage within the bed numbers available.

It was noted that there had been 2 further closures of residential homes recently in Hartlepool.

3. Following the review of CYP patients diagnosed with ADHD some years ago there had been no issues raised around the work undertaken at that time.
There would however be instances following reviews over the past couple of months where the diagnosis would have changed in light of the new information tools available.
4. The implication of patients going to Roseberry Park for ECT, due to the notice that had been served by the current providers at Auckland Park Hospital.
This would impact on the capacity within the Suite, as well as the need to provide beds in the already stretched MHSOP services.

Arising from the report it was noted that:

- i) The column “inadequate or uncontrolled” on the risk register should be reviewed as it currently did not provide assurance.
- ii) There had been an under reporting of self-harm in CAMHS, however reporting was now more intuitive and consistent.

On this matter it was highlighted that levels of self-harm in children could not be compared to adult services, since there were different recording methods between the 2 areas.

16/05 DURHAM & DARLINGTON LMGB ASSURANCE/EXCEPTION REPORT

The Committee received and noted the Durham & Darlington Services LMGB assurance/exception report.

Dr Whitton highlighted the top 3 concerns at present, which were:

1. AMH waiting times and out of area admissions.
Work continued to reduce the waiting times and detailed work was underway to understand the peak in out of area admissions for Darlington patients. Patients were now being reviewed at 30, 60 and 90 days on the ward with the involvement of the community teams.
2. MHSOP pressure on medical staffing.
This workload had increased significantly due to a number of factors and an action plan had been put in place to support this work. This pressure was also seen across other localities in MHSOP.
3. C&YPS capacity and waiting times.
Delivery of waiting times had been affected by staff sickness absence within the service and action plans were in place to improve the situation.

Arising from the report it was noted that:

- i) The spend relating to flexible staffing of £2.2m was broken down by £1.1m on flexible staffing and £390k on agency spend. This was reported following a request for breakdown of this figure at the December 2016 QuAC meeting.

Following discussions it was noted that:

- a) There was currently a lack of strategic leadership for AMPHS. This had been discussed at the January Mental Health Legislation Committee and whether there might be the potential to train our own crisis team Nurses.
- b) Social workers had been informed that they could no longer transport patients in their own vehicles unless they had a medical escort. This had led to some AMPHS asking Consultants to accompany them, putting additional pressures on medical staffing. On this matter it was noted that further clarification would be sought with the North East Ambulance Service.
- c) There were ongoing issues around using Datix during the transitional period of amalgamating various information flows, however the Patient Safety Team had now been trained on Datix and had administrative support.

16/06 NORTH YORKSHIRE AND FORENSIC SERVICES LMGB ASSURANCE/EXCEPTION REPORTS

The Committee noted the locality reports for North Yorkshire and Forensic Services, which had been circulated for information, since there had been no QuAC meeting held in January 2016.

16/07 YORK & SELBY LMGB ASSURANCE/EXCEPTION REPORT

The Committee received and noted the first York & Selby locality Assurance/Exception Report.

Mrs Hill highlighted that the main issues and concerns at present were:

1. Adult Inpatient services were operating under Business Continuity arrangements since the loss of inpatient wards at Bootham Park Hospital.
2. Significant changes were planned throughout the service, which could potentially impact on service delivery and quality:
 - a) The closure of Peppermill Court (MHSOP) – all MHSOP staff were under Management of Change (MoC) in order to review and reallocate inpatient staffing.
 - b) White Horse View (LD) – staff under MoC as part of planned closure of unit.
 - c) Future changes anticipated around disaggregation of all age services to MHSOP and AMH teams.
 - d) An overall review of administration was also underway. Actions were in place to support the Management of Change processes to ensure continuity of services.
3. The reporting of information for the locality was limited. There was limited data on performance/ patient experience etc. There were also known challenges with data quality. Plans for transition of systems by April 2016 were in place, however would require ongoing training and support to enable new ways of working.

On this matter it was noted that:

 - a) The IT transition would go to LMGB next week.
 - b) It would take time for the compendium of information to be pulled together with an anticipated date of July 2016, when any assurances could be given around the data streams. Furthermore, it would take around 6-12 months for the transitional change management to embed into services.
4. Legacy information from LYPFT had been requested, (for example action plans following serious incidents) which had now been completed, however further work was required to ensure that the action plans were completed or new ways of working embedded. There were a range of mechanisms in place to support this process, e.g. mentoring, visits, training, advice and guidance.
5. A risk register was currently being developed.

Following discussion it was noted that:

- (i) A significant factor in managing York & Selby would be the handling of public opinion and the media around the closure of adult inpatient beds, together with the significant organisational change for the staff involved.

On this matter it was felt that additional HR support would be required going forward, help around PARIS, together with more input from Communications.
- (ii) Discussions with Commissioners around contracts had been positive since the first meeting in January 2016.

16/08 PATIENT SAFETY GROUP REPORT

The Committee received and noted the Patient Safety Group report.

Arising from the report it was noted that:

1. Following the meeting of the Patient Safety Group, held on 18 January 2016 the key issues were:
 - a) The establishment of a Trust wide Mortality Review group.

On this matter it was noted that:

- i) The Trust would need to start submitting a proforma referencing mortality data and this would be raised at the Board of Directors in February 2016.
 - ii) Nationally, there was an initiative to establish a set of recommendations for the definition around 'unexpected deaths'.
 - iii) These recommendations could impact on the reporting process, however it was not anticipated that it would include palliative care or terminal illness.
 - iv) As part of the Board Seminar in March 2016 the information from Mazaars would be heard, together with proposals going forward.
- b) A gap analysis would be undertaken of the Trust against the 23 recommendations from the Southern Healthcare report, with an action plan of any necessary improvements. One of the issues picked up in the recommendations had been around the link between intervention around physical health, as well as mental health.
 - c) To review action plans from York & Selby when Leeds Partnership Trust had been managing the process to ensure all findings from action plans had been completed and documented, in accordance with Trust policy. On this matter it was noted that there was still an issue obtaining the reports to go with the action plans.
 - d) The Patient Safety Team would attend the next Falls Executive Group and data would continue to be monitored.
- 2. The Patient Safety Team would continue to monitor the actions from any Serious Incidents, of which there were 2 incidents outstanding at present.
 - 3. Key performance indicators were currently being agreed with the Head of Patient Safety and would be reported next month to the Quality Assurance Committee.

16/09 PATIENT EXPERIENCE GROUP REPORT

The Committee received and noted the Patient Experience Group report.

It was highlighted that:

- 1. Assurances had been received from all areas that patient experience data and complaints were being reviewed and acted upon and all issues were being discussed at the relevant QuAGs and LMGBs.
- 2. Several items remained red on the Scorecard and mitigating actions were in place.
- 3. The Patient and Carer Experience Team had carried out briefings in York and Selby Community Services and feedback would be collected by the team during February 2016. Inpatient service briefings would commence in March 2016 following procurement of rental devices to allow electronic capture of feedback on the Wards.

16/10 CLINICAL EFFECTIVENESS GROUP EXCEPTION REPORT

The Committee received and noted the Clinical Effectiveness Group exception report.

Arising from the report it was highlighted that:

- 1. An exception had been raised at the Clinical Effectiveness Group on 18 January 2016 around a community productivity work stream. The Group had discussed key aspects of the project, including products common to all teams and how standardisation of work could be achieved. This included things such as, daily huddles, critical process flows and caseload review.

On this matter it was acknowledged that the Trust had many different work programmes across localities and specialties and effective cohesion of work programmes and pathway delivery would be needed to maintain high quality services.

2. A paper would go to EMT with firm proposals aligning the different pathways in due course.

16/11 DRUG AND THERAPEUTICS COMMITTEE REPORT

The Committee considered and noted the report of the Drug & Therapeutics Committee (D&T).

Arising from the report it was highlighted that:

4. There had been 2 meetings of the Drug & Therapeutics Committee, held on 3 December 2015 and 28 January 2016.
5. A piece of work was underway to harmonise the York & Selby Medicines policies with Trust policies.
6. The D&T Committee had approved the guidelines on stop smoking products, which would enable registered nursing staff to be able to administer a limited range of nicotine replacement products for up to the first 72 hours of admission.

On this matter it was noted that there were concerns around a period of time when patients would potentially be without nicotine, ie at bed time. This would be considered in light of the new proposals and mechanisms to support patients with nicotine replacement products.

Following discussion it was noted that:

- i) Prescribing expenditure reports would be available through the Pharmacy, via the Trust shared drive for all prescribers and teams to view community prescriptions and inpatient prescribing and associated expenditure. These reports would become more focused in the future to break down prescribing expenditure by department.
- ii) A red scoring for the audit around High Dose Antipsychotic Treatment (HDAT) would be re-audited in April 2016.
On this matter it was pointed out that a lot of work around changing practices was already underway.

16/12 SAFEGUARDING ADULTS & CHILDREN EXCEPTION REPORT

The Committee received and noted the exception report for safeguarding adults and children.

Arising from the report it was highlighted that:

1. The serious case review for Durham regarding a MAPPA case had been put on hold as it had been agreed that it also met the criteria for a MAPPA review. This review was now underway.
2. The workload of the Safeguarding Children team had dramatically increased in light of the newly established multi-agency safeguarding hub in Durham (MASH).
On this matter it was noted that there was currently a review underway led by the Associate Director of Nursing to look at the capacity of the safeguarding team.

3. The Service Level agreement for Richmondshire, Hambleton and Harrogate had now ended and the workload would be reviewed to avoid any future duplication.

Arising from discussion it was noted that assurances were given that any risks were short term temporary issues and mitigating actions were in place to address these with short, medium and long term action plans.

16/13 COMPLIANCE WITH CQC REGISTRATION REQUIREMENTS

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

Arising from the report it was noted that:

1. A response to the Judicial Review following the closure of Bootham Park Hospital by a former patient had been sent to the claimant's solicitor.
2. The 136 Suite at Bootham Park had re-opened on 16th December 2015. The Trust was currently awaiting approval from CQC for outpatients to be resumed at Bootham Park.
3. The draft Intelligent Monitoring Report had been received for comments prior to the report being published on 25 February 2016.
On this matter it was noted that there were 4 risk areas identified by the CQC:
 - (i) Risk in relation to the number of deaths of patients detained under the MHA.
 - (ii) Bed occupancy.
 - (iii) Fully and partially upheld investigations into complaints.
 - (iv) Targets for employment status and accommodation status fields.
4. The CQC had 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.
5. The Trust had received 12 MHA monitoring reports.
6. The Compliance Team had undertaken 6 mock inspections since the last reporting period.

16/14 QUARTERLY FORCE REDUCTION REPORT

The Committee received and noted the quarterly Force Reduction Report

It was highlighted from the report that:

1. The project remained on track to implement the core interventions set out in the restraint reduction plan by Quarter 1 for 2015/16.
2. The Safewards Model had now been set up in 30 inpatient wards, with significant achievements in a number of Forensic and MHSOP services.
In order to embed the 'Safewards' approach the project team had developed a training package for 'Safewards Champions and these would be available throughout Quarter 4 of 2015/16.
3. The project team had developed a debrief tool for both patients and staff to complete for the use of restrictive interventions. This would be piloted in 10 inpatient wards across the organisation from February 2016.
4. In the longer term consideration would need to be given to the training around the management of violence and aggression, which was central to the force reduction framework.
5. The data around force reduction had revealed good results over Quarter 3, with a significant reduction in prone restraint.

6. Westwood continued to receive additional support due to the complexity of the patients.

Arising from discussion it was noted that:

- a) It would be useful to understand the learning from the spike in Quarter 2, July 2015 – September 2015, when the instances of supine went up to almost 600.
Action: Mr Stephen Davison
- b) Assurances were given that there had been good feedback from quality visits and patients had also made positive comments.
- c) Engagement with York and Selby had commenced and more information would be available once Datix was up and running.
- d) There had been a reduction of 81% in the use of prone during Quarter 3.
On this matter it was noted that some Trusts had looked at reducing prone to 0, however this collaborative approach and sometimes prone was the safest option for both the patient and staff.

Agreed: that it would be useful for a representative from Westwood Ward to attend QuAC and give a presentation on the progress made on reducing restraint and issues around managing vulnerable patients.

Action: Mrs E Moody/Mr Stephen Davison

16/15 QUALITY STRATEGY REVIEW

The Committee considered and noted the Quality Strategy Review.
Arising from the report it was noted that:

1. The paper set out the process through which the Quality Strategy would be reviewed, including stakeholder engagement and how the strategy would be disseminated across the Trust.
2. There would be 3 workshops in each of the localities held from March – April 2016 to engage staff, clinical leaders, governors and service users.

16/16 WORKFORCE STAFFING REPORT – STAFF HEALTH AND WELLBEING

The Committee received and noted an update presentation on the current issues and developments around staff health and wellbeing. (A copy of the slides discussed are attached to the minutes for reference)

16/17 QUAC ANNUAL SCHEDULE OF REPORTING 2016

The Committee received and noted the annual schedule of reporting for the Quality Assurance Committee for 2016.

It was highlighted that the following changes had been made on reporting to the Quality Assurance Committee:

1. The Information and Governance Caldicott report would not need to report through the Quality Assurance Committee and would be discussed through Information groups.
2. The Infection Prevention and Control report would now report to QuAC on a quarterly basis, rather than 6 monthly.
3. The Medical Devices and Clinical Procedures Working Group would no longer report to QuAC.

4. The Health, Safety, Security and Fire working group would report to QuAC on a 6 monthly basis, rather than 4 monthly.
5. There would potentially be additional reports to QuAC on the following:
 - i) Deloitte Action Plan.
 - ii) Carers Strategy 2015/16.
 - iii) Harm Minimisation Project.
 - iv) Recovery Project.
 - v) Clinical Supervision Implementation Report.

16/18 EXCEPTION REPORTING (LMGBs, QuAC sub groups)

There was nothing to note under this item.

16/19 ANY MATTERS ARISING TO BE ESCALATED TO THE BOARD OF DIRECTORS, AUDIT COMMITTEE, INVESTMENT COMMITTEE OR TO THE CLINICAL LEADERSHIP BOARD

Agreed: that the following matters should be escalated to the Board of Directors:

1. Risk Registers – due to a consistent “amber” scoring on the Tees risk register for adequacy of control, it was felt that a discussion should take place around the framework of the risk register in order to give sufficient meaning to mitigating actions that were in place around risks and to give understanding as to whether risks were going up or down.
2. Concerns were noted around the various risks associated with managing York & Selby, including the external environment, negative media and 30% of staff in the locality subject to change and uncertainty, together with issues around data and the lack of a full compendium of information.

Agreed: that there should be a heightened sense of reporting to the Board of Directors to ensure visibility around York and Selby over the coming months.

On this matter it was noted that Locality Managers would require additional support from HR, help with PARIS and more support from Communications.

16/20 ANY OTHER BUSINESS

Agreed: That following circulation of a revised Locality report template, which had been trialled for the February 2016 meeting a further meeting would be held with Locality Managers and authors of reports, as part of the consultation process, to finalise the locality report template.

Action: Mrs E Moody/Locality Managers

16/21 DATE AND TIME OF NEXT MEETING:

The next meeting of the Quality Assurance Committee will be held on Thursday 8 March 2016,
2.00pm – 5.00pm in the Board Room, West Park Hospital.
Email to Donna Oliver donnaoliver1@nhs.net
The meeting concluded at 4.45pm

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Dr Hugh Griffiths
CHAIRMAN
8 March 2016

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FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	26 April 2016
TITLE:	To consider the “Hard Truths” monthly Nurse Staffing Update Report
REPORT OF:	Elizabeth Moody, Director of Nursing and Governance
REPORT FOR:	Assurance/Information

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

Executive Summary:

The purpose of the report is to advise the Board of the monthly information on nurse staffing as required to meet the commitments of the ‘Hard Truths’ response to the Public Inquiry into Mid-Staffordshire Foundation Trust (Francis Review). This report refers to March 2016 data.

Key issues during the reporting period for York and Selby:

- York and Selby has been reported separately to the wider report, all information has been provided at appendix 8.

Key issues during the reporting period for TEWV:

- In terms of the month on month trend the RN fill rate for days is showing a continued decline. This metric is reporting a fill rate of 85.90% which is below the tolerance of 89.9%. In March 2015 this metric was reporting at 91.99% which is a considerable difference.
- The RN fill rate on nights is now reporting as ‘green’ where previously this was showing as ‘red’. All other metrics on the month on month trend are reporting as ‘red’.
- The number of wards showing as ‘red’ increased in March from 50 to 55.
- North Yorkshire have the lowest number of red wards in March (8) whilst Forensic services have the highest number of red wards (27).
- The lowest fill rate in March related to Linnet as a result of vacancies and sickness. There is evidence that they have flexed their workforce to cover the shortfall.
- The Highest fill rate was observed by Westerdale South in March with the unregistered shifts on days reporting at 298.6% in March.

- There were 4 wards identified as having bank usage greater than 50%. Linnet had the highest bank usage reporting at 70% in March.
- In terms of the triangulation:
 - There was 1 complaint relating to Northdale who are also reporting as having a low staffing fill rate in March.
 - Cedar (NY) had a complaint in March and agency usage
 - Mandarin had 3 PALS related issues in March as well as having bank usage greater than 50%.
 - Westwood had the highest number of incidents requiring control and restraint in March.
- There were 859 shifts allocated in March where a break had not been taken. This is a reduction on the previous month whereby there were 930 shifts. The majority of which were in relation to day shifts. The highest number of shifts where an unpaid break had not been taken was within the Teesside locality.
- There were 8 incidents raised in March citing staffing levels. Most of which were reported from within the North Yorkshire locality. Page 10 of the report summarises the issues that were cited.

Triangulation of staffing and quality data has not identified any direct risks or implications to patient safety or experience within the reporting period.

Recommendations:

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

MEETING OF:	Board of Directors
DATE:	26 April 2016
TITLE:	To consider the “Hard Truths” monthly Nurse Staffing Update Report

1. INTRODUCTION & PURPOSE:

- 1.1 To advise the Board of the monthly information on nurse staffing as required to meet the commitments of the ‘Hard Truths’ response to the Public Inquiry into Mid-Staffordshire Foundation Trust (Francis Review). This report refers to March 2016 data.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 Further to the emergent lessons from the Francis review there were a number of issues raised about the impact of the nurse staffing arrangements upon the poor quality of care and increased patient mortality exposed in that organisation.
- 2.2 The commitments set by the DH response to the Francis Report (Hard Truths, November, 2013) are for NHS providers to address specific recommendations about nursing staff. The Trust has met these directives as required including the publication of this report and a dedicated web page on nurse staffing. (www.tewv.nhs.uk/nursestaffinginfo). The full monthly data set of day by day staffing for each of the 66 areas split in the same way is available by web link on the Trust Nurse Staffing webpage.

Work continues to rationalise the report to ensure that the monthly report focusses exclusively on providing assurance that the staffing levels were safe.

York and Selby have been removed from the main report and a separate report covering York and Selby has been attached at appendix 8.

3. KEY ISSUES:

3.1 Safe Staffing Fill Rates

- 3.1.1 The daily nurse staffing information aggregated for the months of March 2016 is presented in Appendices 1 and 2 with locality information in appendix 3.

The total number of inpatient rosters during the month of March 2016 was 65 which is a reduction of 1 on the previous month and as a result of Kingfisher/Heron closing.

The month on month trend report in March 2016 shows deterioration in the RN on Days fill rate moving from 'green' to 'red' and an improvement in the RN on Nights moving from 'red' to 'green'.

Month	Day			Night				
	Average Fill Rate - Registered Nurses / Midwives (%)	Trend on Prev Month	Average Fill Rate - Care Staff (%)	Trend on Prev Month	Average Fill Rate - Registered Nurses / Midwives (%)	Trend on Prev Month	Average Fill Rate - Care Staff (%)	Trend on Prev Month
Jan-16	88.60	↑	114.00	↓	96.40	↓	112.00	↓
Feb-16	88.80	↑	111.40	↓	95.30	↓	111.50	↓
Mar-16	86.70	↓	110.00	↓	97.00	↑	110.00	↓

The numbers of wards reporting a fill rate of less than 89.9% in March 2016 equates to 55 which is an increase on the previous reporting period of February 2016.

Month	March	February	January	December	November	October
No. of Red Indicators	55	50	47	47	44	42

The majority of the red wards fall into the Registered Nurse on Day shifts category where there were 39 wards shown as red in March compared to 31 in February 2015.

A deterioration can be observed across all localities with the exception of North Yorkshire. Forensic Services continue to have the highest number of red wards. The table below shows the split across all localities over the last 6 months with the full detail available in appendix 3 of this report:

Locality	Number of wards red across all metrics						Trend on previous month
	Mar-16	Feb-16	Jan-16	Dec-15	Nov-15	Oct-15	
Durham and Darlington	10	9	9	7	4	5	↑
Teesside	10	9	10	10	7	10	↑
North Yorkshire	8	8	8	6	9	13	↔
Forensics	27	24	20	24	24	14	↑

3.1.2 March 2016

The lowest staffing fill rate relates to Linnet Ward who are reporting 54.8% for RN on Day Shifts. The breakdown since the split of the wards is as follows:

	Mar-16	Feb-16	Jan-16	Dec-15	Nov-15	Oct-15
RN Day Shifts	54.8%	84.5%	102.6%	80.2%	85.3%	91.6%

The ward has articulated that they have flexed the staff on day shifts between registered and unregistered nurses. This is evident when you look at the HCA fill rate for days in that this is reporting at 148.6%. The shortfall is due to vacancies and sickness within the service.

The second lowest fill rate was observed by The Orchards who had a registered nurse fill rate on nights at 56.5%. The breakdown over the last 6 months is as follows:

	Mar-16	Feb-16	Jan-16	Dec-15	Nov-15	Oct-15
RN Night Shifts	56.5%	51.7%	59.7%	65.0%	100%	89.6%

The ward has articulated that the template within the HealthRoster system is not correct in that it is advising that the service requires 2 RN's on nights when actually they are only running on 1. If correct, the service have been advised to work with the corporate products team to get the parameters changed to reflect this

The third lowest fill rate was observed by Primrose Lodge who had a registered nurse fill rate on days at 57.7%. The breakdown over the last 6 months is as follows:

	Mar-16	Feb-16	Jan-16	Dec-15	Nov-15	Oct-15
RN on Days Shifts	57.7%	73.4%	73.8%	78.6%	69.4%	82.1%

Despite the low levels of fill rate this highlights, the ward to date has not provided any explanation for this rate.

There were 3 other wards that had low fill rates between 61.4% and 65.6%, as shown below:

	Mar-16	Feb-16	Jan-16	Dec-15	Nov-15	Oct-15
Bek, Talbot & Ramsey	61.4%	65.9%	80.2%	99.1%	103.9%	100.6%
Northdale	65.0%	87.5%	94.8%	81.5%	81.4%	87.58%
Ward 15	65.6%	88.6%	82.9%	85.4%	91.7%	69.5%

For Bek Talbot and Ramsey this may reflect the transforming care agenda.

It is also important to review the fill rates that exceed the budgeted establishment (shown in blue). During the month of March there were 37 indicators that had staffing in excess of their planned requirements to address specific nursing issues. This is an increase when compared to February where there were 34.

Westerdale South saw the highest fill rate indicators during the month of March (298.6% and 212.4%). This is now the sixth month in a row they have been in this position. March fill rates are as follows:

Ward	Day		Night	
	Fill Rate – Registered	Fill Rate – Unregistered	Fill Rate – Registered	Fill Rate – Unregistered
Westerdale South	71.9%	298.6%	98.2%	212.4%

The additional staffing are in relation to an agreed uplift on the budgeted establishment as a result of enhanced observations not generally falling below 3 and 4 on occasions. Again the rostering system requires amendment to reflect this arrangement.

The second highest fill rate indicator was in relation to Langley Ward who had an Unregistered fill rate for night shifts of 202.7%. This is the second month in a row that the ward has held this position. The March fill rate return is as follows:

Ward	Day		Night	
	Fill Rate – Registered	Fill Rate – Unregistered	Fill Rate – Registered	Fill Rate – Unregistered
Langley	72.8%	128.9%	102.2%	202.7%

The ward has articulated that the over establishment is due to enhanced observation levels resulting in more staff.

The third highest fill rate indicator was in relation to Robin with 198.4% as follows:

Ward	Day		Night	
	Fill Rate – Registered	Fill Rate – Unregistered	Fill Rate – Registered	Fill Rate – Unregistered
Robin	69.5%	130.3%	81.6%	198.4%

The figures used to calculate Robin's fill rate incorporate the remaining staff from Kingfisher/Heron following the closure of this unit (again with some alignment to Transforming Care). In addition the unit has reduced in size only requiring staff to support Robin during the month of March. The over establishment shown in this month's figures have been used to flex the workforce to order to provide some cover to RN shifts.

3.2 Bank Usage

There are recognised risks in high use of bank and agency working although these are mitigated by the use of regular bank and agency staff who know the clinical areas. There is work ongoing to ensure all bank workers achieve the required competencies.

Appendix 6 highlights the usage of bank staffing, as a proportion of actual hours. These are 'RAG' rated independently of the overall fill rate.

Those wards using greater than 50% bank staffing to deliver their fill rates in March 2016 are identified below:

Locality	Ward	Bank Usage	Reason for Bank Usage	Comments
		Mar-16		
Forensics	Linnet	70%	Annual leave, enhanced observation, escort, vacancies, extra clinic, sickness, special leave and unknown	A slight increase in March when compared to February (66%)
Teesside	Westerdale South	64%	Annual leave, enhanced observations, vacancies, sickness, training and unknown.	A slight reduction this month when compared to the previous month (66%)
Forensics	Robin	56%	Annual leave, enhanced observations, escort, vacancies and unknown	A slight reduction this month when compared to previous month (58%)
Forensics	Mandarin	51%	Annual leave, staff secondment, escort, vacancies, maternity, occupational health, sickness and unknown	A substantial increase in March when compared to the previous month (23%)

49 wards were reported as Amber (between 10 and 40%) in March 2016, this is an increase on the previous month of February where there were 43 wards.

From those wards highlighted within this report as the biggest users of bank, the month on month trend is identified as follows:

	March	February	January	December	November	October
Linnet	70%	66%	45%	42%	42%	25%
Westerdale South	64%	66%	67%	68%	91%	87%
Robin	56%	58%	31%			
Mandarin	51%	23%	9%	19%	23%	17%

3.3 Agency Usage

When considering staffing levels it is also important to consider the amount of agency worked within the reporting period. In March 2016 there was a total of 199,349.96 hours worked across the trust of which 363.50 were agency hours, equating to 0.18% of the total hours worked.

The table below shows the breakdown of usage during the reporting period by locality and ward:

Locality	Ward	Total Agency Hours (Mar-16)	Reason for using Agency
North Yorkshire	Springwood	153.0	Annual leave and training
North Yorkshire	Rowan Ward	46.5	Sickness
North Yorkshire	Cedar (NY)	21.5	Service need
Teesside	Westerdale South	12.0	Enhanced observations

It is positive to note that agency usage is extremely low within the Trust. It is important to continue to monitor this on an ongoing basis due to the potential risks that high agency working has on clinical areas

3.4 Quality Data Triangulation

The triangulation of the staffing data against a range of quality metrics has been a feature of this monthly report for several months now and to date it has not identified any direct risks or implications to patient safety or experience. A summary is provided on a monthly basis with the detail contained within the appendices. The following is of relevance:

- There were 2 SUI's that occurred within the month of March 2016 from 2 different wards. None of the wards who had SUI's have been cited in this report so far.
- There were 2 level 4 incidents that occurred in March. Those wards who have had level 4 incidents have not been cited in this report so far.
- There were 5 level 3 incidents (self-harm) that occurred within the reporting period none of which were relating to wards that have been identified to date within this report.
- There were 7 complaints that occurred within the reporting period of which 1 related to Northdale who was highlighted for having a low staffing fill rate and another 1 related to Cedar (NY) who have been highlighted as a result of agency usage.
- There were 26 PALS related issues raised during March of which 3 related to Mandarin ward who have been highlighted as having high bank usage.
- A number of incidents requiring control and restraint occurred during the reporting period. The highest user was the Westwood Centre with a total of 84 incidents requiring control and restraint. To date the Westwood Centre has not been highlighted within this report as having either a high or low staffing fill rate, bank or agency usage.

3.5 Missed Breaks

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

A thorough analysis of the HealthRoster system has identified that there were 859 shifts in March 2016 where unpaid breaks had not been taken. This is a

reduction on the previous month whereby there were 930 shifts. The majority of the shifts where breaks were not taken occurred on day shifts (632 shifts in total). The number of night shifts where breaks were not taken was 227 shifts.

The breakdown by locality is as follows:

Locality	Total number of shifts whereby a break was not taken			Trend on Previous Month
	Mar-16	Feb-16	Jan-16	
Durham & Darlington	16	18	16	↓
Forensics	104	232	188	↓
North Yorkshire	231	239	221	↓
Teesside	496	441	476	↑

The highest number of shifts by locality where a break was not taken was within Teesside services with 496 shifts. They are learning disability wards, and these figures are not the same as those collected manually, after a break couldn't be taken for clinical reasons. On Bankfields this totalled 4 shifts. Further work is being undertaken to understand how this has reported in this way.

Ward	Total No. of Shifts	No. of Shifts Days	No. of Shifts Nights	Trend on Previous month
Aysgarth	221	159	62	↑
Bankfields Court Unit 2	128	118	10	↑
Baysdale	53	53	0	↑

The lowest number of shifts by locality where a break was not taken was Durham & Darlington with 16 shifts.

In terms of triangulating this information with the staffing fill rates it is difficult to draw any meaningful conclusions in that looking at the top 10 wards where breaks have not been taken on days there are 5 out of 20 metrics that are showing as 'red' whilst all the others are reporting as either 'green' or 'blue'. In terms of the top 10 wards from those night shifts where a break has not been taken the staffing fill rates are either 'green' or 'blue' with the exception of 1 which is reporting as 'red' suggesting that missed breaks may not only occur as a result of staffing shortages. The full triangulation for all inpatient wards where a break has not been taken can be found at Appendix 7.

It is not possible to highlight the reasons as to why breaks are not given due to this not being reported within the HealthRoster system. It is therefore not possible to separate whether this is due to clinical need or customary practice.

A task and finish and finish group led by HR has recently been established which will provide focus on staff breaks and adherence to EU Working time directives.

3.6 Incidents raised citing Staffing Levels

It is also important to look at the number of incidents that have been raised and categorised in relation to staffing levels. Within the reporting period there were 8 incidents raised citing issues with staffing. This is a reduction when compared to February where there were 11.

The incidents citing staffing problems were from the following localities:

Locality	Total Number of Incidents			Trend on Previous Month
	Mar-16	Feb-16	Jan-16	
North Yorkshire	5	2	4	↑
Durham & Darlington	1	4	0	↓
Teesside	1	0	1	↑
Forensics	1	5	6	↓

Analysis of the above information would suggest that the escalation of incidents relating to staffing levels is not currently consistently applied across the Trust and it is not clear from the initial incident report how risks related to staffing are resolved, managed or mitigated.

Discussion has taken place at the Operational Management Team meeting regarding staffing escalation processes in order that a standard approach can be adopted across the Trust and a timely response to ensure patient safety is not compromised. This will be addressed through the trust safe staffing workstream.

3.7 Other

Although the Board did not agree to a dedicated Safe Staffing project for this year's Annual Plan (2015/16), this piece of work will be managed under business as usual within the Nursing and Governance Directorate in 2016/17. A trust safer staffing steering group has been established to oversee a work plan to ensure the trust has robust systems and processes in place to assure them that there is sufficient staffing capacity and capability to provide high quality care to patients on all wards / clinical areas / community services day or night, every day of the week as appropriate. The work-streams and objectives are set out in appendix 9. The Director of Nursing has discussed and agreed this plan with Heads of Nursing and the Operational Management Team.

A desk top review of safe staffing tools was undertaken with Ward Managers, the Locality Manager and Head of Nursing for Durham and Darlington locality on the 8th March 2016. This included reviewing the core competencies, skills and knowledge for safe staffing required by Ward Managers as well as reviewing example safe staffing tools used to measure acuity and dependency in order to agree what data should be collected, intervals, timescales and how this would be collected.

Further to this, a pilot will now be undertaken to conduct a trial of the Hurst tools and the professional judgement (Telford) approaches to safe staffing for three of the Wards in the Durham and Darlington locality at West Park Hospital. This will include a review of baseline theoretical establishments, and how this compares with the daily actuals. The Hurst tool will be applied on three specific dates 26-28 April based on samples of patient acuity on those dates. This will be carried out by the locality Head of Nursing and Deputy Director of Nursing with the staff on duty at the time.

The output from the pilot will inform timescales and content for the staffing and skill mix work-stream outlined in appendix 9.

Work has commenced to review the process of validation and context information being sought from the wards as this is currently a manual process; any information collected is retained within the department for reference, outliers will be followed up and consideration is being given as to how best to use this information to present it in a more meaningful summary for future reports.

The Chief Nursing Officer has issued further directives regarding the Safe Staffing returns in relation to the direct clinical contact time nursing staff spend with patients. A number of tools have been suggested for use to produce data that is required to be included in the six monthly Board reports to demonstrate contact time. These will be explored as part of the Safe Staffing review.

4. IMPLICATIONS:

4.1 Compliance with the CQC Fundamental Standards:

No direct risks or implications to patient safety from the staffing data have been identified this month, although the following is of relevance:

- In terms of the month on month trend the RN fill rate for days is showing a continued decline. This metric is reporting a fill rate of 85.90% which is below the tolerance of 89.9%. In March 2015 this metric was reporting at 91.99% which is a considerable difference.
- The RN fill rate on nights is now reporting as 'green' where previously this was showing as 'red'. All other metrics on the month on month trend are reporting as 'red'.
- The number of wards showing as 'red' increased in March from 50 to 55.
- North Yorkshire have the lowest number of red wards in March (8) whilst Forensic services have the highest number of red wards (27).
- The lowest fill rate in March related to Linnet as a result of vacancies and sickness. There is evidence that they have flexed their workforce to cover the shortfall.
- The Highest fill rate was observed by Westerdale South in March with the unregistered shifts on days reducing from 331.9% (February) to 298.6% in March.

- There were 4 wards identified as having bank usage greater than 50%. Linnet had the highest bank usage reporting at 70% in March.
- In terms of the triangulation:
 - There was 1 complaint relating to Northdale who are also reporting as having a low staffing fill rate in March.
 - Cedar (NY) had a complaint in March and agency usage
 - Mandarin had 3 PALS related issues in March as well as having bank usage greater than 50%.
 - Westwood had the highest number of incidents requiring control and restraint in March.
- There were 859 shifts allocated in March where a break had not been taken. This is a reduction on the previous month whereby there were 930 shifts. The majority of which were in relation to day shifts. The highest number of shifts where an unpaid break had not been taken were within the Teesside locality.
- There were 8 incidents raised in March citing staffing levels. Most of which were reported from within the North Yorkshire locality. Page 10 of the report summarises the issues that were cited.

4.2 **Financial/Value for Money:**

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

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

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

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

4.4 **Equality and Diversity:**

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

4.5 **Other implications:**

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

5. RISKS:

The current lack of an evidence based tool for workforce planning and monitoring in mental health and learning disability nursing increases the risk that the publication of the workforce data will be compared to other Trust's data without appreciation of context. Information published on the Trust website will assist with provision of contextual information. The National Quality Board/NHSI are expected to publish further guidance on evidence based approaches to staffing in mental health settings in Spring 2016.

6. CONCLUSIONS:

- 6.1 The Trust continues to comply with the requirements of NHS England and the CQC in relation to the Hard Truths commitments and continues to develop the data collation and analysis to monitor the impact of nurse staffing on patient safety, clinical effectiveness and experience.

A review of safe staffing will be undertaken during the financial year 2016/17 which will refine the usage of the data further. The comparative analysis of complaints and incidents, particularly focussing on the areas where staff fell below the planned levels has not shown any significant trend or impact.

- 6.2 It is difficult to draw any meaningful conclusions from the data presented within this report.

7. RECOMMENDATIONS:

- 7.1 That the Board of Directors note the outputs of the reports and the issues raised for further investigation and development.

Emma Haimes
Head of Quality Data
March 2016

Appendix 1

TOTALS OF THE HOURS OF PLANNED NURSE STAFFING COMPARED TO ACTUAL TRUSTWIDE ACROSS 31 DAYS IN March							
				DAY		NIGHT	
WARD	Locality	Speciality	Bed Numbers	FILL RATE BETWEEN PLANNED AND ACTUAL (REGISTERED)	FILL RATE BETWEEN PLANNED AND ACTUAL (UN-REGISTERED)	FILL RATE BETWEEN PLANNED AND ACTUAL (REGISTERED)	FILL RATE BETWEEN PLANNED AND ACTUAL (UN-REGISTERED)
The Orchards (NY)	North Yorkshire	Adults	10	102.6%	63.6%	56.5%	180.8%
Ayckbourn Unit Danby Ward	North Yorkshire	Adults	13	90.7%	113.2%	100.0%	99.3%
Ayckbourn Unit Esk Ward	North Yorkshire	Adults	13	95.9%	100.3%	100.6%	96.1%
Bedale Ward	Teesside	Adults	10	83.1%	170.1%	100.3%	103.7%
Bilsdale Ward	Teesside	Adults	14	67.0%	150.9%	107.5%	100.3%
Birch Ward	Durham & Darlington	Adults	15	89.2%	93.3%	103.3%	138.0%
Bransdale Ward	Teesside	Adults	14	73.6%	146.5%	101.1%	102.1%
Cedar Ward	Durham & Darlington	Adults	10	102.3%	112.5%	103.2%	105.1%
Cedar Ward (NY)	North Yorkshire	Adults	18	85.6%	104.2%	110.0%	94.7%
Earlston House	Durham & Darlington	Adults	15	76.0%	92.2%	100.0%	100.0%
Elm Ward	Durham & Darlington	Adults	20	92.1%	100.9%	100.0%	108.1%
Farnham Ward	Durham & Darlington	Adults	20	101.4%	101.2%	100.0%	113.5%
Lincoln Ward	Teesside	Adults	20	111.6%	92.0%	93.4%	100.0%
Lustrum Vale	Teesside	Adults	20	75.2%	128.1%	100.0%	100.0%
Maple Ward	Durham & Darlington	Adults	20	100.2%	91.2%	100.0%	111.3%
Overdale Ward	Teesside	Adults	18	80.4%	124.4%	96.8%	105.1%
Park House	Teesside	Adults	14	89.1%	117.7%	100.0%	96.8%
Primrose Lodge	Durham & Darlington	Adults	14	57.7%	96.8%	96.8%	100.0%

Stockdale Ward	Teesside	Adults	18	77.1%	112.0%	111.6%	110.9%
Tunstall Ward	Durham & Darlington	Adults	20	90.7%	100.9%	93.5%	100.0%
Ward 15 Friarage	North Yorkshire	Adults	13	65.6%	151.1%	92.3%	113.3%
Willow Ward	Durham & Darlington	Adults	15	73.4%	128.7%	100.0%	90.2%
Baysdale	Teesside	CYPS	6	127.7%	108.3%	110.2%	98.5%
Holly Unit	Durham & Darlington	CYPS	5	154.3%	134.9%	101.9%	136.8%
Newberry Centre	North Yorkshire	CYPS	14	70.6%	122.1%	104.6%	102.5%
The Evergreen Centre	North Yorkshire	CYPS	12	96.3%	123.7%	100.0%	120.8%
Westwood Centre	North Yorkshire	CYPS	12	103.6%	132.0%	78.5%	179.0%
Clover/Ivy	Forensics	Forensics LD	12	87.8%	112.0%	106.5%	160.1%
Eagle/Osprey	Forensics	Forensics LD	10	100.8%	103.7%	96.8%	113.1%
Harrier/Hawk	Forensics	Forensics LD	10	78.5%	105.3%	96.8%	104.8%
Kestrel/Kite.	Forensics	Forensics LD	16	70.5%	96.3%	100.0%	104.5%
Robin	Forensics	Forensics LD	6	69.5%	130.3%	81.6%	198.4%
Langley Ward	Forensics	Forensics LD	10	72.8%	128.9%	102.2%	202.7%
Northdale Centre	Forensics	Forensics LD	12	65.0%	89.7%	93.5%	96.4%
Oakwood	Forensics	Forensics LD	8	75.0%	141.1%	100.0%	100.0%
Thistle	Forensics	Forensics LD	5	74.9%	120.5%	83.9%	106.5%
Brambling Ward	Forensics	Forensics MH	13	100.6%	91.5%	100.0%	111.9%
Fulmar Ward.	Forensics	Forensics MH	10	96.2%	93.6%	100.3%	101.8%
Jay Ward	Forensics	Forensics MH	5	81.4%	107.0%	96.8%	108.1%
Kirkdale Ward	Forensics	Forensics MH	16	81.9%	99.8%	96.8%	91.9%
Lark	Forensics	Forensics MH	15	74.4%	116.5%	100.0%	109.4%
Linnet Ward	Forensics	Forensics MH	17	54.8%	148.6%	87.1%	135.5%
Mallard Ward	Forensics	Forensics MH	16	92.8%	94.3%	115.1%	122.5%
Mandarin	Forensics	Forensics MH	16	85.8%	93.3%	103.2%	97.4%
Merlin	Forensics	Forensics MH	10	92.3%	125.5%	91.9%	176.2%
Newtondale Ward	Forensics	Forensics MH	20	86.7%	99.3%	80.6%	108.1%

Nightingale Ward	Forensics	Forensics MH	16	92.2%	95.0%	87.1%	100.0%
Sandpiper Ward	Forensics	Forensics MH	8	85.1%	99.8%	93.6%	98.9%
Swift Ward	Forensics	Forensics MH	10	83.3%	105.5%	100.3%	119.4%
Aysgarth	Teesside	LD	6	108.6%	140.9%	102.3%	101.7%
Bankfields Court Unit 2	Teesside	LD	8	112.2%	105.7%	101.1%	109.7%
Bankfields Court	Teesside	LD	18	86.7%	110.4%	98.5%	99.4%
Bek, Talbot Wards	Durham & Darlington	LD	16	91.7%	61.4%	100.0%	68.3%
Ceddesfeld Ward	Durham & Darlington	MHSOP	10	83.7%	121.8%	100.0%	98.4%
Hamsterley Ward	Durham & Darlington	MHSOP	12	98.9%	121.1%	100.0%	96.8%
Oak Ward	Durham & Darlington	MHSOP	12	87.1%	88.1%	100.0%	99.9%
Picktree Ward.	Durham & Darlington	MHSOP	10	82.2%	108.9%	100.0%	100.0%
Roseberry Wards	Durham & Darlington	MHSOP	15	92.6%	98.5%	100.0%	100.0%
Rowan Lea	North Yorkshire	MHSOP	20	84.2%	112.0%	106.4%	104.2%
Rowan Ward	North Yorkshire	MHSOP	16	101.3%	114.5%	106.2%	101.6%
Springwood Community Unit	North Yorkshire	MHSOP	14	101.5%	100.3%	100.0%	136.2%
Ward 14	North Yorkshire	MHSOP	9	87.7%	108.6%	100.3%	99.9%
Westerdale North	Teesside	MHSOP	16	99.6%	126.3%	103.5%	103.6%
Westerdale South	Teesside	MHSOP	16	71.9%	298.6%	98.2%	212.4%
Wingfield Ward	Teesside	MHSOP	9	74.0%	92.0%	102.9%	96.9%

Appendix 2

March	TRUSTWIDE DAILY POSITION –all wards	
	Difference between what was planned on roster and actually worked – RNs	Difference between what was planned on roster and actually worked – HCAs
1	-9%	9%
2	-9%	10%
3	-10%	12%
4	-11%	7%
5	-14%	14%
6	-11%	12%
7	-10%	8%
8	-7%	11%
9	-11%	14%
10	-7%	10%
11	-11%	10%
12	-11%	11%
13	-10%	10%
14	-9%	6%
15	-9%	9%
16	-14%	11%
17	-12%	10%
18	-11%	9%
19	-8%	10%
20	-11%	13%
21	-10%	9%

22	-9%	10%
23	-9%	9%
24	-9%	8%
25	-19%	10%
26	-15%	9%
27	-16%	12%
28	-22%	8%
29	-13%	6%
30	-11%	7%
31	-14%	6%

Appendix 3

DURHAM & DARLINGTON LOCALITY REPORT - March 2016									AMH	CAMHS	PICU	MHSOP	LD
WARD	Bed Numbers	Planned RN - Days	Planned RN - Nights	Planned HCA - Days	Planned HCA - Nights	Actual Worked RN - Days	Actual Worked RN - Nights	Actual Worked HCA - Days	Actual Worked HCA - Nights	Fill Rate RN - Days	Fill Rate RN - Nights	Fill Rate - HCA Days	Fill Rate - HCA Nights
Birch Ward	15	820.83	360	1068	695.33	732.49	372	996	959.33	89.2%	103.3%	93.3%	138.0%
Elm Ward	20	865	372	744	744	796.5	372	750.5	804	92.1%	100.0%	100.9%	108.1%
Maple Ward	20	909.3	372	737.5	744	911.12	372	672.5	828	100.2%	100.0%	91.2%	111.3%
Farnham Ward	20	894	372	699.67	720	906.5	372	708	817	101.4%	100.0%	101.2%	113.5%
Tunstall Ward	20	887.17	372	744	744	804.67	348	750.5	744	90.7%	93.5%	100.9%	100.0%
Willow Ward	15	895.08	372	713	732	657.13	372	917.33	660	73.4%	100.0%	128.7%	90.2%
Earlston House	15	816.5	372	708	744	620.34	372	653	744	76.0%	100.0%	92.2%	100.0%
Primrose Lodge	14	916.5	372	744	744	529.2	360	720	744	57.7%	96.8%	96.8%	100.0%
Holly Unit	5	237.24	209	426.95	180.5	366.11	213	575.83	247	154.3%	101.9%	134.9%	136.8%
Cedar Ward PICU	10	894	372	720	1104	914.2	384	810.33	1160	102.3%	103.2%	112.5%	105.1%
Ceddesfeld Ward	10	916.5	372	687	744	767.34	372	836.83	732	83.7%	100.0%	121.8%	98.4%
Roseberry Wards	15	909.84	372	916.5	744	842.94	372	902.5	744	92.6%	100.0%	98.5%	100.0%
Oak Ward	12	919.35	372	742.33	744	800.82	372	654	743.33	87.1%	100.0%	88.1%	99.9%
Picktree Ward.	10	916.5	372	640.52	744	753.17	372	697.44	744	82.2%	100.0%	108.9%	100.0%
Hamsterley Ward	12	916.5	372	572	743.33	906.08	372	692.65	719.33	98.9%	100.0%	121.1%	96.8%
Bek, Talbot Wards	16	708	372	3192	1776	649	372	1960.25	1213.5	91.7%	100.0%	61.4%	68.3%

FORENSICS LOCALITY REPORT - March 2016									AMH	CAMHS	PICU	MHSOP	LD
WARD	Bed Numbers	Planned RN - Days	Planned RN - Nights	Planned HCA - Days	Planned HCA - Nights	Actual Worked RN - Days	Actual Worked RN - Nights	Actual Worked HCA - Days	Actual Worked HCA - Nights	Fill Rate RN - Days	Fill Rate RN - Nights	Fill Rate - HCA Days	Fill Rate - HCA Nights
Lark	15	866.75	348.75	955.38	697.5	644.75	348.75	1112.75	763.25	74.4%	100.0%	116.5%	109.4%
Brambling Ward	13	874.5	348.75	1008.5	691.25	879.75	348.75	922.75	773.17	100.6%	100.0%	91.5%	111.9%
Fulmar Ward.	10	867.97	348.75	1304	697.5	835.21	349.75	1220.92	710	96.2%	100.3%	93.6%	101.8%
Jay Ward	5	853.48	348.75	1006.5	690.48	694.59	337.5	1077	746.48	81.4%	96.8%	107.0%	108.1%
Kirkdale Ward	16	861.25	348.75	1304.25	697.5	705	337.5	1301	641.25	81.9%	96.8%	99.8%	91.9%
Linnet Ward	17	861.9	348.75	1016.25	697.5	472.75	303.75	1510	945	54.8%	87.1%	148.6%	135.5%
Mallard Ward	16	859.72	348.75	1300	697.5	797.47	401.25	1226	854.5	92.8%	115.1%	94.3%	122.5%
Mandarin	16	860.75	348.75	1010.25	692.75	738.75	360	942.75	675	85.8%	103.2%	93.3%	97.4%
Merlin	10	864.5	697.5	1293.75	686.25	798.33	641.25	1624.25	1209.25	92.3%	91.9%	125.5%	176.2%
Newtondale Ward	20	858.5	697.5	1625.75	697.5	744	562.5	1614.05	753.75	86.7%	80.6%	99.3%	108.1%
Nightingale Ward	16	851.73	348.75	1025.25	697.5	785.25	303.75	974.05	697.5	92.2%	87.1%	95.0%	100.0%
Sandpiper Ward	8	861.5	676	1615	697.5	733.25	633	1611.5	689.5	85.1%	93.6%	99.8%	98.9%
Swift Ward	10	870	348.75	1301.25	697.5	724.75	349.75	1373.25	832.5	83.3%	100.3%	105.5%	119.4%
Clover/Ivy	12	833.75	348.75	1918.66	697.5	732.34	371.25	2148.16	1116.89	87.8%	106.5%	112.0%	160.1%
Eagle/Osprey	10	763.45	348.75	1500	689.5	769.62	337.5	1554.75	779.5	100.8%	96.8%	103.7%	113.1%
Harrier/Hawk	10	767.05	348.75	1947.95	697.5	602.13	337.5	2050.7	731.25	78.5%	96.8%	105.3%	104.8%
Kestrel/Kite.	16	783.17	348.75	2209.25	697.25	552.5	348.75	2127.62	728.5	70.5%	100.0%	96.3%	104.5%
Robin	6	610.25	414.75	858.25	348.75	424	338.25	1118	691.75	69.5%	81.6%	130.3%	198.4%
Northdale Centre	12	868	348.75	2088.75	1389.48	564.63	326.25	1873.75	1339.5	65.0%	93.5%	89.7%	96.4%
Oakwood	8	868	348.75	348.75	348.75	650.92	348.75	492.25	348.75	75.0%	100.0%	141.1%	100.0%

Thistle	5	729.34	348.75	1228.73	697.5	546.05	292.5	1481.07	742.5	74.9%	83.9%	120.5%	106.5%
Langley Ward	10	847	349	896.75	348.75	616.42	356.75	1156.25	706.75	72.8%	102.2%	128.9%	202.7%

NORTH YORKSHIRE LOCALITY REPORT - March 2016									AMH	CAMHS	PICU	MHSOP	LD
WARD	Bed Numbers	Planned RN - Days	Planned RN - Nights	Planned HCA - Days	Planned HCA - Nights	Actual Worked RN - Days	Actual Worked RN - Nights	Actual Worked HCA - Days	Actual Worked HCA - Nights	Fill Rate RN - Days	Fill Rate RN - Nights	Fill Rate - HCA Days	Fill Rate - HCA Nights
Ayckbourn Unit Danby Ward	13	826.17	341	737.5	682	749.5	341	834.5	677.5	90.7%	100.0%	113.2%	99.3%
Ayckbourn Unit Esk Ward	13	993.98	341	742.5	682	952.98	343	744.5	655.5	95.9%	100.6%	100.3%	96.1%
Ward 15 Friarage	13	843.26	348.75	697.5	686.25	553.25	322	1054.25	777.5	65.6%	92.3%	151.1%	113.3%
Cedar Ward (NY)	18	1101	333.25	996.05	986.25	942	366.5	1038.22	934	85.6%	110.0%	104.2%	94.7%
The Orchards (NY)	10	916.5	744	363	372	940	420	231	672.46	102.6%	56.5%	63.6%	180.8%
Newberry Centre	14	1278.85	294.5	1309.17	589	903.21	308	1598.13	603.75	70.6%	104.6%	122.1%	102.5%
Westwood Centre	12	1168	667	1657.48	713	1210.06	523.5	2188.65	1276.5	103.6%	78.5%	132.0%	179.0%
The Evergreen Centre	12	1707	356.5	1425.25	1070	1643.04	356.5	1762.95	1293	96.3%	100.0%	123.7%	120.8%
Rowan Lea	20	1004.07	361.77	1316.17	1085	845.07	385.09	1474.2	1130.18	84.2%	106.4%	112.0%	104.2%
Rowan Ward	16	939	372	749	744	951.5	395	857.8	756	101.3%	106.2%	114.5%	101.6%
Springwood Community Unit	14	985.17	348.75	930	697.5	1000	348.75	932.42	949.75	101.5%	100.0%	100.3%	136.2%
Ward 14	9	865.25	348.75	607.5	697.5	758.75	349.75	659.5	696.67	87.7%	100.3%	108.6%	99.9%

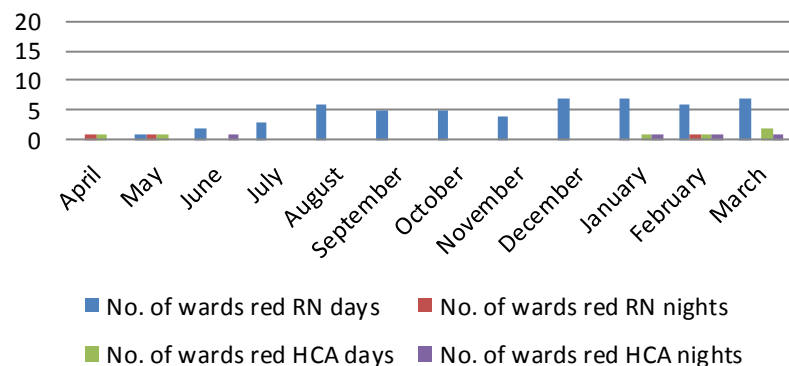
TEESSIDE LOCALITY REPORT - March 2016									AMH	CAMHS	PICU	MHSOP	LD
WARD	Bed Numbers	Planned RN - Days	Planned RN - Nights	Planned HCA - Days	Planned HCA - Nights	Actual Worked RN - Days	Actual Worked RN - Nights	Actual Worked HCA - Days	Actual Worked HCA - Nights	Fill Rate RN - Days	Fill Rate RN - Nights	Fill Rate - HCA Days	Fill Rate - HCA Nights
Bedale Ward	10	836.7	356.5	713	1069.5	695	357.5	1212.9	1109	83.1%	100.3%	170.1%	103.7%
Bilsdale Ward	14	870.5	345	681.73	655.5	583	371	1028.46	657.5	67.0%	107.5%	150.9%	100.3%
Bransdale Ward	14	836.75	356.5	701.5	701.5	615.5	360.5	1027.5	716	73.6%	101.1%	146.5%	102.1%
Lincoln Ward	20	825.5	381.5	1248.5	713	921.5	356.5	1148	713	111.6%	93.4%	92.0%	100.0%
Lustrum Vale	20	1081.7	356.5	713	713	813.2	356.5	913.5	713	75.2%	100.0%	128.1%	100.0%
Overdale Ward	18	833	356.5	870.5	713	670	345	1082.5	749.5	80.4%	96.8%	124.4%	105.1%
Park House	14	686.5	356.5	713	713	611.5	356.5	839	690	89.1%	100.0%	117.7%	96.8%
Stockdale Ward	18	833	356.5	870.5	713	642.48	398	975	790.5	77.1%	111.6%	112.0%	110.9%
Baysdale	6	564.27	346.27	889.33	692.23	720.57	381.5	963.07	681.82	127.7%	110.2%	108.3%	98.5%
Westerdale North	16	833	356.5	702	690	830	369	886.7	715	99.6%	103.5%	126.3%	103.6%
Westerdale South	16	885.5	356.5	696.92	701.5	636.5	350	2081.35	1490	71.9%	98.2%	298.6%	212.4%
Wingfield Ward	9	853	359.5	628	713	631.5	370	578	691	74.0%	102.9%	92.0%	96.9%
Aysgarth	6	527.5	310	801.5	310	572.76	317	1129	315.25	108.6%	102.3%	140.9%	101.7%
Bankfields Court Unit 2	8	491.17	310	1027.49	310	551.19	313.5	1085.92	340	112.2%	101.1%	105.7%	109.7%
Bankfields Court	18	1478.5	740.83	3691.33	2226.17	1282.43	729.81	4075.97	2212.75	86.7%	98.5%	110.4%	99.4%

TEWV TOTAL (Excluding York and Selby) - Month on Month Trend

Month	Actual Submission							
	Day				Night			
	Average Fill Rate - Registered Nurses / Midwives (%)	Trend on Prev Month	Average Fill Rate - Care Staff (%)	Trend on Prev Month	Average Fill Rate - Registered Nurses / Midwives (%)	Trend on Prev Month	Average Fill Rate - Care Staff (%)	Trend on Prev Month
Nov-14	92.04	↓	109.45	↑	99.41	↑	108.98	↑
Dec-14	90.79	↓	102.47	↓	98.22	↓	107.13	↓
Jan-15	93.61	↑	107.32	↑	100.95	↑	110.20	↑
Feb-15	92.65	↓	107.14	↓	102.52	↑	109.17	↓
Mar-15	91.99	↓	106.64	↓	100.62	↓	110.48	↑
Apr-15	93.12	↑	111.42	↑	101.19	↑	111.20	↑
May-15	93.00	↓	110.34	↓	102.27	↑	110.09	↓
Jun-15	93.12	↑	109.50	↓	100.62	↓	112.27	↑
Jul-15	90.80	↓	114.10	↑	99.40	↓	115.30	↑
Aug-15	87.90	↓	112.60	↓	98.10	↓	110.10	↓
Sep-15	90.3	↑	113.6	↑	98.20	↑	112.6	↑
Oct-15	89.8	↓	119.0	↑	99.01	↑	113.8	↑
Nov-15	90.72	↑	118.47	↓	96.82	↓	114.52	↑
Dec-15	87.70	↓	114.20	↓	96.60	↓	113.30	↓
Jan-16	88.60	↑	114.00	↓	96.40	↓	112.00	↓
Feb-16	88.80	↑	111.40	↓	95.30	↓	111.50	↓
Mar-16	86.70	↓	110.00	↓	97.00	↑	110.00	↓

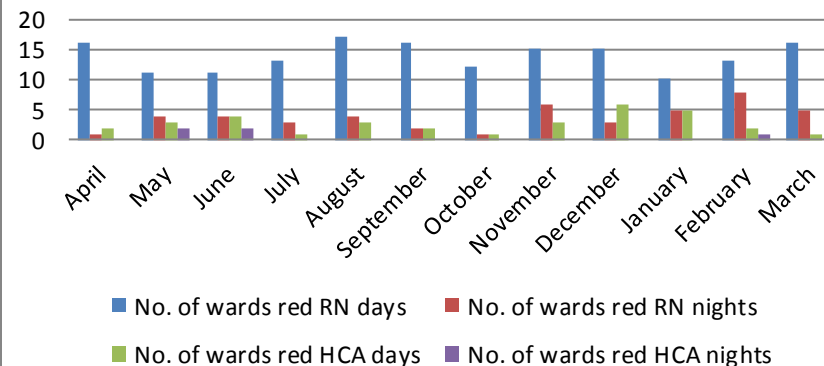
Number of Red Wards by Locality

Durham & Darlington

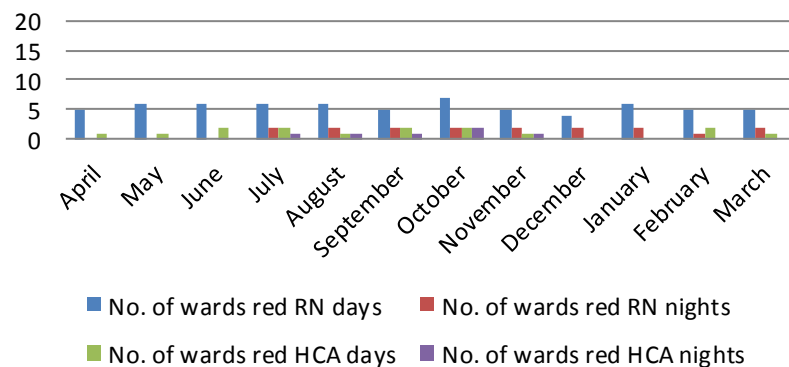


Appendix 5

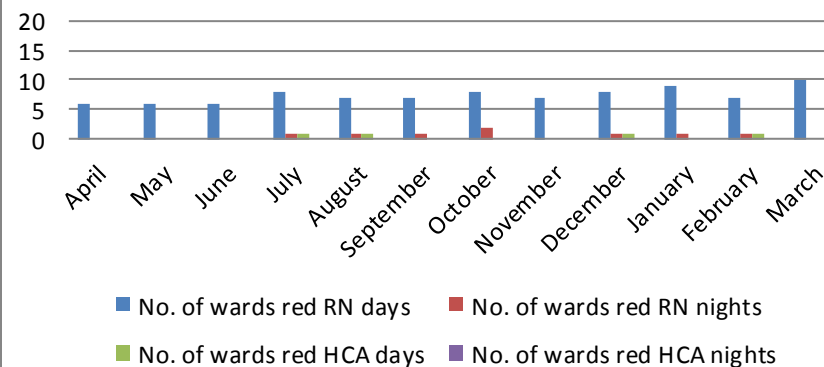
Forensics



North Yorkshire



Teesside



Appendix 6

Scored Fill Rate compared to Quality Indicators - MARCH 2016				Total score	Bank Usage Vs Actual Hours			Totals for Quality Indicators					Incidents of Restraint			
Known As	Locality	Speciality	Bed Numbers		Total Actual Hours	Total Bank Hours	% Against actual Hours	SUI	Level 4 Incidents	Level 3 (Self-Harm) Incidents	Complaints	PALS	Incidents	PRO used	Other	Restraint Total
Aysgarth	Teesside	LD	6	9	2334.01	688	29%									
Tunstall Ward	Durham & Darlington	AMH	20	8	2647.17	49	2%				1	3				
Westerdale South	Teesside	MHSOP	16	9	4557.85	2931.68	64%						4		5	5
Earlston House	Durham & Darlington	AMH	15	7	2389.34	288	12%									
Bankfields Court Unit 2	Teesside	LD	8	8	2290.61	759.8	33%						1		1	1
Holly Unit	Durham & Darlington	CAMHS	5	11	1401.94	52	4%									
Lincoln Ward	Teesside	AMH	20	8	3139	205.5	7%									
Westerdale North	Teesside	MHSOP	16	9	2800.7	436.4	16%					1	6		9	9
Westwood Centre	North Yorkshire	CAMHS Tier 4	12	9	5198.71	1846.5	36%						84	2	163	165
Farnham Ward	Durham & Darlington	AMH	20	8	2803.5	532.66	19%	1				1	4		7	7
Hamsterley Ward	Durham & Darlington	MHSOP	12	9	2690.06	676.16	25%						4		6	6
Mallard Ward	Forensics	FMH	16	9	3279.22	985.25	30%					2				
Rowan Ward	North Yorkshire	MHSOP	16	8	2960.3	668.9	23%						2		2	2
Ceddesfeld Ward	Durham & Darlington	MHSOP	10	8	2708.17	295.5	11%						3		4	4
Elm Ward	Durham & Darlington	AMH	20	8	2723	592	22%	1	2		1	2	1		1	1
Stockdale Ward	Teesside	AMH	18	7	2805.98	984.5	35%						19	1	35	36
Northdale Centre	Forensics	FMH	12	5	4059.13	727.5	18%				1		3	2	7	9
Bedale Ward	Teesside	AMH	10	8	3374.4	897.4	27%						19		24	24

Bek,Talbot Wards	Durham & Darlington	LD	16	6	4194.75	374.21	9%						6	1	8	9
Brambling Ward	Forensics	FMH	13	8	2924.42	857.59	29%						9		18	18
Bransdale Ward	Teesside	AMH	14	8	2719.5	1014.5	37%			2		1	1		1	1
Lustrum Vale	Teesside	AMH	20	8	2796.2	1339	48%					1				
Bilsdale Ward	Teesside	AMH	14	8	2639.96	814.5	31%				1	1	1		2	2
Birch Ward	Durham & Darlington	AMH	15	8	3059.82	1278	42%									
Cedar Ward (NY)	North Yorkshire	AMH	18	7	3280.72	579.5	18%				1		6		9	9
Eagle/Osprey	Forensics	FLD	10	8	3441.37	600.25	17%									
Maple Ward	Durham & Darlington	AMH	20	8	2783.62	926	33%					1				
Picktree Ward.	Durham & Darlington	MHSOP	10	7	2566.61	675.01	26%						1		1	1
Primrose Lodge	Durham & Darlington	AMH	14	7	2353.2	396	17%									
Newberry Centre	North Yorkshire	CAMHS Tier 4	14	8	3413.09	383.43	11%			1			1		2	2
The Evergreen Centre	North Yorkshire	CAMHS Tier 4	12	10	5055.49	862	17%					1	75		113	113
Ward 14	North Yorkshire	MHSOP	9	7	2464.67	0	0%						1		1	1
Willow Ward	Durham & Darlington	AMH	15	8	2606.46	607	23%					1	3	1	3	4
Baysdale	Teesside	CAMHS	6	9	2746.96	340.03	12%									
Langley Ward	Forensics	FLD	10	9	2836.17	1369	48%						2		2	2
Merlin	Forensics	FMH	10	10	4273.08	1983.75	46%									
Oak Ward	Durham & Darlington	MHSOP	12	6	2570.15	234.39	9%			1						
Oakwood	Forensics	FLD	8	8	1840.67	287.5	16%									
Bankfields Court	Teesside	LD	18	7	8300.96	1729.03	21%						16		17	17
Park House	Teesside	AMH	14	7	2497	1121.5	45%									
Cedar Ward	Durham & Darlington	AMH	10	8	3268.53	862.33	26%						4		9	9
Fulmar Ward.	Forensics	FMH	10	8	3115.88	459.25	15%			1						
Jay Ward	Forensics	FMH	5	7	2855.57	885	31%									
Kingfisher/Heron	Forensics	FLD	8	4	135	0	0%					1				

Robin	Forensics	FLD	6	8	2437	1359	56%					1		1	1
Nightingale Ward	Forensics	FMH	16	7	2760.55	569.75	21%				1				
Sandpiper Ward	Forensics	FMH	8	7	3667.25	1113	30%					27		55	55
Springwood Community Unit	North Yorkshire	MHSOP	14	9	3230.92	547.5	17%					24		28	28
Thistle	Forensics	FLD	5	7	3062.12	945.68	31%				2				
Ward 15 Friarage	North Yorkshire	AMH	13	8	2707	683.75	25%					2		2	2
Overdale Ward	Teesside	AMH	18	8	2847	537	19%			1		14		24	24
Linnet Ward	Forensics	FMH	17	8	3231.5	2268.75	70%					3		8	8
Swift Ward	Forensics	FMH	10	5	3280.25	877.5	27%					29	3	52	55
Ayckbourn Unit Esk Ward	North Yorkshire	AMH	13	8	2695.98	317	12%				1	2		3	3
Ayckbourn Unit Danby Ward	North Yorkshire	AMH	13	8	2602.5	1029	40%								
Clover/Ivy	Forensics	FLD	12	8	4368.64	1652.03	38%				1	2	1	3	4
Kirkdale Ward	Forensics	FMH	16	7	2984.75	754.5	25%			1					
Roseberry Wards	Durham & Darlington	MHSOP	15	8	2861.44	526	18%					1		1	1
Lark	Forensics	FMH	15	7	2869.5	1391.5	48%								
Wingfield Ward	Teesside	MHSOP	9	7	2270.5	384	17%								
Kestrel/Kite.	Forensics	FLD	16	7	3757.37	1696.25	45%				1	1		1	1
The Orchards (NY)	North Yorkshire	AMH	10	7	2263.46	255	11%								
Mandarin	Forensics	FMH	16	7	2716.5	1374	51%				3	2		2	2
Rowan Lea	North Yorkshire	MHSOP	20	7	3834.54	270.01	7%					10		15	15
Newtondale Ward	Forensics	FMH	20	6	3674.3	588.75	16%								
Harrier/Hawk	Forensics	FLD	10	7	3721.58	583.5	16%				1	1		1	1

Staffing fill rate and Number of shifts whereby a Break has not ben given

WARD	Locality	Speciality	Bed Numbers	DAY			NIGHT		
				FILL RATE BETWEEN PLANNED AND ACTUAL (REGISTERED)	FILL RATE BETWEEN PLANNED AND ACTUAL (UN-REGISTERED)	NUMBER OF SHIFTS WHEREBY A BREAK HAS NOT BEEN GIVEN	FILL RATE BETWEEN PLANNED AND ACTUAL (REGISTERED)	FILL RATE BETWEEN PLANNED AND ACTUAL (UN-REGISTERED)	NUMBER OF SHIFTS WHEREBY A BREAK HAS NOT BEEN GIVEN
The Orchards (NY)	North Yorkshire	Adults	10	102.6%	63.6%	1	56.5%	180.8%	0
Ayckbourn Unit Danby Ward	North Yorkshire	Adults	13	90.7%	113.2%	1	100.0%	99.3%	0
Ayckbourn Unit Esk Ward	North Yorkshire	Adults	13	95.9%	100.3%	0	100.6%	96.1%	5
Bedale Ward	Teesside	Adults	10	83.1%	170.1%	6	100.3%	103.7%	6
Bilsdale Ward	Teesside	Adults	14	67.0%	150.9%	3	107.5%	100.3%	5
Birch Ward	Durham & Darlington	Adults	15	89.2%	93.3%	0	103.3%	138.0%	0
Bransdale Ward	Teesside	Adults	14	73.6%	146.5%	2	101.1%	102.1%	6
Cedar Ward	Durham & Darlington	Adults	10	102.3%	112.5%	0	103.2%	105.1%	0
Cedar Ward (NY)	North Yorkshire	Adults	18	85.6%	104.2%	18	110.0%	94.7%	0
Earlston House	Durham & Darlington	Adults	15	76.0%	92.2%	0	100.0%	100.0%	0
Elm Ward	Durham & Darlington	Adults	20	92.1%	100.9%	1	100.0%	108.1%	0
Farnham Ward	Durham & Darlington	Adults	20	101.4%	101.2%	0	100.0%	113.5%	0
Lincoln Ward	Teesside	Adults	20	111.6%	92.0%	1	93.4%	100.0%	0
Lustrum Vale	Teesside	Adults	20	75.2%	128.1%	11	100.0%	100.0%	0
Maple Ward	Durham & Darlington	Adults	20	100.2%	91.2%	16	100.0%	111.3%	0
Overdale Ward	Teesside	Adults	18	80.4%	124.4%	0	96.8%	105.1%	2
Park House	Teesside	Adults	14	89.1%	117.7%	0	100.0%	96.8%	0

Primrose Lodge	Durham & Darlington	Adults	14	57.7%	96.8%	0	96.8%	100.0%	0
Stockdale Ward	Teesside	Adults	18	77.1%	112.0%	4	111.6%	110.9%	10
Tunstall Ward	Durham & Darlington	Adults	20	90.7%	100.9%	2	93.5%	100.0%	0
Ward 15 Friarage	North Yorkshire	Adults	13	65.6%	151.1%	24	92.3%	113.3%	14
Willow Ward	Durham & Darlington	Adults	15	73.4%	128.7%	24	100.0%	90.2%	14
Baysdale	Teesside	CYPS	6	127.7%	108.3%	53	110.2%	98.5%	0
Holly Unit	Durham & Darlington	CYPS	5	154.3%	134.9%	0	101.9%	136.8%	0
Newberry Centre	North Yorkshire	CYPS	14	70.6%	122.1%	51	104.6%	102.5%	39
The Evergreen Centre	North Yorkshire	CYPS	12	96.3%	123.7%	5	100.0%	120.8%	0
Westwood Centre	North Yorkshire	CYPS	12	103.6%	132.0%	39	78.5%	179.0%	12
Clover/Ivy	Forensics	Forensics LD	12	87.8%	112.0%	5	106.5%	160.1%	2
Eagle/Osprey	Forensics	Forensics LD	10	100.8%	103.7%	3	96.8%	113.1%	0
Harrier/Hawk	Forensics	Forensics LD	10	78.5%	105.3%	2	96.8%	104.8%	0
Kestrel/Kite.	Forensics	Forensics LD	16	70.5%	96.3%	1	100.0%	104.5%	0
Robin	Forensics	Forensics LD	6	69.5%	130.3%	3	81.6%	198.4%	0
Langley Ward	Forensics	Forensics LD	10	72.8%	128.9%	8	102.2%	202.7%	9
Northdale Centre	Forensics	Forensics LD	12	65.0%	89.7%	5	93.5%	96.4%	0
Oakwood	Forensics	Forensics LD	8	75.0%	141.1%	6	100.0%	100.0%	0
Thistle	Forensics	Forensics LD	5	74.9%	120.5%	14	83.9%	106.5%	0
Brambling Ward	Forensics	Forensics MH	13	100.6%	91.5%	5	100.0%	111.9%	0
Fulmar Ward.	Forensics	Forensics MH	10	96.2%	93.6%	9	100.3%	101.8%	3
Jay Ward	Forensics	Forensics MH	5	81.4%	107.0%	0	96.8%	108.1%	1
Kirkdale Ward	Forensics	Forensics MH	16	81.9%	99.8%	3	96.8%	91.9%	0
Lark	Forensics	Forensics MH	15	74.4%	116.5%	2	100.0%	109.4%	0
Linnet Ward	Forensics	Forensics MH	17	54.8%	148.6%	0	87.1%	135.5%	0
Mallard Ward	Forensics	Forensics MH	16	92.8%	94.3%	3	115.1%	122.5%	1
Mandarin	Forensics	Forensics MH	16	85.8%	93.3%	1	103.2%	97.4%	0

Merlin	Forensics	Forensics MH	10	92.3%	125.5%	1	91.9%	176.2%	0
Newtondale Ward	Forensics	Forensics MH	20	86.7%	99.3%	3	80.6%	108.1%	0
Nightingale Ward	Forensics	Forensics MH	16	92.2%	95.0%	6	87.1%	100.0%	0
Sandpiper Ward	Forensics	Forensics MH	8	85.1%	99.8%	1	93.6%	98.9%	3
Swift Ward	Forensics	Forensics MH	10	83.3%	105.5%	0	100.3%	119.4%	4
Aysgarth	Teesside	LD	6	108.6%	140.9%	159	102.3%	101.7%	62
Bankfields Court Unit 2	Teesside	LD	8	112.2%	105.7%	118	101.1%	109.7%	10
Bankfields Court	Teesside	LD	18	86.7%	110.4%	17	98.5%	99.4%	0
Bek, Talbot Wards	Durham & Darlington	LD	16	91.7%	61.4%	1	100.0%	68.3%	0
Ceddesfeld Ward	Durham & Darlington	MHSOP	10	83.7%	121.8%	0	100.0%	98.4%	0
Hamsterley Ward	Durham & Darlington	MHSOP	12	98.9%	121.1%	0	100.0%	96.8%	0
Oak Ward	Durham & Darlington	MHSOP	12	87.1%	88.1%	3	100.0%	99.9%	0
Picktree Ward.	Durham & Darlington	MHSOP	10	82.2%	108.9%	4	100.0%	100.0%	0
Roseberry Wards	Durham & Darlington	MHSOP	15	92.6%	98.5%	1	100.0%	100.0%	0
Rowan Lea	North Yorkshire	MHSOP	20	84.2%	112.0%	11	106.4%	104.2%	1
Rowan Ward	North Yorkshire	MHSOP	16	101.3%	114.5%	1	106.2%	101.6%	0
Springwood Community Unit	North Yorkshire	MHSOP	14	101.5%	100.3%	0	100.0%	136.2%	1
Ward 14	North Yorkshire	MHSOP	9	87.7%	108.6%	4	100.3%	99.9%	1
Westerdale North	Teesside	MHSOP	16	99.6%	126.3%	3	103.5%	103.6%	0
Westerdale South	Teesside	MHSOP	16	71.9%	298.6%	1	98.2%	212.4%	23
Wingfield Ward	Teesside	MHSOP	9	74.0%	92.0%	0	102.9%	96.9%	4

YORK AND SELBY SAFE STAFFING REPORT

Introduction:

The total number of rosters during the period of March 2016 for York and Selby equates to 6.

Month on Month Trend:

The month on month trend report shows deterioration across 2 of the fill rate indicators when compared to January, as shown below:

Month	Actual Submission							
	Day				Night			
	Average Fill Rate - Registered Nurses / Midwives (%)	Trend on Prev Month	Average Fill Rate - Care Staff (%)	Trend on Prev Month	Average Fill Rate - Registered Nurses / Midwives (%)	Trend on Prev Month	Average Fill Rate - Care Staff (%)	Trend on Prev Month
Oct-15	89.29	-	101.0	-	112.99	-	104.68	-
Nov-15	83.55	↓	91.27	↓	85.65	↓	101.89	↓
Dec-15	84.50	↑	91.40	↑	91.60	↑	107.40	↑
Jan-16	78.60	↓	96.40	↑	91.80	↑	112.70	↑
Feb-16	77.90	↓	95.30	↓	85.00	↓	114.00	↑
Mar-16	75.80	↓	94.60	↓	81.20	↓	128.00	↑

Red Fill Rate Indicators:

The position in March is that there were 10 of the 24 metrics that had fill rates of less than 89.9% (shown as red) across both staff groups for all shifts as shown below:

Month	October	November	December	January	February	March
No. of Red Indicators	7	10	11	11	11	10

The majority of the red indicators fall into the Registered Nurse on Day shifts category where there were 5 wards shown as red in March 2016 as follows:

	October	November	December	January	February	March
No. of wards red RN days	3	5	5	5	5	5
No. of wards red RN nights	1	2	2	2	2	1
No. of wards red HCA days	2	3	4	4	3	3
No. of wards red HCA nights	1	0	0	0	1	1

March 2016 Staffing Fill Rates:

The lowest fill rate was observed by Recovery Unit Acomb who had a Registered Nurse on nights fill rate of 35.5%. The breakdown over the last 4 months is as follows:

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Recovery Unit Acomb	154.8%	89.8%	75.8%	50%	48.3%	35.5%

The ward has articulated that this is due to the temporary closure of the unit, the number of patients has reduced and so staff has been freed up to work in other areas of the locality as and when required.

The second lowest fill rate was observed by White Horse View who had a Registered Nurse on Days fill rate of 57.4%. The breakdown over the last 4 months is as follows:

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
White Horse View	90.5%	83.0%	58.2%	79.7%	60.8%	57.4%

The ward has articulated that the low fill rate is in relation to the low occupancy on the ward, as it moves towards closure at the end of March.

The third lowest fill rate was observed by Cherry Tree with a fill rate of 74.1% on registered nurse days as follows:

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Cherry Tree	79.5%	62.6%	87.9%	87.0%	78.0%	74.1%

The ward has articulated that the low fill rate is representative of sickness levels.

There were 3 wards that had staffing in excess of their budgeted establishments (shown as 'blue') as articulated below:

Ward	Day			Night		
	Fill Rate Registered	– Unregistered	Fill Rate Unregistered	Fill Rate Registered	– Unregistered	Fill Rate Unregistered
Worsley Court	86.9%		121.4%	101.5%		244.7%
Cherry Tree House	74.1%		136.3%	93.9%		127.4%

The wards have articulated that the high fill rates are due to the acuity of the ward at present.

Bank Usage:

The Bank Staffing, as a proportion of actual hours worked for the reporting period is identified below:

	February 2016		
	Total Hours Worked	Bank Usage (Hours)	Bank %
Meadowfields	3394.6	192.5	6%
Oak Rise	2881.16	663.75	23%
Recovery Unit Acomb	2009.75	104.5	5%
White Horse View	2437.75	0	0%
Worsley Court	4516.7	304.5	7%
Cherry Tree House	3912	1039.5	27%

The highest user of bank is Cherry Tree in March.

Agency Usage:

The Agency usage, as a proportion of actual hours worked covering the reporting period is identified below:

	February-15		
	Agency Usage (Hours)	Total Hours Worked	Agency %
Meadowfields	3394.6	11.0	0.32%
Oak Rise	2881.16	0	0.00%
Recovery Unit Acomb	2009.75	0	0.00%
White Horse View	2437.75	0	0.00%
Worsley Court	4516.7	0	0.00%
Cherry Tree House	3912	119.5	3.05%

The highest user of agency was Cherry Tree House in March.

In Conclusion

The following is of relevance:

- The month on month trend showed that 1 of the 4 indicators were 'green' the same as in the previous month.
- The number of red wards has reduced from 11 to 10
- In March, the Recovery Unit Acomb had the lowest fill rate.
- Worsley Court and Cherry Tree both had staffing above their establishments
- Bank usage is reporting as 'green' and 'amber' with Cherry Tree having the largest bank usage.
- Cherry Tree had the highest agency usage in March

**TOTALS OF THE HOURS OF PLANNED NURSE STAFFING COMPARED TO ACTUAL
TRUSTWIDE ACROSS 31 DAYS IN March**

				DAY		NIGHT	
WARD	Locality	Speciality	Bed Numbers	FILL RATE BETWEEN PLANNED AND ACTUAL (REGISTERED)	FILL RATE BETWEEN PLANNED AND ACTUAL (UN-REGISTERED)	FILL RATE BETWEEN PLANNED AND ACTUAL (REGISTERED)	FILL RATE BETWEEN PLANNED AND ACTUAL (UN-REGISTERED)
Meadowfields	York and Selby	MHSOP	18	76.5%	84.8%	99.7%	101.6%
Oak Rise	York and Selby	LD	8	107.7%	97.6%	100.5%	100.1%
Recovery Unit Acomb	York and Selby	Adults	16	52.2%	56.4%	35.5%	72.6%
White Horse View	York and Selby	LD	8	57.4%	79.5%	100.0%	116.2%
Worsley Court	York and Selby	MHSOP	14	86.9%	121.4%	101.5%	244.7%
Cherry Tree House	York and Selby	MHSOP	16	74.1%	136.3%	93.9%	127.4%

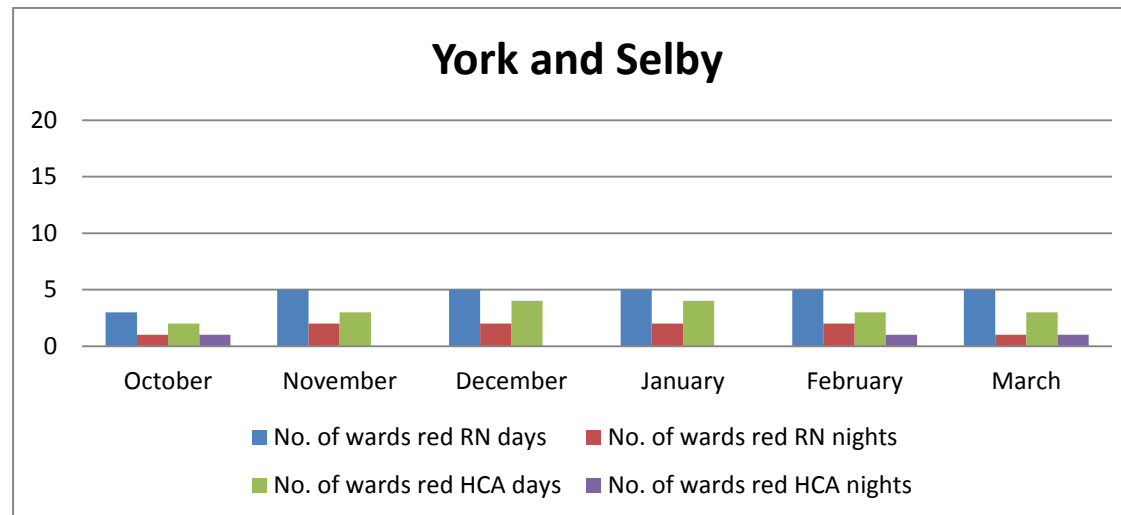
YORK AND SELBY LOCALITY REPORT - March 2016									AMH	CAMHS	PICU	MHSOP	LD
WARD	Bed Numbers	Planned RN - Days	Planned RN - Nights	Planned HCA - Days	Planned HCA - Nights	Actual Worked RN - Days	Actual Worked RN - Nights	Actual Worked HCA - Days	Actual Worked HCA - Nights	Fill Rate RN - Days	Fill Rate RN - Nights	Fill Rate - HCA Days	Fill Rate - HCA Nights
Meadowfields	18	1084.5	372	1770.5	682	830.1	371	1500.5	693	76.5%	99.7%	84.8%	101.6%
Oak Rise	8	919.5	333.25	910.75	666.5	990.31	335	888.85	667	107.7%	100.5%	97.6%	100.1%
Recovery Unit Acomb	16	930	682	1395	682	485.5	242	787.25	495	52.2%	35.5%	56.4%	72.6%
White Horse View	8	930	332.5	1395	397.75	533.75	332.5	1109.25	462.25	57.4%	100.0%	79.5%	116.2%
Worsley Court	14	930	341	1395	682	808	346	1693.7	1669	86.9%	101.5%	121.4%	244.7%
Cherry Tree House	16	850.5	363	1228.5	994	630	341	1674.5	1266.5	74.1%	93.9%	136.3%	127.4%

YORK & SELBY TOTAL - Month on Month Trend

Month	Actual Submission							
	Day				Night			
	Average Fill Rate - Registered Nurses / Midwives (%)	Trend on Prev Month	Average Fill Rate - Care Staff (%)	Trend on Prev Month	Average Fill Rate - Registered Nurses / Midwives (%)	Trend on Prev Month	Average Fill Rate - Care Staff (%)	Trend on Prev Month
Oct-15	89.29	-	101.0	-	112.99	-	104.68	-
Nov-15	83.55	↓	91.27	↓	85.65	↓	101.89	↓
Dec-15	84.50	↑	91.40	↑	91.60	↑	107.40	↑

Jan-16	78.60	↓	96.40	↑	91.80	↑	112.70	↑
Feb-16	77.90	↓	95.30	↓	85.00	↓	114.00	↑
Mar-16	75.80	↓	94.60	↓	81.20	↓	128.00	↑

Number of Red Wards – York and Selby



Quality Indicators

Scored Fill Rate compared to Quality Indicators - March 2016				Total score	Bank Usage Vs Actual Hours			Totals for Quality Indicators					Incidents of Restraint			
Known As	Locality	Speciality	Bed Numbers		Total Actual Hours	Total Bank Hours	% Against actual Hours	SUI	Level 4 Incidents	Level 3 (Self-Harm) Incidents	Complaints	PALS	Incidents	PRO used	Other	Restraint Total
Meadowfields	York & Selby	MHSOP	18	6	3394.6	192.5	6%									
Oak Rise	York & Selby	LD	8	8	2881.16	663.75	23%									
Recovery Unit Acomb	York & Selby	Adults	16	4	2009.75	104.5	5%									
White Horse View	York & Selby	LD	8	6	2437.75	0	0%									
Worsley Court	York & Selby	MHSOP	14	8	4516.7	304.5	7%									
Cherry Tree House	York & Selby	MHSOP	16	8	3912	1039.5	27%									

DRAFT – Safe Staffing - Workstream summary

Workstream description	Expectations	Suggested Lead(s)	Key stakeholders	Timescale
<p>Rostering Staff rosters are one of the fundamental systems used to deliver care to our clients. It is therefore essential that they maximise the benefits for our patients without incurring any unnecessary expenditure.</p> <p>Good, fair and equitable rostering is necessary to contribute to the achievement of the Trust's Vision and Values. To do this we must ensure that work is distributed appropriately and fairly with the right people with the right skills in the right place at the right time. This must be based on the needs of the people using our services.</p>	<ul style="list-style-type: none"> Engage with Ward Managers and Matrons to review, develop and test standard processes for the development of rosters producing flow charts/standard work to address highlighted compliance issues Work with Ward Managers and Matrons to review roster compliance reports in each of the localities/directorates, highlighting issues of compliance, producing guidance to address these Undertake observations of roster systems to understand cycle times of key processes, staff skills, identify waste, remove waste, test the process and develop standard work that can be used to develop a training package to support all relevant staff Improve the utilisation of existing staff and reduce variation of nurse bank and agency use by giving clearer visibility of rostering patterns across teams and services To improve planning of “non-effective” working days (e.g. level loading of annual leave, management of sickness, maternity and study leave, reviewing headroom within establishments) 	<p>Stephen Scorer</p> <p>Heads of Nursing Heads of Service</p> <p>Emma Haimes</p>	<ul style="list-style-type: none"> Ward Managers Modern Matrons Locality Managers HR/OD/Workforce IT KPO team 	<p>September 2016</p>

Workstream description	Expectations	Suggested Lead(s)	Key stakeholders	Timescale
	<ul style="list-style-type: none"> To review operational processes, roles and responsibilities to improve appropriate 'sign off' and oversight of rosters by ward managers/matrons and monitoring through QuAGs Review the requirement for rostering across community services in line with Purposeful and Productive Community Teams and test accordingly 			
<p>Staffing Escalation protocols/ processes</p> <p>The trust has a duty to ensure staffing levels are sufficient to maintain safety and provide quality care.</p> <p>There is a need to routinely monitor shift to shift staffing levels, including the use of temporary staffing solutions seeking to manage immediate implications and identify trends where staffing shortages are identified.</p>	<ul style="list-style-type: none"> Develop, test and implement a clear, standardised escalation protocol that will: <ul style="list-style-type: none"> Provide a framework to support a professional judgement approach to safe staffing and a level of consistency/objectivity to determine whether staffing levels on any shift are 'safe' Provide guidance to staff on what steps to take to manage staff shortages and mitigate clinical risk Ensure staffing concerns are appropriately escalated and responded to in a consistent and timely way across specialties and directorates Increase visibility and daily management of staffing pressures, problem solving, holding to account, support and challenge Enable teams to effectively share and utilise resources Seek alignment with current roster system and technological solutions 	<p>Stephen Scorer</p> <p>Heads of Nursing</p>	<ul style="list-style-type: none"> Heads of Service Locality Managers Corporate teams support-IT 	<p>Initial testing to commence end of July 2016</p>

Workstream description	Expectations	Suggested Lead(s)	Key stakeholders	Timescale
	<ul style="list-style-type: none"> Consider and make recommendations as to how escalation protocols could be applied within community settings 			
<p>The use of evidence based staffing tools to inform capacity and capability including non-direct care responsibilities within establishments</p> <p>The importance of appropriate staffing was reinforced by the Francis Reports into failings at Mid Staffordshire NHS Foundation Trust. Appropriate staffing is fundamental to the delivery of safe and effective healthcare.</p> <p>We need to better understand why, at times, or planned or actual numbers do not meet the required establishment to meet the needs of our patients and take into consideration the whole team, not just nurses. It is not just about numbers however and this workstream will consider how nurses spend time with or supporting patients and their families/carers and what the outcomes for those people are with a view to seeking measurable improvements.</p>	<ul style="list-style-type: none"> Recognising that there is not a 'one size fits all' approach to models of care and the mix of staffing, a clear process will be developed with each locality/specialty to review staffing and skill mix with a view to standardising elements of the tool to include: <ul style="list-style-type: none"> Best available evidence based tools in relation to safe staffing Assessing dependency of patients and required observation levels – ensuring appropriate use of and time for therapeutic interventions 1:1 / Groups / leave/seclusion Understanding a clear context / model of care / physical health needs of patients A review of duty rotas, analysing skill mix annual leave, sickness, training and bank and agency usage A review of therapeutic activity Observations/activity follows of key clinical staff including ward managers to understand direct and non-direct care time Patient experience data Patient safety data Multi-disciplinary team input, staffing will include therapy, psychological and 	<p>Stephen Scorer</p> <p>Heads of Nursing Heads of Service Ward Managers Modern Matrons</p>	<ul style="list-style-type: none"> Operational Directors Clinical Directors Professional representation across all disciplines Heads of Service Locality Managers Each professional group represented Finance HR 	<p>Commencing Durham locality April 2016</p> <p>Forensics June 2016</p> <p>(further detailed implementation to other directorates/ specialties to be reviewed following testing)</p>

Workstream description	Expectations	Suggested Lead(s)	Key stakeholders	Timescale
<p>Safe staffing is a complex area and has to take account of multiple factors. It is recognised that there is as yet little research or evidence into what safe staffing looks like for mental health settings. Therefore there is a need to test a new approach across the trust, reviewing the evidence based staffing tools that exist and testing their fitness for purpose across a range of services.</p> <p>Safe staffing is not just about completing rotas or staffing numbers. It is about getting service-quality right by ensuring that the right full-time equivalents (FTEs) with the right skills are in the right place at the right time at the right price.</p> <p>This workstream recognises the current issues of nurse recruitment and retention and the work should therefore be underpinned by the need for career progression for nurses (non-registered and registered), nurse retention and flexible working (links to HR led recruitment workstreams)</p>	<p>medical staffing into ward establishments</p> <ul style="list-style-type: none"> • Analysis of available data at ward/team/specialty level using a professional judgement model and acuity /quality method, allowing the reviewing team to add to the value of the review by allowing for an appreciation of different levels of need of the patients within specialties, regular activities that take place on the ward and the agreement of a minimum standard to ensure safe and therapeutic interactions. • That teams will be encouraged to think differently about who does what and challenge traditional roles • Staffing will ensure a critical mass of staff available when demand is greatest to support key interventions and tasks • Consider financial implications and make recommendations on rotas to bring back to trust safe staffing group 			

Workstream description	Expectations	Suggested Lead(s)	Key stakeholders	Timescale
<p>Effective use of temporary staffing arrangements, flexible staffing resourcing and processes</p> <p>In order to eliminate waste and support staff to be more purposeful and productive, the organisation needs to ensure that the temporary staffing resources support staff to work efficiently and effectively.</p> <p>While a key driver is to improve the quality of inpatient care and improve accessibility to suitable staff, flexible staffing arrangements should create some efficiencies and savings re. use of bank, agency, sickness absence and potentially on base line staffing.</p>	<ul style="list-style-type: none"> Identify the most efficient and effective use of flexible staffing resources making recommendations to the trust safe staffing group to improve this where appropriate Explore and make recommendations on how to access clinical advice out of hours to support flexible staffing arrangements, aligning with current on-call arrangements Arrange testing on one hospital site to identify whether any investment in new ways of working would be financially viable Identify how further developments will be shared across directorates/specialties Work closely with inpatient teams to determine what is required, in terms of flexible staffing to support day to day clinical work Undertake observations of how inpatient ward staff access additional staffing when needed to understand cycle times of key processes, staff skills, identify waste, remove waste, test the process and develop standard work that can be used to support all relevant staff 	<p>Stephen Scorer</p> <p>Heads of Service Heads of Nursing</p>	<ul style="list-style-type: none"> Nurse Bank HR Finance Ward Managers/ Matrons 	<p>Recommendations to come to Safe Staffing Group September 2016</p>

FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	26 April 2016
TITLE:	Report on consultation about location and configuration of inpatient assessment and treatment beds for people with dementia in County Durham and Darlington
REPORT OF:	Brent Kilmurray, Chief Operating Officer
REPORT FOR:	Decision

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

Executive Summary:

The purpose of this report is to present the feedback received via the public consultation on the future location and configuration of assessment and treatment beds for people with dementia in County Durham and Darlington undertaken by the three relevant CCGs.

During the consultation there were two main issues highlighted:

- the benefits of single sex accommodation
- the importance of having locally based services

There was a difference of opinion between which of these two factors was **more** important resulting in no clear mandate on a preferred option from the consultation. The clinically preferred option, as outlined in the consultation document, is option 1, which is also the option that is most cost effective and delivers the greatest level of saving.

Recommendations:

The Board are asked to discuss and agree whether to recommend one of the options to the CCGs for their consideration, alongside the consultation report

The Board are asked to support the proposed mitigating actions outlined in section 3.10 – 3.13 and share these with the three CCGs to support their consideration of the consultation report.

MEETING OF:	Board of Directors
DATE:	26 April 2016
TITLE:	Report on consultation about location and configuration of inpatient assessment and treatment beds for people with dementia in County Durham and Darlington

1. INTRODUCTION & PURPOSE:

- 1.1 The purpose of this report is to present the feedback received via the public consultation on the future location and configuration of assessment and treatment beds for people with dementia in County Durham and Darlington undertaken by the three relevant CCGs.
- 1.2 The Board are asked to discuss the feedback received and decide whether to recommend one of the options to the CCGs for their consideration, alongside the consultation report.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 In September 2015 the Board of Directors agreed to support a public consultation, subject to agreement by the three CCGs and Overview and Scrutiny Committees, on options for reducing the number of wards from three to two whilst maintaining 30 beds.
- 2.2 The three CCGs in County Durham and Darlington (North Durham CCG, Darlington CCG and Durham Dales, Easington and Sedgefield CCG) and TEWV carried out the public consultation, which ran from 4 January to 28 March 2016.
- 2.3 The process and plans for consulting with local people were discussed and agreed with the Overview and Scrutiny Committees (OSCs) in County Durham and Darlington. Details are included in the attached report (Annex 1).
- 2.4 We consulted on three options which are outlined in Annex 1 (Option 1 to consolidate 30 beds at Auckland Park Hospital, in separate sex wards; option 2 to have two single sex wards, one at Auckland Park Hospital and one at the Bowes Lyon Unit; option 3 to have two mixed sex wards, one at Auckland Park Hospital and one at the Bowes Lyon Unit). Option 1 was the preferred option of mental health professionals at TEWV.

3. KEY ISSUES:

- 3.1 The attached report (Annex 1) provides detailed information on the consultation process, feedback received and issues raised by local people and staff, along with responses to the main issues.
- 3.2 The final decision on which option to implement will be made by the governing bodies of the three CCGs. Prior to this the two Local Authority Overview and Scrutiny Committees will need to be assured that a robust consultation has

been carried out and will receive a copy of the report (dates for the meetings are included in Annex 2).

The report

- 3.3 During the consultation two main issues were raised:
- the benefits of single sex accommodation
 - the importance of having locally based services
- 3.4 The majority of responses that single sex accommodation for people with dementia would be ideal. However, people also thought that having locally based services was important and there was a difference of opinion between which of these two factors was **more** important.
- 3.5 Most people supported either option 1 (two single sex wards at Bishop Auckland) or option 3 (two mixed sex wards – one in Durham and one in Bishop Auckland) with a minority saying that option 2 was preferable (31 written responses in favour of option 1, 29 in favour of option 3 and six in favour of option 2.)
- 3.6 In general, people who attended the meeting in Derwentside were in favour of option three and maintaining locally based services. Overwhelmingly, the main reason given was location (and therefore ease of access), with some people highlighting the difficulties that would be experienced in having to travel to Bishop Auckland, particularly on public transport. People who attended the meeting in Seaham were concerned with receiving assurance that they would still have the option of being admitted to a unit in Sunderland.
- 3.7 In general, people who attended meetings in Darlington and Bishop Auckland were in favour of option 1 and providing single sex wards on a single site. The main reason given for choosing option 1 was being able to provide separate wards for men and women but some people also felt this would provide a better, more spacious environment and that it would be easier to manage services on a single site.
- 3.8 In general, staff who attended open meetings in Bishop Auckland, Easington and Darlington were in favour of option 1. Staff who attended the meeting at the Bowes Lyon Unit in Durham preferred option 3.
- 3.9 People recognised that all the options had implications for people and wanted assurance that everything would be done to minimise this impact. Some suggestions were made about how we could do this.

Mitigation of key issues raised

- 3.10 A number of key issues were raised as part of the consultation and the following highlights how we would try to reduce the potential impact of these issues on service users, their family and carers
- 3.11 **Travel** – Options 1 and 2 (and to a lesser degree option 3) would have an impact on service users, their families and carers, and, as part of the

consultation, we gave a commitment that we would do all we could to support them. This would include

- flexible visiting times
- support with travel arrangements including developing a pool of volunteer drivers and using taxis if appropriate (support would be agreed on an individual basis)
- maintaining good communications with families (we already have carer link workers on the wards who work closely with families and we would also investigate how we can use technology to help families keep in touch).

3.12 **Mixed sex accommodation** (option 3) – A number of people fed back that they thought it was important to have single sex wards and that privacy and dignity would be compromised in mixed sex accommodation. We already have male and female zones at Picktree and other areas of the trust (as required by the Care Quality Commission) and would do the same at Auckland Park under option 3. Currently there is a greater use of flexible staffing on MHSOP mixed sex wards in the Trust when compared to wards that are single sex.

3.13 **Isolated ward** - A number of people were concerned that if option 2 or 3 is chosen then we would have an isolated ward at Bishop Auckland, without support from other wards for emergency and short term staffing. To compensate for this we would increase staffing levels on the ward and this is reflected in the estimated annual savings which are less than option 1.

4. **IMPLICATIONS:**

4.1 **Compliance with the CQC Fundamental Standards:** The main implication is meeting CQC requirements for Eliminating Mixed Sex Accommodation. Options 1 and 2 fulfil these requirements; if option 3 is to be implemented we would maintain current arrangements (male and female zones) at Bowes Lyon Unit and introduce similar arrangements at Auckland Park Hospital.

4.2 **Financial/Value for Money:** All options will result in better use of tax-payers money and deliver cost savings. Option 1 delivers the greatest level of saving because options 2 and 3 require additional staffing due to isolation of ward at Bishop Auckland.

4.3 **Legal and Constitutional (including the NHS Constitution):** The public consultation process was discussed and agreed with the OSCs. However, they will need to be assured this has been carried out as agreed.

4.4 **Equality and Diversity:** An impact assessment was carried out as part of the business case.

4.4 **Other implications:** There are no other implications

5. RISKS:

- 5.1 If the OSCs conclude that the consultation has not been robust, this could result in delays to implementing a preferred option. This would impact on delivery of our financial plan and the service would need to identify other ways of achieving cost savings.

6. CONCLUSIONS:

- 6.1 During the consultation there were two main issues raised:
- the benefits of single sex accommodation
 - the importance of having locally based services
- There was a difference of opinion between what was more important and a strength of feeling on both sides.
- 6.2 Based on feedback during consultation, there was no clear mandate from the public and stakeholders on a preferred option, between options 1 and 3. As stated in the consultation document the preferred option of mental health professionals in the service is option 1 as they believe single sex accommodation is clinically important and have concerns about leaving an isolated ward at Auckland Park (as would be the case with options 2 or 3). Option 1 also delivers the greatest level of savings.
- 6.3 Regardless of which option is agreed it's important that we take steps to minimise the impact on service users and their families (outlined in section 3).
- 6.4 The governing bodies of the three CCGs will decide which option to implement.

7. RECOMMENDATIONS:

- 7.1 The Board are asked to decide whether to recommend one of the options to the CCGs for their consideration, alongside the consultation report
- 7.2 The Board are asked to support the proposed mitigating actions outlined in section 3.10 – 3.13 and share these with the three CCGs to support their consideration of the consultation report.

Brent Kilmurray
Chief Operating Officer

Background Papers:

Annex 1 – Report on public consultation on configuration and location of assessment and treatment beds for people with dementia in County Durham and Darlington
Annex 2 – Timeline for approval process



**Darlington Clinical Commissioning Group
Durham Dales, Easington and Sedgefield Clinical Commissioning Group
North Durham Clinical Commissioning Group
Tees, Esk and Wear Valleys NHS Foundation Trust**

Improving mental health services for people with dementia in County Durham and Darlington

**Report on consultation about location and configuration of
inpatient assessment and treatment beds**

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Background

Most people who are living with dementia are supported at home, including nursing or residential homes. Some people with complex needs may need to spend a short time in hospital where they can be fully assessed and treated before returning to their home environment or moving to more appropriate accommodation.

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) provides specialist inpatient assessment and treatment services for people who have dementia. There are currently three 10 bed wards in County Durham and Darlington – one ward at Bowes Lyon Unit, Lanchester Road Hospital in Durham and two wards at Auckland Park Hospital in Bishop Auckland.

Developments over recent years to TEWV's community services, such as specialist support for care homes and general hospitals, mean that fewer people with dementia need to spend time in hospital. Although some people will need to be admitted to hospital, most people with dementia benefit from being in familiar surroundings, which are less disorientating. Inpatient care is now the exception rather than the norm and occupancy levels as well as the number of admissions have reduced over the last two years.

TEWV are confident that 30 beds is adequate to meet the needs of the people of County Durham and Darlington. We now need to make sure that we are offering people who have dementia not only the best possible inpatient environment (should admission to a specialist ward be required), but also that we are making the best use of our resources. This means reviewing the current location and configuration of assessment and treatment beds.

We will retain 30 inpatient beds but reduce the number of wards from three to two (it is not cost effective to run three wards with 10 beds each). The purpose of the consultation was to get views on the future configuration of two 15 bed wards.

Proposal

Senior clinical staff and managers from TEWV's mental health services for older people in Durham and Darlington initially identified a long list of options (14) for the configuration and location of two wards of 15 beds (appendix 1).

They discounted 11 of these options (including a new build and refurbishment of other sites). They were all discounted for two main reasons - they were not affordable (would not result in cost savings) and could not be achieved within required timescales.

We consulted on the three options that are deliverable within timescales and finances:

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree Ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham).

This would result in a saving of £454,000 per year (staffing costs).

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham (and close one of the wards at Bishop Auckland).

This would result in a saving of £332,000 per year (staffing costs).*

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland (and close one of the wards at Bishop Auckland).

This would result in a saving of £332,000 per year (staffing costs).*

* Savings for options 2 and 3 are less because additional staffing would be required on the isolated ward at Auckland Park Hospital.

Option 1 was the preferred option of mental health professionals at TEWV.

More information along with the benefits and disadvantages of each option is contained in the consultation document (appendix 2).

The consultation process

We shared our plans for the consultation, along with the draft consultation document, with Adults Wellbeing and Health Overview and Scrutiny Committee at Durham County Council, the Health and Partnership Scrutiny Committee at Darlington Borough Council, Healthwatch in Darlington and Healthwatch in County Durham. As a result we made a number of changes to our proposed consultation document and plans including arranging an additional public meeting in the Easington area.

We launched a public consultation on 4 January 2016, which closed on 28 March 2016.

Raising awareness / providing information about the consultation

We distributed our consultation document (appendix 2), which included details of the public meetings and a questionnaire, to a wide range of stakeholders (see overleaf) and posted information on our four organisations' websites.

We also offered to attend pre-existing events / meetings or to arrange specific meetings with stakeholder groups and organisations.

*Unfortunately, there was an error in the **electronic** version of the document that we initially distributed/posted on the website (the questionnaire at the back, option 2 and option 3 had the same description). This was rectified quickly on the website and a second email sent to stakeholders with the correct version.*

Stakeholders – distribution list for consultation document	
NHS	Local community
• Tees, Esk and Wear Valleys NHS Foundation Trust	• Health Overview and Scrutiny Committees
• North Durham CCG	• Healthwatch
• Durham Dales, Easington and Sedgfield CCG	• Durham County Council, including councillors
• Darlington CCG	• Darlington Borough Council, including councillors
• County Durham and Darlington NHS Foundation Trust	• Local service user and carer groups and organisations
• GPs	• Local voluntary and statutory organisations (including Age UK and Alzheimers Society)
	• Area Action Partnerships
	• MPs
	• TEWV governors and members

In addition, we promoted the consultation, the public meetings, how local people could find out more information and have their say in a number of different ways:

- We issued a news release (appendix 3)
- We used social media to signpost people to our websites for more information
- We used paid advertising in the Northern Echo and, as a result of a suggestion by a member of the public, in the Sunderland Echo (appendix 3).
- We distributed information in TEWV's inpatient public areas and via TEWV staff to raise awareness with current service users and their families.
- We specifically targeted other hard to reach groups via known community links (eg the Muslim community, the farming community, the gypsy and traveller community, and the lesbian, gay, bi-sexual and transgender community).
- We used internal communication mechanisms to promote within our own organisations (eg ebulletins and team briefing process)

Meetings

Public meetings - we held four workshop style public meetings:

Date: 5 February, 2016
Time: 2.00 - 4.00pm
Venue: St Patrick's Hall, Victoria Road, Consett, Co Durham, DH8 5AX
No. of attendees: 22

Date: 9 February, 2016
Time: 6.00 - 8.00pm
Venue: Bishop Auckland Town Hall, Market Place, Bishop Auckland, Co Durham, DL14 7NP
No. of attendees: 10

Date: 25 February 2016
 Time: 10.00am - 12.00 noon
 Venue: The Dolphin Centre, Horse Market, Darlington, Co Durham, DL1 5RP
 No. of attendees: 10

Date: 29 February 2016
 Time: 10.00am - 12.00 noon
 Venue: The Glebe Centre, Durham Place, Murton, Seaham, Co Durham, SR7 9BX
 No. of attendees: 6

Meetings for service users and their families - we arranged nine open meetings for current service users and their families. These were promoted via TEWV staff and information was displayed in all our inpatient and public areas. We held

- two at Auckland Park Hospital in Bishop Auckland
 - 1.00 – 3.00pm on 27 January 2016
 - 10.00am – 12.00 noon on 7 March 2016
- two at Bowes Lyon Unit in Durham
 - 3.00 – 5.00pm on 20 January 2016
 - 9.30 – 11.30am on 3 March 2016
- one at Derwent Clinic, Consett
 - 1.00 – 3.00pm on 9 March
- two at West Park Hospital in Darlington
 - 2.00 – 4.00pm on 26 January 2016
 - 10.00am – 12.00 noon on 17 March 2016
- two at the Old Vicarage in Seaham
 - 1.00 – 3.00pm on 1 February 2016
 - 10.30am – 12.30pm on 21 March 2016

Only two people attended these meetings (one person at Bishop Auckland and one person at Derwent Clinic). However, we know that family members gave their views in other ways – some attended public meetings and some submitted written feedback about the consultation

Meetings for staff - we also held four open meetings for TEWV staff in Bishop Auckland, Durham and Darlington.

- 2.00 – 4.00pm on 19 January 2016 at Bowes Lyon Unit, Durham
- 2.00 – 4.00pm on 19 January at West Park Hospital, Darlington
- 10.00am – 12.00 noon on 22 January at Auckland Park Hospital, Bishop Auckland
- 9.30am – 11.30am on 27 January at the Old Vicarage, Seaham

Attendance at other meetings – following three requests to attend meetings, members of the CCGs and TEWV attended the following:

17 February 2016 - Durham Dales, Easington and Sedgefield CCG – Sedgefield patient reference group meeting

24 February 2016 – Darlington Community Council

23 March – Healthwatch Darlington (mental health network)

The consultation was discussed at the following Area Action Partnership (AAP) meetings in County Durham:

27 January 2016	Consett
22 February 2016	Chester-le-Street
9 March 2016	Mid Durham
15 March 2016	Durham

The meeting in Stanley (14 March) was cancelled but information was circulated to members.

The consultation document was distributed to the following AAPs in County Durham:

3 Towns Partnership (Crook, Willington and Tow Law)
 Teesdale Partnership (TAP)
 4 Together Partnership (Ferryhill, Chilton, Cornforth and Bishop Middleham)
 Bishop Auckland and Shildon AAP
 East Durham AAP
 East Durham Rural Corridor AAP (Trimdon and Sedgefield)
 Spennymoor AAP
 Great Aycliffe and Middridge Partnership
 Weardale AAP

The information circulated encouraged board members to comment through the advertised consultation routes.

Response to consultation

Written responses

66 individuals/organisations responded to the consultation in writing (including completing the questionnaire at the back of the consultation document).

We received 57 responses from members of the public and nine responses from stakeholders:

Stakeholder	Preferred option
Bishop Auckland Town Council	1
Dr N Sahoo, GP in Easington locality	3
Blackhall and Peterlee GP practice	3
South Durham CIC (23 GP practices across Easington and Sedgefield)	2
Dementia advisor for Durham County Council	1
Helen Goodman, MP for Bishop Auckland	1 or 2
Public Health Portfolio Lead, Durham County Council	1
Darlington Borough Council Health and Partnership Scrutiny Committee	1
Darlington Borough Council Adult and Housing Scrutiny Committee	1

We received feedback from a number of people who identified themselves as family members who had experience of both Auckland Park and Bowes Lyon Unit. For example:

- A husband of a lady who was being treated at Bowes Lyon Unit in Durham had experience of a mixed sex unit and the problems caused when patients were sexually and socially uninhibited. He felt strongly that single sex accommodation was preferable.
- Someone whose father is currently in Bowes Lyon Unit in Durham felt passionately about maintaining a ward in Durham. This person's mother does not drive and relies on public transport or lifts from family members to visit her husband.
- A visitor to Bowes Lyon felt it would be wiser to close Picktree Ward in Durham because it was too small to have male and female patients together in the same area and that patients needed more space to wander more freely.
- Someone whose mother had been a patient at Bowes Lyon unit and is currently at Auckland Park said that for the dignity and safety of patients it is essential that single sex wards are available. This person felt that although it is further away, the family feels it is a better hospital for the mother's needs.
- The wife of a gentleman who spent several weeks at Picktree in Durham felt that the ward at Bowes Lyon Unit provided excellent care and that there is a need for locally based hospital care.

Some people raised issues that they felt we should consider and gave other suggestions. More detail on page 11.

People were asked to give us their preferred option and the reasons for it. The results are outlined below.

Please note that some people gave more than one reason and some people chose more than one option. One response is not included in these figures (although included in appendix 4) because it was not clear from their comments which option was preferred.

Option 1 - provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

31 individuals/organisations chose this as their preferred option.

The reasons given were:

Reason	Number of times given as a reason
Separate wards for men and women (for safety, privacy and dignity)	15
Better environment with more space	8
Easier to manage / staff single sex wards on one site	8
Location (ease of access)	8

Most cost effective	4
Most appropriate for meeting clinical needs of patients	3
Good hospital	2
Offers greatest flexibility	1

Option 2 – provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

6 individuals/organisations chose this as their preferred option

The reasons given were:

Reason	Number of times given as a reason
Retain some level of service in both the North and South of County Durham	6
Single sex wards	2
Space to expand in Durham if required	1

Option 3 – provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road, Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

29 individuals / organisations chose this as their preferred option.

The reasons given were:

Reason	Number of times given as a reason
Location (ease of access)	24
A good hospital	4
Potential for expansion	2
Mixed sex issues exaggerated	2
Avoid further loss of services for Derwentside	1
Important for men and women to be able to mix	1

Three people also suggested that we consider a fourth option of closing the wards at Bishop Auckland and developing (extending) the Lanchester Road Hospital site. (This was one of the 11 options which were discounted – see appendix 1)

Verbal feedback from public meetings

At the workshop style public meetings we facilitated round table discussions, following a presentation and short question and answer session. A summary of the verbal feedback/comments made at the meetings follows:

Consett

In general, people at this meeting felt that there should be a ward in Durham and that it was too far to Bishop Auckland. They said public transport was poor and there was concern that the impact on carers and family members on travelling long journeys to visit loved ones had not been fully recognised. They challenged the information we provided at the meeting about travel and journeys with public transport. (This information had been produced by using the Traveline* website <http://jplanner.travelinenortheast.info/>. Because of concerns about its accuracy we did not provide this information at subsequent meetings). Attendees also queried how easy it would be to find volunteer drivers.

People were full of praise for the care on Picktree and some people felt that a mixed sex ward was not a problem as long as there were separate bathroom facilities.

People felt very strongly that Derwentside had already lost a number of services and that services in Durham should remain.

**Traveline is a North East Transport Information Service, which is a partnership of local authorities and transport operators throughout the north east of England.*

Bishop Auckland

In general, people at this meeting felt that because the evidence supported separate male and female wards, that option 1 would be the best way forward. Because the numbers of people who need to spend time in hospital is relatively low, people felt it was important that they had the best possible environment.

People understood the need to save money and the rationale for option 1 but they were also aware of the impact this would have on some families. People said that it would be important to do everything possible to support people who needed to travel further and to make sure that staff communicated well with families.

Darlington

In general, people at this meeting felt that option 1 was the best option and that they did not want mixed sex wards. They said it was important to look at what was best for all of County Durham and Darlington and felt that Auckland Park offered the best environment.

People recognised the impact that option 1 would have on some families and said it was important that TEWV and the CCGs gave a commitment to support families. They talked about support for transport and were concerned about how the trust would develop a pool of volunteer drivers. They also talked about other ways of supporting families such as flexible visiting and café opening hours.

Murton

Differing views were expressed at this meeting. People recognised the benefits of single sex wards but were concerned about travel. Someone also talked about the importance of choice (eg being able to access beds provided by Northumbria, Tyne and Wear NHS Foundation Trust in Sunderland) and of involving carers in decisions about where to go. *(People in the Easington area with dementia may choose to be admitted to a bed in Sunderland. This will not change).*

Verbal feedback from meetings with TEWV staff

Bowes Lyon Unit, Durham

In general, staff who attended the meeting felt that option 3 (maintaining the mixed sex ward in Durham) was the best option. They felt that the accommodation and outdoor space at Picktree was good and said there were some benefits to having a mixed sex ward where people could mix, as in everyday life. They were concerned about the travelling for families and that Auckland Park did not have a local accident and emergency department.

West Park Hospital, Darlington

In general, staff who attended the meeting felt that option 1 was the best option. They understood that savings needed to be made and felt that this offered the best way forward.

Auckland Park Hospital, Bishop Auckland

In general, staff who attended the meeting felt that option 1 was the best option. They felt the environment was better at Auckland Park, offering more floor space and room for therapeutic activities. They also felt it was an opportunity to develop a centre of excellence for dementia services. They recognised the impact on families and agreed that we needed to make sure they were supported to be able to visit their loved ones.

The Old Vicarage, Seaham

Staff who attended the meeting unanimously agreed that single sex accommodation was more important than travelling distance to a ward. They expressed concern about travelling for families and stressed the need to support families. They highlighted the additional travelling time for staff and discussed ways of mitigating this (such as conference calls and web based meetings). They felt the facilities were better at Auckland Park and expressed significant concern about stand-alone wards.

Summary of additional issues raised (in writing and at meetings) and our responses to them

Increasing demand for beds and care home pressures

Concerns/issues raised

Some people were concerned that there would not be sufficient capacity to cope with the demand for NHS inpatient assessment and treatment beds. People are living longer and in the future more people will have dementia. Nursing homes are under increasing pressure and some are closing down. Some people had concerns about the quality of care in nursing homes as well as the training and support that's available for staff in care homes.

Our response

Our first priority is to support as many people as possible to remain in their home environment, this includes care homes. Although some people will need and benefit from admission to hospital, people with dementia generally want to stay in familiar surroundings which are less disorientating. To support this we have invested in

specialist support for care homes, including training for staff, and this has been very successful. We will continue to work closely with care homes to make sure people with dementia are getting the care and support they need.

We are confident that we have sufficient care homes within County Durham and Darlington. However, if someone's preferred home is full then that person may need to move into another setting until their home of choice has a vacancy.

Over the last few years we have seen a decrease in the number of admissions to hospital as well as the time people spend as an inpatient. The figures in the consultation document show that since TEWV reduced to 30 beds, on average just 24 beds were occupied. We are confident that 30 beds are sufficient.

On the rare occasions that beds are full, or when there isn't an appropriate male or female bed available, the process would be the same as it is now, ie the individual would be admitted to the nearest appropriate ward. Currently some men from Durham are admitted to Bishop Auckland because they need to be admitted to a male only ward.

Transport and access for visitors and carers

Concerns/issues raised

There was concern about the impact of options 1 and 2 on families. It would mean additional travel to visit their loved ones in all weathers and people wanted to know what consideration we'd given to this and what commitment we would give to providing support for transport and whether there would be a limit put on this. Specific queries and concerns were raised about how we would build up a pool of volunteer drivers and about parking problems. We also received suggestions about what we could do to support people such as linking with other organisations to provide transport and reviewing the café opening times.

Our response

We would do everything we could to support families and we are grateful for the suggestions people have made. TEWV would make sure visiting times are as flexible as possible and would help with travel arrangements. For instance, the Trust is developing a pool of volunteer drivers and is currently advertising and recruiting volunteers. They would also provide taxis if appropriate.

The support that people need would vary from person to person and would be agreed on an individual basis with the family / carers.

We are aware that car parking can sometimes be a problem at Bishop Auckland and, regardless of which option is agreed, TEWV has already agreed to increase the number of parking spaces for patients' visitors at Auckland Park Hospital.

We are grateful for the suggestions about how we can support families, such as café opening times and linking in with other organisations' transport plans and, once we have agreed which option will be implemented we will look at this in more detail, working with families and carers.

We don't underestimate the impact on the individual families of option 1 and 2, particularly in bad weather, and we would do all we can to support them. However, it is also important to remember that the vast majority of people with dementia receive their care in their home environment. Only around 5% of the people that we support need to spend time in hospital, for, on average 60 days.

The financial impact of the changes

Concerns/issues raised

Some people felt that the consultation focussed on financial issues and what would be easier for NHS staff, rather than what would be best for patients and families; we were also challenged about whether it was the best long term solution. Some people also queried the cost of providing support for transport and whether this had been taken into account.

Our response

We also want what's best for patients and that includes making sure we make the best use of our limited resources (tax payers' money). We need to make sure we are using the funding available to us to provide the best possible service for all patients, both in the community and in our hospitals.

We have strengthened our community services and now just 5% of people with dementia that we support need to spend time in hospital.

We are confident that 30 beds is sufficient to meet the needs of people in Durham and Darlington who do need to be admitted (the figures in the consultation document demonstrate this). However, it is not cost effective to manage three wards with 10 beds each (two wards can be managed safely and effectively with fewer staff than it takes to run three wards).

The cost of providing support to families for transport is not included in the savings as it's impossible to quantify in advance. However, we do not believe it will have a significant impact on the savings.

Other options, including the extension of Bowes Lyon Unit

Concerns/issues raised

Some people asked whether we had considered other options such as extending the Bowes Lyon Unit, using nursing homes, using beds at the University Hospital of North Durham, or not making any changes.

Our response

Our first priority is to support as many people as possible to remain in their home environment, this includes care homes. It is much better for them if they are able to remain in familiar surroundings. However, some people will need and benefit from admission to hospital for short periods of time.

Extending Bowes Lyon Unit was on TEWV's 'long list' of options (appendix 1). However, this was discounted because it would have meant a new building, attached

to the existing facility and this was not achievable within timescales or financially viable.

We are not aware that there is space available at the University Hospital of North Durham. However, even if there was available space the wards would require substantial internal modifications to meet the requirements for a ward for people with dementia, and this would not be financially viable.

Staying as we are (3 x 10 bed wards) is not an option because it is not cost effective to manage three wards with 10 beds each. We can manage two 15 bed wards safely and effectively with fewer staff than we need to manage three 10 bed wards.

Communicating with families and carers

Concerns/issues raised

People stressed the importance of good communications between staff and families, particularly when they live further away. We received suggestions on how to improve this such as using Skype and having carer champions on the wards.

Our response

We wholeheartedly agree about the importance of communications between staff and families and are grateful for the suggestions. TEWV already has carer link workers on our wards who work closely with families. The Trust will also look at how they might use Skype to communicate with families.

Managing mixed sex accommodation and/or isolated wards

Concerns/issues raised

Some people were concerned about how we would manage mixed sex wards, ensuring effective segregation, and that there would not be sufficient nurses to do this. Conversely, some people said that having mixed sex wards was not unusual and should not be a problem, if handled correctly. Some people also felt there were some benefits to having mixed sex wards where people could mix, as in everyday life.

Some people were also concerned about the safety of patients in an isolated ward, with no additional staff to call on in an emergency.

Some people felt it was important to be near to an accident and emergency department such as the University Hospital of North Durham. There is no accident and emergency department at Bishop Auckland General Hospital.

Our response

We already have male and female zones at Picktree (as required by the Care Quality Commission*) and would do the same at Auckland Park under option 3. However, it is difficult to manage patients with advanced dementia as they are unlikely to recognise and observe male or female only areas.

TEWV has mixed sex wards in other areas of the trust that adhere to the CQC guidance and which they are able to manage although additional staffing is often needed to do this safely.

The benefits of replicating everyday life (ie having a mixed sex ward) need to be balanced against having vulnerable and sexually uninhibited male and female patients in one ward.

If we choose option 2 or 3 then we would have an isolated ward at Bishop Auckland, without support from other wards that are close by for emergency and short term staffing. To compensate for this we would increase staffing levels on the ward and this is reflected in the estimated annual savings. If we choose option 1 Roseberry Ward will be the only inpatient ward at Bowes Lyon. However, in an emergency the ward could call on colleagues at Lanchester Road Hospital, on the same site,

The nearest accident and emergency department for Auckland Park Hospital is Darlington Memorial Hospital which is 11 miles away. In an emergency the ward would call 999 for an ambulance.

**Care Quality Commission guidance states that “All sleeping and bathroom areas should be segregated, and patients should not have to walk through an area occupied by another sex to reach toilets or bathrooms. Separate male and female toilets and bathrooms should be provided, as should women-only day rooms.*

“It may be acceptable, in a clinical emergency, to admit a patient temporarily to a single, en-suite room in the opposite-gender area of a ward. In such cases, a full risk-assessment should be carried out and the patient’s safety, privacy and dignity maintained. Steps should be taken to rectify the situation as soon as possible.”

Respite care

Concerns/issues raised

The issue of the need for adequate respite care was raised.

Our response

TEWV is not commissioned to provide respite services in older people’s services and this is not part of this consultation.

Conclusion

Summary of feedback received

During the consultation there were two main issues for people:

- the benefits of single sex accommodation
- the importance of having locally based services

The majority accepted that single sex accommodation for people with dementia is preferable. However, there was a difference of opinion between what was **more** important – having locally based services or having single sex accommodation.

There was strength of feeling on both sides of the debate.

Based on the public meetings, people in the north of the county (eg Durham City, Chester-le-Street and Derwentside) were in favour of option three and maintaining locally based services; some people also felt that mixed sex wards were not a problem.

People in the south of county (eg Bishop Auckland and the Wear Valley, Teesdale and Sedgefield) and Darlington were, in the main, in favour of option one and providing single sex wards although they recognised the impact this would have on families/carers and wanted assurance that everything would be done to support families to visit their loved ones.

Based on the written feedback, two more people voted for option 1 over option 3.

Option 1:	31
Option 2:	6
Option 3:	29

The main reason given for choosing option 1 was being able to provide separate wards for men and women but some people also felt this would provide a better, more spacious environment and that it would be easier to manage services on a single site. Some people also chose it because it was more accessible.

Overwhelmingly, the main reason given for choosing option 3 was location (ease of access).

As indicated in the consultation document the preferred option of mental health professionals at TEWV was option 1. The main reason for this is separate wards for men and women. Patients with advanced dementia often display behaviour that is challenging and can be socially and sexually uninhibited and experience shows that separate male and female wards is the best option for these vulnerable patients.

Appendices

Appendix 1 – Long list of options

Appendix 2 - Consultation document

Appendix 3 – Media coverage

Appendix 4 - Copies of written responses, anonymised where appropriate

Appendix 1 – Long list of options

Long list of options for location of two 15 bed assessment and treatment wards for older people with dementia in County Durham and Darlington

- Provide two wards at Auckland Park Hospital (a male and female) and close Picktree Ward at Bowes Lyon Unit
- Provide separate male and female wards on separate sites (one at Auckland Park Hospital) and one at Bowes Lyon Unit
- Provide a mixed sex ward at Bowes Lyon Unit and a mixed sex ward at Auckland Park
- Refurbishment of alternative Trust property eg Lanchester Road Hospital
- Refurbishment of non-Trust property eg Sedgfield Community Hospital –
- New build - existing site
- New build - alternative Trust site
- New build non-Trust site
- Lease of current out of use care home
- Partnership development
- To utilise the vacant space on Oak Ward, West Park to provide 12 organic beds
- To provide 2 x 15 bed organic wards at Bowes Lyon Unit (BLU), LRH (and close wards at Auckland Park and re-locate the current Functional Roseberry ward at BLU)
- Utilise vacant ward at Derwent clinic
- Utilise potential ward availability in Teesside

Appendix 2 – Consultation document



Darlington Clinical Commissioning Group
Durham Dales, Easington and Sedgefield Clinical Commissioning Group
North Durham Clinical Commissioning Group
Tees, Esk and Wear Valleys NHS Foundation Trust

Improving mental health services for people with dementia in County Durham and Darlington

Public consultation
4 January - 28 March 2016

Introduction

The purpose of this consultation is to seek the views of local people on the future location of assessment and treatment beds for older people who have dementia in County Durham and Darlington.

Most people who are living with dementia are supported at home, including nursing or residential homes. Some people with complex needs may need to spend a short time in hospital where they can be fully assessed and treated before returning to their home environment or moving to more appropriate accommodation.

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) provides specialist inpatient assessment and treatment services for people who have dementia. There are currently three 10 bed wards in County Durham and Darlington – one ward at Bowes Lyon Unit, Lanchester Road Hospital in Durham and two wards at Auckland Park Hospital in Bishop Auckland.

Developments over recent years to TEWV's community services, such as specialist support for care homes and general hospitals, mean that fewer people with dementia need to spend time in hospital. Inpatient care is now the exception rather than the norm and occupancy levels and the number of admissions have reduced over the last two years.

TEWV are confident that they have the appropriate number of beds for the citizens of County Durham and Darlington. We now need to make sure that we are offering people who have dementia not only the best possible inpatient environment (should admission to a specialist ward be required), but also that we are making the best use of our resources. This means reviewing the current location and configuration of assessment and treatment beds.

This document provides more detailed information about a number of options for the future location of inpatient services and explains how you can have your say.

Your views are important to us and will help us decide which option to implement. No decision will be made about the future configuration and location of the wards until after the consultation has taken place.

Background

People are living longer and the number of people who have dementia is increasing. We want to make sure that these people get the best possible care and support.

More people with dementia are able (and want) to receive the care and treatment they need in their home environment. Although some people will need and benefit from admission to hospital, people with dementia generally want to stay in familiar surroundings which are less disorientating. As we strengthen our community services and change the way we work to support patients in their home environment, fewer people need to be admitted to specialist wards and those who are admitted are spending less time in hospital.

Occupancy levels and the number of admissions have reduced over the last two years and between August and November 2014 TEWV reduced the number of inpatient beds on the three assessment and treatment wards from 45 (3 x 15 bed wards) to 30 (3 x 10 bed wards). This is consistent with the number of beds available in other areas of the Trust and other parts of England. Over the last 12 months TEWV has demonstrated that 30 beds is sufficient to meet the needs of the residents of County Durham and Darlington who have dementia (see tables overleaf).

Use of inpatient beds

Time period	Number of admissions	Occupied bed days
1 April 2013 – 31 March 2014	157	13,983
1 April 2014 – 31 March 2015	163	11,113
1 April 2015 – 31 March 2016 (forecast based on eight months data)	145	8,949

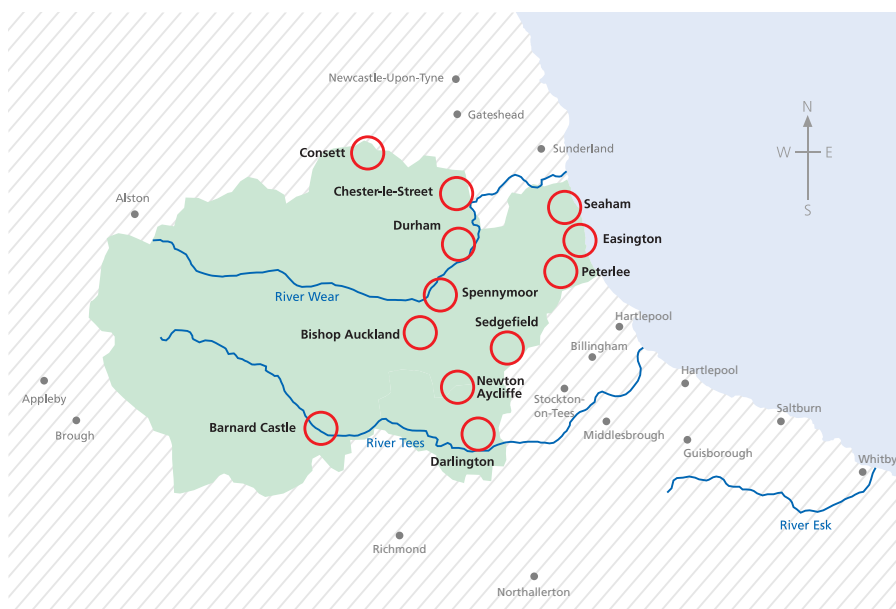
Time period	Number of beds	Bed occupancy (%)
1 April 2014 – 30 November 2014	45	75%
1 December 2014 – 30 November 2015	30	81%

The figures show an overall decrease in the number of admissions from County Durham and Darlington over the last two and a half years and a dramatic decrease in the length of time people spend in hospital (occupied bed days), even when the number of admissions increased during 2014/15. This is also reflected in the average bed occupancy rates (% of overall number of beds that are occupied) for the periods immediately before and after the numbers of beds were reduced.

Increasingly, more people are supported in their home environment, whilst those people who are admitted to mental health hospitals have very complex needs, often displaying behaviours that make it difficult for carers to continue to support the person at home.

It is therefore important that the inpatient environment meets the needs of patients who exhibit behaviours that are particularly challenging. This means providing an environment where patients can be cared for safely and with dignity, and where vulnerable patients can be protected. It includes offering spacious accommodation where patients can move around freely, with places where they can be quiet as well as other areas that are more stimulating.

In doing this we must also make sure that we make the best use of tax payers' money and use our limited resources as effectively as possible.



Our current inpatient services for people with dementia

In County Durham and Darlington (shaded in green on map) there are currently three inpatient wards providing assessment and treatment services for people who have a dementia:

- Picktree Ward, Bowes Lyon Unit, Lanchester Road Hospital, Durham (10 beds) – mixed sex ward with designated sleeping areas for men and women
- Ceddesfeld Ward, Auckland Park Hospital, Bishop Auckland (10 beds) – single sex (male) ward
- Hamsterley Ward, Auckland Park Hospital, Bishop Auckland (10 beds) – single sex (female) ward

(At Bowes Lyon Unit in Durham we also have an assessment and treatment ward – Roseberry Ward - for older people with mental health problems such as psychosis, severe depression or anxiety (functional illnesses). There is a second functional ward at West Park Hospital in Darlington. People with different illnesses have very different needs and it is nationally recognised good practice to care for them in different wards. These wards are not part of this consultation.)

The need for change

We regularly review our services and facilities to make sure that the people who use them are getting the care they need, when and where they need it, and that we are using our limited resources effectively.

As more people with dementia are supported in their home environment, we need fewer beds. It is, of course, important that there are inpatient beds available locally when patients need them but we also need to make sure that we are

- providing the best possible environment and
- making the best use of tax payers' money.

It is much more efficient and cost effective to manage two wards with 15 beds than three wards with 10 beds (two wards can be managed safely and effectively with fewer staff).

Our proposal

We will retain 30 inpatient beds but reduce the number of wards from three to two.

There are three options open to us:

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree Ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham).

This would result in a saving of £454,000 per year (staffing costs).

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham (and close one of the wards at Bishop Auckland).

This would result in a saving of £332,000 per year (staffing costs).*

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland (and close one of the wards at Bishop Auckland).

This would result in a saving of £332,000 per year (staffing costs).*

** Savings for options 2 and 3 are less because additional staffing would be required on the isolated ward at Auckland Park Hospital.*

Option 1 *(the preferred option of clinicians)*

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

Benefits

- Separate wards for men and women. Because more people are being supported at home, those who are admitted to hospital have more complex needs. Patients often display behaviour that is challenging and can be socially and sexually disinhibited. Clinical experience shows that having single sex wards is the best option for these vulnerable patients, some of whom are admitted from male only care homes.
- These two ground floor wards offer the best physical environment for people with dementia and challenging behaviour. They are larger than the ward at Bowes Lyon Unit in Durham and space is a crucial factor in caring for people whose behaviour can be challenging. Patients have more room to move about freely, which reduces aggression, and there is also more space to offer a choice of quiet or socially stimulating areas (in line with nationally recognised standards set by the Dementia Services Development Centre at Stirling University).
- Having two wards on one site would mean staff would be able to make more efficient use of clinical time.
- This option provides the most flexibility in terms of adjusting the wards to respond to the ratio of men and women needing to spend time in hospital. For instance, if required we could have 16 men in one ward and 14 women in the other.

Disadvantages

- Some patients and their families would have further to travel. For instance, people from Consett have 12 miles to travel to Lanchester Road Hospital and this increases to 23 miles to Auckland Park. The Trust recognises the impact this could have and would do everything possible to support families. This includes having flexible visiting times and helping with travel arrangements, using taxis if appropriate.

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

Benefits

- There would be inpatient services at both Durham and Bishop Auckland.
- Separate wards for men and women. Because more people are being supported at home, those who are admitted to hospital have more complex needs. Patients often display behaviour that is challenging and can be socially and sexually disinhibited. Clinical experience shows that having single sex wards is the best option for these vulnerable patients, many of whom are admitted from male only care homes.

Disadvantages

- Some patients and their families would have further to travel. For instance, people from Consett have 12 miles to travel to Lanchester Road Hospital and this increases to 23 miles to Auckland Park. The Trust recognises the impact this could have and would do everything possible to support families. This includes having flexible visiting times and helping with travel arrangements, using taxis if appropriate.
- The ward in Durham has less internal space than the wards in Bishop Auckland. Effective use of space is a crucial factor in caring for people whose behaviour can be challenging.
- This would leave one isolated ward at Auckland Park Hospital without support from other wards that are close by for emergency and short term staffing. Additional staffing would be required due to its isolation.

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland

Benefits

- We would retain wards at Durham and Bishop Auckland and there would be no increase in travel for patients and their families.

Disadvantages

- We would have to provide mixed sex wards. Because more people are being supported at home, those who are admitted to hospital have more complex needs. Patients often display behaviour that is challenging and can be socially and sexually disinhibited. Clinical experience shows that single sex wards is the best option for these vulnerable patients. Although we could introduce male and female zones it would be difficult to manage as patients with advanced dementia are unlikely to recognise and observe male or female only areas. The Care Quality Commission requires Trusts to provide single sex accommodation and, despite providing male and female zones, moving from a single sex ward to a mixed sex ward (at Auckland Park) will be perceived as a backward step.
- The ward in Durham has less internal space than the wards in Bishop Auckland. Space is a crucial factor in caring for people whose behaviour can be challenging.
- This would leave one isolated ward at Auckland Park Hospital without support from other wards that are close by for emergency and short term staffing. Additional staffing would be required due to its isolation.

Impact on people with dementia who need to spend time in hospital

On average 11 people with dementia per month are admitted to our hospitals in Durham and Bishop Auckland and stay for 60 days. Based on last year's data (1 December 2014 – 30 November 2015) there were 135 admissions to Ceddesfeld and Hamsterley Wards in Auckland Park Hospital in Bishop Auckland and Picktree Ward at Bowes Lyon Unit in Durham. The table below provides more detail about where these people live, based on their registered GP practices.

As the data shows, there have been occasions when patients from the Durham and Derwentside areas have been admitted to Auckland Park Hospital and, although less frequently, when people from Durham Dales have been admitted to Picktree Ward. This has been because of the complexity of the illness, the need for some men to be admitted to a male only environment or that the nearest ward has been full.

Use of inpatient beds

GP practice area	Admissions to Auckland Park Hospital	Admissions to Picktree Ward, Bowes Lyon Unit	Total number of admissions
Chester-le-Street	3	6	9
Darlington includes Middleton St George and Sadberge	22	0	22
Derwentside includes Consett, Stanley, Burnopfield and Lanchester	4	19	23
Durham City includes Coxhoe, Bowburn and Brandon	2	13	15
Durham Dales includes Bishop Auckland, Barnard Castle, Teesdale and Weardale	23	2	25
Easington includes Peterlee, Seaham, Wingate and Wheatley Hill	6	14	20
Sedgefield includes Spennymoor, Newton Aycliffe, Shildon and West Cornforth	21	0	21

The views of mental health professionals at TEWV

The preferred option of mental health professionals at TEWV is option one because the clinicians firmly believe that having separate wards for men and women is highly beneficial. Patients with advanced dementia often display behaviour that is challenging and can be socially and sexually disinhibited. Clinical experience, gained over the last ten years, shows that separate male and female wards is the best option for these vulnerable patients. Carers have also raised concerns and made complaints to the Trust about mixed sex wards.

Have your say

We would like your views on our proposals for continuing to improve services for people with dementia in County Durham and Darlington.

The public consultation will run from 4 January to 28 March 2016.

We are holding four public meetings.

You can give us your feedback by completing the attached form or emailing your comments to nduccg.northdurhamccg@nhs.net

Your can also send the completed attached form or comments to:

Engagement Lead
North Durham CCG
The Rivergreen Centre
Aykley Heads
Durham DH1 5TS

If you would like more information or, if you are part of a group or organisation and would like someone to come and talk to you about these proposals please contact 0191 389 8617.

The deadline for responses is 28 March 2016 when the consultation closes.

Public meetings

Date:	5 February, 2016
Time:	2.00 - 4.00pm
Venue:	St Patrick's Hall, Victoria Road, Consett, Co Durham, DH8 5AX

Date:	9 February, 2016
Time:	6.00 - 8.00pm
Venue:	Eden Room, Bishop Auckland Town Hall, Market Place, Bishop Auckland, Co Durham, DL14 7NP

Date:	25 February 2016
Time:	10.00am - 12.00 noon
Venue:	Central Hall, The Dolphin Centre, Horse Market, Darlington, Co Durham, DL1 5RP

Date:	29 February 2016
Time:	10.00am - 12.00 noon
Venue:	Main Hall, The Glebe Centre, Durham Place, Murton, Seaham, Co Durham, SR7 9BX

It would be helpful if you could confirm your attendance by emailing nduccg.northdurhamccg@nhs.net or phoning the engagement team on 0191 389 8617.

What happens next?

We will use the information you provide to help us make a decision on our proposals. No decision will be made until the consultation has ended.

All comments, views and feedback will be considered by the CCGs and TEWV and a decision will be made once the feedback gathered through the consultation process has been considered. It will also be reviewed by the local authorities' Health Scrutiny Committees and shared with the public.


***Darlington
Clinical Commissioning Group***


***Durham Dales, Easington and Sedgefield
Clinical Commissioning Group***


***North Durham
Clinical Commissioning Group***

Tees, Esk and Wear Valleys 
NHS Foundation Trust



Questionnaire

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

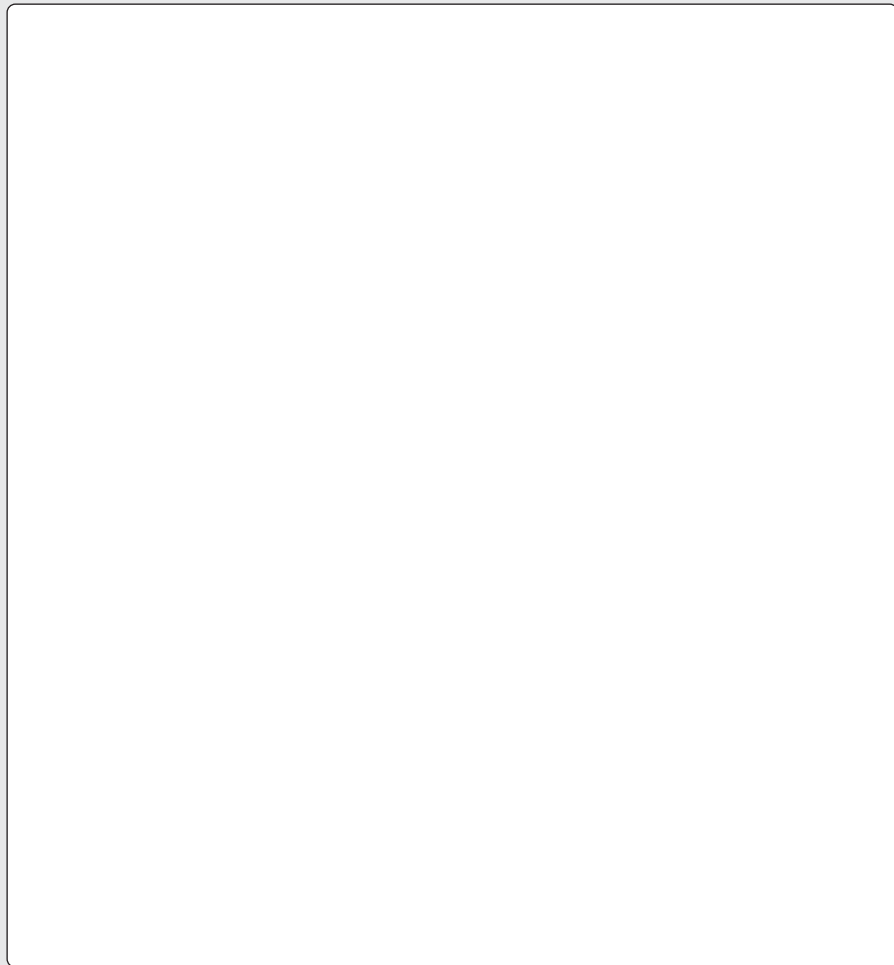
☐

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

Continue overleaf if required



The closing date for responses is 28 March 2016.

Please send this form to:
Engagement Lead
North Durham CCG
The Rivergreen Centre
Aykley Heads
Durham
DH1 5TS

You can also email your comments to nduccg.northdurhamccg@nhs.net

Appendix 3 – Media coverage

Media release

4 January 2016

NHS consults with local people on proposed changes

The NHS in County Durham and Darlington is seeking the views of local people about proposed changes to hospital inpatient services for older people with dementia.

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) currently provides assessment and treatment beds across three inpatient wards. There are two 10-bed wards at Auckland Park Hospital in Bishop Auckland and one 10-bed ward at the Bowes Lyon Unit, Lanchester Road Hospital in Durham.

The trust will maintain 30 beds but plans to reduce the number of wards from three to two.

Mrs Elizabeth Moody, director nursing and governance at TEWV, said: “Most people with dementia receive the support they need in the familiar surroundings of their own home, nursing or residential home.

“Some people, often those with very complex needs, need to spend short periods in hospital and it’s important that we provide them with the best possible environment, as near to their families as possible.

“However, we must also make sure that we make the best use of tax payers’ money and use our limited resources as effectively as possible.

“By reducing the number of wards from three to two, whilst maintaining the same number of beds, we can save up to £454,000 per year.”

The local NHS clinical commissioning groups (Darlington CCG, Durham Dales, Easington and Sedgefield CCG and North Durham CCG) are consulting on three possible options.

- Option 1 is to locate both wards (one male and one female) at Auckland Park Hospital at Bishop Auckland and close Picktree Ward in Durham.
- Option 2 is to provide separate male and female wards on separate sites (one ward at Bishop Auckland and one ward at Durham and close one of the wards at Bishop Auckland).
- Option 3 is to provide a mixed sex ward at Bishop Auckland and a mixed sex ward in Durham and close one of the wards at Bishop Auckland.

The preferred option of mental health professionals at TEWV is to have separate male and female wards at Bishop Auckland. The clinicians firmly believe that having separate wards for men and women is highly beneficial.

They say that patients with advanced dementia often display behaviour that is challenging and can be socially and sexually disinhibited. Their experience has shown that having separate male and female wards is the best option as they provide environments where patients can be cared for safely and with dignity and where vulnerable patients can be protected.

The main disadvantage of this option is that some patients and their families would have further to travel.

Dr Neil O'Brien, clinical chief officer at NHS North Durham CCG, said: "We have not yet made a decision on the location of these wards and we need the views of local people to help us decide.

"We recognise how important it is that families can visit their loved ones and want to provide inpatient services as locally as possible.

“We also want to provide inpatient accommodation that meets the needs of people with advanced dementia.

“Alongside all of this, we need to make sure that services are as cost effective as possible.”

The public consultation runs until 28 March 2016 and the NHS are holding public meetings in Derwentside, Bishop Auckland, Darlington and Seaham.

Information about the meetings, additional information on the options and how people can have their say is available online at www.northdurhamccg.nhs.uk, www.darlingtonccg.nhs.uk, www.durhamdaleseasingtonsedgfieldccg.nhs.uk or www.tewv.nhs.uk or by contacting North Durham CCG’s engagement team on 0191 3898617.

ENDS

Notes to editor:

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) was formed in April 2006 and was authorised as a foundation trust on 1 July 2008. The Trust took over responsibility for services in York and Selby on 1 October 2015. TEWV provides mental health and learning disability services for the people of County Durham, Tees Valley and most of North Yorkshire. It also provides a range of specialist mental health and learning disability services to other parts of northern England.

For more information please contact the communications team on 01325 552223 or email tewv.enquiries@nhs.net

**Future location of inpatient assessment
and treatment beds for people with dementia in
County Durham and Darlington.**

5 February 2016 2.00 – 4.00pm St Patrick's Hall,
Victoria Road, Consett, DH8 5AX

9 February 2016 6.00 – 8.00pm Eden Room, Bishop
Auckland Town Hall, Market Place, Bishop Auckland,
DL14 7NP

25 February 2016 10.00 am – 12.00 noon Central Hall,
The Dolphin Centre, Horse Market, Darlington, DL1 5RP

29 February 2016 10.00 am – 12.00 noon Main Hall,
The Glebe Centre, Durham Place, Murton, Seaham,
SR7 9BX

For more information Tel. 0191 3898617 or to confirm
your attendance nduccg.northdurhamccg@nhs.net

Client: Tees Esk and Wear Valleys NHS Foundation Trust Yellow News
Source: The Northern Echo (North Edition) (Main)
Date: 05 January 2016
Page: 5
Reach: 36740
Size: 208cm2
Value: 1316.64

Consultations start on the changes to dementia care

By Helen Russell
Staff Reporter

helen.russell@nne.co.uk

DISCUSSIONS has started on proposed alterations to dementia care services at two hospitals.

The Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust currently provides assessment and treatment beds across three inpatient wards – two ten-bed wards at Auckland Park Hospital, in Bishop Auckland, and one ten-bed ward at the Bowes Lyon Unit, at the Lanchester Road Hospital, in Durham.

Under the new proposals, the number of wards would reduce from three to two, but would still maintain 30 beds.

The local NHS clinical com-

missioning groups Darlington CCG, Durham Dales, Easington and Sedgefield CCG and North Durham CCG are consulting on three possible options.

Option one is to locate both wards – one male and one female – at Auckland Park Hospital and close the Picktree Ward in Durham; option two would provide separate male and female wards on separate sites – one ward at Bishop Auckland, one ward at

Durham and closing the second one at Bishop Auckland; option three would provide a mixed gender ward at Bishop Auckland and a mixed gender ward in Durham, closing the other ward at Bishop Auckland.

The preferred option of mental health professionals at TEWV is to have separate male and female wards at

Bishop Auckland.

Clinicians say that patients with advanced dementia often display challenging behaviour that can be socially and sexually disinhibited and that having separate gender wards provide environ-

ments where patients can be cared for safely, with dignity, and where vulnerable patients can be protected.

Elizabeth Moody, director of nursing and governance at TEWV, said: "Some people, often those with very complex needs, need to spend short periods in hospital and it's important that we provide them with the best possible environment, as near to their families as possible.

"However, we must also make sure that we make the best use of taxpayers' money and use our limited resources as effectively as possible.

"By reducing the number of wards from three to two, whilst maintaining the same number of beds, we can save up to £454,000 per year."

Public consultation runs until March 28 and public meetings will take place in Derwentside, Bishop Auckland, Darlington and Seaham.

For information about meetings or providing feedback, visit northdurhamccg.nhs.uk, darlingtonccg.nhs.uk, durhamdaleseasingtonccg.nhs.uk or tewv.nhs.co.uk.

Call North Durham's CCG's engagement team on 0191-389-8617.

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PUBLIC NOTICES

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Premises: Bavaria, 24 Vine Place, Sunderland, SR1 3NE

Notice is given that Bavaria Bars Limited has applied to the Sunderland City Council Licensing Authority to vary a Premises Licence under the Licensing Act 2003.

The proposed variations to the Premises Licence are: Provision of late night refreshment; Supply of alcohol; Provision of regulated entertainment; Live music; Recorded music; Performance of Dance; Anything of a similar description to that falling within the above.

The licensing register of Sunderland City Council is kept at: Sunderland City Council, Licensing Section, Jack Crawford House, Commercial Road, Sunderland, SR2 8QR.

A record of the application may be inspected by appointment during the hours Monday to Thursday 8.30 – 5.15 and Friday 8.30 – 4.45 at the City Centre Customer Services Centre at 31-32 Fawcett Street, Sunderland, SR3 1RE.

Representations regarding this application must be made in writing to the Council no later than 18/03/16

It is an offence under Section 158 of the Licensing Act 2003 knowingly or recklessly to make a false statement in connection with an application and the maximum fine for which a person is liable on summary conviction for the offence is level 5 on the standard scale (£5000).

Christiana Bell Hindmarch

Pursuant to the Trustee Act 1925 any persons having a claim against or an interest in the estate of the aforementioned deceased late of Glenholm House 4 Park Avenue Roker Sunderland SR6 9PU formerly of 20 Woodstock Avenue Grangetown Sunderland SR2 9QD who died on 11.10.2015 are required to send particulars thereof in writing to the undersigned Solicitors on or before 25.04.2016 after which date the Estate will be distributed having regard only to claims and interests of which they have had notice. Peter Dunn & Co. 20 Athenaeum Street Sunderland SR1 1DH



Public Consultation Meeting

Future location of inpatient assessment and treatment beds for people with dementia in County Durham and Darlington.

29 February 2016
10.00 am – 12.00 noon

Main Hall, The Glebe Centre, Durham Place, Murton, Seaham, SR7 9BX

For more information Tel. 0191 3898617 or to confirm your attendance nduccg.northdurhamccg@nhs.net

MARY SYBIL KIRTLEY (Deceased)

Pursuant to the Trustee Act 1925 any persons having a claim against or an interest in the Estate of the aforementioned deceased, late of 71 Carlton Crescent East Herrington Sunderland SR3 3PH, who died on 04/10/2015, are required to send particulars thereof in writing to the undersigned Solicitors on or before 06/05/2016, after which date the Estate will be distributed having regard only to claims and interests of which they have had notice.

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41 Church Street
Seaham SR7 7EJ

T464805

BRIAN HOLMES (Deceased)

Pursuant to the Trustee Act 1925 any persons having a claim against or an interest in the Estate of the above named, late of 3 Bude Square, Murton, Seaham, County Durham, who died on 29/11/2015, are required to send written particulars thereof to the undersigned on or before 02/05/2016, after which date the Estate will be distributed having regard only to the claims and interests of which they have had notice.

Mulcahy Smith, 23 Regent Terrace, Gateshead, Tyne & Wear NE8 1LU. Ref: CHSS/HOLM17/1

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Appendix 4 – Copies of written responses, anonymised where appropriate

Option 1

Questionnaire

RECEIVED

08 MAR 2015

Please tick ☒ your preferred option



Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)



Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.



Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

My mother has been a patient at Bowes Lyon and is currently a patient at Auckland Park. Mixed sex wards are inappropriate for people with this type of illness. As a family we have observed in our relative + other patients, disinhibited behaviours and often patients not being aware of

Continue overleaf if required

Please detach and return to the address overleaf

boundaries/removing their own clothes.
For the dignity and safety of patients
It is ~~p~~ essential that single sex
wards are available.

Also having experienced both sites,
we feel that the building and its
layout/facilities at Auckland Park
is far superior than Bowes Lyon
which we feel is not fit for
purpose - no ensuite toilets + not
enough space for patients like our
mother, no separate dining room,
not enough quiet rooms/private
rooms to use when required.

Although Auckland Park is much
further away for our family to visit than
Bowes Lyon, we feel it is a better hospital

The closing date for responses is 28 March 2016.

for our mother's
needs.

Please send this form to:
Engagement Lead
North Durham CCG
The Rivergreen Centre
Ayckley Heads
Durham
DH1 5TS

You can also email your comments to nduccg.northdurhamccg@nhs.net

Please detach and return to the address overleaf

Questionnaire

Please tick ☒ your preferred option



Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)



Option 2

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Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

After being at the meeting the speakers and public questions confirm my decision. I also do Vol Work at Auckland Park so know the care and very good help given to users.

Continue overleaf if required



Please detach and return to the address overleaf

Questionnaire

Please tick ☒ your preferred option

☒

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☐

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

Continue overleaf if required



Questionnaire

Please tick ☒ your preferred option

RECEIVED

16 MAR 2016



Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)



Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.



Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

I am a member of nursing staff
+ have serious concerns about
leaving one isolated ward at
Auckland Park.

The only other MHSOP ward like
this is Springwood, but they
do not accept direct admissions

Continue overleaf if required

Please detach and return to the address overleaf



so therefore they can plan for additional nursing staff because patients' needs are already understood. This would not be the case at Auckland Park - and most admissions occur in the late afternoon / evening now due to the time it takes to arrange Mental Health Act Assessments.

Many of our patients would require two nurses to escort them to A+E if they became unwell - this would be impossible on an isolated ward

If a member of staff became unwell during a shift the situation would be impossible for staff.

The risks of the other two options are too great
The closing date for responses is 28 March 2016.

Please send this form to:
Engagement Lead
North Durham CCG
The Rivergreen Centre
Ayckley Heads
Durham
DH1 5TS

fr patients and staff. -
Aside from my view that
if single sex wards can
be provided then they should
be provided.

You can also email your comments to nduccg.northdurhamccg@nhs.net

Please choose the safe option which
will mean patients get the best possible
care.

Questionnaire

Please tick ☒ your preferred option

RECEIVED

10 MAR 2015



Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)



Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.



Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

WITHIN AREA. NOT TOO FAR
FOR FAMILIES TO KEEP IN
TOUCH

Continue overleaf if required

Questionnaire

RECEIVED

01 MAR 2016

Please tick ☒ your preferred option

☒

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☐

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

Continue overleaf if required

Questionnaire

RECEIVED

01 MAR 2013

Please tick ☒ your preferred option



Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)



Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.



Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

Easy to get to.

Continue overleaf if required

Questionnaire

Please tick ☒ your preferred option



Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)



Option 2

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Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

SINGLE SEX WARDS:
LARGER WARDS.

FOR PEOPLE NORTH OF
COUNTY IF VISITING TIMES
AREN'T LIMITED VISITORS
CAN STAY LONGER

Continue overleaf if required

Please detach and return to the address overleaf



Questionnaire

Please tick ☒ your preferred option

☒

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☐

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

It will make things a lot easier
for the staff to manage
a lot of people do not like to
be in mixed wards they do not
feel safe.
They must avoid travelling out.

Continue overleaf if required

Please detach and return to the address overleaf



Questionnaire

Please tick ☒ your preferred option

☒

Option 1

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☐

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

not enough nurses to cover mixed wards.

Continue overleaf if required

Please detach and return to the address overleaf



Questionnaire

Please tick ☒ your preferred option



Option 1

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Option 3

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Please explain why you have chosen this option

PREFER. SEPARATE M/F
WARDS. - BETTER OPTION.

Continue overleaf if required

Please detach and return to the address overleaf



Questionnaire

Please tick ☒ your preferred option



Option 1

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Option 3

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Please explain why you have chosen this option

- Separate wards for men and women
- Size of Facilities
- Same site especially if both husband/wife have dementia
- Offer of free help with travel either by volunteer drivers who will be paid a mileage rate or by taxi. Assured support flocks would enable to not to cover this
- More work needed on transgender patients.

Continue overleaf if required

Please detach and return to the address overleaf



Questionnaire

Please tick ☒ your preferred option



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Please explain why you have chosen this option

Continue overleaf if required

Please detach and return to the address overleaf



Questionnaire

Please tick ☒ your preferred option

RECEIVED

10 MAR 2016



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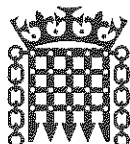
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Please explain why you have chosen this option

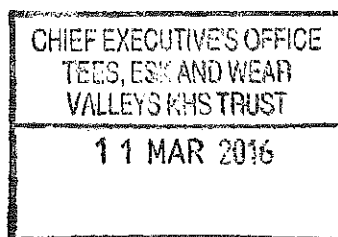
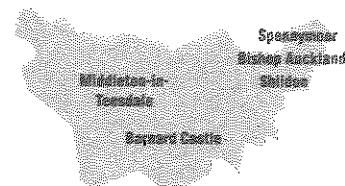
Wards suited to nursing both male + female as are single sex - also the environments are much better suited to caring for those with dementia -

Continue overleaf if required



HELEN GOODMAN MP

Standing up for all in the Bishop Auckland Constituency



Mr Martin Barkley
Chief Executive
Tees, Esk & Wear Valley NHS
Foundation Trust Headquarters
West Park Hospital
Edward Pease Way
Darlington
County Durham
DL2 2TS

10 March 2016

Dear Martin

I am writing in response to the *Improving mental health services for people with dementia in County Durham and Darlington* public consultation.

I do not really like any of these options, but prefer 1 or 2. I think you should also be providing respite for families as people can cope at home for a time, but need a rest.

I think you should think more about family need and less about saving money. I would have a small number of beds also at the Richardson in Barnard Castle where there is a large elderly population and under-used resource.

I also think you should organise dementia training for those who work in care homes, where many sufferers live and where in my experience the care is totally inadequate.

Yours Sincerely

Helen Goodman
Member of Parliament for Bishop Auckland Constituency

Questionnaire

Please tick ☒ your preferred option



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Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

In my opinion as a past visitor, I think it would be wiser to close Picktree ward, Bowes Lyon and keep two single sex wards at Auckland Park hospital. I think Picktree ward is too small to have mixed patients, with both male and female bedrooms in the same corridor. Patients were wandering into each others bedrooms, and becoming more agitated and distressed when staff tried to lead them

Continue overleaf if required

to their own rooms. The patients need more space to wander and move about freely as a lot of admissions have challenging, sexual and violent behaviours.

There needs to be areas for patients who are less challenging, also more quiet areas for visitors to visit relatives and not feel afraid, by aggressive patients.

The closing date for responses is 28 March 2016.

Please send this form to:
Engagement Lead
North Durham CCG
The Rivergreen Centre
Aykley Heads
Durham
DH1 5TS

You can also email your comments to nduccg.northdurhamccg@nhs.net

Questionnaire

Please tick ☒ your preferred option



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Option 3

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Please explain why you have chosen this option

Although Option 1 is the preferred option far too many dementia patients are being admitted and cared for in general hospitals. This is not satisfactory as it is not meeting elderly dementia patient needs.
Foundation Trust Member, 9.2.16.
900007626

Continue overleaf if required

Option 1 would be my preferred option

- Dignity with separate wards
- Auckland Park Hospital in a more built up area — Lanchester Hospital is in an isolated situation.
- ? could become a centre of excellence (Auckland Park)

The closing date for responses is 28 March 2016.

Please send this form to:
Engagement Lead
North Durham CCG
The Rivergreen Centre
Aykley Heads
Durham
DH1 5TS

You can also email your comments to nduccg.northdurhamccg@nhs.net

From: Binns Christopher (TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST)

Received: Monday, 07 Mar 2016, 13:39

To: Bashford Carl (TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST)

Subject: Consultation Organic Beds APH

Only 1 person attended this morning she was a Dementia Advisor Nicky Tulloch. She will share information with colleagues and promote return of comments on the leaflets. Her own comments are noted as below

- Preferred option 1
- Felt that single sex accommodation was more preferable
- Not good use of space if isolated ward at APH
- Felt travel would be a big issue thou for all options and would welcome flexibility around visiting times and meeting any additional costs

Regards

Chris

Sent: 28 January 2016 11:52

To: northdurhamccg (NHS NORTH DURHAM CCG)

Subject: Public consultation on location of assessment and treatment beds for older people with dementia

Good Morning

With regards to the Questionnaire I would like to choose option 1.

The reason for this is because it will save money, be more efficient on one site and there will be separate male and female wards which I think is very important for the dignity of the patients.

I note that this consultation is for 'older people with dementia' and would be very interested to know what happens to people with Young onset dementia? Where do they go for assessment and treatment?

Regards

Assistant Town Clerk

Bishop Auckland Town Council
The Four Clocks Centre
154A Newgate Street
Bishop Auckland
Co. Durham
DL14 7EH

Tel: 01388 609852

Web: www.bishopauckland-tc.gov.uk



I'm a Dementia Friend
Join me at dementiafriends.org.uk



Leading the fight
against dementia
**Alzheimer's
Society**

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Hello

Agree with option 1

Reasons

- Clinically effective (although not convinced this was stressed enough in the document)
- Most cost effective (although not sure this was explained)
- Important that Trust recognises the impact on residents ability to travel and, importantly, how this can be mitigated/supported through travel options. However, I would urge the trust before supporting people through taxis, you give serious consideration to helping build the capacity of the local voluntary and community sector's volunteer car driver scheme models. I believe the Trust (Lanchester Road Hospital ?elderly mental ill service) have set up a system internally for supporting carers and patients access appointments/visits. It could be more effective to looking first at what provision already exists within the local communities and build on/utilise that.

Regards.

Public Health Portfolio Lead
Durham County Council
County Hall
Durham
DH1 5UJ

Tel: 03000 267673
Mob: 07799 431904
Fax: 0191 580 1601

Follow us on Twitter @durhamcouncil
Like us at facebook.com/durhamcouncil



Questionnaire

Please tick ☒ your preferred option



Option 1

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Option 3

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Please explain why you have chosen this option

Offers separate wards for men and women.
Physical environment more suited to people with dementia.
Most efficient use of resources.

Continue overleaf if required

Please detach and return to the address overleaf



Sent: 05 January 2016 09:27

To: northdurhamccg (NHS NORTH DURHAM CCG)

Subject: Consultation - Improving Mental Health Services for People with Dementia

Hi,

I would prefer Option 1 – most cost-effective and appropriate to meet the social/clinical needs of the individuals.

Regards,



The Members of Darlington Borough Council Adult & Housing Scrutiny Committee support **Option 1** of the public consultation:

To provide 30 beds in two 15 bed wards (a male and a female ward) at Auckland Park Hospital, Bishop Auckland(and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham) for the following reasons:

- There will be separate wards for men and women which is best practice. There will be will be flexibility to adjust the ratio of men to women in the wards depending on need at the time
- These wards are larger than Picktree ward at Lanchester Road and will provide a better environment for patients to move about more freely but will also provide space for a quiet area or social engagement areas.
- To have two wards on one site will make better use of staff time and expertise

Yours sincerely

Chair Adult & Housing Scrutiny Committee

Darlington Borough Council

Questionnaire

RECEIVED

02 Feb 2003

Please tick ☒ your preferred option

☒

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Option 3

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Please explain why you have chosen this option

I don't think it is appropriate to have a mixed ward with dementia patients, and if everyone is at one site it's more cost effective.

Continue overleaf if required.

Questionnaire

RECEIVED

02 FEB 2006

Please tick ☒ your preferred option



Option 1

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Option 3

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Please explain why you have chosen this option

I have chosen this option
Because it is easier to get to
and it is a well run Hospital
and the food is nice .

Continue overleaf if required

Questionnaire

RECEIVED

22 JAN 2016

Please tick ☒ your preferred option

☒

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Please explain why you have chosen this option

I think it is very important to have separate male & female wards. Also having both wards in the same hospital must be much easier to manage.

Continue overleaf if required

Questionnaire

RECEIVED

02 FEB 2015

Please tick ☒ your preferred option

☒

Option 1

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Please explain why you have chosen this option

The suggestion that a mixed sex ward is acceptable for people with dementia is appalling, so Option 3 is definitely out. Option 1 is probably better than option 2 as it will keep expertise on one site.

Continue overleaf if required

Questionnaire

RECEIVED

02 FEB 2016

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☒

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Please explain why you have chosen this option

Case of nothing.

Continue overleaf if required

Please detach and return to the address overleaf



Questionnaire

RECEIVED

02 FEB 2016

Please tick ☒ your preferred option

☒

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Please explain why you have chosen this option

NEARER FOR THE FAMILY

Continue overleaf if required

Please detach and return to the address overleaf



Questionnaire

RECEIVED

02 Feb 2016

Please tick ☒ your preferred option

☒

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Please explain why you have chosen this option

The Auckland Park Hospital is more accessible by public transport than the Lanchester Road Hospital which is in an isolated place with exposed bus stops very difficult for elderly relatives and friends. Few buses, heavy speeding traffic past stops. Lack of space is stressful for patients and staff alike, the largest space is always preferable. I read that single sex wards are preferable.

Continue overleaf if required

Please detach and return to the address overleaf



Couples or opposite sex friends wishing to be together would lose out however, it may be very uncommon.

I have heard of heartbreak of couples not allowed to be together in Privately Owned and operated Care Homes.
(it was on T.V.)

The closing date for responses is 28 March 2016.

Please send this form to:
Engagement Lead
North Durham CCG
The Rivergreen Centre
Aykley Heads
Durham
DH1 5TS

You can also email your comments to nduccg.northdurhamccg@nhs.net

The Members of Darlington Borough Council Health & Partnership Scrutiny Committee support **Option 1** of the public consultation:

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- To have two wards on one site will make better use of staff time and expertise

Yours sincerely

Chair Health & Partnerships Scrutiny
Committee Darlington Borough Council

Option 2

Questionnaire

Please tick ☒ your preferred option

☐

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Option 3

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Please explain why you have chosen this option

Option two provides some cover for both areas of Co Durham, people in Teesdale etc. may find it difficult to access Lanchester Road & likewise people living in Durham & above may find transport (clinics + visiting) the same.

It is questionable as to whether or not there is sufficient cover for respite care within the County since in our village alone I could identify at least six dementia sufferers, some

Continue overleaf if required

RECEIVED

20 FEB 2006

Please detach and return to the address overleaf

10

P.T.O.

with serious difficulties.

I am not so au fait with procedures for identifying dementia within Co Durham but I certainly am with the workings within the West Riding of Yorkshire since my 87 year old brother-in-law is an advanced sufferer.

He was admitted to Field Head Psych. Hospital for four weeks, was assessed twenty four hours a day, medication was monitored followed by a spell in a "half way hospital" before a Nursing Home to cover his needs was found, this procedure was of great comfort to his family; do we have the same coverage?

I'm sorry not to be able to attend in person and at almost 81 years of age with other issues, not dementia, please excuse my absence.

Apologies -

The closing date for responses is 28 March 2016.

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The Rivergreen Centre
Ayckley Heads
Durham
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Questionnaire

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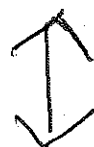
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These are the same!

Please explain why you have chosen this option

This is the most patient/family friendly option. If space is lacking at Bowes Lyon Unit, expand it with an extension

Continue overleaf if required



Sent: 08 February 2016 09:47

To: northdurhamccg (NHS NORTH DURHAM CCG)

Subject: Response to Improving Mental Health Services for people with Dementia in County Durham and Darlington. Response to consultation.

South Durham Health CIC is a Community Interest Company which represents 23 GP Practices across Easington and Sedgefield. The Board of Directors, who are all GPs working in Easington and Sedgefield localities, considered the consultation document at their meeting on 19th January 2016. The Board strongly supported having single sex wards which option 2 achieves. The Board are also concerned about accessibility for dementia patients and their families and having 2 locations as in option 2 gives better access than option 1.

Kind regards,

Administrator

South Durham Health C.I.C. registered in England 07807964

Murton Medical Group
20 Woods Terrace East
Murton
County Durham
SR7 9AB

Please note my working hours are:
Monday&Thursday 8.30am-12.30pm
Tuesday&Wednesday 8.15am-3.15pm
Tel: 0191 5209920

web: <http://www.southdurhamhealth.co.uk>

Board Members: Robert McKinty GP (Chair), Rajiv Mansingh GP, Diane Robinson GP, Nitish Sahoo GP, Kamal Sidhu GP, Edward Staines GP

ESH CIC is a GP-led community interest company (Social Enterprise) delivering improved health to the people in Easington and Sedgefield, County Durham



Questionnaire

RECEIVED

22 JAN 2016

Please tick ☒ your preferred option

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Please explain why you have chosen this option

I have spent many hours visiting my wife who was being assessed in the Bowes Lyon Unit. This unit as you know is a mixed sex unit. The men were much louder and stronger than the women some who were frail and disturbed by the antics of the men.

Continue overleaf if required.

I witnessed men exposing themselves and after violently shaking the doors trying to get out. Bedroom doors were not locked, so this is a further reason for gender separation.

Both sexes with the mental conditions in these units can have no inhibitions and can be improperly aroused, before staff become aware.

I am sure that women would be much more content & feel more secure in a same sex unit.

The greater the distance of separation the greater the wellbeing of the patients.

The closing date for responses is 28 March 2016.

Please send this form to:
Engagement Lead
North Durham CCG
The Rivergreen Centre
Ayckley Heads
Durham
DH1 5TS

You can also email your comments to nduccg.northdurhamccg@nhs.net

RECEIVED

02 FEB 2016

Questionnaire

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Please explain why you have chosen this option

Keep both hospitals open for
some form of amenment
and atleast there is still
amenment service in North
and South.

Continue overleaf if required.

Please detach and return to the address overleaf



Option 3

Questionnaire

Please tick ☒ your preferred option

☐

Option 1

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Option 3

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Please explain why you have chosen this option

As a volunteer with the Carers Support I know just how important this decision is to those who need this help.

Dementia is of more pressing
over

Continue overleaf if required

Concern to all of us now, as one already over 80, I fear that one day I may need help too! Like all patients whose problems are not diseased or in need of care after an accident, dementia sufferers need specialised care in an environment suitable to their treatment.

The closing date for responses is 28 March 2016.

Please send this form to:
Engagement Lead
North Durham CCG
The Rivergreen Centre
Aykley Heads
Durham
DH1 5TS

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Questionnaire

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Option 3

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Please explain why you have chosen this option

I have chosen this answer due to the underiable standing benefits and the overly exaggerated upon disadvantages. The mixed sex wards would not be a tremendous problem if they were handled with the correct care and procedures that should be in effect. And also I do not think it fair to comment that there wouldn't be absolutely no increase in travel, but it would be at a better grading wage.

Continue overleaf if required



Please detach and return to the address overleaf

Questionnaire

Please tick ☒ your preferred option

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☒

Option 3

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Please explain why you have chosen this option

I would rather have Bowes Lyon

Continue overleaf if required



Questionnaire

Please tick ☒ your preferred option

☐

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Please explain why you have chosen this option

Service at Bowes Lyon Unit Lanchester Road
is clearly a well used. Families need this
option

Continue overleaf if required



Questionnaire

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

Dementia services are needed in care at Bowes Lyon Unit, Travel is better for Dementia side. Also staff are all ready there at no extra costs

Continue overleaf if required



Questionnaire

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

I chose Option 3 although I feel all Options are flawed. Bowes Lyon is on a site that can expand & accommodate the needs of the future. Durham is the centre of the County & the whole facility should be completely located here. No feasibility study appears to have been considered, yet alone undertaken.

Continue overleaf if required



Questionnaire

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

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☒

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

Derwentside + surrounding area is missing out - everything is moving south to the detriment of clients in this area + their carers. Lanchester Road has potential + good facilities a wider approach needs to be made. If it means changing/buildup this would still be beneficial financially in long run to benefit the patient. The savings made (on paper) do not cover costs

for outcome of wrong decision. I hope it is not a decision made with tunnel vision but it is a holistic approach covering patients + carers' needs.

Continue overleaf if required

Questionnaire

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

Mixed sex wards (with separate
abortion facilities) would be OK.
Transport difficulties from N.W.
Durham to W. Auckland would
bring many difficulties to families
even with voluntary drivers & taxi
arrangements (costly in themselves).
There would still be 75% public expenditure
savings with this option

Continue overleaf if required

Questionnaire

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

The distance for carers is intolerable from Censett & District Services should be in the centre of the County i.e. DURHAM



Continue overleaf if required

Questionnaire

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

The issues this causes are much less important to people in the area than having relatives in a hospital which is inaccessible to us.

Continue overleaf if required



Questionnaire

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

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Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

There is a fourth option to close
Auckland Park Hospital extend
Lanchester RD Hospital
on 1-2nd floor.
Provide existing building on
site.

Continue overleaf if required

Questionnaire

RECEIVED

09 FEB 2016

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒

Option 3

PICKTREE

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please detach and return to the address overleaf

Please explain why you have chosen this option

OUR FAMILY WOULD LIKE TO KEEP THE PICKTREE WARD OPEN. THE WARD PROVIDES THE BEST POSSIBLE CARE. IT IS NOT ALWAYS POSSIBLE TO SUPPORT PEOPLE IN THERE HOME. TAX PAYERS WOULD RATHER THERE LOVED ONES, BE MANAGED SAFELY, RATHER THAN HAVE LIMITED STAFF ON A WARD. WE SAY DO NOT CLOSE PICKTREE WARD. P.T.O.

Continue overleaf if required

MY HUSBAND HAS BEEN IN
PICKTREE WARD 4 MONTHS, IF
THAT UNIT HAD NOT BEEN
THERE, I WOULD HAVE HAD
TO TRAVEL FURTHER. IT IS
A GOOD SIZE BUILDING, AND
IN A GOOD LOCATION FOR PEOPLE
TO TRAVEL. (EVEN BY BUS.)
I WOULD ALSO LIKE TO COMMENT
ON THE PICKTREE WARD MANAGERS
AND NURSES, WE SAW HOW
EXCELLANT AND PROFESSIONAL
THEY WERE. THEY HELPED MY
HUSBAND, AND I KNOW THEY
SUPPORTED ME, THROUGH SUCH A
LONG JOURNEY. THEY TRULY ARE
SPECIAL PEOPLE WHO WORK THERE.
I WILL NEVER FORGET THEM.

(HOPE YOU CONSIDER MY VIEWS)

REGARDS

The closing date for responses is 28 March 2016.

Please send this form to:
Engagement Lead
North Durham CCG
The Rivergreen Centre
Aykley Heads
Durham
DH1 5TS

You can also email your comments to nduccg.northdurhamccg@nhs.net

Questionnaire

Please tick ☒ your preferred option

RECEIVED

25 FEB 2018

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

Because it is more central
and families can see their
relatives more regular
which would benefit everybody

Continue overleaf if required

Please detach and return to the address overleaf

RECEIVED

25 FEB 2013

Questionnaire

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites -- one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

IT WILL BE MORE CONVENIENCE
FOR FAMILY AND FRIEND
TO TRAVEL TO AND FROM

Continue overleaf if required

Questionnaire

RECEIVED

25 FEB 2015

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

This option means people in the Durham area i.e. Donsett, would be able to visit regularly. Most people needing this service would be elderly & travelling difficult.

Continue overleaf if required

Please detach and return to the address overleaf

Questionnaire

RECEIVED

23 FEB 2006

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

Nearer home, convenient
for visitors.
Patient will have better
representation.

Continue overleaf if required

Please detach and return to the address overleaf.

Questionnaire

Please tick ☒ your preferred option

RECEIVED

25 FEB 2018

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please detach and return to the address overleaf

Please explain why you have chosen this option

IT WILL BE MORE
CONVENIENT FOR VISITORS
WITH NO TRANSPORT
OF THEIR OWN

Continue overleaf if required

Questionnaire

RECEIVED

23 FEB 2016

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☐

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

Need locality.

Continue overleaf if required

Questionnaire

Please tick ☒ your preferred option

RECEIVED

25 FEB 2016

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

Want to be able to choose
using a local Hospital near
Chatter-le Street

Continue overleaf if required

Questionnaire

RECEIVED

27 FEB 2008

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please detach and return to the address overleaf

Please explain why you have chosen this option

NEEDS TO BE LOCAL FOR PEOPLE
IN NORTH WEST DURHAM TO USE
AND TO VISIT.
IF EVERYTHING WAS IN BISHOP
IT MIGHT AS WELL BE 100
MILES AWAY FOR THOSE OF US WHO
DON'T DRIVE AND HAVE TO USE
PUBLIC TRANSPORT.

Continue overleaf if required

- IMPORTANT FOR Men and women TO BE ABLE TO MIX AS THEY WOULD IN EVERYDAY LIFE.
- IMPORTANT FOR "PATIENTS" TO SEE, AND BE SUPPORTED BY, FRIENDS AND FAMILY.

The closing date for responses is 28 March 2016.

Please send this form to:
Engagement Lead
North Durham CCG
The Rivergreen Centre
Aykley Heads
Durham
DH1 5TS

You can also email your comments to nduccg.northdurhamccg@nhs.net

Questionnaire

RECEIVED

26 FEB 2016

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

EASE OF ACCESS TO THIS SITE A MORE
CENTRAL THAN BISHOP AUCKLAND FOR FAMILY
WHO DO NOT HAVE TRANSPORT.

Continue overleaf if required

Please detach and return to this address overleaf

Questionnaire

Please tick ☒ your preferred option

RECEIVED

14 MAR 2016

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

My husband spent several weeks in Picktree ward in the Autumn of 2014. The care was excellent and attitudes towards relatives was excellent. The ward good, provide a good role model countrywide as to how E.M.I.

PTA

Continue overleaf if required

patients could be treated. It would be an absolute shame if Pocktree Ward was closed. Local nursing homes have mixed wards and the care in such establishments in some instances is dreadful. I know the money comes from different pots, but often an amount of £5,000 is paid to private nursing homes for dreadful care. There is a need for locally based hospital care to treat E.H.E patients when nursing homes fail to provide adequate care. There has been a lot in the press recently about the need for relatives and friends to keep in close contact with patients with Alzheimer's. This is difficult if people without transport have to keep in touch. Figures given out by the Trust are not adequate.

The closing date for responses is 28 March 2016.

Please send this form to:
Engagement Lead
North Durham CCG
The Rivergreen Centre
Aykley Heads
Durham
DH1 5TS

You can also email your comments to nduccg.northdurhamccg@nhs.net

Sent: 14 January 2016 15:41

To: northdurhamccg (NHS NORTH DURHAM CCG)

Subject: Adult Mental Health bed provision at Bowes Lyon Unit and Auckland Park

With regards to the situation of the adult mental health wards, my preferred option would be Option 3 – provide separate male and female wards on separate sites. Closing a ward means more patients in one ward which will eventually mean fewer beds available . What would happen when the ward is full to capacity, where would patients that need admission go. My father has been a patient at Auckland Park twice in the last 2½ years my fear would be if he needs further admission and Auckland Park is full to capacity where would he go?.

PLEASE NOTE THAT THIS RESPONSE WAS DISCOUNTED AS IT WAS UNCLEAR WHICH OPTION WAS PREFERRED.

From: Sahoo Nitish (NHS DURHAM DALES, EASINGTON AND SEDGEFIELD CCG)

Sent: 05 February 2016 17:40

To: northdurhamccg (NHS NORTH DURHAM CCG)

Subject: Dementia beds.

Hello,

I am a GP in Easington locality and one of the directors of SDH.

Having looked at the options - ideally option 3 would be appropriate both at Bishop Auckland and Durham but have male and female separated as much as practically possible . We do appreciate that this is not the ideal answer. The patients and their families would struggle to travel all the way down to Bishop Auckland.

Thank you

Dr N Sahoo

Sent: 18 January 2016 12:29

To: northdurhamccg (NHS NORTH DURHAM CCG)

Subject: proposed closure

I am extremely disappointed to hear of the proposed closure of one of the dementia wards. I find it so awful that it has come to this and allow families and patients to suffer anymore than they currently do.

These wards are literally life savers for patients and families. These wards are a massive help to people and without them I dread to think what would come of the patients.

My father is currently in Bowes Lyon Unit, Lanchester Road. When my father was admitted there we, as a family were at our absolute lowest. Without this ward I can not imagine and don't even want to imagine how things would have turned out for us.

The staff on this ward are amazing, I can not stress this enough. On behalf of my mother and sister, we can not be anymore thankful to them for the care and attention that my father has received. It is a difficult time enough knowing that your father, a wonderful man who cared for his family has ended up with this dreadful disease. However, knowing that he is so close to us, especially as my mother now is in her 70's, is a comfort to us. My mother visits him everyday. She does not drive and either has to travel on a bus or relies on a lift from my sister or myself. We both work full time so I'm sure you can appreciate that further travelling for my mother will be out of the question.

It is totally unfair that it even be considered to close this ward. This ward is a place for patients when they are most desperate for help. I feel very passionate about this not only because my father is in there but because now I have witnessed the care that patients receive in there.

PLEASE DO NOT CLOSE THIS WARD

I am choosing OPTION 3

Regards

Sent: 05 February 2016 13:13
To: northdurhamccg (NHS NORTH DURHAM CCG)
Subject: Dementia beds consultation

Dear Sir/Madam

I write on behalf of Blackhall and Peterlee practice, a GP surgery with a registered list of approx 9500 patients.

We appreciate the opportunity to be able to feedback into the consultation on the future of dementia beds in the area. Easington usage of these beds is significant despite a lot of support from the community teams.

Whilst we appreciate the need for savings, we are very concerned about the distances our patients and their families are having to travel already which will get significantly worse by going along with the option 1 and options 2. Hence, we do not support these two options.

We also agree that at times, it can be challenging to deal with complex behavioural challenges in mixed wards.

Hence, we suggest that a modified option 3 be considered where there is availability of inpatient facility both at Bishop Auckland and Durham but have male and female segregated as much as practically possible. We do appreciate that this is not the ideal answer. However, we are optimistic that this will be the best solution in the context and the challenges.

This will help reassure our concerns and the concerns from the people we serve.

We shall be happy to provide any assistance as needed.

Best Wishes

Questionnaire

RECEIVED

11 MAR 2016

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

because it is more convenient
for people to visit family
and friends & closer to home
rather than traveling

Continue overleaf if required

Please detach and return to the address overleaf

11 MAR 2016

Please tick ☒ your preferred option☐**Option 1**

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐**Option 2**

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒**Option 3**

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

Because there should be different places for this so people don't have to travel travelling puts people off when going into hospitals, and getting visitors to come is even harder.

Continue overleaf if required

Please detach and return to the address overleaf



Questionnaire

RECEIVED

21 JAN 2015

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☒

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

Transport for hospital visiting
is sparse & expensive.
We need good care provisions
in our local area.

Continue overleaf if required

Please detach and return to the address overleaf



Having read the consultation leaflet, I want to express my concern if the Bowes Lyon service was closed. My preferred option would be option 3 as long as patients were monitored and not put in a vulnerable position in a mixed sex ward. Due to travel implications, this option is much better for Durham patients.

Please detach and return to the address overleaf

Questionnaire

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☐

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

OPTION 4

DEVELOP LANCHESTER.

CONSETT (DELMONTSIDE) IS THE HIGHEST POPULATION ITS NOT REASONABLE THAT THEY SHOULD BE FARTHEST AWAY.

Continue overleaf if required

Questionnaire

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☐

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

consider another option 4
develop Lanchester site and
close Auckland Park.
More patients from Derwentdale
for treatment

Continue overleaf if required



Questionnaire

Please tick ☒ your preferred option

☐

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

☐

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

☐

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

Please explain why you have chosen this option

- Consider an option 4 - Develop
Unwetherburn Road (close Bishop)
- 1) Derwentside has HIGHEST NUMBER OF PATIENTS (as your booklet)
 - 2) LOTS MORE HOUSES BEING BUILT)
YOUR TRAVEL TIMES ARE FOR
GOOD ^{clear} ROADS (GOOD WEATHER)
 - 3) BUT TIME TO BISHOP STRS +
3 CHANGES.

Continue overleaf if required



Consultation on future configuration and location of assessment and treatment beds for people with dementia in County Durham and Darlington

Timeline for approval process

OSCs consider whether consultation has been robust

9 May 2016 Durham

12 May 2016 Darlington

CCG Governing Bodies make decision on option to implement

25 May 2016 North Durham CCG

7 June 2016 Darlington CCG

14 June 2016 Durham Dales, Easington and Sedgefield CCG

ITEM NO. 10

FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	Tuesday 26 April 2016
TITLE:	Progress Report on Francis 2 Action Plans
REPORT OF:	Martin Barkley, Chief Executive
REPORT FOR:	Consideration

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

Executive Summary:

The purpose of this report is to inform the Board of the progress that has been made in completing the Francis 2 action plans which the Board approved and to recommend how progress is tracked in the future with regard to the very few actions that remain “work in progress”.

The Board is asked to note the value of the many engagement events that were held post publication of the Francis 2 Report in view of the ideas and suggestions for improvement that were made which have been adopted.

Recommendations:

- Receive this progress report.
- Agree the proposed arrangements for tracking attainment of the remaining work in progress actions.

MEETING OF:	Board of Directors
DATE:	Tuesday 26 April 2016
TITLE:	Progress Report on Francis 2 Action Plans

1. INTRODUCTION AND PURPOSE

- 1.1 The purpose of this report is to update the Board of Directors on progress with implementing the action plans arising from the Francis Report as at April 2016.

2. BACKGROUND INFORMATION

- 2.1 The Board of Directors approved action plans in response to the Francis Report itself as well as separate action plans following staff and stakeholder engagement discussions.

3. KEY ISSUES

- 3.1 Progress continues to be made, as described in the progress report attached as Annex 1. There are no serious exceptions or delays to highlight. I believe there are seven actions that require further monitoring and the mechanisms for doing so are shown in Section 6 below.

4. IMPLICATIONS / RISKS:

- 4.1 **Quality:** Implementing the action plans will improve the quality of care provided
- 4.2 **Financial:** None identified
- 4.3 **Legal and Constitutional:** None identified
- 4.4 **Equality and Diversity:** None identified
- 4.5 **Other Risks:** None identified

5. CONCLUSIONS

- 5.1 The attached progress update confirms progress with implementation of the action plans.
- 5.2 I believe there has been significant value from holding the engagement events which generated so many good ideas and suggestions for improvement that were made that have been implemented over the past three years.

6. RECOMMENDATIONS

- 6.1 The Board of Directors is asked to receive and consider this report and to agree the monitoring arrangements for seven actions as shown in the grid below:

Page No. Annex 1	Action	Suggested monitoring mechanism
3 – 4	Community Discharge Letters	<ul style="list-style-type: none"> • Project Completion Form – benefit realised • Audit
5 – 7	Roll out of new staff appraisal arrangements	Business Plan end of year progress report
9 - 10	Preventing deterioration of MH	Effectiveness to be tracked via performance reports and annual “Service Resource and Analysis reports”
10	User and Carer Involvement	The actions to be taken following the reviews to be reported to the Board via the Chief Executive’s report
10	The “Ward Manager Project” is going to be the subject of an audit by Audit North	To be tracked by Audit Committee.
10 - 11	Community Team Leadership Model	Business Plan end of year Board progress report and completion of Project Report
19	Talent Management	To be monitored by the Trust Talent Management Board

**Martin Barkley,
Chief Executive**

ANNEX 1

**REPORT OF THE MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY –
RECOMMENDATIONS ACTION PLAN EXCEPTION REPORT AS AT 30 JUNE 2014**

ACTION PLAN RESPONSE TO FRANCIS REPORT JULY 2013 – SEPTEMBER 2013

Rec. No. (Chapter No.)	Recommendation	Trust Response	Completed Yes / No	Comments
	Patient, public and local scrutiny			
	Openness, transparency and candour			
	<p>Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered.</p> <p>Transparency – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators.</p> <p>Candour – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.</p>			
174 Chapter 22	Where death or serious harm has been or may have been caused to a patient by an act or omission of the organisation or its staff, the patient (or any lawfully entitled personal representative or other authorised person) should be informed of the incident, given full disclosure of the surrounding circumstances and be offered an appropriate level of support, whether or not the patient or representative has asked for this information.	<p>Agreed. The Trust is currently reviewing how it can provide better support to relatives of service users who have died through self injury. The Trust held a Kaizen event in March 2013 where a revised system for relative contact and support was agreed with a group including bereaved carers and family members. The new support arrangements are being gradually introduced with serious untoward incidents that occur since 1 July 2013.</p> <p>Action: Dir of N&G - July</p>	YES	<p>Completed – the new arrangements with full time Reviewers is proving effective in engaging relatives.</p> <p>Full implementation of national SI Framework completed December 2015.</p>

**ACTION PLAN: RESPONSE TO STAFF ENGAGEMENT DISCUSSIONS ON THE FRANCIS REPORT
JULY 2013 – SEPTEMBER 2013**

	Issue identified	Summary action	Link to existing work stream	Who	When	Completed Yes / No	Comments
Culture							
37	Learning lessons from when things have gone wrong.	<ul style="list-style-type: none"> To ensure that all actions in SUI & complaint action plans are SMART. To implement escalation arrangements to help ensure that action plans are completed on time. To carry out a sample audit of completed actions to test for their efficacy. To review the ways in which lessons learned from complaints and SUI investigations are shared and learnt from. To review the methodology of investigation of Level 5 SUIs to ensure that real lessons are learnt as a consequence of the findings of the investigation. 	Ian Parker Review Action Plan	<p>EMT Directors</p> <p>Director of Nursing & Governance</p> <p>Director of Nursing & Governance</p> <p>Director of Nursing & Governance</p> <p>Director of Nursing & Governance</p>	<p>From July 2013</p> <p>From September 2013</p> <p>From October 2013</p> <p>March 2014 March 2016</p> <p>March 2014</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p>	Project completed and Safety Bulletin regularly issued.

ACTION PLAN RESPONSE TO FRANCIS REPORT JANUARY 2014 – MARCH 2014

Rec. No. (Chapter No.)	Recommendation	Trust Response	Completed Yes / No	Comments
	Caring for the elderly			
	Approaches applicable to all patients but requiring special attention for the elderly			
238 Chapter 25	<p>Regular interaction and engagement between nurses and patients and those close to them should be systematised through regular ward rounds:</p> <ul style="list-style-type: none"> • All staff need to be enabled to interact constructively, in a helpful and friendly fashion, with patients and visitors. • Where possible, wards should have areas where more mobile patients and their visitors can meet in relative privacy and comfort without disturbing other patients. • The NHS should develop a greater willingness to communicate by email with relatives. • The currently common practice of summary discharge letters followed up some time later with more substantive ones should be reconsidered. • Information about an older patient's condition, progress and care and discharge plans should be available and shared with that patient and, where appropriate, those close to them, who must be included in the therapeutic partnership to which all patients are entitled. 	<ul style="list-style-type: none"> • The review of nursing allocation systems will include observation of the therapeutic milieu within the inpatient areas and the levels of interaction between nurses, their patients, relatives and carers. Recommendations to improve therapeutic interaction will result from that review. • The current methods of communication both with relatives and with General Practitioners at point of discharge are subject to current development work. Action: COO - completion date Quarter 4 2013/14 	<p>YES</p> <p>YES The new arrangements have been substantially rolled out and the project team is monitoring and supporting the new way of working</p>	<p>Re inpatients. The community discharge letter template was developed in an RPIW in April 2015.</p> <p>Dr Jane Leigh and the project team are continuing to support Community Teams in embedding these arrangements and new standards.</p> <p>In future it is recommended that progress is tracked:</p>

Rec. No. (Chapter No.)	Recommendation	Trust Response	Completed Yes / No	Comments
		<ul style="list-style-type: none"> Information and progress updates on patient care are included in the development work to implement the findings of the 2011/12 CPA review. Action: COO - 2014 	YES	<p>a) By the Project Management Framework including the Project Completion Form and benefits realisation measurement.</p> <p>b) Audit thereafter.</p> <p>Completed – The three year CPA Project is now at an end. The standard of service users having a copy of their care plan is / should be part of routine practice which is subject of audit and supervision.</p> <p>The evidence from the latest Community Services Patient Survey supports the view that the sharing of care plans is now more embedded than previously.</p>

ACTION PLAN: RESPONSE TO STAFF ENGAGEMENT DISCUSSIONS ON THE FRANCIS REPORT JANUARY 2014 – MARCH 2014

	Issue identified	Summary action	Link to existing work stream	Who	When	Completed Yes / No	Comments
HR and organisational development							
26	Improve the effectiveness of supervision and annual appraisals leading to the development of effective Personal Development Plans which are acted upon.	To review clinical supervision arrangements and staff appraisal arrangements and consider the introduction of 360° feedback every three years for managers and leaders.	Not Applicable	Director of Nursing & Governance and Deputy Director of Human Resources & Organisational Development	March 2016 The EMT in June 2015 agreed the basis for changing and implementing new Clinical Supervision arrangements	Work in Progress	Clinical Supervision Policy - The draft policy has been revised further to comments at EMT and having had wide engagement is currently out for consultation. It will come back to EMT in May 2016 for final approval. The Heads of Nursing have all agreed a locality/directorate implementation plan that involves cascading clinical supervision awareness training. This will support implementation of the policy by covering the key changes in the policy and commitments of both supervisors / supervisees. Clinical Supervision skills training for supervisors will still

	Issue identified	Summary action	Link to existing work stream	Who	When	Completed Yes / No	Comments
					The new appraisal system has been agreed and will be implemented Directorate by	<p>YES</p> <p>PARTIAL</p>	<p>need to take place and we are currently scoping this out to see how it fits with mentorship and coaching training rather than seeing supervision as something separate and an 'add-on'. For in-patient services we are proposing that Matrons will be trained and cascade to Ward Managers and Clinical Leads in their areas. For community services I have proposed this will be tied into the purposeful and productive community alongside coaching training. The eventual approval of the policy will be reported to the Board via the monthly policies report.</p> <p>Review complete and implementation proposals endorsed by EMT.</p> <p>Implementation in each Directorate is</p>

	Issue identified	Summary action	Link to existing work stream	Who	When	Completed Yes / No	Comments
					Directorate before 31 March 2016		working to a longer timetable than originally envisaged. Suggest progress is tracked by Board Business Plan progress report.
Culture							
38	The Trust should take more steps to share best practice through, for example, networking.	To carry out a review of existing networks to identify what additional networks would be helpful.	Not Applicable	Chief Executive (with Service Development Managers)	March 2014	Work in progress	<p>Proposed list of Learning Sets developed as basis for discussion. Agreed. Will start to be implemented in Q3 2014.</p> <p>Subsequent consideration deferred implementation on a “mandatory basis” instead leaving it to the Specialty Development Groups and Clinical Directorates to establish them as they think appropriate.</p> <p>In addition the “Model Lines”, PIPA (re inpatient) and the Purposeful and Productive Community Teams Project are proving to be very effective at sharing</p>

	Issue identified	Summary action	Link to existing work stream	Who	When	Completed Yes / No	Comments
							and adopting “best practice” through standard work.

ACTION PLAN: RESPONSE TO STAFF ENGAGEMENT DISCUSSIONS ON THE FRANCIS REPORT APRIL 2014 – JUNE 2014

	Issue identified	Summary action	Link to existing work stream	Who	When	Completed Yes / No	Comments
Recovery Approach							
11	The Trust should place more emphasis on preventing service users' mental health deteriorating.	To embed early warning practice within clinical processes.	CPA Project	CPA Project Manager Chief Operating Officer and CPA Project Manager	October 2014 March 2016	YES	<p>With the emphasis on staying well and identification of early warning relapse indicators a service user workbook, "Staying Well Plan" has been developed and has been implemented as part of the Model Line.</p> <p>The Staying Well Plan is a service user held workbook that individuals complete with support from MH staff.</p> <p>Nevertheless, there remains variation between CMHTs and is one of the metrics that helps identify "services in difficulty" such as the Darlington AMH CMHTs.</p> <p>Progress, problems and attainment to be tracked by the OMT and the annual</p>

	Issue identified	Summary action	Link to existing work stream	Who	When	Completed Yes / No	Comments
							“Service Resource and Analysis Reports” and via performance reports for “services in difficulty”.
Service user and carer involvement							
14	Ensure that users and carers (groups) are involved appropriately at a strategic level.	To review how users and carers are engaged in strategic and governance groups in the Trust.	Not Applicable	Chief Executive	June 2014	YES	Review completed in Durham and Darlington and Tees. Review in NY to be reported later this year.
Staff feedback and involvement (including staffing reviews)							
44	Clarify roles and expectations of Ward Managers.	This piece of work is underway and will be implemented.	Project being established	Chief Operating Officer	June 2014 September 2015	YES	This project is now under way. A role description, revised skills matrix and a programme of standard work development has been developed. The clarification of roles has been delivered as part of this work. This has been cascaded through the recently established Ward Manager Forum and will be further embedded by the Locality Heads of Nursing.
48	Lack of consistent leadership model of community teams including Advanced Practitioner role.	To establish a leadership model for community teams.	Not Applicable	Chief Operating Officer	June 2014 March 2016	PARTIAL Draft PM3 rejected and basis	Leadership model has been developed and the project has begun roll-out in Durham and

	Issue identified	Summary action	Link to existing work stream	Who	When	Completed Yes / No	Comments
						of revised version to be agreed	<p>Darlington. Events are planned to expand this to other localities.</p> <p>Suggest progress is tracked via Business Plan quarterly progress report and Project Completion proforma (when project completed).</p>

ACTION PLAN RESPONSE TO FRANCIS REPORT OCTOBER 2014 – DECEMBER 2014

Rec. No. (Chapter No.)	Recommendation	Trust Response	Completed Yes / No	Comments
194 Chapter 23	As part of a mandatory annual performance appraisal, each Nurse, regardless of workplace setting, should be required to demonstrate in their annual learning portfolio an up-to-date knowledge of nursing practice and its implementation. Alongside developmental requirements, this should contain documented evidence of recognised training undertaken, including wider relevant learning. It should also demonstrate commitment, compassion and caring for patients, evidenced by feedback from patients and families on the care provided by the nurse. This portfolio and each annual appraisal should be made available to the Nursing and Midwifery Council, if requested, as part of a nurse's revalidation process. At the end of each annual assessment, the appraisal and portfolio should be signed by the nurse as being an accurate and true reflection and be countersigned by their appraising manager as being such.	The Trust is currently awaiting guidance from the Nursing and Midwifery Council regarding the proposed nursing revalidation process. The current annual performance appraisal focuses on the requirements of each nursing post in relation to the knowledge and skills framework for that post. The appraisal process will be further developed to integrate the values based performance monitoring recommended by this report. Action: Dir of HR and Dir of N&G - April 2016	YES The Trust's new appraisal system has been agreed and is being implemented	The NMC and NHS England have confirmed that Revalidation for Nurses will come into effect on 1 April 2016. Regional and local steering groups have met on a regular basis and progress continues to be maintained aligned to PM3 (Project Description).

ACTION PLAN: RESPONSE TO STAFF ENGAGEMENT DISCUSSIONS ON THE FRANCIS REPORT OCTOBER 2014 – DECEMBER 2014

	Issue identified	Summary action	Link to existing work stream	Who	When	Completed Yes / No	Comments
7	Develop on-line methods that enable patients and carers to more easily give feedback.	To develop apps and on-line solutions via the Trust's website for patient and carer feedback.	Knowledge Management Project	Patient Experience Lead Nurse	March 2016	NO	A PM3 business case was submitted to EMT in December 2015 for a patient and carer feedback solution. Key deliverables are to develop a new patient and carer experience

	Issue identified	Summary action	Link to existing work stream	Who	When	Completed Yes / No	Comments
							survey secure online portal which will connect to TEWVNET Wi-Fi and will allow for offline survey completion and data integration with the IIC. This solution is now being taken forward down the route of a mini-competition and there is an agreed timeline with procurement. A specification is currently being drafted which will be used as the basis for the mini competition and the development of a smartphone app will be requested as part of the solution.
Recovery Approach							
13	Lack of service user involvement in recruitment and selection of new staff.	This will be rectified as part of the Embedding Recovery Approach project.	Embedding Recovery Approach project	Recovery Approach Project Manager	March 2017	Work in progress	There is evidence of some participation in recruitment by service users. This is not as yet systematic for all frontline staff. Standards for the routine involvement of service users are being developed by HR and the Embedding

	Issue identified	Summary action	Link to existing work stream	Who	When	Completed Yes / No	Comments
							Recovery Approach Project Manager. Suggest progress is tracked via Business Plan quarterly progress reports and Project Completion proforma at the end of the project.
CPA							
16	In the context of reducing paperwork completed by clinicians, etc. review whether the skill-mix is correct in community and ward teams between clinical staff and admin staff.	Agreed review to be undertaken.	CPA project Model Lines Project	Chief Operating Officer	Dec 2014 March 2016	YES	Shortened standard care documentation is being agreed through SDGs and Clinical Effectiveness Group as part of the Purposeful and Productive Community Services Project. The Harm Minimisation Project will also contribute to the ongoing review of documentation. All documents have been reviewed as part of the Paris Version 6 roll-out which commenced in March 2016.
Staff feedback and involvement (including staffing reviews)							
46	Invest in skills of staff of de-escalating challenging behaviour and management of challenging behaviour.	The current LD challenging behaviour pathway is being adapted via an RPDW to be used in each Service division within	Violence and Aggression Workstream	Deputy Director of Nursing	October 2014	YES	The Force Reduction Project is on track and is achieving all targets. New skills in PBS are being rolled out and the training for management of

	Issue identified	Summary action	Link to existing work stream	Who	When	Completed Yes / No	Comments
		the trust and staff provided with the skills to practise in this way.					<p>violence and aggression has been reviewed with regard to developing new training to meet the Restrictive Practice requirements set by the DH. The challenging behaviour pathway is being spread as part of the project which was supported by a commissioner CQUIN.</p> <p>The Force Reduction Project remains on track for completion this year.</p> <p>Standardised processes for the development of behaviour support plans and staff and patient debrief tools are now completed and being used.</p> <p>The Safe Wards approach is now being used with 30 inpatient services and the project team are developing a training resource to develop a “train the trainer” approach across the rest of the organisation.</p> <p>There has been a big</p>

	Issue identified	Summary action	Link to existing work stream	Who	When	Completed Yes / No	Comments
							reduction in the use of restraint.

ACTION PLAN RESPONSE TO FRANCIS REPORT 2015 AND BEYOND + ONGOING ITEMS

Rec. No. (Chapter No.)	Recommendation	Trust Response	Completed Yes / No	Comments
	Information			
244 Chapter 26	<p>There is a need for all to accept common information practices, and to feed performance information into shared databases for monitoring purposes. The following principles should be applied in considering the introduction of electronic patient information systems:</p> <ul style="list-style-type: none"> • Patients need to be granted user friendly, real time and retrospective access to read their records, and a facility to enter comments. They should be enabled to have a copy of records in a form useable by them, if they wish to have one. If possible, the summary care record should be made accessible in this way. • Systems should be designed to include prompts and defaults where these will contribute to safe and effective care, and to accurate recording of information on first entry. • Systems should include a facility to alert supervisors where actions which might be expected have not occurred, or where likely inaccuracies have been entered. • Systems should, where practicable and proportionate, be capable of collecting performance management and audit information automatically, appropriately anonymised direct from entries, to avoid unnecessary duplication of input. • Systems must be designed by healthcare professionals in partnership with patient groups to secure maximum professional and patient engagement in ensuring accuracy, utility and relevance, both to the needs of the individual patients and collective professional, managerial and regulatory requirements. <p>Systems must be capable of reflecting changing needs and local requirements over and above nationally required</p>	<p>Agreed. Action: DoF - milestones up to March 2015</p>	<p>YES whilst recognising systems development is a continuous process</p>	<p>The latest and better version of PARIS is being rolled out and the IIC Project completes in a couple of months' time.</p>

Rec. No. (Chapter No.)	Recommendation	Trust Response	Completed Yes / No	Comments
	minimum standards.			

ACTION PLAN: RESPONSE TO STAFF ENGAGEMENT DISCUSSIONS ON THE FRANCIS REPORT 2015 AND BEYOND + ONGOING ITEMS

	Issue identified	Summary action	Link to existing work stream	Who	When	Completed Yes / No	Comments
Recovery Approach							
10	Improve patient outcomes by widespread use of the Recovery Approach.	To implement the Embedding the Recovery Approach project.	Embedding Recovery Approach Project	Recovery Approach Project Manager	3 year project commencing Sept 2013	YES But this will always be continuous	Project on track – Project funded until March 2017.
CPA							
17	Improve the effectiveness of the CPA process.	To implement the existing CPA project.	CPA project	CPA Project Manager	2 year project commencing Oct 2013	YES	The CPA project closed September 2015 with a PM4 scheduled for EMT in May 2016 outlining outcomes and achievements.
18	Ensure that no unnecessary information is requested to be collected by frontline staff.	To review all present requests for data collection.	CPA project	CPA Project Manager	2 year project commencing Oct 2013	YES	The CPA project has linked in with the Paris Programme and Information Team to develop a more streamlined and effective information flow throughout the electronic patient record. This work is also aligned to IIC developments to ensure

	Issue identified	Summary action	Link to existing work stream	Who	When	Completed Yes / No	Comments
							all information is directly collected from Paris. This is being rolled out as part of the new version of Paris.
20	Staff in specialist services such as ADHD, Eating Disorders, Autistic Spectrum should take on care co-ordination role when appropriate to do so.	This is being addressed as part of the CPA project.	CPA project	CPA Project Manager	2 year project commencing Oct 2013	YES	This has been made explicit in the new CPA policy and reinforced within locality services via the CPA Steering Group.
HR and organisational development							
29	Identify people with an interest in moving to positions of management and leadership.	This is being addressed as part of the introduction of talent management arrangements in the Trust.	Talent Management Workstream	Chief Executive	March 2015	PARTIAL This will always be work in progress	60% of talent conversations have taken place for Band 7s and above and TM training now being provided for similar conversations to be had with Band 6s. Progress to be monitored by the Trust Talent Management Board.

FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	26 April 2016
TITLE:	Finance Report for Period 1 April 2015 to 31 March 2016
REPORT OF:	Colin Martin, Director of Finance
REPORT FOR:	Assurance and Information

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

Executive Summary:

The comprehensive income outturn for the period ending 31 March 2016 was a deficit of £297k, representing 0.1% of the Trust's turnover and was behind plan. The variation of £5,086k was largely due to the impairment of Trust properties being £10,983k above plan. Excluding impairments the Trust was ahead of plan by £5,897k largely due to a non-recurrent surplus within projects and higher than planned contract income.

Identified Cash Releasing Efficiency Savings at 31 March 2016 were in line with plan.

The Trust has identified schemes to deliver CRES in 2016/17 whilst plans continue to be progressed for future years.

The Financial Sustainability Risk Rating for the Trust was 4 for the period ending 31 March 2016.

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

Recommendations:

The Board of Directors 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:	Board of Directors
DATE:	26 April 2016
TITLE:	Finance Report for Period 1 April 2015 to 31 March 2016

1. INTRODUCTION & PURPOSE

- 1.1 This report summarises the Trust's financial performance from 1 April 2015 to 31 March 2016.

2. BACKGROUND INFORMATION

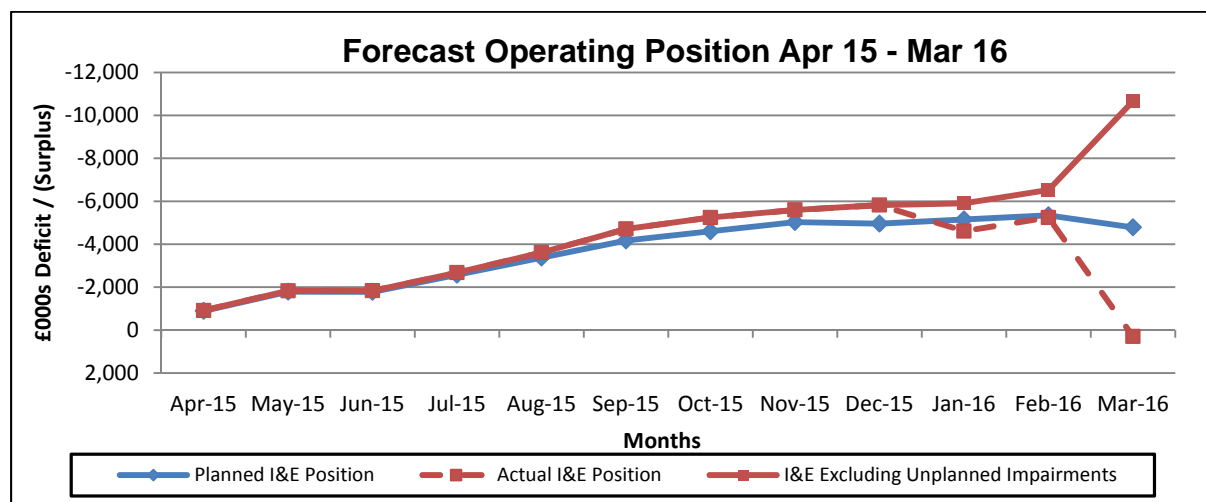
- 2.1 The financial reporting framework of a Foundation Trust places an increased emphasis on cash and the statement of financial position as well as the management of identified key financial drivers. The Board receives a monthly summary report on the Trust's finances as well as a more detailed analysis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

3. KEY ISSUES:

3.1 Statement of Comprehensive Income

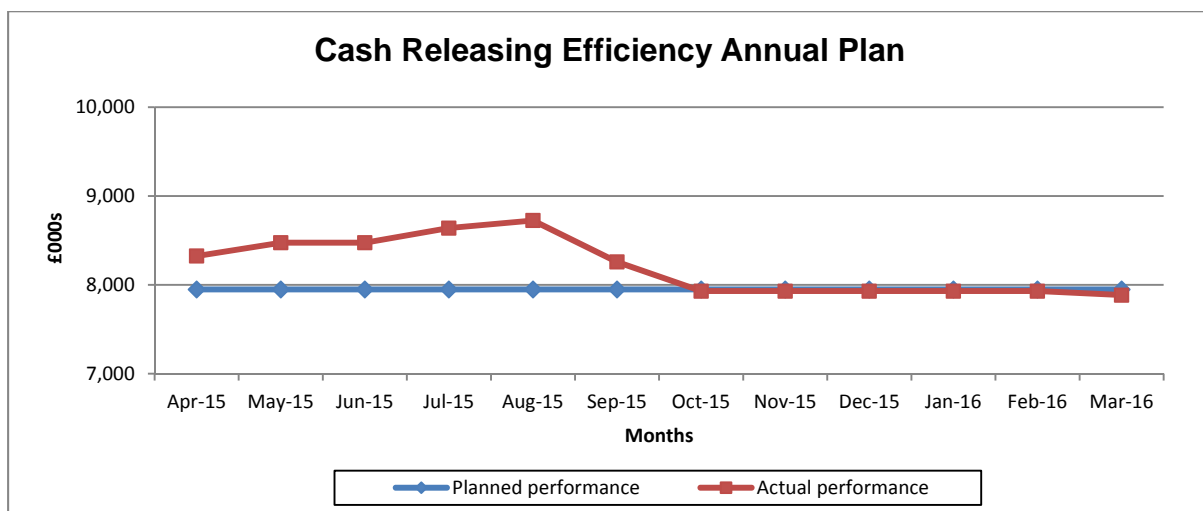
The comprehensive income outturn for the period ending 31 March 2016 was a deficit of £297k, representing 0.1% of the Trust's turnover and was behind plan. The variation of £5,086k was largely due to the impairment of Trust properties being £10,983k above plan. Excluding impairments the Trust was ahead of plan by £5,897k largely due to a non-recurrent surplus within projects and higher than planned contract income.

The graph below shows the Trust's planned operating surplus against actual performance and the Trusts position excluding impairments.

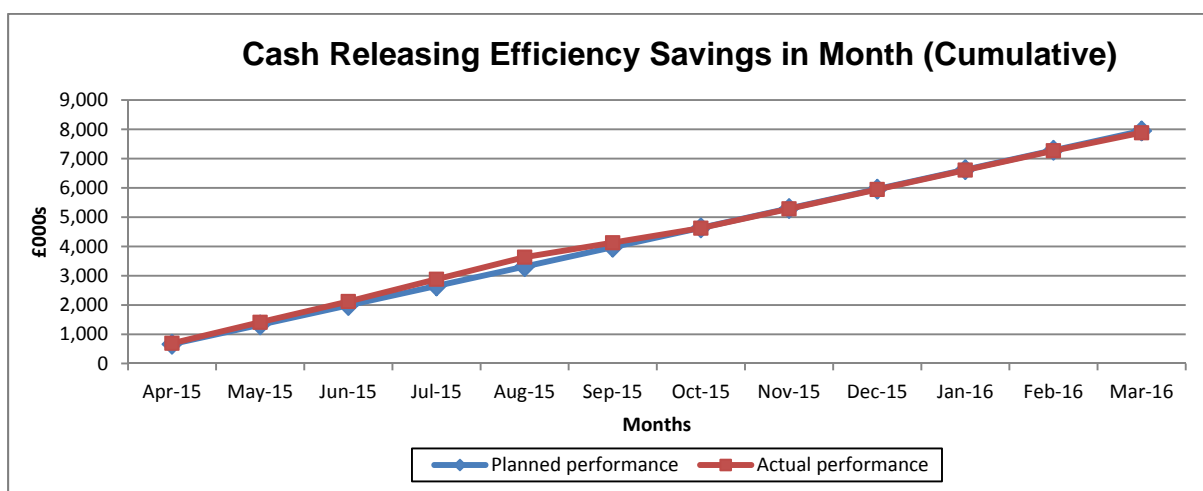


3.2 Cash Releasing Efficiency Savings

Total CRES identified at 31 March 2016 was £7,930k and was in line with plan. The reduction in September and October was due to some schemes being deferred to 2016/17.

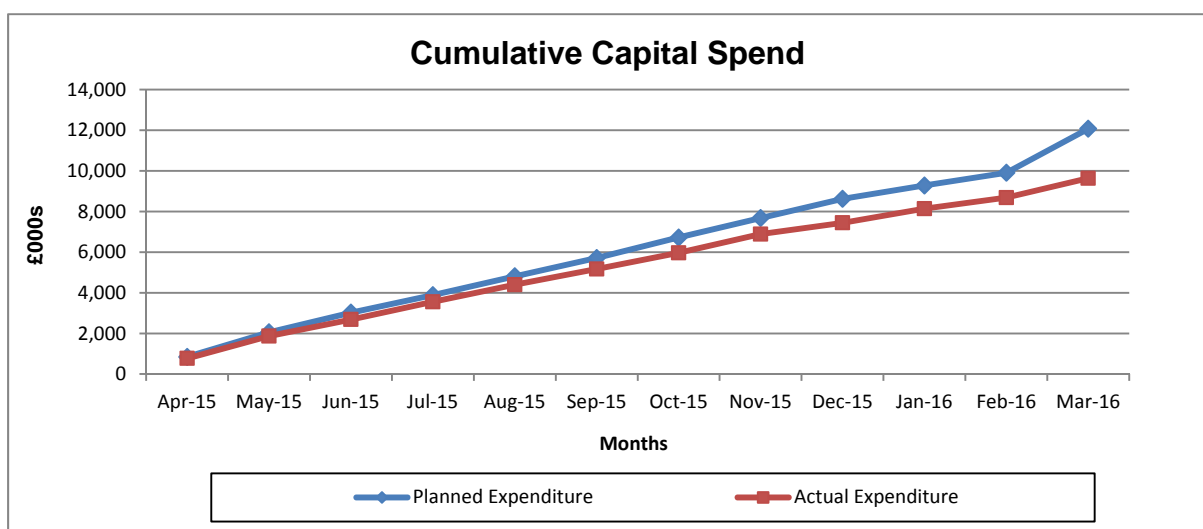


The monthly profile for CRES identified by Localities is shown below.



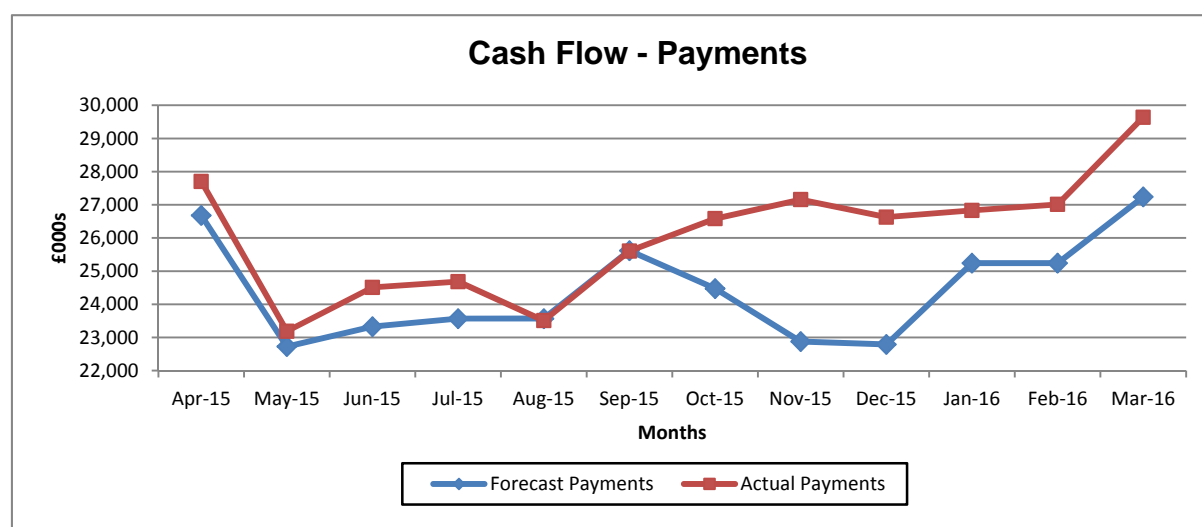
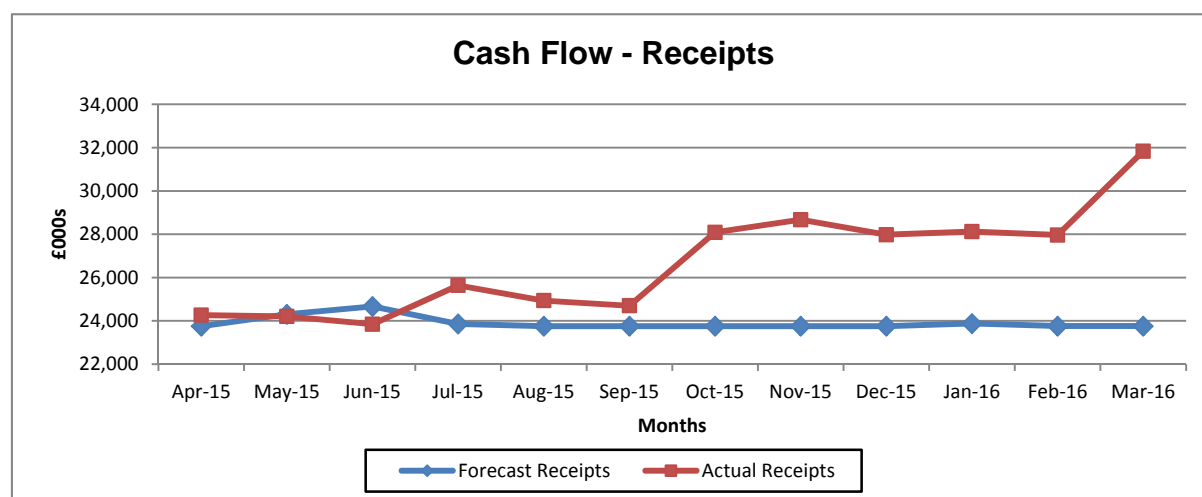
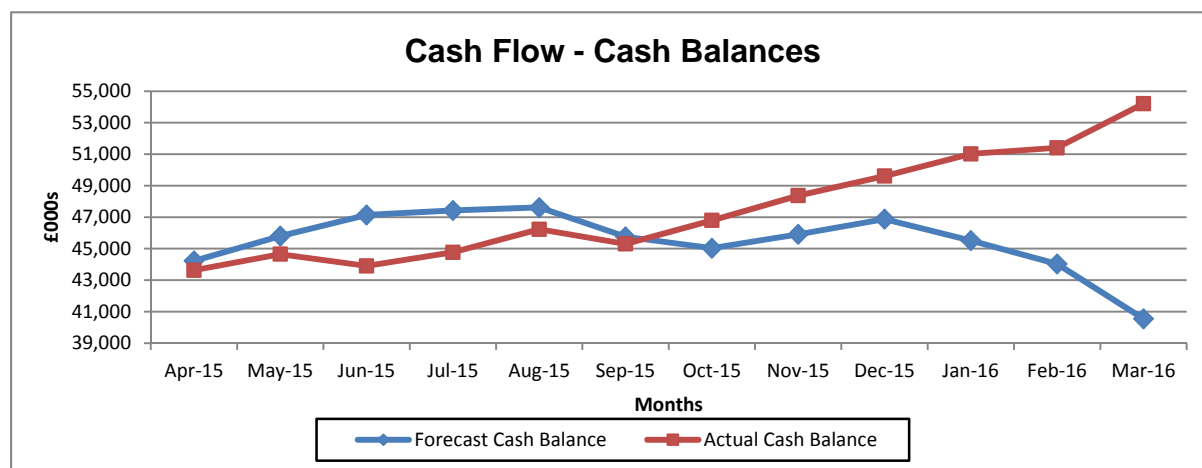
3.3 Capital Programme

Capital expenditure to 31 March 2016 was £9,635k, and was behind plan at the financial year end due to the planned deferral of schemes into 2016/17.



3.4 Cash Flow

Total cash at 31 March 2016 was £54,148k and was ahead of plan due to the planned deferral of capital schemes, the higher than planned surplus position (excluding impairments) and working capital cycle variations following the start of the Trust's contract to provide MH & LD Services to the York and Selby locality.

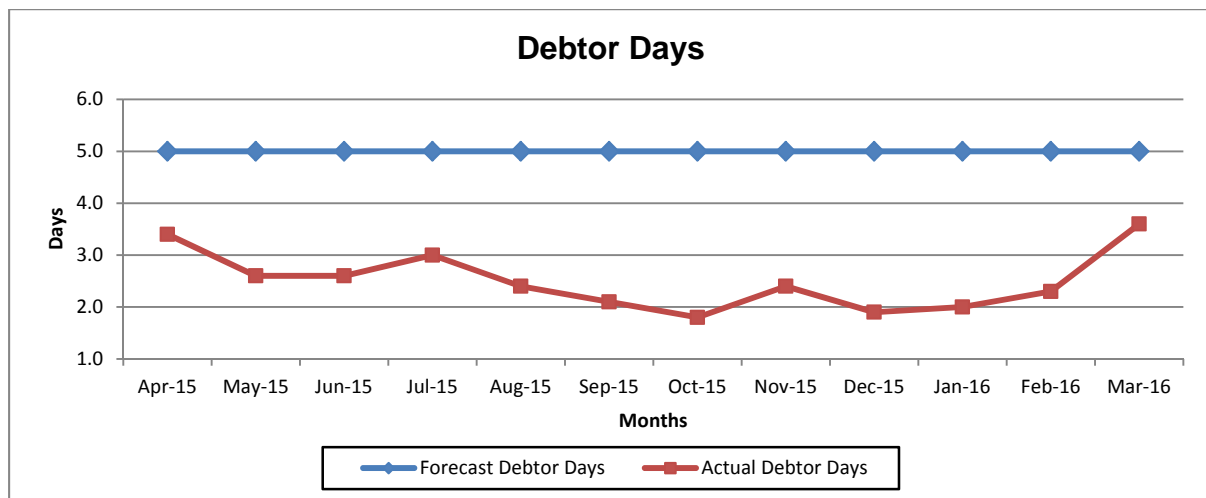


The increase within receipts and payments from October 2015 was due to additional revenue streams related to the York and Selby locality.

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

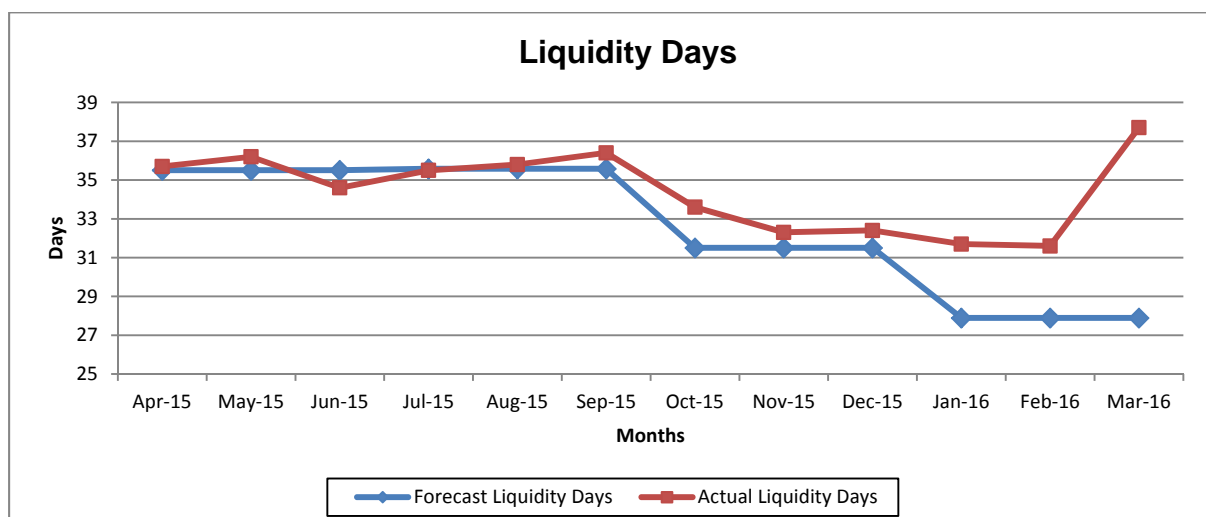
Working Capital ratios for period to 31 March 2016 were:

- Debtor Days of 3.6 days
- Liquidity of 37.7 days
- Better Payment Practice Code (% of invoices paid within terms)
NHS – 78.09%
Non NHS 30 Days – 96.84%



The Trust had a debtors' target of 5.0 days and actual performance of 3.6 days for March. The average debtor days throughout the financial year were 2.5, which was ahead of plan.

The liquidity days graph below reflects the metric within Monitor's risk assessment framework. The Trust liquidity days ratio was marginally ahead of plan throughout the financial year and further head at the yearend due to higher than anticipated cash receipts.



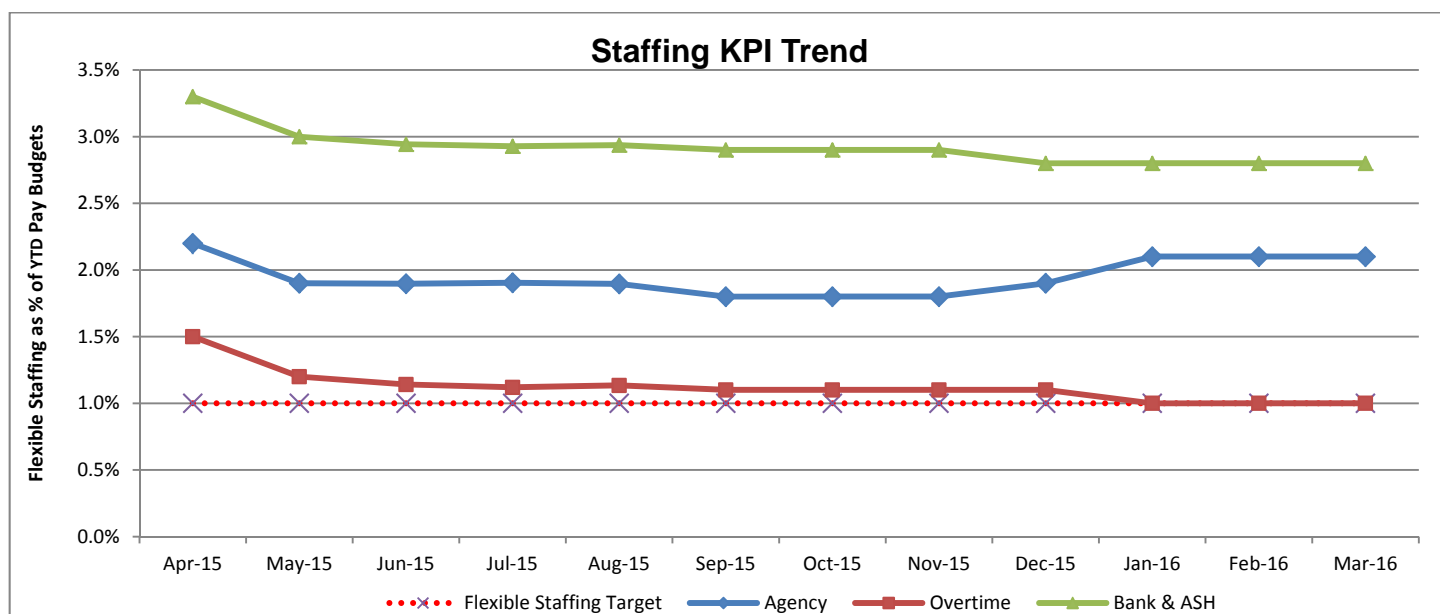
3.5 Financial Drivers

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

Tolerance	Nov	Dec	Jan	Feb	Mar
Agency (1%)	1.8%	1.9%	2.1%	2.1%	2.1%
Overtime (1%)	1.1%	1.1%	1.0%	1.0%	1.0%
Bank & ASH (flexed against establishment)	2.9%	2.8%	2.8%	2.8%	2.8%
Establishment (90%-95%)	93.7%	93.0%	94.2%	93.1%	92.7%
Total	99.5%	98.8%	100.1%	99.0%	98.6%

The tolerances for flexible staffing expenditure were set at 1% of pay budgets for Agency and Overtime, and flexed in correlation to staff in post for Bank & ASH. For March 2016 the tolerance for Bank and ASH is 5.3% of pay budgets.

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



Additional staffing expenditure is 5.9% of pay budgets. The requirement for bank, agency and overtime was due to a number of factors including cover for vacancies (51%), 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 March 2016, and was 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 1.80x (can cover debt payments due 1.80 times), which was in line with plan and rated as a 3.

- 3.6.3 The liquidity metric assesses the number of days operating expenditure held in working capital (current assets less current liabilities). The Trust liquidity metric was 37.6 days, this was in line with plan and was 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 4.2% and was 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 was 1.8% ahead of plan and was rated as a 4.

The margins on Financial Sustainability Risk Rating were as follows:

- Capital service cover - to reduce to a 2 a surplus decrease of £757k was required.
- Liquidity - to reduce to a 3 a working capital reduction of £29,723k was required.
- I&E Margin – to reduce to a 3 an operating surplus decrease of £9,725k was required.
- Variance from plan – to reduce to a 3 an operating surplus decrease of £5,876k was required.

Financial Sustainability Risk Rating at March 2016

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 Rating
	Achieved	Rating	Planned	Rating	
Capital service Cover	1.80x	3	1.36x	2	1
Liquidity	37.6 days	4	27.9 days	4	0
I&E Margin	4.2%	4	2.4%	4	0
Variance from plan	1.8%	4	0%	4	0

Overall Financial Sustainability Risk Rating 4.00

- 3.6.7 6.3% of total receivables (£161k) were 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 3.9% of total payables invoices (£423k) held for payment were over 90 days past their due date. This is below the 5% finance risk tolerance set by Monitor.

3.6.9 The cash balance at 31 March 2016 is £54,148k and represents 69.5 days of annualised operating expenses.

3.6.10 Actual capital expenditure was 80% of planned expenditure at the financial year end which was due to the planned deferral of schemes into 2016/17.

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.

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

5. RISKS:

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

6. CONCLUSIONS:

6.1 The comprehensive income outturn for the period ending 31 March 2016 was a deficit of £297k, representing 0.1% of the Trust's turnover and was behind plan. Excluding impairments the Trust was ahead of plan by £5,897k largely due to a non-recurrent surplus within projects and higher than planned contract income.

6.2 Identified Cash Releasing Efficiency Savings at 31 March 2016 were in line with plan.

The Trust has identified schemes to deliver CRES in 2016/17 whilst plans continue to be progressed for future years.

6.3 The Financial Sustainability Risk Rating for the Trust was 4 for the period ending 31 March 2016.

7. RECOMMENDATIONS:

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

7.2 The Board of Directors are requested to approve the signing of the In Year Governance Statement confirming maintaining a financial sustainability risk rating of at least 3 in the next 12 months.

Colin Martin
Director of Finance

FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	26 th APRIL 2016
TITLE:	TRUST WORKFORCE REPORT - JANUARY TO MARCH 2016
REPORT OF:	DIRECTOR OF HUMAN RESOURCES AND ORGANISATIONAL DEVELOPMENT
REPORT FOR:	INFORMATION

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

Executive Summary:

The report provides information about key workforce performance for the period January to March 2016.

Performance improved in respect of a minority of indicators during the period January to March 2016 however, validation of figures concerning two indicators has yet to be completed.

The strongest performance was in respect of sickness absence rates and the time taken to complete disciplinary investigations. Induction and recruitment indicators were amongst the poorest reported.

The Staff Friends and Family Test results for Quarter 4 of 2015/16 were largely positive and the 50.5% response rate ensured that the results continue to provide the view of a large number of Trust staff.

Recommendations:

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

MEETING OF:	BOARD OF DIRECTORS
DATE:	26TH APRIL 2016
TITLE:	TRUST WORKFORCE REPORT - JANUARY TO MARCH 2016

1. INTRODUCTION & PURPOSE:

- 1.1 The purpose of this report is to provide Directors with information about key workforce performance during the period January to March 2016. Appendix 1 provides workforce information about the whole Trust workforce and Appendix 2 provides further details about medical staffing issues and performance. Appendix 3 provides the Trust's Staff Friends and Family Test (Staff FFT) results for Quarter 4 of 2015/16.

2. BACKGROUND INFORMATION AND CONTEXT:

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

3. KEY ISSUES:

- 3.1 Staff in post numbers, the number of fixed term contracts, age profile and labour turnover information was similar during January to March 2016 when compared to the previous quarter.
- 3.2 There was a marked reduction in the number of staff retiring and returning to work (21) compared to the previous quarter (41) and though the number of age retirements was less during January to March the reduction in retire and return numbers was disproportionately high. The need to identify how best to make the most of retire and return was agreed at a recent Board of Directors seminar and this matter will be considered at an Extending Working Lives event that is to be held on 16th May. Page 7 of appendix 1 tells us that a much higher proportion of North Yorkshire locality staff left the Trust for work/life balance reasons than did so in other localities. The reason for this difference will be considered further.
- 3.3 The overall rate of sickness absence reported during the period April 2015 to February 2016 was the lowest reported to date since the Trust was established. The Trust target sickness absence rate of less than 4.5% for 2015/16 could well be achieved however, the March 2016 sickness absence figure has yet to be published. The improved position can be attributed to the efforts of a large number of people and the impact of a range of health and wellbeing initiatives within the Trust particularly in respect of long term sickness absence. The number of staff currently experiencing long term sickness absence is high, at over two hundred, which indicates that the

underlying position needs further attention and that more will need to be done to sustain the improvements made during 2015/16.

- 3.4 Improvements in the time taken to conclude disciplinary investigations continued during January to March 2016 with 75% of disciplinary investigations being completed within the target time of less than 8 weeks compared to 71% in the previous quarter. The recently established disciplinary investigation team completed all investigations within the 8 weeks target time and feedback to date about the work of the team has been very positive. It is encouraging that only one disciplinary case out of the seventeen that proceeded to hearing stage resulted in no disciplinary action being taken. This suggests that the disciplinary process is being followed appropriately.
- 3.5 The outcomes of the thirty six grievances heard during 2015/16 suggest that a balanced approach to dispute resolution is being taken. Of the cases that went to a grievance hearing half were either upheld or partly upheld. Mediation is increasingly being used as an alternative to grievance proceedings and the 'success rate' of 50% compares well to that reported elsewhere.
- 3.6 Appraisal and mandatory and statutory training completion figures will not be fully validated until the end of April. It is however, thought unlikely that the Trust target rate of 95% will be achieved.
- 3.7 Completion of corporate induction within two months of joining the Trust fell from 95% to 76% compared to the previous quarter. Proposals are being developed that would mean all new staff undertaking their corporate induction prior to beginning work in their new role. These proposals will be the subject of consultation.
- 3.8 Completion of the local induction checklist within two months of joining the Trust fell from 63% in the previous quarter to 57%. A revised streamlined local induction procedure checklist has recently been agreed that is to be completed within two weeks of a new member of staff joining the Trust. The next quarterly report will provide information about the impact of this revised approach.
- 3.9 The percentage of posts recruited to within the target time fell significantly during January to March 2016 compared to the previous quarter. Though more staff were recruited than in the previous quarter, and more external candidates were appointed, the centralised recruitment initiative that commenced recently has the potential to significantly reduce the time taken to appoint to posts. A Quality Improvement System event is to be arranged to take place in the near future to help address outstanding recruitment process issues for both the central recruitment team and for recruiting managers.
- 3.10 The proportion of staff redeployed during January to March 2016 fell from 93% in the previous quarter to 82%. The reasons for this reduction will be investigated further.

- 3.11 The Trusts professional re-registration process continued to perform well during January to March 2016.
- 3.12 The 2015/16 Staff FFT quarter 4 results are similar to those of the quarter 2 results. The response rate of 50.5% indicates that there continues to be a good level of staff participation in the survey. As part of efforts to understand the extent to which managers act upon the Staff FFT results staff were asked about this and only 43% responded by saying that their managers do fully act on the survey results with a further 17% saying that their managers do act on the results but could do more. An improvement event about the Trusts future approach to the Staff FFT was held with a cross section of staff on 15th April and recommendations arising from the event will be presented to the Executive Management Team in the near future.

4. IMPLICATIONS:

- 4.1 **Compliance with the CQC Fundamental Standards:** The standards described in Regulation 18 continue to be met.
- 4.2 **Financial/Value for Money:** The cost of sickness absence, though falling, continues to be significant with an estimated annual spend on sick pay of approximately £8,000,000.
- 4.3 **Legal and Constitutional (including the NHS Constitution):** None identified.
- 4.4 **Equality and Diversity:** Improving the experience of BAME and disabled staff continues to be a priority.
- 4.4 **Other implications:** None identified.

5. **RISKS:** No specific risks have been identified arising from this report.

6. CONCLUSIONS:

- 6.1 Good progress has been made in respect of sickness absence levels and disciplinary investigation timescales however, timely completion of induction and recruitment remain concerns.

7. RECOMMENDATIONS:

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

David Levy
Director of Human Resources and Organisational Development

Background Papers:

HUMAN RESOURCES AND ORGANISATIONAL DEVELOPMENT DIRECTORATE

QUARTERLY WORKFORCE REPORT KEY PERFORMANCE INDICATORS OCTOBER TO DECEMBER 2015

1.0 INTRODUCTION

This report provides information about key workforce performance during the last quarter, October to December 2015.

2.0 Staff in Post

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

- The total Trust workforce has increased by 12% over the last 12 months following the transfer of York and Selby services.

Figure 1 Staff in Post

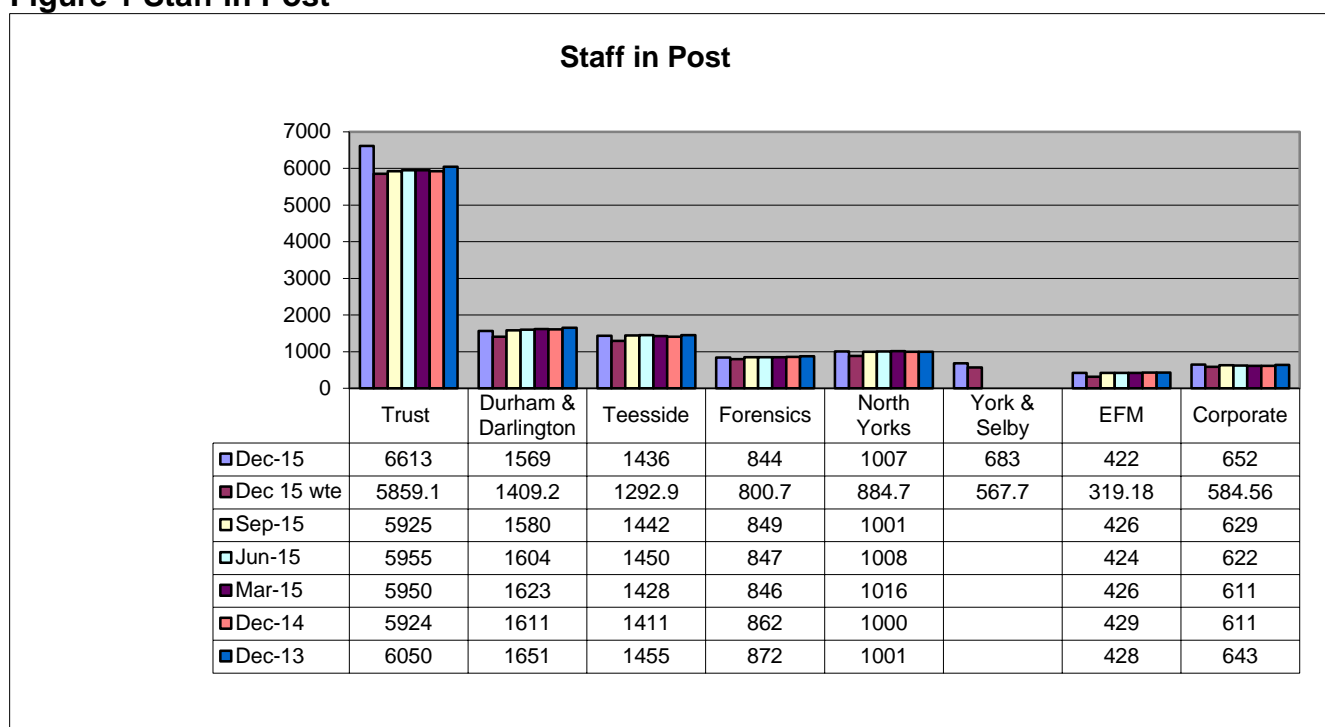


Figure 2 highlights the number of staff employed on a fixed term/temporary contract as a percentage of the total number of staff employed. Corporate Services continue to have the highest percentage of staff employed on a fixed term/temporary contract, due to the use of project-related posts.

Figure 2 Fixed Term Employment

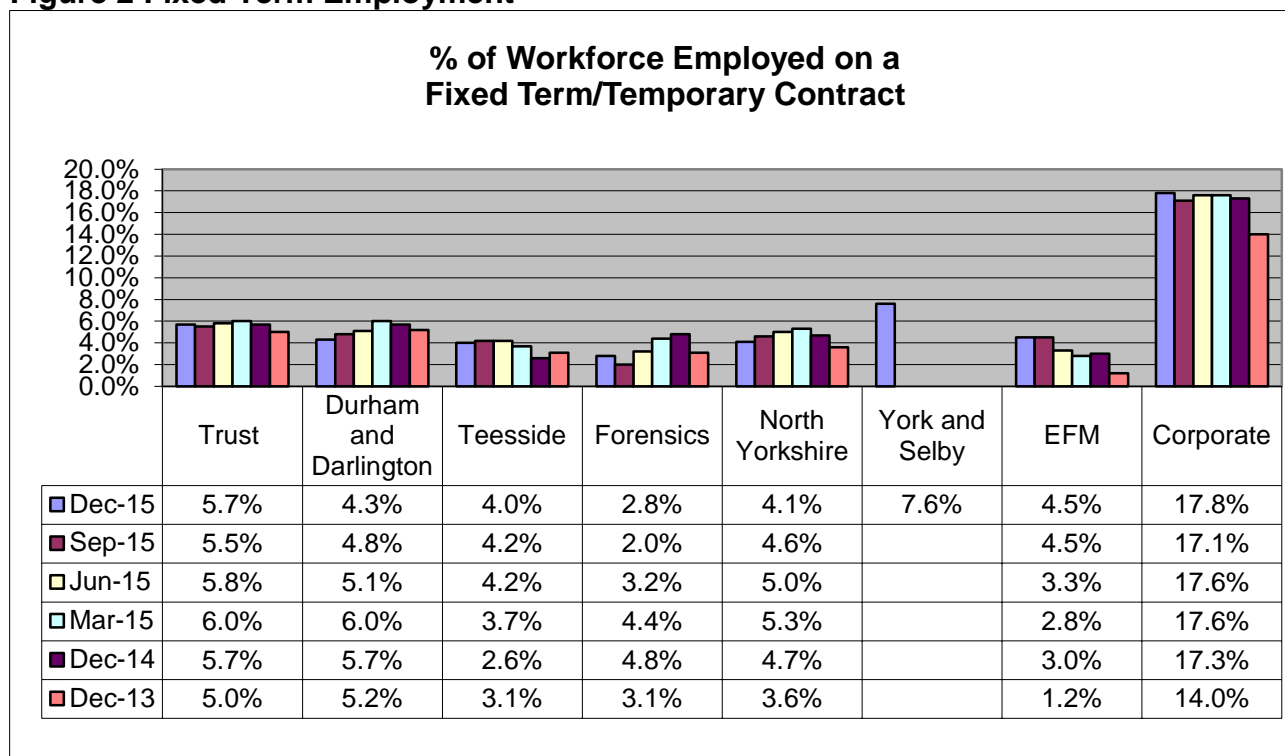
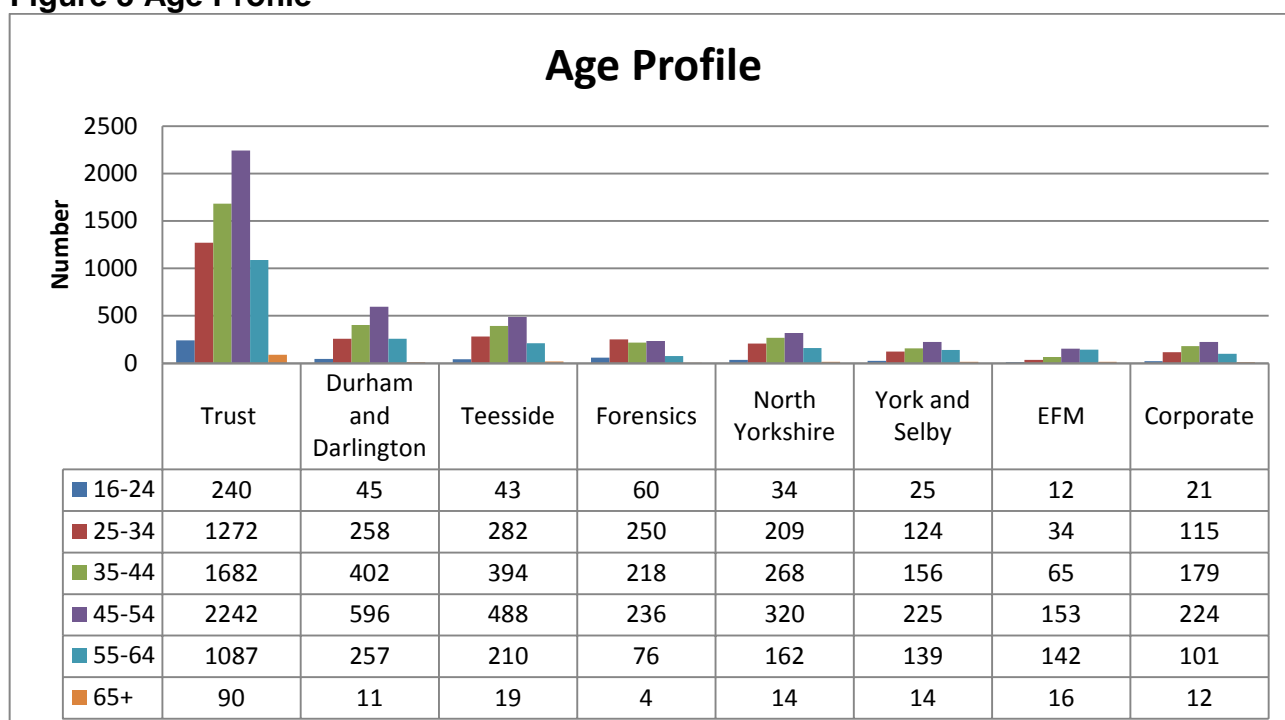


Figure 3 highlights the age profile of the Trust. Analysis shows 51.7% of staff aged between 44 and 65. This trend is comparable within Teesside, North Yorkshire Localities and Corporate Services. The figure increases to 55.1% in Durham and Darlington and 55.3% in York and Selby. Forensic Services is considerably lower at 37.4%. The figure is significantly higher in Estates and Facilities Management at 73.7%.

Figure 3 Age Profile



4.0 New Starters

Figure 4 highlights the number of new starters within the Trust during the last quarter. There were a total of 156 new starters during the quarter compared to 169 reported in the previous quarter. **The graph excludes new starters to York and Selby.**

Figure 4 New Starters

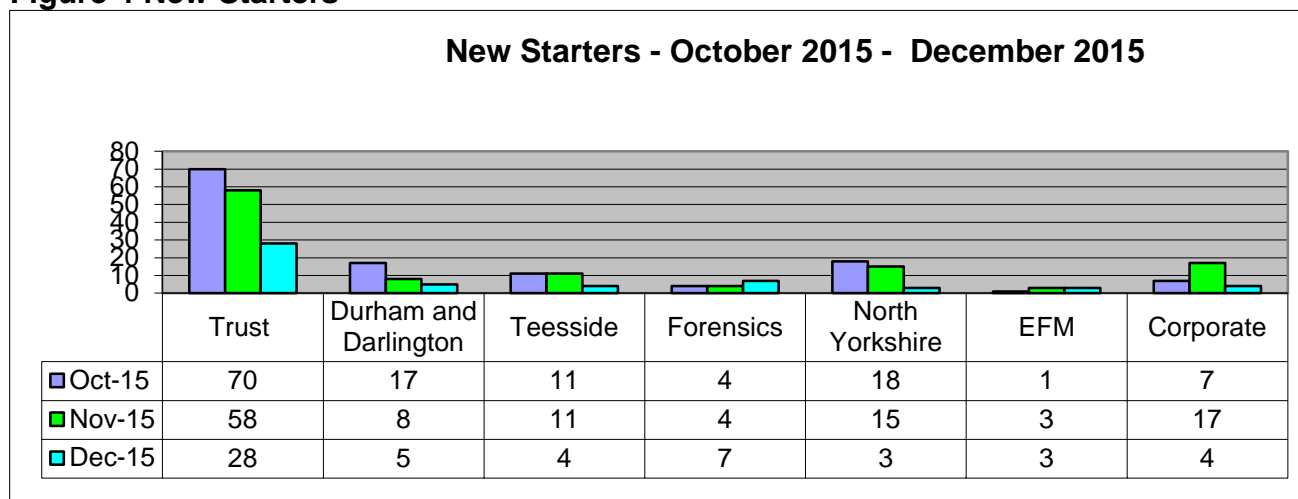
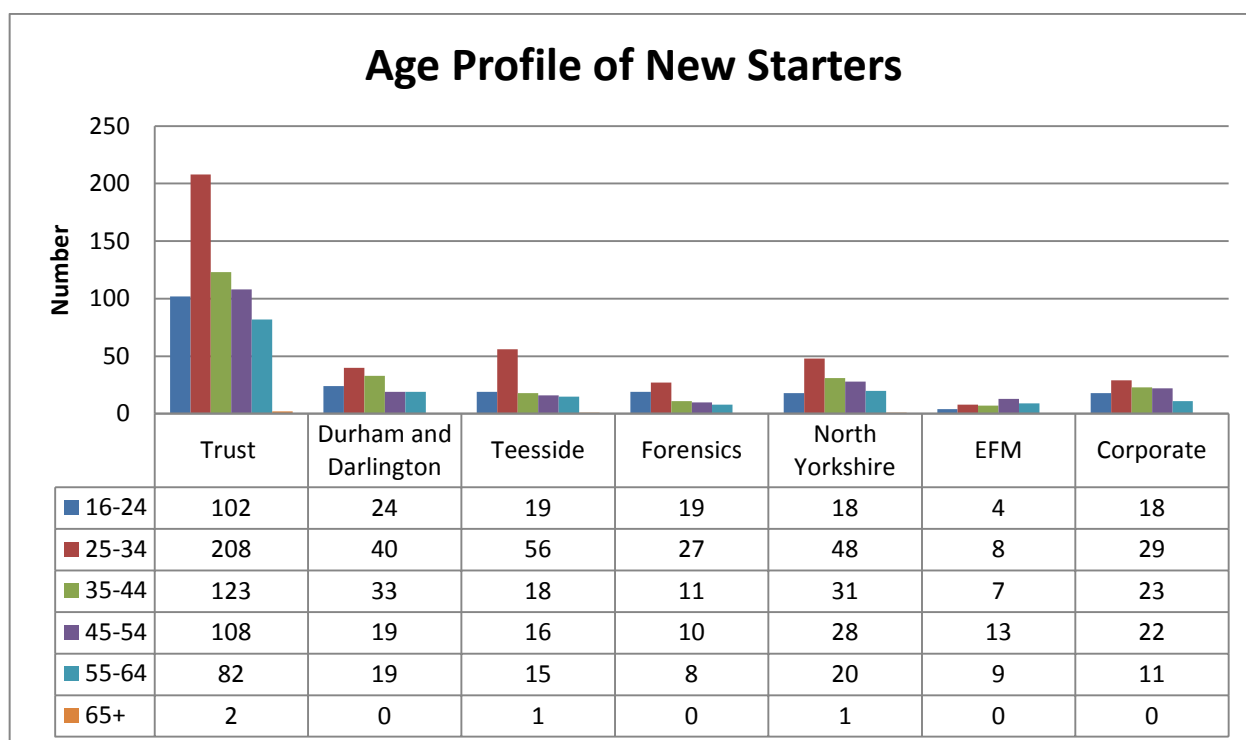


Figure 5 shows an age profile of new starters over the last 12 months. Analysis highlights that 33.3% of new starters are aged between 25 and 34. This figure increases to 44.8% for Teesside and 36.0% in Forensic Services. The figure for Durham and Darlington is 30.0%. Estates and Facilities Management show 31.7% of new starters within the age range 45 – 54.

Figure 5 – Age Profile



5.0 Leavers

Figure 6 shows the number of leavers during the last quarter.

Figure 6 Leavers

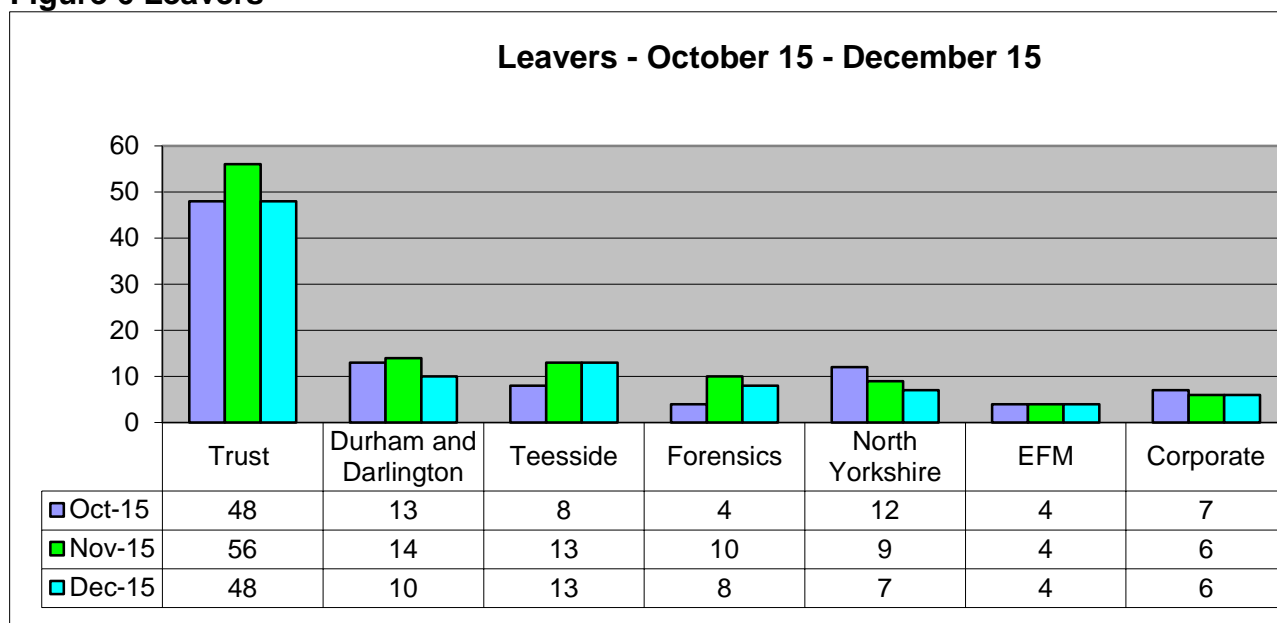


Figure 7 shows an age profile of leavers over the last 12 months. Analysis highlights that 28.6% of leavers were aged between 46 - 55, this figure increases to 34.8% in Teesside. 24.0% of leavers were aged 56 – 65 across the Trust, this figure was significantly higher in Durham and Darlington at 33.3% and Estates and Facilities Management at 40.0%.

Figure7

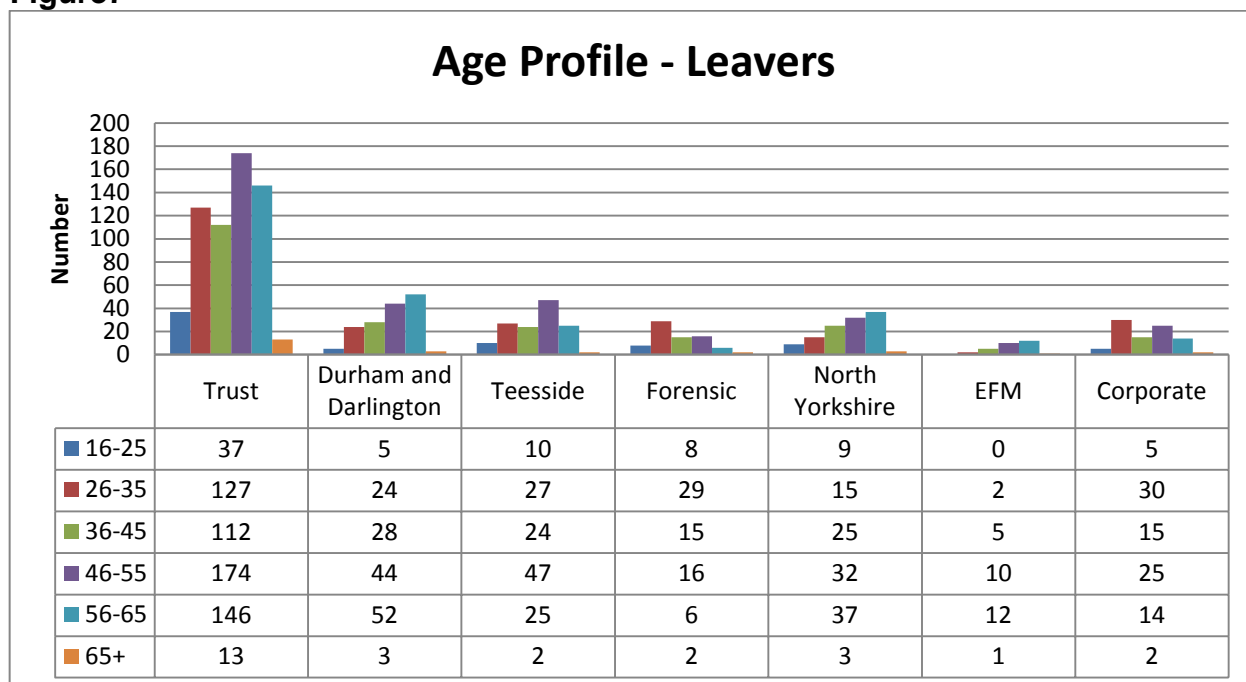
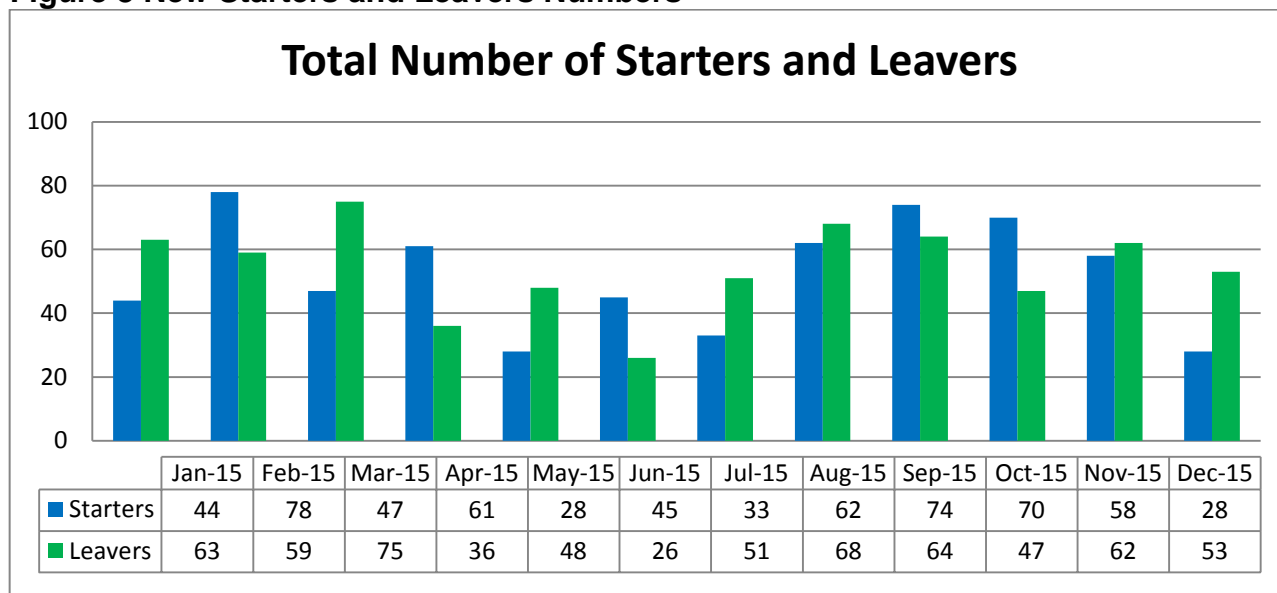


Figure 8 shows the total number of starters and leavers during the period January 2014 to December 2015. The average number of starters over the last 12 month period has increased slightly to 52 per month. The average number of leavers over the last 12 month period has remained at 54 per month.

Figure 8 New Starters and Leavers Numbers

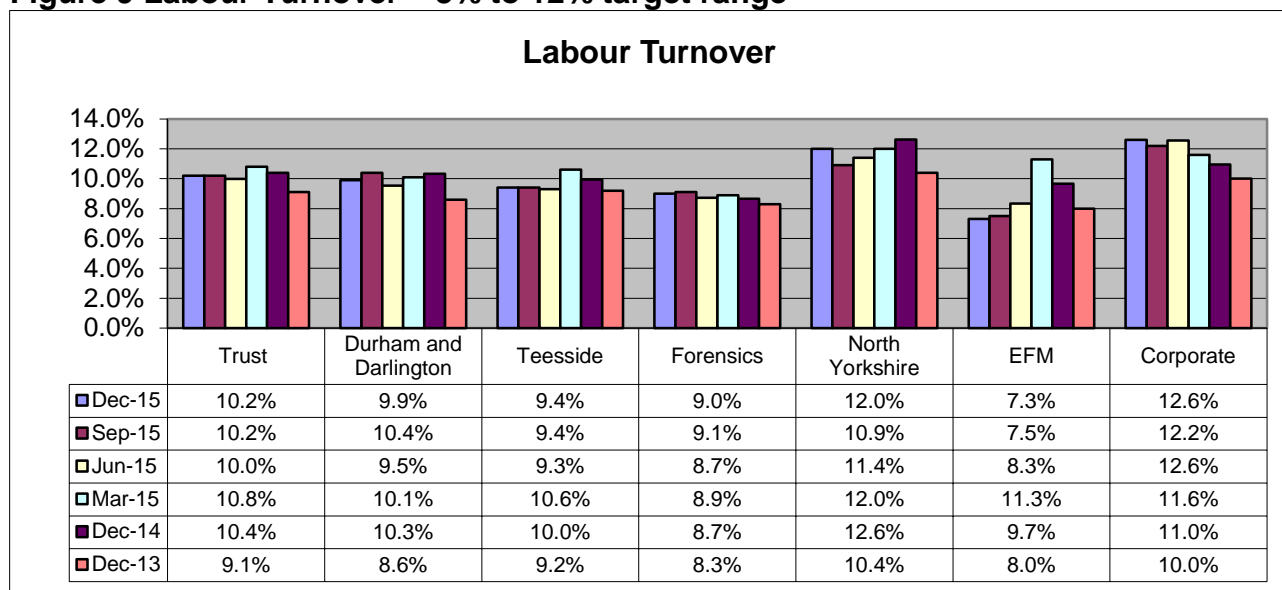


6.0 Labour Turnover

Figure 9 provides information about labour turnover rates up to 30th December 2015. A total of 610 staff left the Trust during the last 12 months. The calculation **excludes doctors in training** that have left the Trust.

- 98 leavers were employed on a fixed term contract when their **employment with the Trust ended**.
- The Trust turnover rate falls to 8.6% when fixed term contract leavers are excluded from the labour turnover calculation.
- 41 members of staff chose to retire flexibly and return to the Trust after the requisite break in service.
- 121 members of staff left for reason of age related retirement and 14 voluntarily retired early.

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



*figures exclude doctors in training.

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

	Trust	Durham & Darlington	Teesside	Forensics	North Yorkshire	EFM	Corporate
Number of leavers	513	141	124	67	107	28	45
Age retirement	20.5%	31.2%	17.7%	3.0%	23.4%	21.4%	20.0%
Voluntary resignation – Other/ unknown	17.5%	9.9%	16.9%	37.3%	17.7%	21.4%	11.1%
Voluntary resignation -relocation	11.9%	10.6%	8.1%	14.9%	18.7%	10.7%	4.4%
Voluntary resignation -promotion	8.2%	7.8%	7.3%	7.5%	9.3%	0.0%	17.8%
Voluntary resignation – work-life balance	5.5%	3.5%	4.8%	4.5%	7.7%	10.7%	6.7%

The average length of service of staff leaving the Trust is 9 years.

7.0 Sickness Absence

Figure 10 provides details of performance compared to target. The first graph shows the absence rate excluding York and Selby data. The second graph shows the rate including York and Selby data.

Figure 10 Total Sickness Absence 2015/16 – no more than 4.5%

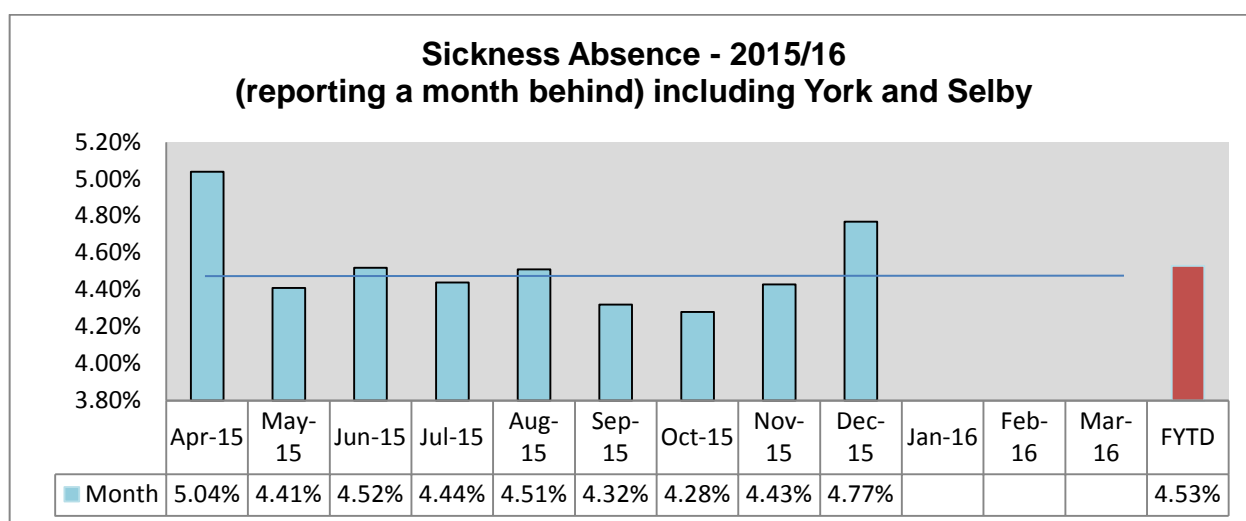
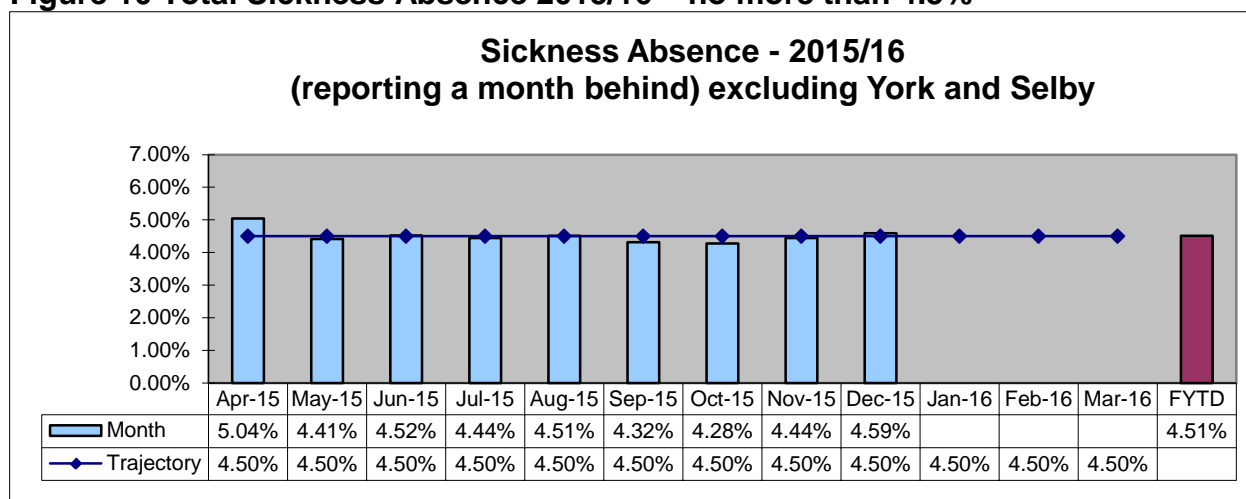


Figure 11 provides sickness absence percentage rate information at Trust and directorate level. Variations between directorate rates are apparent. York and Selby data is included.

Figure 11 Sickness Absence – Trust and Directorate Level

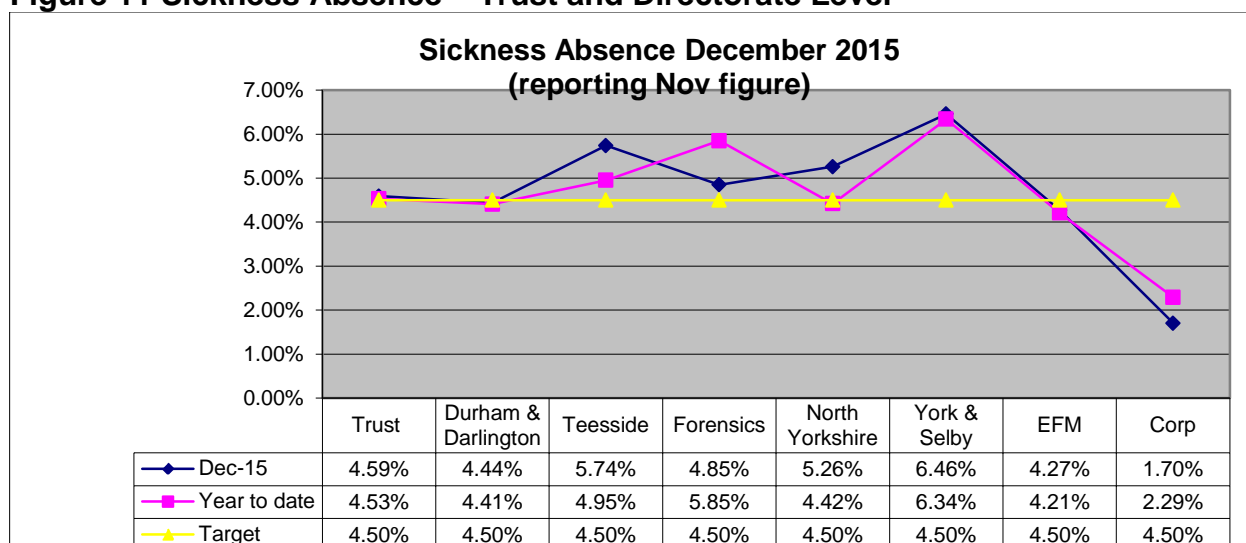


Figure 12 includes monthly sickness absence rates over the last five years, the graph **excludes** York and Selby data.

Figure 12 Sickness Absence Rates 2010-2016

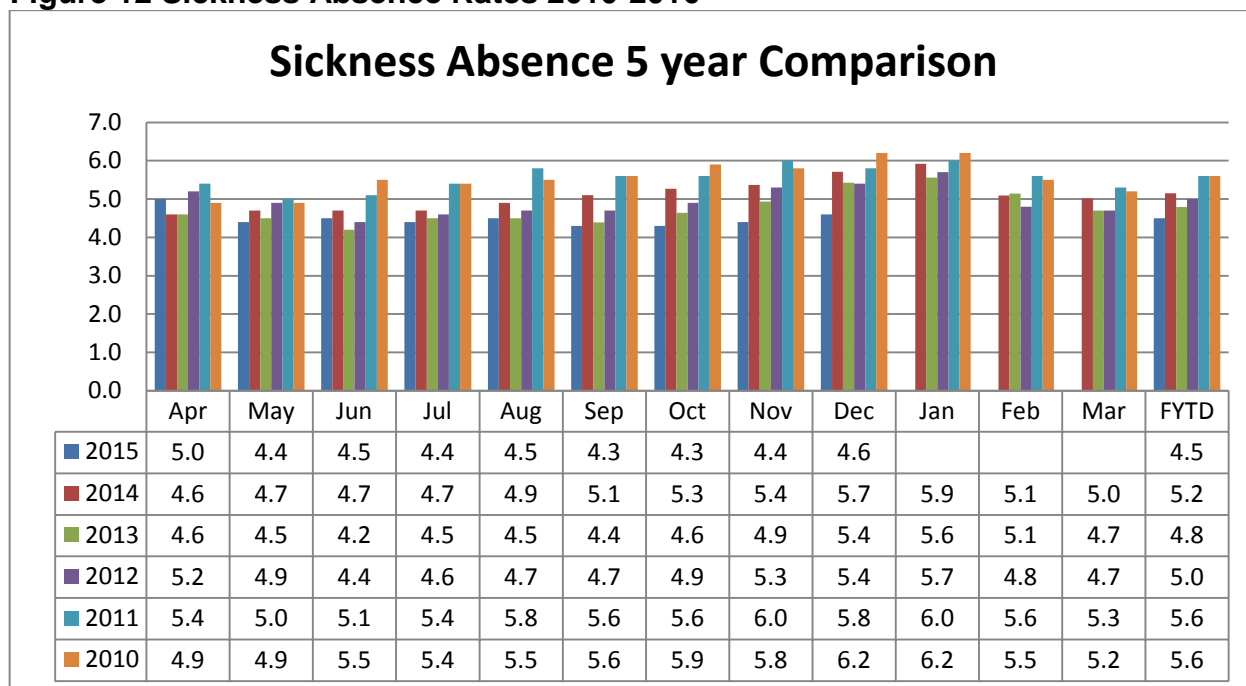
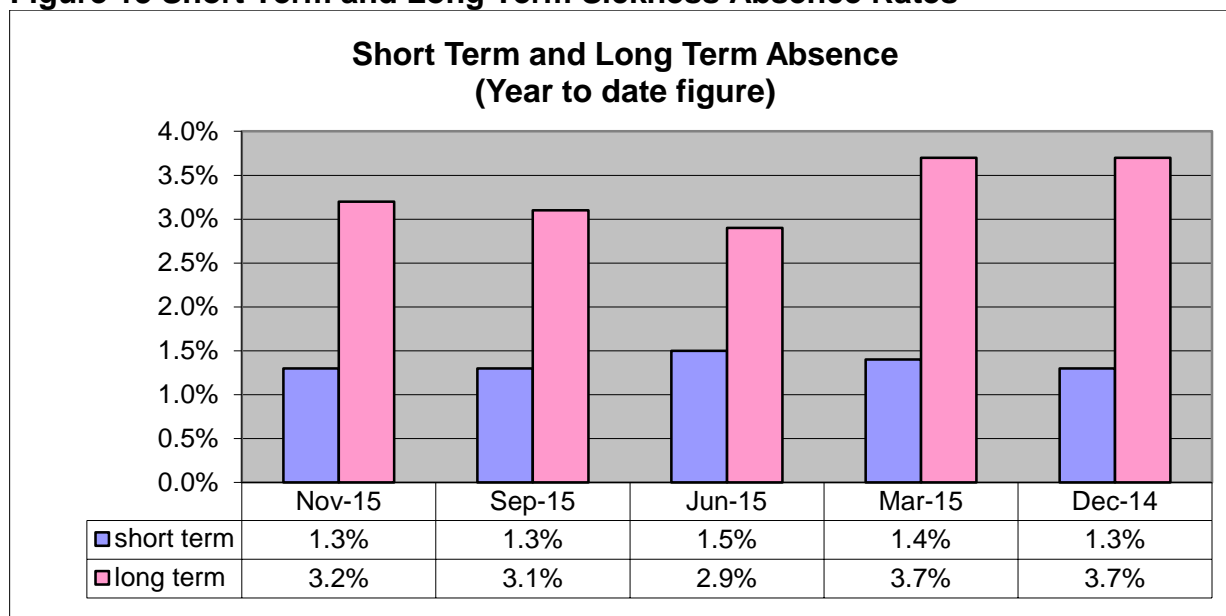


Figure 13 provides a breakdown of absence by short-term and long-term percentage rates between the period December 2014 and November 2015. The graphs **exclude** data for York and Selby.

Figure 13 Short Term and Long Term Sickness Absence Rates



Figures 14 and 15 provide a breakdown of absence by short-term and long-term percentage rates respectively by locality from December 2014 to November 2015.

Figure 14 Short Term Sickness Absence – Trust and Directorate Level

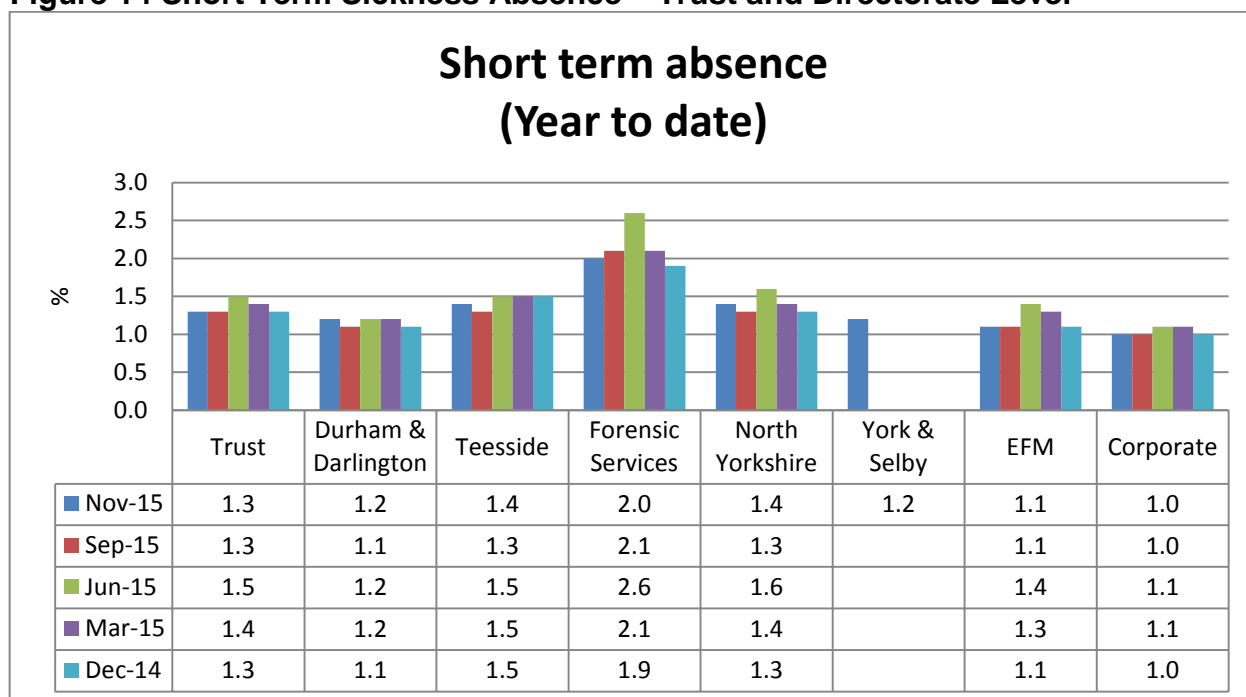
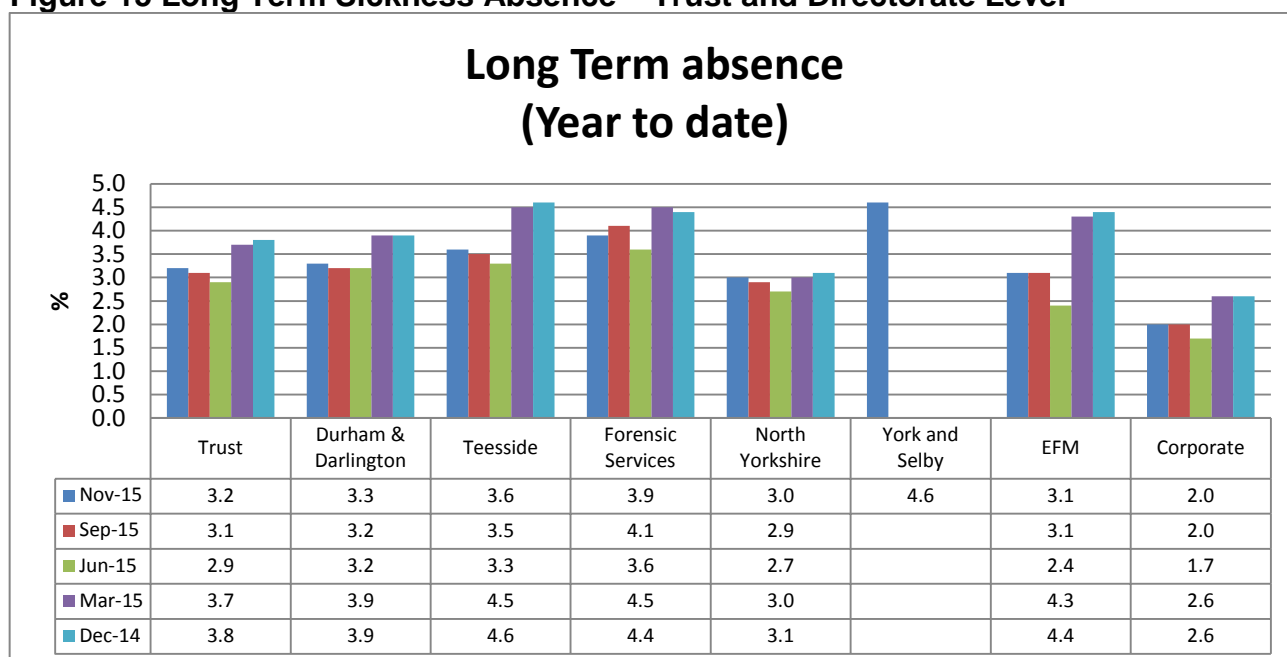


Figure 15 Long Term Sickness Absence – Trust and Directorate Level



8.0 Employee Relations

Disciplinary Episodes

There were a total of twenty one concluded disciplinary cases during the last quarter, a increase on the figure of nineteen reported at the end of the previous quarter. Sixteen of

the concluded cases resulted in a disciplinary hearing, the remaining five investigations resulted in the following outcomes:-

- 2 investigation was found to have no case to answer
- 3 investigations resulted in counselling.

At the end of December 2015 there were twenty five ongoing disciplinary cases, at varying stages of the disciplinary process, representing a slight increase on the figure of twenty four reported in the previous quarter.

A total of 71 safeguarding cases occurred during quarter three, representing a significant increase on the figure of 42 from quarter two. 8 of the cases involved TEWV staff which is comparable to the previous quarter. One of the cases has progressed to a disciplinary investigation. The remaining seven staff included a bank worker whose registration with the bank was removed and the individual was referred to the DBS.

The following provides an update on cases referred to in previous reports.

- 2014-15 quarter 3 report: the hearing was held on Friday 8th January 2016 and the Determining Manager is considering the decision which should be finalised on Friday 15th January 2016. The individual was made aware at the conclusion of the hearing that it would not be possible communicate a decision within 5 working days but that he could expect the outcome within 2 weeks.
- 2015-16 quarter 1. The individual was summarily dismissed.

Figure 16 provides a breakdown of all ongoing disciplinary cases by directorate.

Figure 16 Current Locality Disciplinary Case Numbers

Trust	Durham & Darlington	Tees	Forensic Services	North Yorks	York & Selby	EFM	Medic Staff	Corp
25	5	6	5	3	3	2	0	1

Figure 17 provides the outcomes of the sixteen disciplinary hearings held during the last quarter. It can be seen that all of the disciplinary hearings held during the last quarter resulted in disciplinary action being taken.

Figure 17 Disciplinary Hearing Outcomes

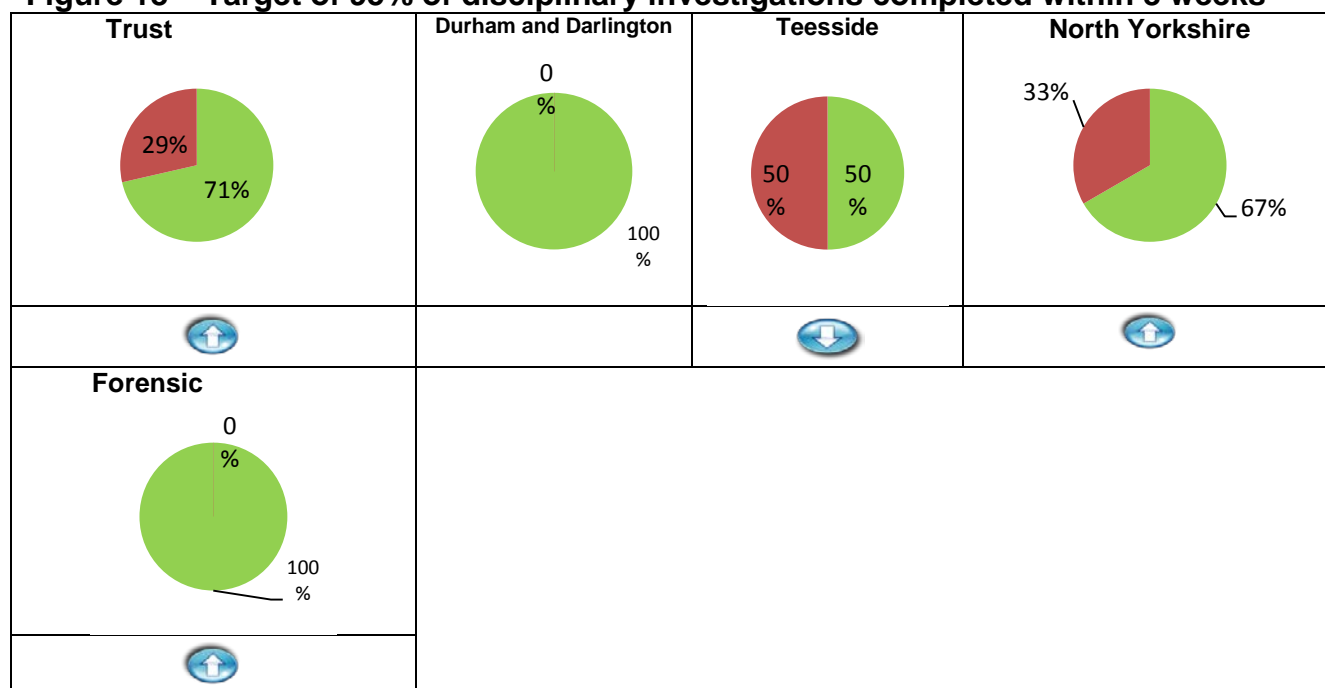
Summary Dismissal	Alternative to Dismissal	Final Written Warning	Written Warning
3	1	5	7

Figure 18 provides information about performance against the target of completing 95% of disciplinary investigations within 8 weeks, excluding cases delayed due to sickness absence. A total of fourteen disciplinary investigations were concluded during the reporting period. The compliance rate of 71% represents a significant improvement on the figure of 12% reported for the previous quarter.

The disciplinary investigation team was introduced in October 2015, early indications are that the team are able to drastically reduce the length of time taken to complete an investigation. The average length of time taken to complete an investigation is just over 1

month as oppose to the average length of over 5 months taken by investigators from within operational services.

Figure 18 – Target of 95% of disciplinary investigations completed within 8 weeks



Grievances

There were a total of thirty concluded grievances within the last twelve months. The following table confirms the percentage of grievances concluded within three months of being raised and the average length of time taken to bring to a conclusion.

	Dec 15	Sept 15	Jun 15	Mar 15	Dec 14
% of grievances concluded within 3 months	70%	79%	64%	58%	51%
Average length of time in months taken to conclude grievance	2.3	2.1	2.6	2.9	3.1

- A total of 14 ongoing grievances were recorded at the end of December 2015 which is a significant increase on the figure of 5 recorded at the end of September 2015.

Figure 19 shows the percentage of concluded grievances over the last twelve months that were completed within the three months target time. The time taken to conclude grievances has traditionally been less than the time taken to conclude disciplinary matters, and this remains the case.

Figure 19 Grievances Concluded Within 3 Months

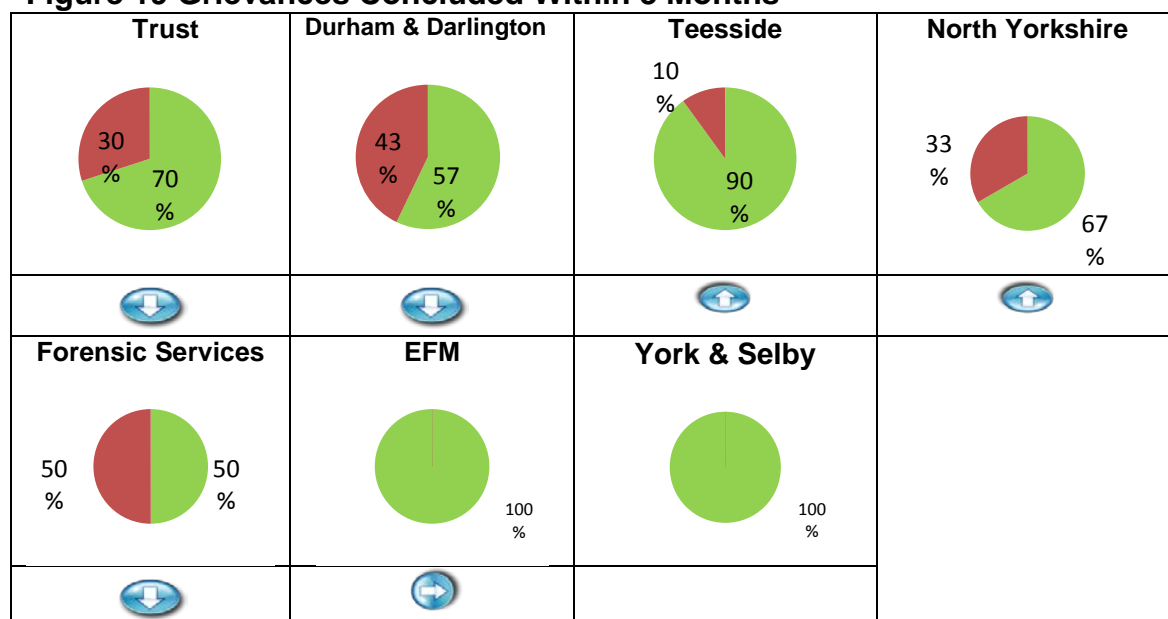
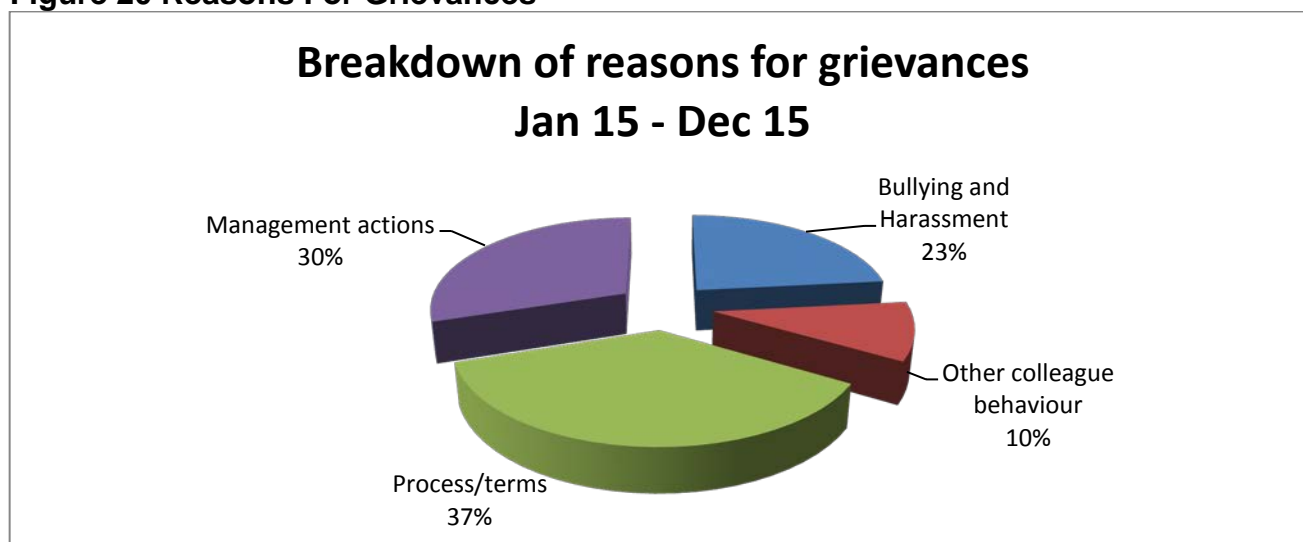


Figure 20 provides a breakdown of the reasons for grievances being lodged. It can be seen that grievances associated with bullying and harassment account for a 23% of all grievances within the Trust. Though the number of such grievances is less than 0.5% of the total Trust workforce it is important to monitor developments in this area and identify any significant trends that may require action on the part of the Trust. 37% of grievances relate to concerns raised relating to process or terms and conditions.

Figure 20 Reasons For Grievances



The following table highlights the outcome of grievances lodged during the 12 month reporting period.

Grievance Outcomes

Not upheld	Upheld/resolved	Partially upheld resolved	Mediation	Withdrawn before hearing
8	7	10	4	1

Mediation

The Trust has invested in training a number of staff to act as mediators as another source of conflict resolution. There have been 15 requests for mediation between April and January 2016. 7 of the cases are ongoing. Of the remaining 8 cases, 5 were deemed to be successful mediations. The remaining 3 did not proceed either because the mediator did not feel it was appropriate or one of the participants decided not to proceed. The number of requests for mediation has increased from the previous year when 14 requests were received.

Bullying and Harassment

There is one bullying and harassment case under investigation at the end of December 2015. There have been no bullying and harassment cases that have resulted in a disciplinary process being invoked following the submission of a complaint during the last quarter.

9.0 Competence

Figure 21 provides information about the key performance indicator that 95% of staff should receive an annual appraisal resulting in a personal development plan. Teesside is the only locality showing an increase in compliance on the previous quarter and appear to be making progress towards the target of 95%. The report shows performance as at end of December 2015. The report **excludes** York and Selby data. Appraisal reports have been produced and are currently with managers to validate the information.

Figure 21 Appraisal and PDP Completion Rates

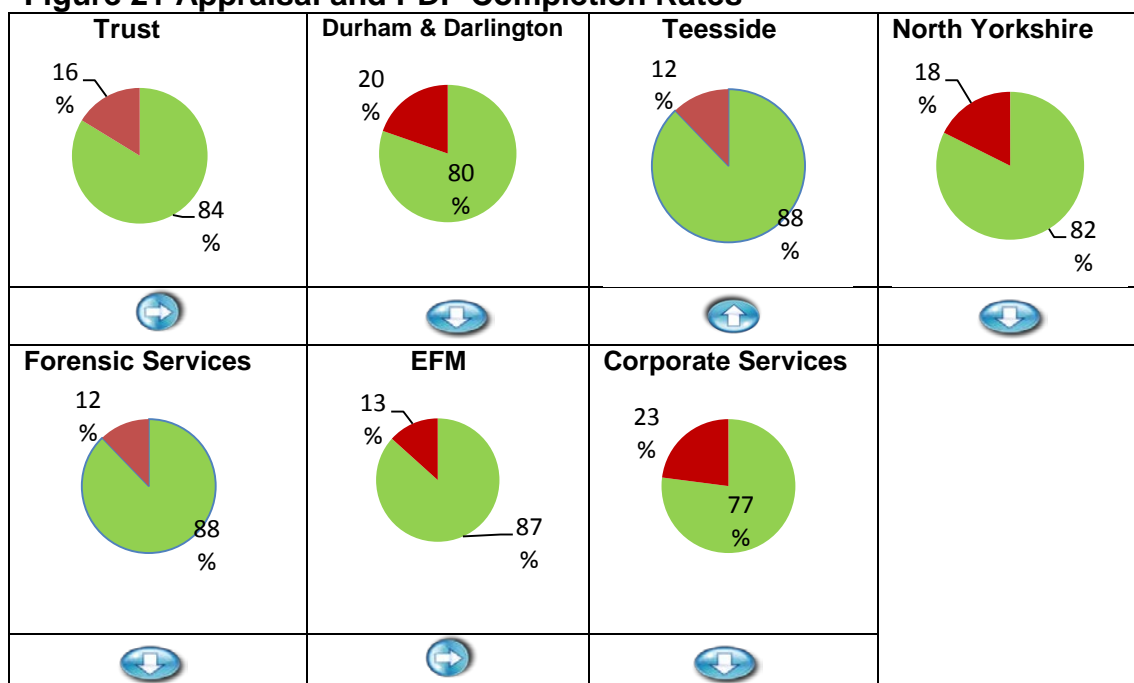
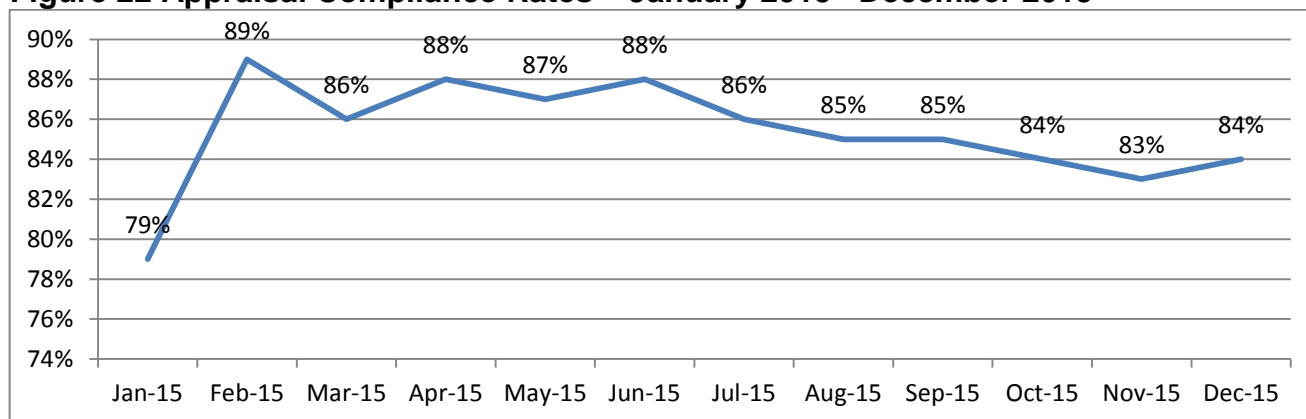


Figure 22 Appraisal Compliance Rates – January 2015 –December 2015



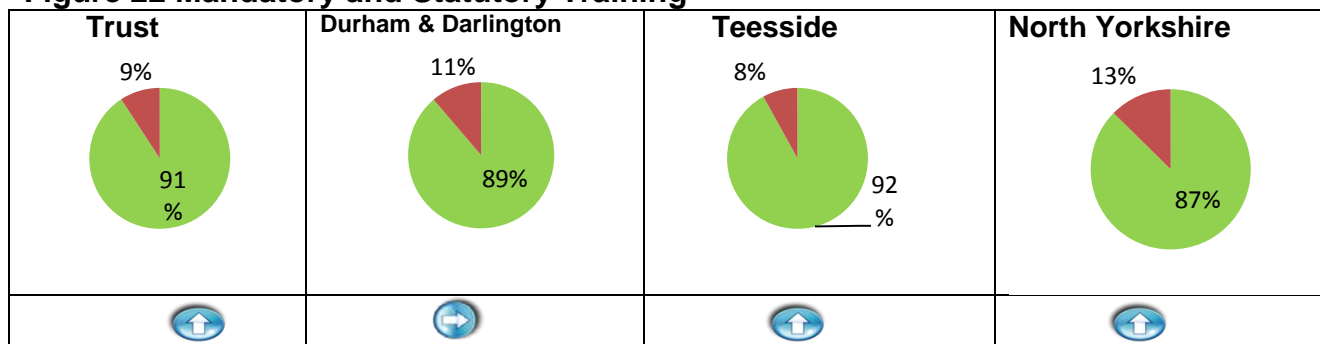
Monthly compliance reports are now available on the Integrated Information Centre (IIC) for managers to access and monitor compliance. Managers are able to update appraisal records directly within ESR Manager Self Service. The number of concerns being raised regarding the accuracy of the figures reported appears to have decreased since the roll out of the IIC.

Each locality has arrangements in place to proactively monitor and manage the HR related key performance indicators. A number of performance monitoring groups are in operation where team managers are required to provide updates on progress made against the performance indicators. Where deficiencies are identified action plans are developed and implemented. Directors of Operations and Heads of Service participate in a monthly Trust wide Performance Improvement group chaired by the Chief Operating Officer which includes providing updates on progress being made in relation to key HR related indicators.

Mandatory and Statutory Training

Figure 22 provides information about the percentage of staff undertaking core mandatory and statutory training at the end of December 2015 compared to the Trust target rate of 95%. All localities and services are reporting an increase in compliance compared with the previous reporting period. Estates and Facilities Management are reporting 95% compliance and Corporate Services reporting 94%. The figures **exclude** York and Selby data which is currently being validated.

Figure 22 Mandatory and Statutory Training



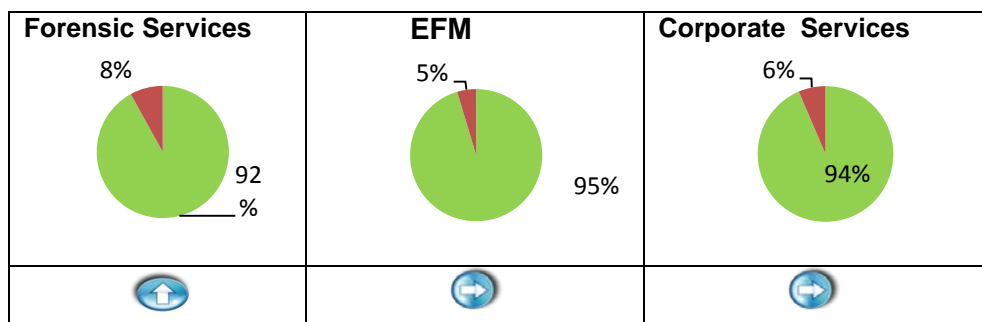
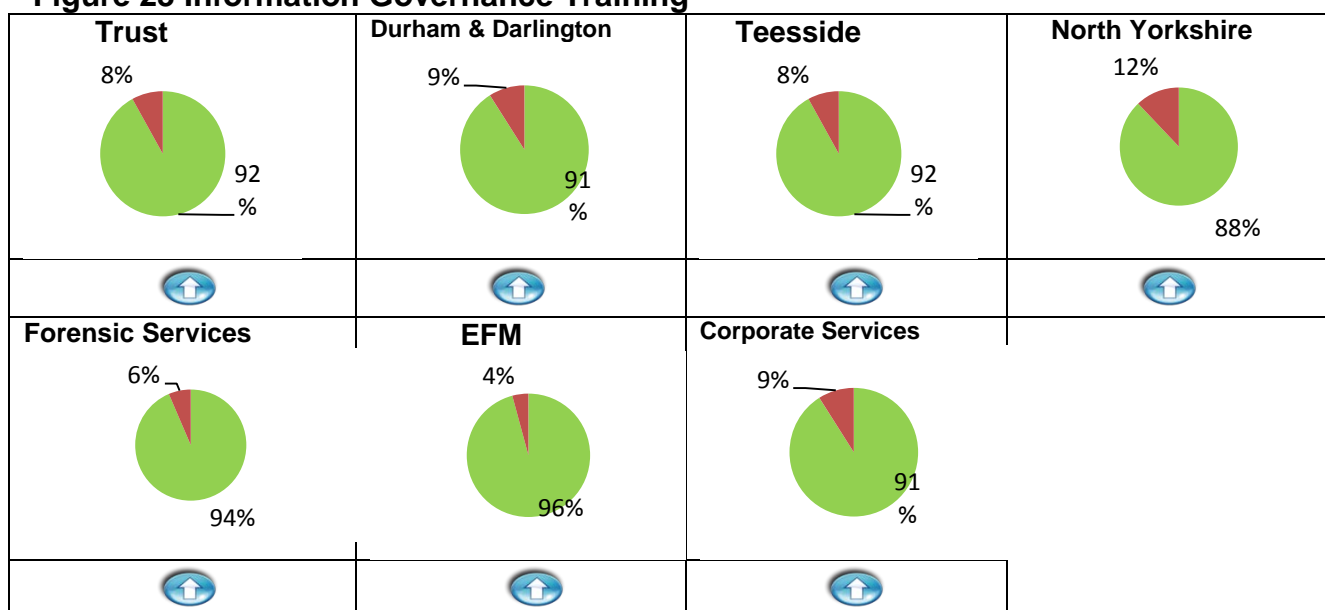


Figure 23 shows the compliance rate for Information Governance training as at the end of November 2015 against a target of 95%. Information Governance compliance is based on all staff turning red on 1st April 2015. Estates and Facilities Management have achieved 96% which exceeds the target of 95%.

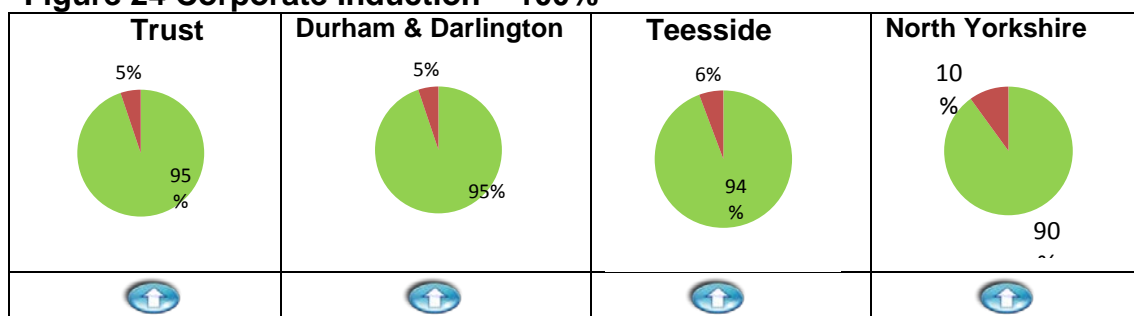
Figure 23 Information Governance Training



Induction

The 95% corporate induction compliance rate recorded for the last quarter in Figure 24 represents an increase on the figure of 90% reported at end of September 2015, however this remain below target. This was due to 10 members of staff failing to complete corporate induction within 2 months of commencement of employment during the reporting quarter. The compliance figure excludes bank workers whose compliance rate was 100%.

Figure 24 Corporate Induction – 100%



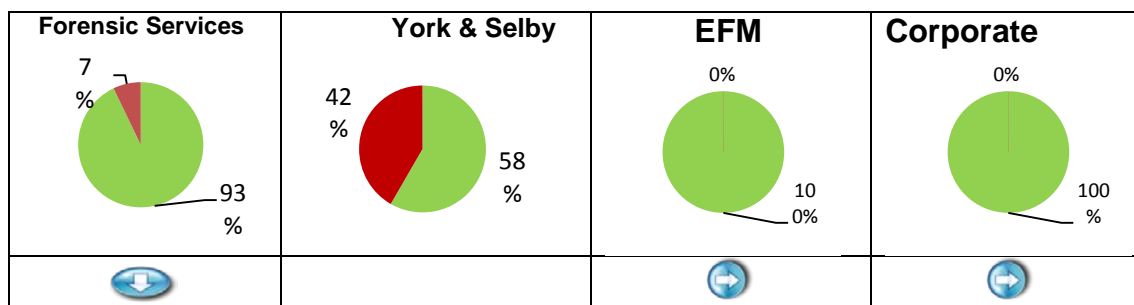
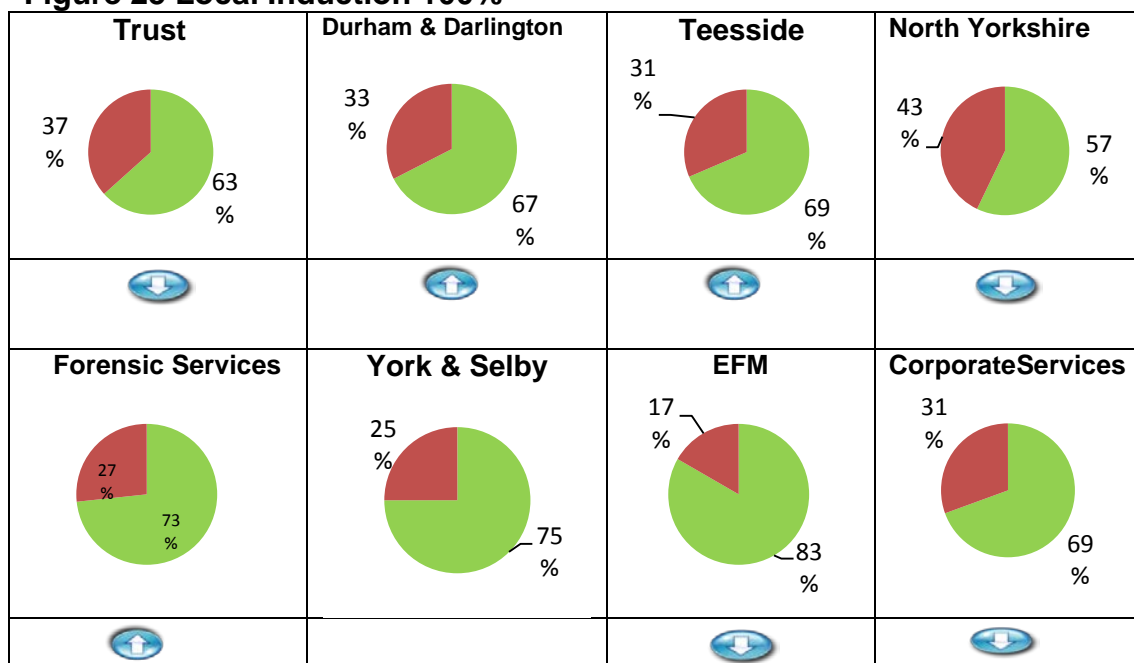


Figure 25 concerns the local induction compliance rate which decreased from 72% to 63% in the last quarter. A monthly report is sent out to Heads of Services highlighting those staff requiring local induction, along with a reminder in the middle of the month to confirm outstanding returns. Services are monitoring local induction compliance on a monthly basis through management meetings.

- The 37% non-compliance figure equates to 74 out of 202 staff failing to confirm completion of local induction within the 2 month timescale.
- The compliance figure excludes bank workers. The compliance rate for bank workers completing local induction is 100%

Figure 25 Local Induction 100%



10.0 Recruitment

- The key performance indicators below provide information about the time taken to recruit to vacancies.
- Percentage of band 1 – 5 vacancies recruited to within 13 weeks of advert being placed against a target of 75%.
- Percentage of band 6 – 9 vacancies recruit to within 15 weeks of advert being placed against a target of 75%

- Figures 26 and 27 show the percentage of staff recruited during the reporting period October to December 2015 compared to the performance indicators identified above.

There were 108 candidates recruited during the reporting period which is a slight decrease on the previous quarter of 118.

There has been a increase in the compliance against the target recruitment time for bands 1 – 5 from 29% to 56%. 79% of successful candidates were external applicants which is an decrease on the figure of 95% during the previous quarter. The number of external candidates may have an impact on the length of time taken to recruit due to notice periods required to leave current posts.

- 1 newly qualified staff nurses commenced employment during the reporting period.

The average length of time taken to recruit to bands 1 – 5 decreased to 14 weeks for the reporting quarter.

Figure 26 Bands 1- 5 Recruitment Within 13 weeks

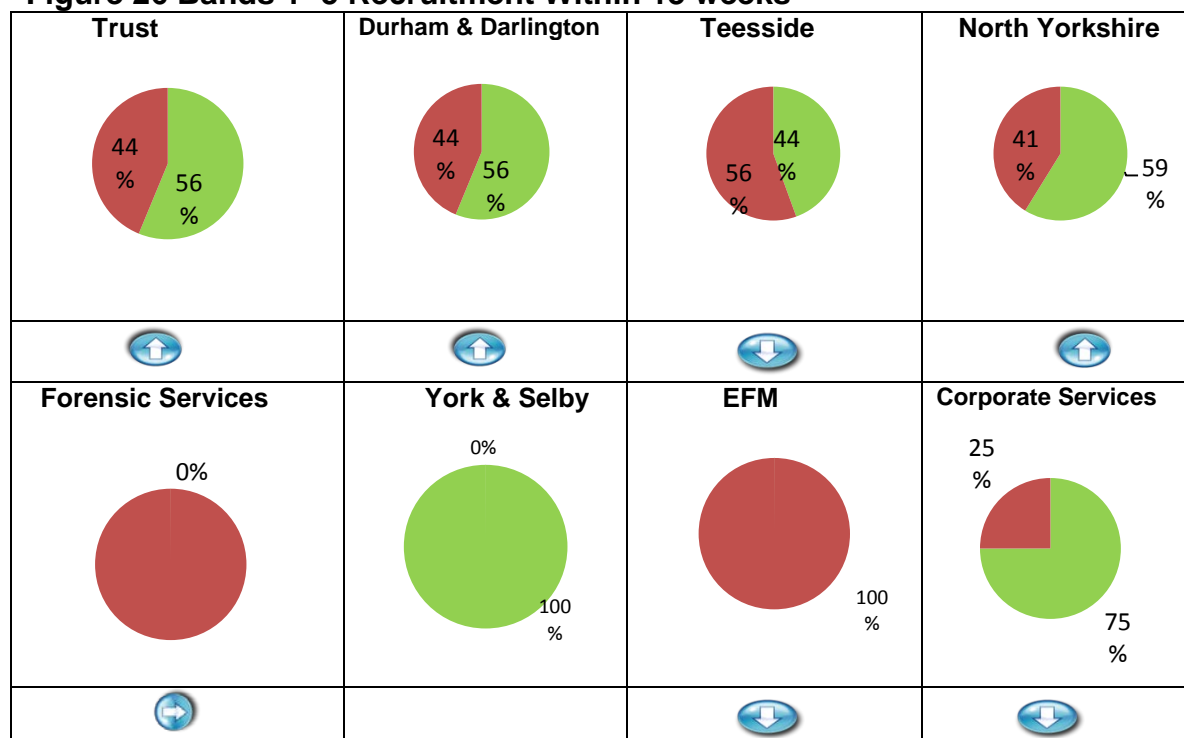
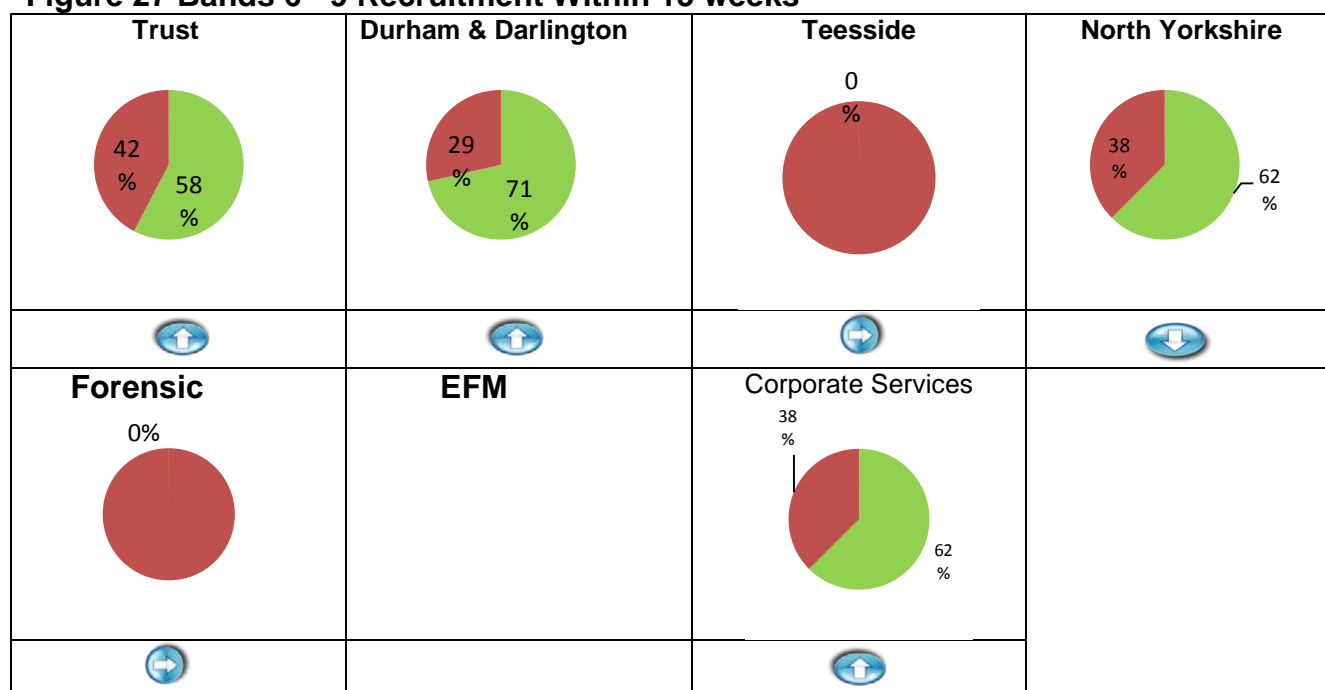


Figure 27 concerns the average length of time taken to recruit to bands 6 and above has increased to 17 weeks from 15 weeks during the last quarter. 77% of the successful candidates for band 6 and above were external applicants. This is an decrease on the figure of 100% reported in the previous quarter. There were no completed recruitment episodes for bands 6 and above for York and Selby.

Figure 27 Bands 6 - 9 Recruitment Within 15 weeks



Analysis of recruitment episodes undertaken during the last quarter highlights the following:-

- Average length of time taken for references to be received has decreased from 21 days to **18 days**.
- **44%** of references were received within **10 days** which is an increase on the figure of 40% reported in the last quarter.
- Average length of time taken for Occupational Health clearance to be received has decreased to **10 days** from 12 days.
- **75%** of Occupational Health clearances were received within 10 days representing an increase on the figure of 72% reported during the last quarter.
- Average length of time taken for DBS clearance to be received increased to **21 days** from 19 days.
- **63%** of DBS clearances were received within **21 days** representing a decrease on the figure of 66% reported during the last quarter.
- The average length of time taken for pre-employment screening to be completed has decreased to **40 days** from **41 days**.
- **41%** of pre-employment screening was completed within 28 days representing an increase on the figure of 28% reported during the last quarter.

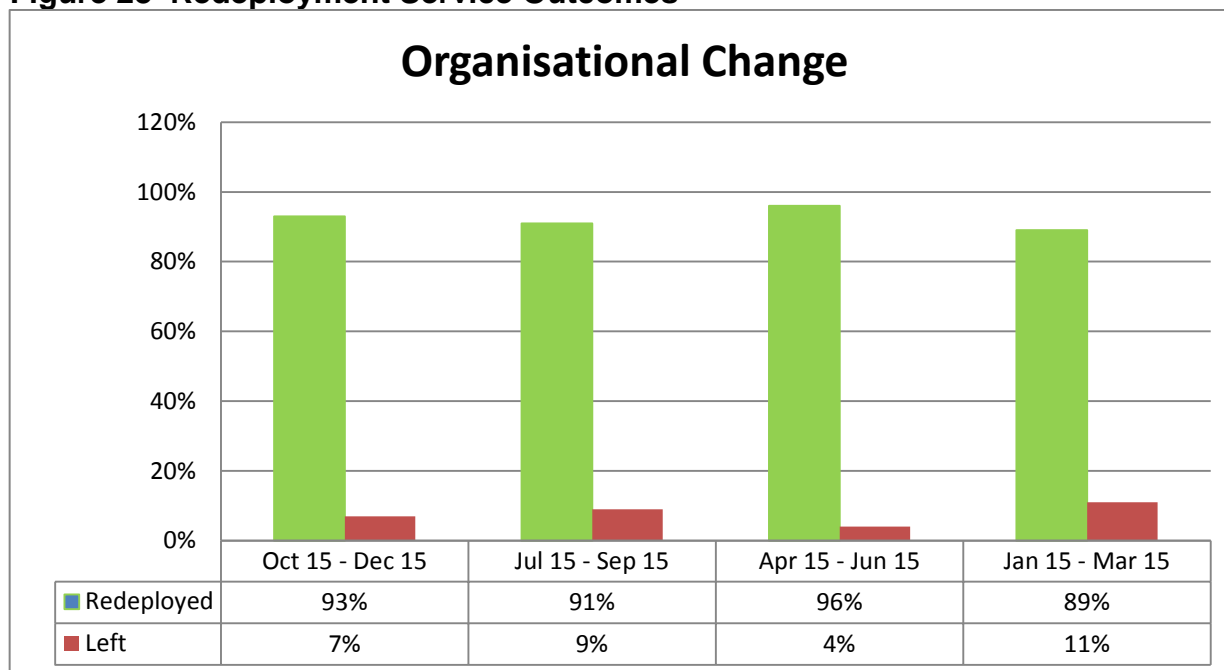
11.0 Redeployment Process

The redeployment process is the mechanism adopted within the Trust for searching for suitable alternative employment opportunities for staff finding themselves either displaced or at risk of being displaced from their post as a result of either Organisational Change or on due to medical incapacity.

The table below records the number of staff managed within the redeployment process since January 2015, who have either been successfully redeployed or have left the organisation. Figure 28 highlights the percentage of staff redeployed (green) compared to those leaving the organisation (red).

	Oct 15 – Dec 15	Jul 15 – Sep 15	Apr 15 – Jun 15	Jan 15 – Mar 15
Number of staff managed within process	43	11	49	52

Figure 28 Redeployment Service Outcomes

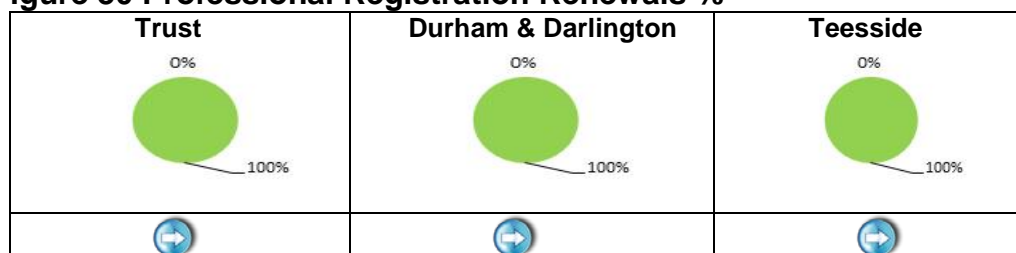








12.0 Professional Registration

The Trust target is that 100% of professional registered staff, required to have professional registration, do not allow their professional registration to lapse. Figure 30 below provides a breakdown of the position in respect of those staff whose registration was due to be renewed during the period October 2015 and December 2015.

A total of 645 staff were due to update their professional registration during the reporting period. **One bank member of staff failed to renew their professional registration during the reporting period.** The compliance rate is **99.84%**. A monthly report has been introduced to alert line managers when a member of staff is due to renew their professional registration and a policy of suspending those staff whose registration lapses, on zero pay, is in place. Where the registration is still showing as not updated the team liaise directly with the employee and the line manager to alert them.
















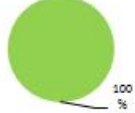
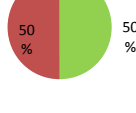


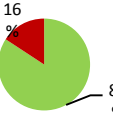

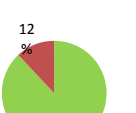
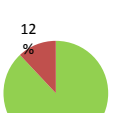
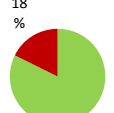
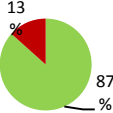
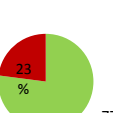
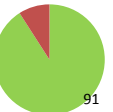

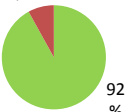
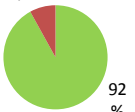

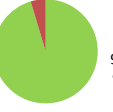
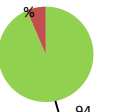
Figure 30 Professional Registration Renewals %

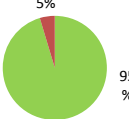
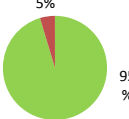
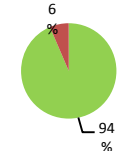

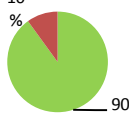
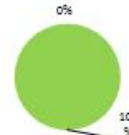

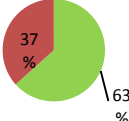
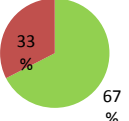

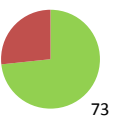
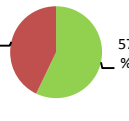
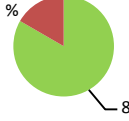

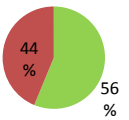
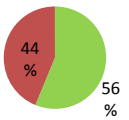
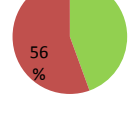
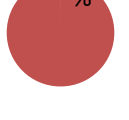
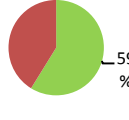

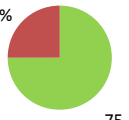
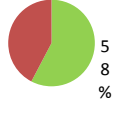
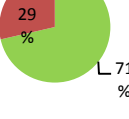


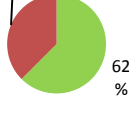

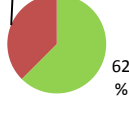


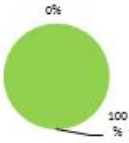
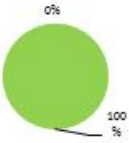
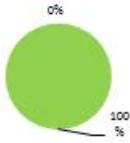
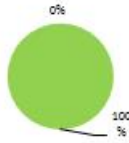
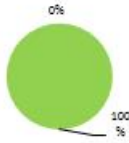
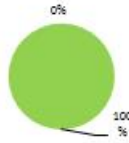
North Yorkshire 	Forensic Services 	Nursing& Governance 
		

Work is underway to prepare for the implementation of nurse revalidation which comes in to effect from 1st April 2016. Compliance information reports relating to revalidation will be included in the quarter one HR Workforce report.

KEY PERFORMANCE INDICATOR SUMMARY

	Key Performance indicators	Target	Trust	Durham & Darlington	Teesside	Forensic	North York	EFM	Corp
1	Labour Turnover rate	8% - 12%	10.2% 	9.9% 	9.4% 	9.0% 	12.0% 	7.3% 	12.6% 
2	Sickness Absence FYTD	4.5 %	4.5% 	4.4% 	5.0% 	5.9% 	4.4% 	4.2% 	2.3% 
3	% of investigations concluded within 8 weeks	95%							
4	% of staff receiving an annual appraisal	95%							
5	% of staff compliant with mandatory and statutory training	95%							

	Key Performance indicators	Target	Trust	Durham & Darlington	Teesside	Forensic	North York	EFM	Corp
6	% of new starters attending corporate induction within 3 months of commencing employment	100%							
7	% of new starters confirmation of local induction checklist completed within 3 months of commencing employment	100%							
8	% of band 1 -5 recruited within 13 weeks	75%							
9	% of band 6 – 9 recruited within 15 weeks	75%							

10	% of professional registered staff with a current professional registration against a target of 100%	100%							
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APPENDIX 2 - Medical Workforce Report (2016 Quarter 4)

MEDICAL DIRECTORATE

This report provides information about the medical workforce during the fourth quarter, January to March 2016.

The report will be divided into the following sections:

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

Section 1: Medical Staffing Profile

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

Table 1	D&D	Tees	N Yorks	Forensic	York and Selby	Overall Total
Permanent	96	87	64	33	47	327
Trust Locums	4	4	8		2	18
Agency Locums	3	2	9	2	6	22
Flex Retirement	3	2	3			8
Career Break	1					1
Honorary	2		1	1	1	5
Total	109	95	85	36	56	381

Table 1 shows a decrease in workforce since quarter 3 (389). The table shows that 29% of our permanent workforce is in the Durham & Darlington locality and the number of agency locums has increased by 5.

The table identifies that the permanent workforce make up 86% of the total medical workforce. This is comparable with the percentage in 2013.

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

Consultant Psychiatrists

Table 2	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
Permanent	64	32	31	13	11	8	159
Trust Locums	2		3				5
Agency Locums	5	1	3		1	1	11
Flex Retirement	3	3	1	1			8
Vacant not cov'd	4	7	2				13
Career Break	1						1
Honorary	3	1			1		5
Total	82	44	40	14	13	9	202

Table 2 shows the number of consultants currently working within the Trust defined by specialty. Please note that out of the 11 agency doctors, 6 are covering vacant posts, 2 are covering maternity leave and 3 are covering sickness.

The consultant workforce in AMH is of concern given 21% of its workforce is not permanent and may pose a risk in the future. Figures from 2014 show similar ratios of permanent and locum consultants.

SAS Doctors

Table 3	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
Permanent	12	7	12	1	4	3	39
Trust Locums	3		2				5
Agency Locums	1	1	4				6
Flex Retirement							
Vacant not cov'd	4		1			1	6
Career Break							
Honorary							
Total	20	7	13	1	4	4	56

Table 3 shows the number of SAS grade doctors currently working within the Trust defined by specialty. This shows the position has slightly increased from the last quarter. Out of the 6 agency locums, 1 is covering sickness, 3 are covering vacancies, 1 is helping out with the workload and 1 is backfilling while the substantive post holder acts as a consultant.

Junior Doctors

Table 4	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
Current	72	14	31	7	6		129
Vacancies not covered	10	2	5	2	2	1	22
Trust Locums	5		2		1		8
Agency Locums	2		3		1		6
Total number of posts	89	16	41	9	10	1	165

Table 4 shows all Trust junior doctor training posts. The number of vacancies are those posts that remain unfilled after trust doctor and agency locums have been appointed. For information, Trust doctors are used to fill vacant training posts and are not on a formal training programme. There are currently 36 vacancies that are either filled by locums or that remain empty.

You will note that the Trust has 8 Trust doctor posts compared to 3 in 2013. This is quite unique and is as a consequence of the Trust doctor initiative whereby the Trust advertised opportunities for Trust doctors, mostly equivalent to the level of foundation one or two, to work and receive a tailored development programme.

The programme was developed to make the doctor better equipped to be successful on their application for core training. Following a recent visit to Budapest with a neighbouring Trust, TEWV recruited 3 Trust doctors. One doctor successfully passed their IELTS test and is currently working in the Trust. The remaining two doctors scored just below the IELTS passmark and therefore retook the test in January 2016 – both were unsuccessful. One has decided to remain in Romania for the time being, while the other is currently in the country doing a clinical attachment and will try for GMC without IELTS.

Table 5	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
Foundation Yr 1	9		5				14
Foundation Yr 2	10		3		1		14
CT 1-3	26	6	11	5	2		50
ST 4-6	11	8	8	2	3		32
GP Registrars	15		4				19
Total	72	14	31	7	6	0	129

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

Section 2: Medical Staffing Monitoring Profile

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

Consultants by Age & Gender

Table 1	D&D		Tees		NY		Forensic		York & Selby		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	M	F
30 – 34	1	1		1		1	1		2		4	3
35 – 39	4	7	9	5	3	2	3	2	2	1	21	17
40 – 44	8	4	5	3	6	1	3	3	1	4	23	15
45 – 49	7	4	3	3	6	6	5	1	4	3	25	17
50 – 54	6	7	4	2	2	2	2		2	3	16	14
55 – 59	2	2	1	3	2				1		6	5
60 – 64	3		2		2				1		8	
65 – 69					1						1	
70+									1		1	
Total	31	25	24	17	22	12	14	6	14	11	105	71

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

The majority of our consultant workforce is aged between 40 and 49 (46%), with the modal average being the 45-49 age group. This remains unchanged from last quarter. In contrast, Forensic Services remain relatively young with no-one over the age of 54. The male and female split in Durham and Darlington and York and Selby are fairly equal which is not replicated in the other localities. Overall, there is a 60/40% male/female split respectively (which remains unchanged from last quarter).

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

Consultants by Age & Gender in Specialties

Table 2	AMH		CYPS		MHSOP		LD		Forensic MH		Forensic LD		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
30 – 34	1	2			2	1			1				4	3
35 – 39	7	6	3	5	5	3	3	1	2	1	1	1	21	17
40 – 44	11	7	3	1	4	2	2	2	2		1	3	23	15
45 – 49	9	4	4	8	6	3	1	1	4	1	1		25	17
50 – 54	11	2	2	6	1	4		2	1		1		16	14
55 – 59	2	2		2	2	1	2						6	5
60 – 64	5		2		1								8	
65 – 69	1												1	
70+	1												1	
Total	48	23	14	22	21	14	8	6	10	2	4	4	105	71

Table 2 shows the number of male and female consultants in various age brackets defined by specialty. This includes all types of staff, eg permanent, locum, flexible retiree – except agency locums. Interestingly, Forensic Services has a relatively young workforce with only 2 out of 20 doctors over the age of 50, while the other specialties together make up 28% of the consultant workforce over the age of 50. In addition, the lack of a female workforce in Adult Mental Health and Forensic Mental Health is quite evident from the data.

SAS Doctors by Age & Gender

Table 3	D&D		Tees		NY		Forensic		York & Selby		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	M	F
30 – 34												
35 – 39	3		1			3	1				5	3
40 – 44	1	2	1				1	1			3	3
45 – 49	2	2		3		1	1	1			3	7
50 – 54		2	2	3	1	1	1				4	6
55 – 59		2	1	1		1	1	1			2	5
60 – 64				2								2
65 – 69												
70+	1										1	
Total	7	8	5	9	1	6	5	3			18	26

Table 3 shows the number of male and female SAS doctors in various age brackets defined by locality. This includes all types of staff, eg permanent, locum, flexible retiree – except agency locums. Please note there are no specialty doctors in York and Selby. In comparison to the consultant workforce, there is a 41/59% split in favour of females (1% decrease/increase in males/females since last quarter), with noticeably few males (1) in the North Yorkshire locality. In addition, the average workforce age is slightly higher (50-54) than consultants, with slightly under a half (43%) being over the age of 50. It is also worth noting that our Teesside locality has a high proportion of its workforce in the over 50 category (47%).

SAS Doctors by Age & Gender in Specialties

Table 4	AMH		CYPs		MHSOP		LD		Forensic MH		Forensic LD		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
30 – 34														
35 – 39	3	1		1	1	1			1				5	3
40 – 44		1		1	2				1			1	3	3
45 – 49	1	2		2	1	2				1	1		3	7
50 – 54	1	2		1	2	3					1		4	6
55 – 59	1	1		2	1	1				1			2	5
60 – 64		1						1						2
65 – 69														
70+					1								1	
Total	6	8		7	8	7		1	2	2	2	1	18	26

Table 4 shows the number of male and female SAS doctors in various age brackets defined by specialty. This includes all types of staff, eg permanent, locum, flexible retiree – except agency locums. It should be noted that male and female numbers are fairly even, except in CYPs where all doctors are female.

Ethnic Origin

Consultants

Table 5	D&D		Tees		NY		Forensic		York & Selby		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
White British	9	17	8	11	11	9	8	2	10	7	46	46
White Irish	1								1		2	
White European	2	1	2	1	3						7	2
White Polish							1				1	
White Other										1		1
Asian British – Indian	12	5	11	1	4	1	4	2	3		34	9
Asian British–Pakistani	1				1		1				3	
Asian British–Bangladesh					1						1	
Asian British–Other	1		1	1					1		3	1
Black British–African		1	1	2	2					1	3	4
Black British - Nigerian	1										1	
Black British–Other	1						1				2	
Mix White/Black–African	1										1	
Mixed – Other			1				1				2	
Chinese										1		1
Other	1			1	1	1					2	2
Not Stated						1						1

Table 5 shows the number of male and female consultants in ethnic origin categories defined by locality. This includes all types of staff, eg permanent, locum, flexible retiree – except agency locums. The table shows that just over half of the consultant workforce are 'White British' (92 White British and 83 non-White British).

When considering BAME consultants, 105 are from the EU while 70 are from Asia, Africa or elsewhere (60/40% respectively). Interestingly, the male/female split between the EU area and BAME areas is quite distinct – 53% of the EU workforce are male and 47% are female; in BAME areas, 74% of the workforce are male compared to 26% female. North Yorkshire and York and Selby have twice as many EU consultants as BAME.

SAS Doctors

Table 6	D&D		Tees		NY		Forensic		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	M	F
White British	2	4		4		3	1		3	11
White European										
White Other	1	1		1	1			1	2	3
Asian British–Indian		2	3	3				1	3	6
Asian British–Pakistani	1		1			1	1		3	1
Asian British- Banglaesh	1								1	
Asian British–Other						1		1		2
Black British–African		1					1		1	1
Black British-Nigerian	1								1	
Black British	1								1	
Mix White/Black African									1	
Vietnamese				1						1
Other	1	1				1	1		1	2

Table 6 shows the number of male and female SAS doctors in various ethnic origin categories defined by specialty. This includes all types of staff, eg permanent, locum, flexible retiree – except agency locums. This table shows the opposite trend to consultants in that 32% of the SAS workforce are 'White British' (14 are White British and 30 (68%) are non-White British). When considering BAME SAS doctors, 19 are from the EU and 25 are from Asia and Africa or elsewhere (43/57% respectively). In contrast to consultants, the male/female split in BAME areas is (48/52% respectively) whereas the EU workforce is highly biased towards females (26% males/74% females).

Full Time / Part Time

Table 7

Consultant												
	D&D		Tees		NY		Forensic		York & Selby		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	M	F
Full Time	26	11	24	11	16	6	13	5	10	5	89	38
Part Time	4	15		6	8	6	2		5	5	19	32
Specialty Doctors												
Full Time	6	5	5	3	1	2	3	2			15	12
Part Time	1	4		6		4	1	1			2	15

Table 7 shows the number of male and female consultants / SAS doctors who are currently working full or part time defined by locality. This includes all types of staff, eg permanent, locum, flexible retiree – except agency locums. This shows that overall, almost half (45%) of the career grade workforce are full time males with just under a quarter (22%) of females in full time positions. In addition, only 9% of males and 20% of females are working part time. The number of part time

workers could increase over the next few years due to the introduction of flexible working options open to all doctors.

Table 8

Consultant														
	AMH		CYPS		MHSOP		LD		Forensic MH		Forensic LD		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Full Time	43	12	10	8	18	10	6	2	9	2	3	4	89	38
Part Time	7	10	4	14	3	5	3	3	1		1		19	32
Specialty Doctors														
Full Time	5	4		4	7	2			2	2	1		15	12
Part Time	1	5		3		5		1			1	1	2	15

Table 8 shows the number of male and female consultants / SAS doctors who are currently working full or part time defined by specialty. This includes all types of staff, eg permanent, locum, flexible retiree – except agency locums. Of interest is that half the staff in CYPS are part time.

Section 3: Vacancies

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

Table 1	D&D	Tees	NY	Forensic	York & Selby	Total
Consultant	9	7	6	1	2	25
SAS	3	1	2		2	8

Table 1 above shows the current vacancies in each directorate. The number of consultant vacancies remains the same, while the SAS vacancies doubled since last quarter.

Table 2	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
Consultant	10	10	4		1		25
SAS	4		4				8

Table 2 above shows the current vacancies in each specialty. While LD remains with no vacant positions there is a noticeable increase in AMH vacancies (6 in last quarter).

Vacancy Breakdown

Table 3

Vacancies	Locum in place	Times Advertised	Date of Advert	Date of Interview	Appt made	Start date
Consultant in AMH (PICU) RPH	Subs Cons	0				
Consultant in AMH (Inpatient / Crisis) RPH	Agency Locum	0				
Consultant in AMH (Inpatient) RPH	Subs Cons	0				
Consultant in AMH (Inpatient / Crisis) Foxrush	Acting Cons	0				
Specialty Doctor in AMH (Access) Foxrush / Parkside	No	1	19/03/16	18/05/16		
Consultant in Liaison North Tees	No	0		May or June 2016		
Consultant in CYPS The Ridings, Redcar	No	1	07/03/15	29/04/15	No	

Vacancies	Locum in place	Times Advertised	Date of Advert	Date of Interview	Appt made	Start date
Consultant in CYPS Viscount House, Stockton	No	0				
Consultant in CYPS (6 PA) Dover House, Hartlepool	Subs Cons	0				
Consultant in AMH (Community Eating Disorders) Imperial House	No	0				
Consultant in AMH (Liaison) West Park Hospital	No	0				
Consultant in AMH (Affective Disorders) North End House	Subs Cons	0				
Consultant in AMH (In-patient) LRH	Agency Locum	0				
Specialty Doctor in AMH (Crisis) WPH	Trust Locum	1	06/02/16	19/04/16		
Specialty Doctor in AMH (6 PA) (Affective Disorders) Enterprise House	No	0				
Specialty Doctor in AMH (Psychosis) Goodall Centre	No	0				
Consultant in CYPS (6PA) North End House	No	0				
Consultant in CYPS (6PA) Derwent Medical Centre	Subs Cons	0				
Consultant in CYPS Winchester House, Peterlee	No	1	12/03/16	20/04/16		
Consultant in MHSOP Easington	Trust Locum	3		18/03/15	No	
Consultant in MHSOP (Liaison) LRH	No	3		18/03/15	No	
Consultant in AMH (Working Age Psychiatry) Ellis Ct, Sbr	Trust Locum	2		27/04/15	No	
Consultant in MHSOP Cross Lane Hospital / Malton	Trust Locum	2	05/12/15	30/07/15 19/01/16	No	
Consultant in MHSOP Whitby / Cross Lane Hospital	Acting Cons	0				
Specialty Doctor in MHSOP Friarage Northallerton	Trust Locum	0				
Specialty Doctor in MHSOP Malton	No	1	09/01/16	NA		
Consultant in CYPS (6PA) Dragon Parade, Harrogate	Agency	0				
Consultant in CYPS (6PA) Northallerton	No	0				
Consultant in CYPS (8PA) (Tier 4) West Lane Hospital	No	0				
Consultant in Forensic (Forensic Mental Health), RPH	No	1			No	
Consultant in AMH York	Agency/ Trust Locum					
Specialty Doctor in MHSOP York	Agency Locum					
Specialty Doctor in MHSOP York	Agency Locum					
Consultant in CYPS (6PA) York	Agency Locum	1	12/02/16	20/04/16		

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

The table below shows the recruitment activity in this period (January to March 2016). Within this period 2 posts were advertised and recruitment has been 50% successful.

Table 4

Vacancies advertised	Times advertised	No of candidates applied	No of candidates shortlisted	Appointment made
Consultant in CYPS LD (6PA) Redcar	1	2	1	Yes
Specialty Doctor in MHSOP Malton	1	1	0	No

Section 4: Sickness

Doctors on Long Term Sick Leave by Locality

Figure 1

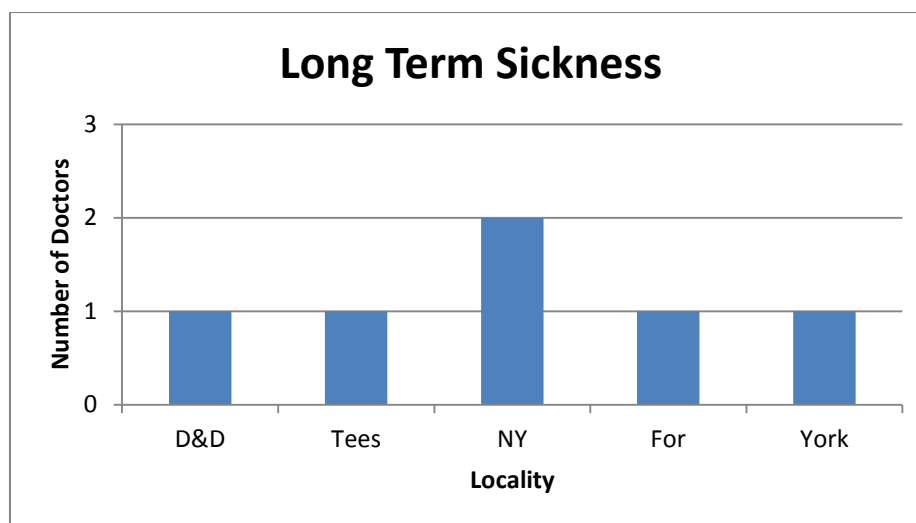


Figure 1 shows the number of doctors on long term sick (includes 5 consultants and 1 Trainee). Two of the doctors on long term sick remained on long term sick from last quarter. The number of doctors on long term sick has decreased slightly from last quarter.

Reasons for Sickness Absence

Figure 2

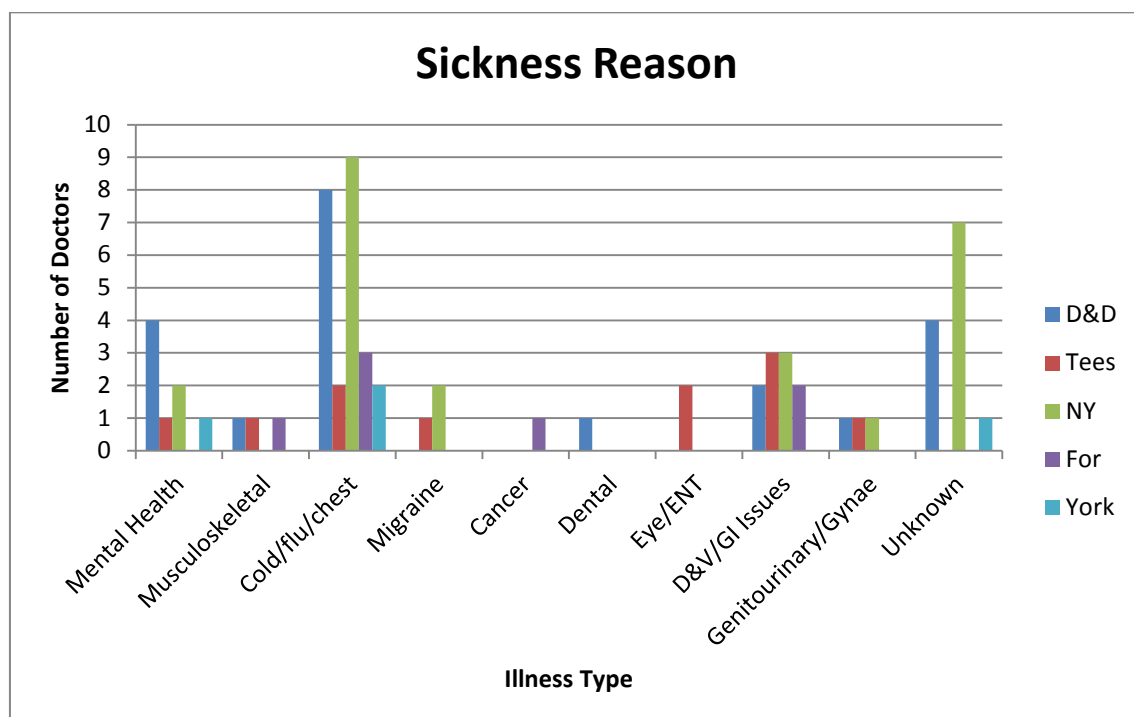


Figure 2 shows the reasons for sickness absence (including long term sickness) during the period January to March 2016. This includes all grades of doctor except agency locums. The number of cold, flu and chest problems has increased slightly from last quarter. The number of 'diarrhoea and vomiting' episodes has decreased and is more consistent across localities. Overall, 595 days were lost due to sickness (63 days less than last quarter) out of which 340 were for short term illnesses (an increase of 182 to last quarter) and 255 were for long term illnesses (a decrease of 245). This could be due to a number of doctors leaving who were on long term sick last quarter.

Section 5: Appraisals and Revalidation

Consultants

Table 1	D&D	Tees	NY	For	Y&S	Total
Appraisals Due	10	11	8	8	8	45
Appraisals Actual	10	11	7	7	8	43

Table 1 shows the number of consultant appraisals that were due between 1st January 2016 – 31st March 2016 and how many were actually completed. The total number is broken down into locality.

Table 2	D&D	Tees	NY	For	Y&S	Total
Revalidation Due	7	2	3	1	1	14
Revalidation Actual	7	2	3	1	1	14

Table 2 shows the number of consultants who were due revalidation between 1st January 2016 – 31st March 2016 and those who were successfully revalidated. The numbers are broken down into locality.

SAS

Table 3	D&D	Tees	NY	For	Y&S	Total
Appraisals Due	6	3	1	2	0	12
Appraisals Actual	6	3	1	2	0	12

Table 3 shows the number of SAS doctor appraisals that were due between 1st January 2016 – 31st March 2016 and how many were actually completed. The total number is broken down into locality.

Table 4	D&D	Tees	NY	For	Y&S	Total
Revalidation Due	0	2	0	0	0	2
Revalidation Actual	0	2	0	0	0	2

Table 4 shows the number of SAS doctors who were due revalidation between 1st January 2016 – 31st March 2016 and those who were successfully revalidated. The numbers are broken down into locality.

Trust Doctor

Table 5	D&D	Tees	NY	For	Y&S	Total
Appraisals Due	0	1	0	0	0	1
Appraisals Actual	0	1	0	0	0	1

Table 3 shows the number of Trust doctor appraisals that were due between 1st January 2016 – 31st March 2016 and how many were actually completed. The total number is broken down into locality.

Table 6	D&D	Tees	NY	For	Y&S	Total
Revalidation Due	0	0	1	0	0	1
Revalidation Actual	0	0	0	0	0	0

Table 4 shows the number of Trust doctors who were due revalidation between 1st January 2016 – 31st March 2016 and those who were successfully revalidated. The numbers are broken down into locality.

Section 6: Turnover

This section considers the number of doctors who have commenced in the Trust between 1st January and 31st March 2016. It also highlights the number of doctors leaving the Trust and their leaver destination.

New Starters vs Leavers by Locality

Table 1	D&D	Tees	NY	Forensic	York & Selby	Total
New Starters	2	2	2		2	8
Leavers	11	4	3			18

Table 1 highlights the number of new starters against the number of leavers. Again, this includes all types of staff except agency locums. This shows a significant increase in the number of leavers from last quarter, especially in Durham and Darlington.

New Starters vs Leavers by Specialty

Table 2	AMH	CYPS	MHSOP	LD	FMH	FLD	Total
New Starters	2	3	3				8
Leavers	9	3	4	2			18

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

New Starters vs Leavers Grade Breakdown

Table 3	Consultants	SAS	Trust Doctors
New Starters	5	1	2
Leavers	8	5	5

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

Leaver Destination by Locality

Table 4	D&D	Tees	NY	Forensic	York & Selby	Total
Flexible Retirement		1				1
Retired (ill health)	1					1
Fully Retired	2					2
Moved Abroad						
Needed to Relocate	1	1				2
Left (alternative work)	3		2			5
Other Local Trust	1	1				2
Training Scheme	1	1				2
End of Contract	2		1			3

Table 4 shows the destination of doctors after leaving the Trust, defined by locality. This includes all types of staff, eg permanent, locum, trust doctors – except agency locums. There was a high number of doctors who resigned without having alternative work lined up

Leaver Destination by Specialty

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

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

Leaver Destination by Grade

Table 6	Consultants	SAS	Trust Doctors
Flexible Retirement	1		
Fully Retired (ill health)		1	
Fully Retired	2		
Moved Abroad			
Needed to Relocate	2		
Left (alternative work)	2	3	
Joined Local Trust	1		
Joined Training Scheme		1	1
End of Contract			4

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

Leavers over the last 2 years

The tables below show a breakdown of the leavers over the last 2 years (from 1st April 2014).

Table 7	D&D	Tees	NY	Forensic	Total
Flexible Retirement	2	2	1		5
Retired (ill health)	1	1	1		3
Retired Fully	3	3	1	1	8
Moved Abroad	1	3	2	3	9
Needed to Relocate		2		1	3
Joined Another Trust	4	2		1	7
Joined Training Scheme	3	5	2		10
End of Contract	1	1	1		3
Left (alternative work)	3	1	2	1	7

Table 7 shows that the majority of leavers came from the Durham & Darlington and Teesside localities. Interestingly, 16% of doctors left the Trust to move abroad, while 13% left to find alternative work (either with an agency or outside of medicine).

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

Table 8 shows that 58% of leavers were from Adult Mental Health and 16% from Child and Young Person's Services.

Table 9	Consultants	SAS	Trust Doctors
Flexible Retirement	5		
Fully Retired (ill health)	2	1	
Fully Retired	6	2	
Moved Abroad	8	1	
Needed to Relocate	2	1	
Joined Another Trust	6		1
Joined Training Scheme		4	6
End of Contract	1	1	1
Left (alternative work)	3	4	

Table 9 shows that 60% of leavers were consultants and 18% left to join the psychiatry training scheme.

Section 7: Mind the Gap Payments

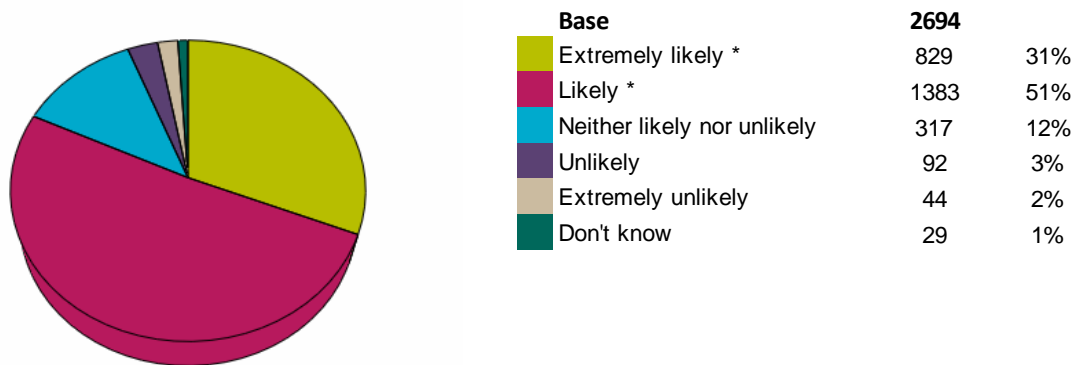
This section includes the number of extra PA payments that are being made within 'Mind the Gap', eg for providing cover during sickness or vacancies, over the last 3 months. It is broken down into locality and specialty.

Table 1	AMH	CYPS	MHOSP	LD	FMH	FLD	Total
D&D	10	8	0.5	4.25			22.75
Teesside	10	12.38	2	2			26.38
NY	3.5	4	6.5				14
Forensic					6	8.5	14.5
York		2					2
Total	23.5	26.38	9	6.25	6	8.5	79.63

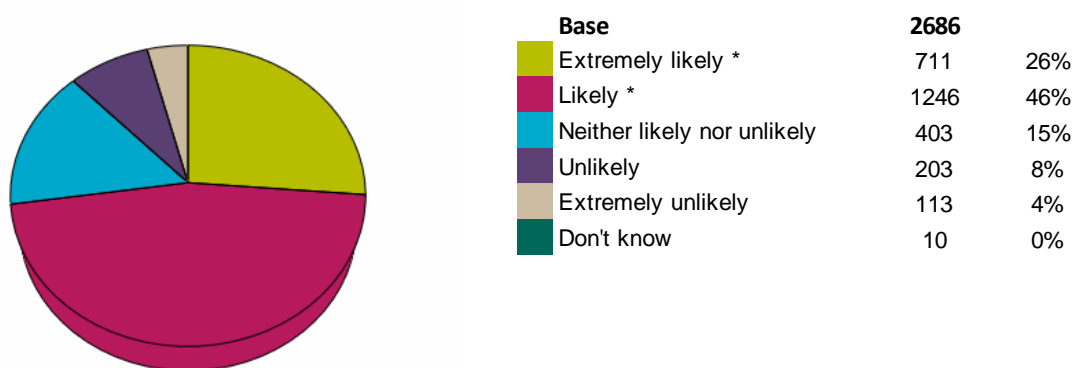
Table 1 shows the number of additional PAs under Mind the Gap. This shows that the number of additional PAs have reduced slightly. Forensics has decreased quite significantly.

Trust wide

Q1 - How likely are you to recommend this organisation to friends and family if they needed care or treatment?



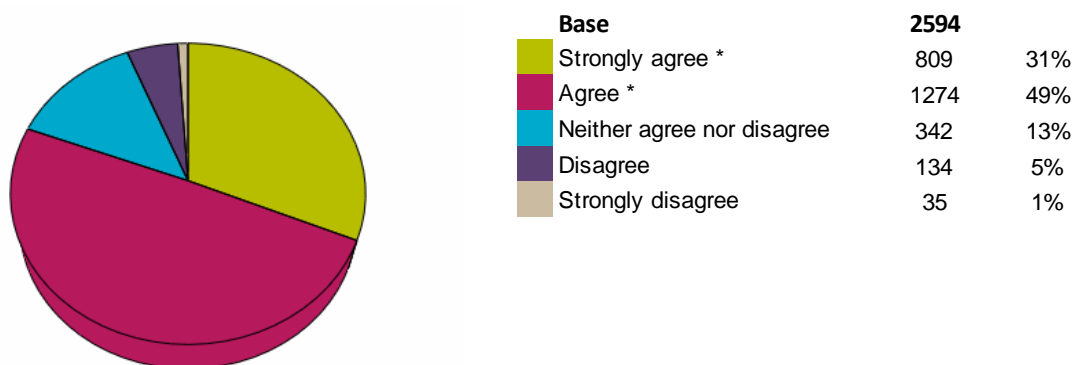
Q2 - How likely are you to recommend this organisation to friends and family as a place to work?



Q3 - The care of patients/service users is my Trust's top priority.



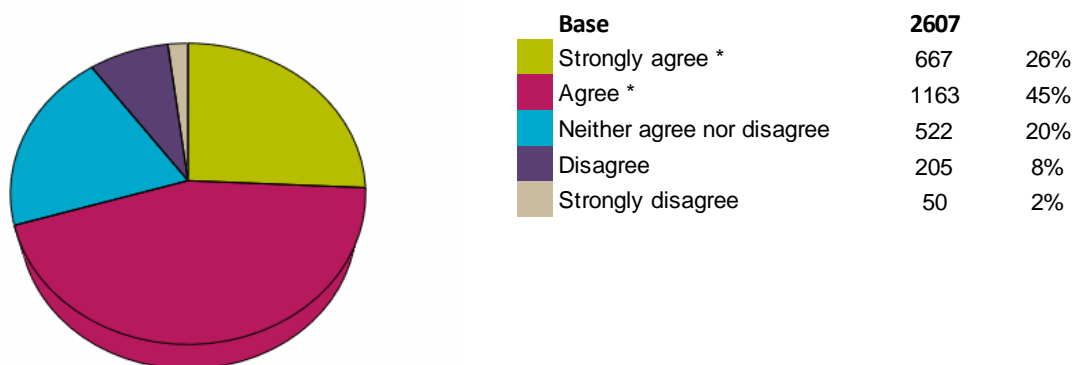
Q4 - I am able to make suggestions to improve the work of my team/department.



Q5 - There are frequent opportunities for me to show initiative in my role.



Q6 - I am able to make improvements happen in my area of work.



Q7 - I look forward to going to work.



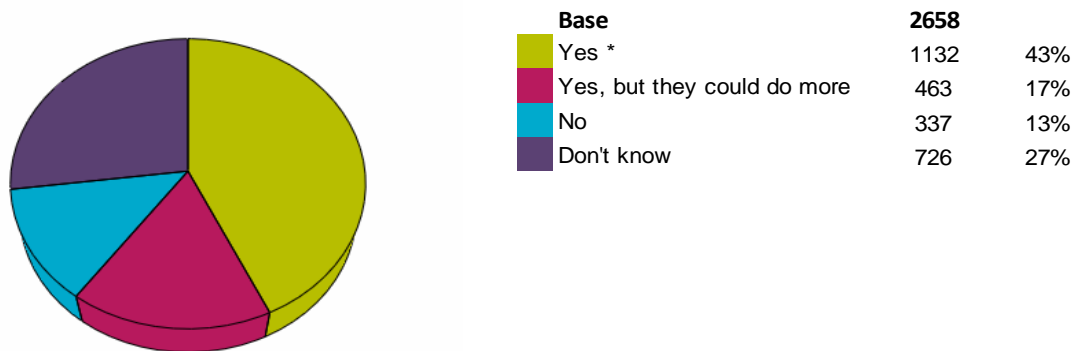
Q8 - I am enthusiastic about my job.



Q9 - Time passes quickly when I am working.



Q10 - Do you feel your team survey responses are acted upon by your line manager?



Free Text Comments

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

Extremely likely

Unfortunately this time last year my husband became unwell and needed TEWV input. The care he received was second to none. He recovered very quickly and has had no incidents since.

High quality services, compassionate staff.

Processes in place enhance service provision and make it equitable regardless of worker skill set.

I believe that the care offered by this service is as good as any in the English NHS.

Locality dependant.

On the ward I work on the staff deliver an excellent standard of care.

The staff are empathic, warm and compassionate.

Staff who want to help and most staff who live by the Trusts Values and behaviours.

Dedicated staff who go that extra mile to ensure the patient's needs are met.

Locally only provider of mental health NHS care.

Because the professional staff I work with are exceptional and give the highest standards of care at all times.

Excellent Trust.

It is the only option and a relative has already received treatment.

The environment is clean, welcoming and caring. Would recommend all units.

But not in all areas of the Trust when considering some of the adult mental health services.

Very friendly, lovely surroundings, calm atmosphere, relaxed and welcoming.

Well run Trust, committed staff, skills training is a high priority.

I am delighted to work for such a good company. Everyone is giving 150 % of themselves. I would really likely recommend the service, as they provide excellent and fantastic care. I am very impressed by it.

Lack of alternative providers.

A very patient centred Trust.

I have recommended previously when required.

Quality service, caring well trained and equipped staff.

As a York employee, I haven't had much experience yet with TEWV, but am seeing a lot of professionalism and efficiency and human attitudes in the contact I've had so far.

Quality of work within our team is great. I would warn they may have to wait to be seen however.

As a member of Admin I have noticed how caring the clinical staff are with each and every young person.

Very good wards.

They would have no other choice if TEWV is in their catchment area. I can't comment on other areas other than the one I work in, that I think provides a good service and I do recommend people be referred to it if it comes to light that they are struggling with their mood.

Staff are very passionate around the support they deliver.

They are very caring and professional in the approach.

I know that the staff are caring and would look after me well.

The Forensic Outreach Service for LD seems very organised and effective and have demonstrated good care through the nursing team.

Fantastic staff and facilities/environment. Staff have a very positive attitude.

I have recently had a family member who has required treatment from the CAMHS crisis team and the service received has been excellent.

I am a member of staff whom is also a service user and I have always received prompt high quality and professional service, so obviously I would greatly recommend the service to all I meet.

I joined the Trust in April 2015 and am really impressed with the care given to service users.

The nurses really care about the patients at this hospital.

The Trust puts patients first and staff try their utmost to offer the best possible service.

I have family who use the service for care and treatment.

Our CMHT provides excellent, caring support, in comparison to other Trusts I believe we offer a service second to none !!!!

Likely

Still quite new to the Trust, so limited in experience in this area.

Although it does depend on which speciality.

Some staff working for the Trust on the wards may not have the same high standards as others - in respect to dignity and respect of patients.

The only hesitation I would have is in regards to some teams that I would not feel fully confident in the care they might receive.

A member of my family has received care from the Trust and I was happy overall with the care they received from several staff.

I think the quality and care of staff has been maintained over the transition from LYPT, however I do not feel staff have been supported as well as they might throughout the change and that there has been poor dissemination of information from management. This has increased pressures on staffing and ability to do our job to the highest standards.

Compared to other local Trusts I believe that TEWV offer a higher quality service, which includes psychological treatment delivered in a way that is adherent to the evidence-base as opposed to some adaptation due to the cost of delivering such treatments.

There is no other Trust locally so TEWV is only real option. Definitely recommend MHSOP but not adult services.

Depends on the team/service they would need - some examples of excellent care in the Trust but this can be inconsistent.

Genuine and compassionate clinicians. Current processes and data inputting impacting on clinical time. Would expect this to improve through purposeful and productive community and Paris updates. Believe intervention will improve with more focussed use of outcome measures and clinical pathway integration. My scores are likely to improve as the service evolves.

It depends on the service-they are not all of the same standard.

I feel that patients are better treated by TEWV than in acute hospitals especially in older person services as we are very holistic in our care and treatment, as medically unit discharge people before there medically fit.

My recent experience of working within TEWV is much improved compared to working within LYPFT. There is a sense of care and compassion for staff, and an understanding of the impact of stress upon the workforce. It feels like higher leaders are listening and understanding the impact of stressful change upon the workforce - which leads me to have a sense of care and compassion towards those we care for.

Staff are committed to providing good quality care.

It is the only organisation which provides mental health care in the area.

Living within the locality it would be difficult to access any other provider.

I think the staff are very good but we all work under increasing pressure.

Excellent care.

I recently had a family member detained under the MHA in one of our hospitals and his care was very good.

If they need care/treatment, the service is exceptional - staff fantastic.

The staff are caring and do what they can to improve things for the patients, despite often working in busy and challenging situation.

High quality service to patients.

Hard to know what service is like in all areas, I would recommend my service and some of my colleagues, but can't make a judgement on some places in York for example where I do not know state of service provision, especially when patients are having to travel long ways for inpatient care.

The waiting times in my area are quite long in my opinion.

It is the main provider in the area.

If all areas of the Trust were as good as some areas my answer would have been extremely likely rather than likely.

While I would pick this option anyway - I feel the question is unfair as if this is the area they live in and need care or treatment for their mental health then there is no other alternative to TEWV.

It would depend on which service I was referring them too.

This is a difficult question to answer as I don't have any experience of the clinical side of the Trust. Have put 'Likely' as an answer because I wouldn't know who else to recommend.

The majority of my friends and family do not live within the Trust area, so it would be unlikely that they would receive treatment etc from TEWV.

Have family members who have already accessed services through TEWV.

I believe the standard of care is excellent. However, I also feel there is a shortage of services, i.e. CMHT's are stretched, reducing the frequency of visits, hospital beds are in short supply meaning patients are often placed out of area.

It depends on the team, skills, personalities, attitudes as not all teams are well managed.

There is very little alternative treatments available as this Trust is so large.

The staff I work with care greatly about their patients.

Good response times with regards to being referred and being seen. Improvement in the variety of disciplinarians within each team.

We have some very dedicated staff who try to deliver excellent care.

Pressure on staff means therapy difficult to access at times.

Due to the reorganisation there is the likelihood a ward will close and this has caused staff to move on, has increased sickness levels and so some wards are inadequately staffed or are relying on Bank Staff. This is obviously not good for patient care.

There are problems with staffing levels in some teams, due to sickness and recruitment problems. Service users have not been reallocated to others in the team and have

sometimes not seen anyone from the team for several months. The staff generally is very good.

Previously I would have said extremely likely, but recently I have become concerned about staffing levels, which I have raised with divisional managers.

No other service available.

Good experience with AMH and MHSOP, BUT - my family had poor experience with IAPT, so would not recommend this.

There are areas in the Trust and certain teams I would more likely recommend and some I would actively avoid.

Caring staff, working under difficult circumstances.

I feel there has been emphasis on Patient Centred Care and Care Pathways than in other organisations I have read about.

I have found through experience with a relative, that some areas are better than others, though usually it is an individual that has left a bad impression, rather than the overall service in a particular location.

While having no direct experience of this myself or my family, I am putting this as likely due to the caring nature of the Trust, its supportive approach to service users and its core values.

Past experience in the Trust was positive.

I would not recommend Durham and Darlington Adult Mental Health Services to my family or friends if they needed care but would recommend the rest of Durham and Darlington services.

It depends on circumstances, needs, etc.

Likely because it is the main provider of mental health care locally not because I think it is fantastic.

It seems a bit spurious as the person would simply be seen by their local Trust.

Good clinical staff.

Some people I talk to still find it hard to get the correct help and information on things.

Depends on the service they required as some waiting lists are far too long e.g. IAPT

I know how hard our staff work and are very patient centred.

Family member already gets very good care.

Patients are treated with the utmost respect by all staff and any problems they may have I believe there is always someone who is willing to help or just listen.

Neither likely nor unlikely

It would depend on the service in question as there are pockets of excellent services

however also services that require further work.

Care given previously to my wife. I can recommend local dementia care service for Teesdale.

Experience has shown some services are really good and others not very good.

This decision is not usually up to the individual to recommend the service but other outside agencies GP's ,social services.

There is not always enough staff to provide the time that patients need.

I think generally the care is good in TEWV the only downside is the inpatient unit beds which are slowly diminishing over time. Sadly this means some patients are being sent to units many miles away from where they and their families live. This is very stressful for the patient and their families and adds an extra layer of stress to an already difficult situation.

Largely people do not get a choice in where they receive treatment. You would most likely be sent to the closest hospital to where you live. Therefore recommending TEWV if people require treatment seems pointless.

The team is overstretched at present and there are a number of inexperienced staff in the team as the experienced staff have left.

Having recently joined TEWV I would need to understand them better.

TEWV has just taken over from Leeds and it is early days to give an opinion on how things are running. TEWV has got a steep mountain to climb sorting out a very neglected and unsupported service.

There is a significant variability in the quality of care in the Trust. Some areas perform well. Others not so well and in those areas I would not recommend the Trust to family and friends.

There are major staffing issues in the service and morale is low.

Recent patient feedback has already identified issues which I concur with -some staff need to develop skills in professional practice, respect and clinical skills.

Depends on what part of the service. Some ADT's seem to be better than others but I would have strong hesitation regarding recommending a particular team as I pick up comments from ex clients who describe it as shallow, mechanical, inadequate, and too time limited to get to the crux of their difficulties. These comments are mirrored by many of the staff who feel pressured, constrained and too restricted to deliver what they want to deliver. I wouldn't want to subject my family members to that.

This is very dependent on the team providing the service.

Have no experience to comment on at present as still working under LYPFT policies.

TEWV is the mental health service provider of this area. Is there an alternative? Where I have first-hand knowledge of the service staff I am reassured that they at least try and do their best sometimes in difficult circumstances.

York services are very stretched at present and have limited access to multiple treatments (in-patients, psychotherapy, eating disorders, perinatal, liaison etc.)

The response would depend on the locality as there remain massive variations in what is provided where and access to some treatment pathways remains a postcode lottery.

There are some services which I would recommend and others I would definitely not. Many services are understaffed and the staff are so stressed that they cannot possibly do an outstanding job.

There are members of staff that I would feel comfortable with and would expect good care from. Sadly there are others that appear to lack empathy and would rather they not look after family or friends. This may be because of a change in Trust practice.

Care inconsistent, poor staffing on the wards.

There is no other choice of provider of mental health services in the area, therefore there is nothing to compare it against and no option of an alternative recommendation.

I feel it takes too long for psychology therapies to begin with those who need input.

Some pockets of good care, but some increasingly poor.

Unfortunately, Cross Lane Hospital in Scarborough, which serves the North Yorkshire region, is only an acute hospital. There is no care or support for family members, such as young children with parents with mental health disorders. This creates a great strain on family members with no one to turn to for help.

Variations across TEWV.

The current changes and now a reduction in medical input is making me more reluctant to make this suggestion to friends and family.

I used to be positive that I would agree but I don't like that the patients are having to go far afield for any inpatient stays and I would not like this for my friends or family.

Depends who and for what reason they wanted care or treatment.

I would recommend some services, but not others.

I don't feel that the service is well equipped to manage and support young people with regards to mental health difficulties. I feel the team are under resourced and there are too little staff for too many patients - meaning the quality of care becomes poor. As a team we strive to support families and children but without the required training, resources and staff, I do not feel the service can deliver to its full potential.

I am fairly new to the Trust. I feel unable to comment, the Trust is so large I am not familiar with all the services and what they offer in terms of safety and quality of care. I know different areas are excelling where others are not.

Unlikely

If any of my family needed dementia care I'd be concerned, terrible.

Over the past 12 months or so we have experienced a marked swing to some managers putting the cost of patient care before the need for patient care.

The Government are saying they are putting money into mental health services and yet

wards and units are closing so where is this money going? Myself and my family will have to travel miles if we were to require access mental health services.

There are few areas that I have seen that appear to be operating effectively and compassionately.

Inpatients have very little 1:1 contact time with staff and the organisation often appears increasingly bureaucracy driven not patient driven. The organisation feels culturally cold and checklist driven.

There are insufficient minimum staff numbers to deliver a good enough service. I also wouldn't be happy with the way some of the staff talk to patients.

Wards often short staffed and on numerous occasions working without staff nurses particularly on night shift.

Standards of care are compromised by high caseload numbers.

Staff pressures/sickness/absence.

I am not sure at the present time that I would feel able to recommend TEWV to friends and family. The services are so under resourced that the service is not always what it should be despite of best efforts of individuals.

Hospitals are understaffed by frontline nurse/care/AHP etc, community team caseloads are unmanageably high with people being without care managers for considerable periods of time, expenditure seems to be on Locum Consultants, nurse consultants, consultant psychologists and managers. Managers seem to be reactive to situations rather than proactive.

My mother has been diagnosed with dementia I accept the service is unable to do a great deal but feel she is cast to one side without a care as she has vascular dementia rather than Alzheimer's. The carer group provided for my father was very helpful to him this was provided by OT not nursing.

There are no acute inpatient beds in York I would not wish my relative to be placed so far away from home.

My impression is only of services in the York area. Staff are committed but services are patchy both inpatient and community. In-patient services for older people I would say are poor overall. No real plan of care and many agency staff.

Too much weight put on medical model, staff too stressed, pressured and uncontained and needing to tick boxes to be able to really connect with service users, and work through things methodically. Too long a wait for psychological therapies.

No acute services and no adult inpatient beds.

Extremely unlikely

Change of organisation from LYPFT to TEWV has for me not been entirely positive.

My second hand experience of the service at Roseberry Park Hospital would lead me to urge people to avoid a member of their family ever being admitted to services there.

Whilst there are some dedicated staff within the Trust, from an inside perspective I think the Trust has many failings, especially regarding waiting times for patients and quality of service available.

The Mental Health service in York is in turmoil with stressed staff who are unable to provide an effective service.

If they had a choice (especially re inpatient provision and accessing adult community health) I'd encourage them to explore it. Services are too stretched to provide anything that remotely looks like quality care. Inpatient wards are assaultive, full of drugs and staffed by fellow nurses who in the majority stopped caring years ago. Management is blinkered to this despite fatalities and incidents.

On a personal level I am very disappointed by adult services, I would hope the clients I visit receive better treatment from myself.

Treatment is not all ways up to standard.

I am staff, but also have a son in services. I'm very aware how much care is given by my colleagues.

The TEWV way of working does not feel patient centred to me. A focus on systems and processes and efficiency but not the person.

I've answered this in every single one of these surveys. This Trust does not give a monkey's cuss about patient care it's all about MONEY MONEY MONEY. It is however an utterly moot point and redundant question because the Trust has lost all local identity and now cover a huge area answer this- What are the alternative's? Where else would our patients go for Mental Health Provision? This so belittles any point of the rest of this questionnaire as it is nothing but a paper exercise no doubt at the behest of some bean counter somewhere because it's all about the money. Do you begin to detect a common theme? If this Trust had patient care at heart it would look and more importantly act very differently indeed. It pays lip service to new developments and only seeks to think of an economical expediency. Patient care does not factor into this Trusts ideology one iota.

In the York area, care has collapsed over the past six months; no adult mental health beds, very low staff morale, etc.

I have a relative with severe and enduring mental health problems in another part of the country who has received excellent care and services which are just not available in our locality. The teams here do the best with the resources they have but our locality lacks supportive services to help with psychosocial approaches i.e. help in returning to work, integrated local authority support staff, support with housing.

Don't know

The service seems underfunded and under-resourced which deters me from recommending it. However, I am aware that other services in the North East are under similar strains so I am unaware of the standard of the competition.

Not worked long enough in the organisation to know yet. Also the question does not appear relevant...i.e. if a relative asked where they could get a broken limb fixed I wouldn't necessarily say TEWV. The question seems misleading i.e. sounds like TEWV is a private hospital and implies people have a 'conscious decision' on which NHS Trust they decide to receive treatment. Not sure this is the case.

I feel unable, and that it would be unfair to comment, due to only working in a small team within the Trust. However having worked in other Trusts some areas appear under resourced.

I have no experience of the services offered by TEWV.

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

Extremely likely

I have found that my particular profession is valued within the team. I believe that I am given the scope within my role to participate in leadership and influence important decisions made within the team.

Very caring about their staff.

I have found it to be a very friendly place to work with great respect and consideration for colleagues on all levels.

A proactive and professional Trust who have invested in my professional development to enable me to deliver the best intervention and outcomes for our service users.

Very supportive.

Good support and development opportunities.

Supportive management team, willing to listen.

My job is not permanent here but I wish it was, great place to work with a great team - everyone works alongside each other for the needs of the patient.

Values of the organisation match that of my own. Staff development is excellent. redeployment principles, staff wellbeing service.

Good employer.

I feel the Trust do look after staff and offer a range of support that other organisations do not.

Great team, and supportive Trust, great values and I feel a part of it

I have always felt supported, valued and listened to by the managers I have had the pleasure to work with.

Excellent staff support.

Significant efforts are being made to support the staff.

It is an old grand house which is lovely to work in. Most places lack soul and are concrete and glass. Here at Brompton House it is cosy and less intimidating than modern cold buildings. The staff are second to none and are committed to doing their best each and every time.

Immediate management is good; leaders seem to be doing a good job.

The Trust will invest in training, it is a healthy workplace, taking consideration of everyone's wellbeing. It is a listening Trust, open door policy with line manager promoting good working practices allowing feedback to improve service needs working together. Communication is good within all departments. Employee support service advice available always. Good policy and procedures to help you get through any hurdles which you may have in your working life. Pride and respect is always shown to others.

I have had really bad experiences in my previous job, I have found friends and a really good family atmosphere here. I feel like I want to come to work every day. I am not bored, pushed into anything. I love working for TEWV. I would and I do recommend you to all of my friends and family.

I have already recommended a close friend and she has been successful in her application and will be commencing employment with TEWV in the near future!

I think TEWV is a good Trust to work for they do seem to have the welfare of their staff at the heart of the Trust. There are lots of opportunities for training/learning. The Trust has made steps to be as family friendly as possible.

Very supportive of its workforce.

Very good to work for.

I would highly recommend my own locality: I am not so sure I would recommend others in the same way.

Supportive management.

I am impressed with the governance around provision of psychological therapies in TEWV.

From the very first instance, I feel that I have been welcome at the above company. My colleagues and managers have given me all the guidance I have required. And finally I have fitted into the framework of the procedures as required.

Extremely good employer, flexible in relation to work life balance and supportive of staff generally.

TEWV is an extremely supportive employer.

The Trust are supportive of staff with a clear agenda for up to the minute training to ensure staff can work with confidence.

With a little reservation; as an NHS provider, and as an organisation with clear values and beliefs. Yet there are some areas which would need to be looked at carefully.

TEWV is an excellent organisation in which to work. I feel like my views are listened to and that the organisation has a very positive culture.

Excellent management and culture and great staff to work alongside.

I have been excellently supported by senior management, human resources department and fellow colleagues when my mental health has been poor at times. This has been compassionate, anti-discriminatory and positive.

One of the best Trusts I have worked for in over 30 years.

I have worked for the NHS for many years and have always enjoyed my job and look forward to going to work for the NHS.

Likely

It looks increasingly likely that the NHS will be privatised. I couldn't recommend anybody working in health when shareholders would benefit from the care. For that reason I cannot say 'extremely likely'.

I haven't worked long for TEWV but I am very impressed so far!

Continue to find blocks organisationally. Particularly in terms of timely decision making.

I wouldn't encourage anyone to enter the English NHS (Australia, New Zealand, Scotland offer much better alternatives) in the next 5 years, until we have had a change of government and philosophy about taxes, but if they had to work in the English NHS, TEWV is probably one of the best organisations to be in.

I have helped many people to apply for post in the Trust.

Locality dependent.

This organisation seems to be much more compassionate towards the staff team. There is a sense of being valued, and part of a team of caring people who want to deliver high quality evidence based care. For higher managers to get a sense of training needs and be supportive during a transformation process for staff who may have lacked guidance and support to develop in the past, in order to enable quality care to be given which would improve care standards and a sense of being proud to work for this service.

I believe the Trust as a whole is a good place to work however I work in a Team that has its issues, which is a long standing problem and can at time impact on how I feel about my job.

Good staff relations, HR seem to be ok, staff compact helps.

Depends on the area they are planning to work.

Too much paperwork.

Have answered 'Likely' purely for the pay (better than private sector), but working environment could be better (staff morale, actual office area)

I have been supported at work.

I am quite happy working for TEWV.

Likely for management or admin.

The team are great - the team I work for are fantastic, supportive and nurturing and for that reason I would encourage friends to join.

Organised and supportive organisation.

The Trust appear proactive in wanting to develop their staff in line with the needs of the service.

Good training and improvement opportunities. Good support in terms of flexible worker policy and a return to work post maternity leave.

Staffing issues are a problem.

The Trust has a great family friendly policy and they have been flexible with me as I work part time and have a young family.

I am increasingly concerned about the lack of staffing due to sick leave predominantly caused by stress, and the implications on those staff who remain at work.

On the whole I find it a good organisation to work for especially regarding training - but the demands can sometimes be exceptionally high and pressured and not conducive to good morale.

It is a good place to work but can be frustrating in its messages from leaders at all levels and is a very large organisation which means pockets of brilliance and pockets of terrible practice.

New to TEWV so cannot reflect on all aspects but so far the experience has been organised and considered.

Previously, I would have said - extremely likely. However, the ever increasing demands on therapists feels relentless.

Good staff support even if there is pressure.

Employees are generally well looked after and supported but there is the ongoing problem of inadequate staffing levels.

It would depend which department/locality they would be working in.

Generally good employer, although processes can be highly management driven leading to difficulty in maintaining focus on patient.

When people move on from a team, the recruitment process is too slow, leading to staff shortages. There is inconsistency across the Trust in operating procedures and this leads to confusion when liaising with other teams.

Staffing levels are at a low at present which can add to extra stress to staff

In my current role I would recommend working for TEWV, I would not recommend friends or family to work in my previous locality.

Aware that it is difficult to recruit staff to the locality and that staffing levels need to be maintained to reduce the stress and work loads of other staff in areas where this is a problem and in order to maintain the care, services users receive. Hopefully with the changes that are going to be implemented in standardising the way CMHT work will improve the efficiency of CMHT.

Overall I think the NHS is a good employer. Individual managers can be difficult because of

their lack of practical management skills, mainly poor communication skills. This is an area that needs attention. I am not sure all the PEP and other courses do much to address this.

The manager at Brompton House is a good manager who is supportive and blends the old caring and paternal nature of the NHS with the current drive to meet targets and increase productivity.

But, I would advise about pressures of working in NHS.

I feel encouraged by some of recent developments and implementation of Liaison Teams in General Hospitals.

I find the organisation generally supportive of staff and responsive to any issues they may have. If people want to work within the NHS and mental health services then TEWV is really the only employer that they can choose if they live in the Teesside area and do not want to travel for longer than 1 hour every day to and from work.

My only negative is how the NHS has become so business like with increased targets and work pressures, so much IT focus! I believe the importance is clinical efficiency!!!

We need good psychiatrists for the future. We also need good administrative support for clinicians to ensure all avenues of a person's mental wellbeing is covered holistically. This does not happen at present.

I have been given amazing career opportunities and all my studies been paid for by TEWV. I have a great career that I never imagine I could achieve. I am impressed how TEWV look after their staff and the support they offer including HR and sick leave having supported a colleague through long term sick process.

Neither likely nor unlikely

I consider that TEWV is a relatively good employer but local staff are under immense pressure due to increased performance expectations coupled with reduced resources.

I feel that it is difficult to comment on this at present - we need to move fully to TEWV before I could make this decision.

I get incredibly frustrated by the bureaucracy in the Trust as it works against the clinicians and the job they are trying to do so that makes me reluctant to wholeheartedly recommended TEWV as a place to work.

Too much stress, too much paperwork, too much value placed on performance.

Again, would depend on the service area in question, some teams are much better to work in to whereas other teams can be chaotic, pressured and too focused on numbers rather than client journey, individualised care and process.

The team I work for is great but don't feel confident about the future of it. Suspect cuts are on the cards.

It depends on the individual and the depth of crisis that this Trust has got to.

There are lots of good things to recommend about the Trust, such as the availability of training and some great teams/individuals to work with. However, on the negative side staff are being expected to do more and more above and beyond their scope of responsibility.

Depending where you work, there is frequently very little opportunity of being able to move up into the next band, making it difficult to progress within your career.

In the areas of the Trust that perform well working conditions tend to be reasonable to good and could be recommended. Some areas and particularly the areas that perform less well could not be recommended.

Too many changes and uncertainty.

Some excellent staff but also some who are difficult to work with and make the job harder and more stressful than it needs to be.

Working in the Trust is becoming too bureaucratic and not patient centred.

Morale is low as clinicians do not have much influence and managers do not consult with clinicians before making decisions.

Poor financial support for professional development.

Again I am fairly new. At the nursing conference I heard a lot of positives from others about working in TEWV. My personal experience has not been so positive, but I don't know if that is a reflection of the issues in my locality.

TEWV have become such a dominant Trust that if wanting to work in the mental health field there is little choice other than to work in the private sector. I would try to give a balanced view of the Trust, both its positive and negative points.

I think there are some excellent teams within TEWV however I do think there are a number of areas where there are some extremely unhappy employees and staff are not treated equally across the Trust. It would depend on what position a member of my family or a friend were applying for as to whether I would recommend!

So much change and uncertainty regarding jobs and service would make me much more reluctant than previously.

The Trust can be very hierarchical and certain departments are 'top heavy' with managers. Personally I am much worse off financially now than 3-4 years ago, having had my pension contributions increased at the same time as wages not moving with inflation. Constant worry about decreasing finances doesn't help with your morale.

Depends which service - I would not really recommend working in this service due to problems with integrated working. I am returning to this box because no other free text boxes - I do not understand how my manager could act on anonymous feedback.

Again this depends on what part of the service. I would not recommend some ADT's that seem in meltdown currently, with high staff stress and high sickness/absence, offloading incremental stress to those remaining. However, other teams seem to be progressive and happy places to work.

Likely in the sense of boosting staff numbers, unlikely in that for the workload undertaken as an HCA I work way beyond my role and the pay is frankly appalling.

I enjoy working for TEWV but at the moment we are overstretched with staff leaving but no additional staff.

Staff always work very hard to provide the best possible service for patients/carers, constantly trying to cope with increased caseloads and reduced staff levels and resources. We have great hopes that TEWV will be able to provide us with staff, better organisation and staff support.

If they wanted to go into this kind of work then, again, there are limited options unless they wished to work privately. I get on with the team that I work with and enjoy working with my colleagues; however I am constantly frustrated by the demands made on the service that it cannot hope to meet, and the pressure exerted by the bureaucracy.

If your young and it depends on what jobs you're talking about you can have a good career.

I believe you need extra special qualities to work in this field of work. It can be very stressful at times and some may not be able to cope with the issues that arise.

Cost cutting currently feels like it takes priority over quality of service and staff wellbeing, uncertainty with services is causing lots of anxiety. Hot-desking has a significant negative impact upon staff wellbeing no measures in place to support staffs health with regards to modified seating and equipment for back pain.

TEWV is going through further change with new key appointments, the values and behaviours exhibited to date are not conducive to what I have been accustomed to, the change is not for the better.

My immediate management is fabulous and supportive. The only reason I wouldn't recommend is the level of responsibility and work vs payment.

Work pressure are huge, timescales to complete and paperwork are too short when busy with patient care. Paperwork lengthy and takes significant amount of time. Spend more time looking at a computer than seeing patients. Feels like every move is being watched and scrutinised if you don't see enough people every day. Doesn't feel like there is any quality as under pressure to close people. Creativity feels stifled. Have to jump through hoops to get change. So many meetings to attend and travel for miles without consideration of base, time it takes to travel, family commitment, work commitments - that can't be met due to having to travel the Trust to attend meetings. No consideration for work life balance meetings starting at 9am and you have to leave home at 7am to get there.

Unlikely

Too focussed on targets rather than patients, too many demands on workforce resulting in pressured contacts. Restructuring of services so that waiting lists become hidden.

This is in part due to national issues currently affecting the NHS rather than specifically TEWV. However, while there may be ample opportunity for roles up to a band 6, there is then a lack of career advancement opportunity beyond this and band 7 roles continue to be condensed.

Definitely not in the affective team as the workload is horrendous and very stressful.

If managers do not live the values and behaviours by bullying and harassing staff of the Trust there does not appear to be any consequences regardless of what policy and procedures say. I was then moved from my previous job for doing nothing wrong even though my grievance was upheld, shocking!

Not enough staff, all staff support systems seem to be tick boxes, return to work plans do not

take place due to other staff being off sick so there is a shortness of resources. It's all driven by targets.

Poor CPD opportunities for anyone other than nurses, psychologists and some AHPs, not supported to seek out your own professional training, bizarre and old fashioned attitudes to body art.

Staff are not valued, often being bullied without any response from management.

I feel it is a big organisation that has high expectations of staff. However I don't feel we have much of a voice. I would say this is symptomatic of the current culture in the NHS.

Much pressure in the service and resources - staffing low.

Staff unrest due to future insecurities.

I can only provide an answer based on the corporate side of the Trust.

Training opportunities and moving up bandings are nearly non-existent for non-clinical staff.

Nursing has become very performance related and there is less and less time in TEWV to spend with patients, too much paperwork and targets to achieve, our manager piles more and more work on us all the time.

TEWV has become so big and focussed on targets that it has lost sight of its most valuable resource - committed and motivated staff who have come into their field as a vocation not just a job.

Previously I have rated this more highly, but concerns I have about my workload have repeatedly not been addressed.

Insufficient staff resources at times in which to complete required work. Pressure of work. Changes to working times (12 hour working is not proving to add additional days off due to requirements to attend training). Frequent changes without adequate training and explanation of how changes should be implemented.

The changing ethos in the Trust - now more about money and savings than about staff and patient care.

Staff are threatened with pay decreases if training is not up to date. Yet TEWV are not employing enough staff to allow staff to access the training.

Given the current position across the NHS and the financial cuts being applied I wouldn't want to encourage others to come into the NHS.

Too stressful.

Drive to cut costs and meet targets, new management and business ideology, all pull staff away from feeling contained, being able to reflect and from being able to deal thoughtfully with messy complexity that frequently does not fit with payment by results categories. All done under some good rhetoric about values and growing staff, but there is often a big gap between rhetoric and reality.

Extremely unlikely

Unrealistic expectations and lack of support.

I have worked for the health service for over thirty years and I have always had a strong work ethic. However in recent years despite having excellent organisational skills, I am finding it increasing difficult to manage the increased workload in my contracted hours. As a result I consistently work on my days off doing PARIS and paperwork.

TEWV, particularly in our area, is a poor place of work. Admin - and the majority of services - are lacking from any sense of community, as well as being stretched far beyond their means. We do not have enough staff and it seems that management refuse to acknowledge this, even when we have admin staff continually leaving in a very short space of time because of the treatment we receive. There seems to be the idea that admin do not have enough to do, as we continue to have work piled upon us. Our locality is also the 'poor relation' to the rest of the Trust, with few resources available to us, no communication regarding important issues in our department, and no sense that we are 'part of' TEWV. Few courses are offered to us, we don't have free parking unlike the rest of the Trust - generally, it feels as though we are not regarded as part of the Trust.

Far more support available within the organisation, different ethos and opportunities available.

Other departments may be better to work for but I would never recommend anyone to work for the team as there is lot of double standards in regards to the way staff are treated.

People by and large do not work in the NHS for vast pay but because it was something that you felt was worthwhile. This Trust has rapidly eroded any sense of job satisfaction any feeling of being able to make a difference (pun intended at the Awards night); it systematically rewards incompetence and promotes those who excel in these aspects; it covers up inadequacies in services and again focuses purely on the financial status. Staff are not valued by the organisation staff are hounded to pinch pennies and make savings. Care is an anathema to this health service provider. The staff unfortunately bear the brunt and the Trust survives on abusing the goodwill and better nature of its employees. Would recommend that as a place of work to your friends and family?

A lack of leadership and team organisation, no induction and a lack of understanding of patient's needs shown. I wasn't impressed. There were some very good staff to be fair, but some shockingly bad ones and the management appeared unable to facilitate change despite concerns being raised.

TEWV is well run but working for the NHS has become increasingly demoralising. If health services were really to run like businesses they would work along the lines of business models. I know that TEWV prides itself on taking the Toyota - or some sort of car manufacturer business model. This is okay maybe for unskilled workers on a production line (if that sort of approach floats your boat) but, working for TEWV and by default the NHS, I have never been rewarded for doing anything above and beyond the remit of my job. I get fed up with 'thank you for all the hard work and support you have shown in the past year' type e-mails that are sent to us via our service manager. I'd much rather be rewarded by some sort of bonus payment scheme. This will never happen but nor will any goodwill be engendered and it slowly dissipates over the years. I do what I am paid and expected to do and I think that I do this pretty well but I'm fed up with going the extra mile. Sorry.

There is no longer any thought of work life balance in the Trust, some managers are happy to let staff struggle on with ever increasing workloads, relying on their good nature to put in

extra time at work unpaid for also being aware staff are unable to get the time owed back.

Staff are treated badly by the local area managers who show little concern for their wellbeing or welfare.

Major uncertainty about the future of services, constant top-down reorganisations, distant/uncommunicative management beyond ward level.

Low morale is concealed behind many of the smiling faces of excellent staff trying to provide excellent care. Sickness management is not addressing the root causes of sickness and stress.

I have worked for mental health services since 1980 and have never in all this time known morale to be so low!

Top down organisation which allows little role for initiative too driven by box ticking and not real quality.

Focused on targets and numbers rather than clients and compassion.

TEWV is engrossed by HR policies that favour staff whom are not or do not fulfil their job descriptions therefore putting more stress on the other colleagues.

I feel that whilst the organisation portrays itself has a friendly caring employer, the reality is that it really doesn't value staff members.

Bullying from middle management in some areas is rife. There a few opportunities for progression or innovation. Huge financial mismanagement is taking place at ward/team level. Staff sickness and low morale in some teams is at critical levels.

We are just a number now within the Trust.

The staff opinions are not listened to and the staff are treated as just numbers.

FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	Tuesday 26 April 2016
TITLE:	Governance: Progress Report on Governance Action Plans
REPORT OF:	Martin Barkley, Chief Executive
REPORT FOR:	Consideration

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

Executive Summary:

The purpose of this report is to inform the Board of the progress that has been made in completing the action plans which the Board approved to strengthen the governance arrangements in the Trust.

Furthermore to recommend to the Board how progress / attainment is tracked on those few actions that remain work in progress.

Recommendations:

- Receive this progress report;
- Agree the proposed arrangements for tracking attainment of the outstanding recommendations;
- Agree that this report is shared with Monitor through our Monitor Relationship Manager.

MEETING OF:	Board of Directors
DATE:	Tuesday 26 April 2016
TITLE:	Governance: Progress Report on Governance Action Plans

1. INTRODUCTION & PURPOSE

- 1.1 The purpose of this report is to inform the Board of the progress that has been made in completing the action plans which the Board approved to strengthen the governance arrangements in the Trust.

2. BACKGROUND INFORMATION AND CONTEXT

2.1 Quality governance arrangements

The Board commissioned Deloitte to undertake a follow-up review of quality governance arrangements, following the first review that Deloitte carried out which was reported to the Trust at the end of August 2013. A follow-up report was reported to the Board in July 2014.

2.2 Independent review of Board governance arrangements

The Board will also recall that it commissioned Deloitte to undertake an independent review of its Board governance arrangements. This report was issued to the Trust on 15 April 2014 and presented to the Board at its meeting in June, along with an agreed response to the recommendations contained in that report. Those recommendations that were not complete as at 27 October 2015 and the Trust's response are also reflected in the action plan attached as Annex 1.

- 2.3 As agreed at the July 2014 meeting of the Board, the action plan shown as Annex 1 also contains those actions that remain outstanding / in progress from the August 2013 Deloitte report, together with those handful of recommendations / actions that remain outstanding from the Audit North / Allsopp / Parker reports. It also now includes actions outstanding from the work the Board did when reviewing itself in answering "How does the Board know the Trust is working effectively to improve patient care", as agreed at the Board meeting in January 2015. Thus there is now a single consolidated quality governance action plan, which shows the actions that have been completed since the previous report to the Board and those that remain work in progress.

3. KEY ISSUES

- 3.1 The Board will see that most of the actions in the action plan have now been completed.
- 3.2 The actions completed are shown in green.
Those that have not yet been completed are shown in red.

- 3.3 At the October Board of Directors' meeting it was agreed that the April report should be the last and any remaining actions should be picked up and reported on in other ways.

It is therefore proposed that:

Page No. Annex 1	Action	Suggested monitoring mechanism
Rec 18 Page 1	Increase service user involvement	Chief Executive's Report to the Board
Rec 3 Pages 2 - 3	Update Directorate Risk Registers	Quality Assurance Committee and Internal Audit
Recs 5 & 6 Pages 3 - 6	Regarding role and "standard work" of ward managers	This project will be the subject of an audit via Audit North - Report to Audit Committee
Rec 11 Pages 7 - 8	Local Induction compliance	Board to review the effectiveness of the new arrangements via the quarterly Workforce Reports the Board receives
Rec 17 Pages 8 - 9	Frequency and content of ward meetings	This project will be the subject of an audit via Audit North - Report to Audit Committee
Rec 20 Page 9	Training on SMART action planning	EMT to consider whether this is still relevant and, if so, to make the arrangements

4. IMPLICATIONS

- 4.1 **Compliance with the CQC Fundamental Standards:** The implementation and achievement of the action plan shown as Annex 1 is likely to lead to an increase in the quality of service provided and certainly lead to an increase in assurance about the quality of service provided.
- 4.2 **Financial/Value for Money:** No further costs identified.
- 4.3 **Legal and Constitutional (including the NHS Constitution):** The implementation of the action plan is likely to strengthen and improve the level of compliance the Trust has in terms of its licence to operate as a Foundation Trust.
- 4.4 **Equality and Diversity:** No direct equality and diversity implications have been identified.

4.4 **Other implications:** No other implications have been identified.

5. RISKS

5.1 No risks have been identified.

6. CONCLUSIONS

The huge amount of work undertaken over the past three years has been effective in strengthening our governance arrangements. As always though, they will continue to evolve and develop as the Trust learns from experience of our arrangements and tests out new ideas.

7. RECOMMENDATIONS

7.1 The Board is asked to:

- Receive this progress report;
- Agree the proposed arrangements for tracking attainment of the outstanding recommendations in Section 3.3 above;
- Agree that this report is shared with Monitor through our Monitor Relationship Manager.

Martin Barkley,
Chief Executive

ANNEX 1

**INDEPENDENT REVIEW OF (BOARD) GOVERNANCE ARRANGEMENTS APRIL 2014: STANDARD
ACTION PLAN**

PLAN LOCATION/TEAM: BOARD PLAN DEVELOPED BY: CHIEF EXECUTIVE DATE PLAN AGREED: 29 JULY 2014

NO	RECOMMENDATION/FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE	EVIDENCE	PROGRESS UPDATE
18	The Board should seek to further promote and communicate the mechanisms by which service users can provide the Trust with feedback. In addition, it is important that feedback loops are effectively closed, so that service users are clear on what has been done to address concerns raised	Ensure that feedback from service users is easily received and used to improve quality.	Increase service user group arrangements in AMH.	CE	December 2015	Report on new arrangements.	Review completed in Durham and Darlington and Tees localities and in progress in North Yorkshire. Suggested that actions taken as a consequence of these reviews is reported to the Board via the Chief Executive's Report.
			Implement patient experience workplan in Quality Strategy.	Dir of N&G	Achieve milestones	Assurance reports to QuAC.	Complete

QUALITY GOVERNANCE ARRANGEMENTS: STANDARD ACTION PLAN

PLAN LOCATION/TEAM: BOARD

PLAN DEVELOPED BY: CHIEF EXECUTIVE

DATE PLAN AGREED: 29 JULY 2014

NO	RECOMMENDATION/FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE	EVIDENCE	PROGRESS UPDATE
2	August 2013: Recommendation 8 Ensure a combined risk management system is implemented throughout the Trust. This should incorporate complaints, PALS, claims, Risk Registers, Incident Reporting, FOI, PHSO. This will enable robust escalation of issues, reporting, triangulation, hot-spot identification and better "horizon-scanning".	The enhancement of DATIX is a pre-existing key priority in the Trust's Information Strategy. Work on expanding the use of DATIX to incorporate	Design integrated reports, standardising data systems ready for DATIX use and scoping the extended use of the DATIX system.	Dir of N&G	March 2015	Report formats in place. Standardised data system in place.	Complete – Note: Reports are being reviewed as revised in line with staff feedback to ensure optimum effectiveness.
			Expand use of DATIX and configure new modules and train staff in new systems.		June 2015 December 2015	New modules configured. Staff trained.	Complete
			Complete server infrastructure work.	Dir of Fin	September 2014	Infrastructure in place.	Complete
			Develop PM3 to secure resource.	Dir of Fin/ Dir of N&G	July 2014	PM3 approved.	Complete
3	August 2013: Recommendation 12 All front-line services must own their own local risk registers and there must be clear escalation to the corporate RR and BAF.	Each ward, community team, etc. will have their own risk log. As there is a new entry, or concerns about an existing log are increased, the Head of Service will be notified for inclusion in the Directorate Risk Register with all changes to the	Quality assure Directorate Risk Registers.	Trust Sec/ COO	May 2014	Independent report received.	Complete
			Train Heads of Service.	Trust Sec/ COO	September 2014	Attendance list.	Complete
			Update Risk Registers.	Trust Sec/ COO	December 2014	Updated registers received.	The training on Risk Registers, etc. has started and is being undertaken by

NO	RECOMMENDATION/FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE	EVIDENCE	PROGRESS UPDATE
		Directorate Risk Register that occur in the month being reported to the Locality Management and Governance Board.					Michael Sykes, Project Manager. Suggested that progress is monitored by QuAC and Internal Audit.
4	August 2013: Recommendation 21 The new risk management interface (DATIX, Safeguard, etc.) should be aligned to the IIC to ensure joined up and systematic reporting and escalation routes. (Please also see R8).	Agreed. This will be done as soon as possible.	Plan in place for the data feed from the new risk management interface into the IIC to be available for Trust wide roll-out of the new system.	Dir of Fin	June 2014	Plan exists.	Complete
			PM3 approved and investment of £160k.	Dir of Fin	May 2014	PM3 approved.	Complete
			Join up DATIX with IIC re. risk management interface.	Dir of Fin	March 2016		Complete
5	August 2013: Recommendation 30 Increase standardisation at ward level through; the use of governance dashboards, standard agenda items for team meetings and more effective feedback process on patient safety incidents and complaints.	Agreed. Ward performance dashboards are being developed and will be incorporated as a priority into the IIC development.	Develop IIC to produce ward and team dashboards.	Dir of P&P	September 2014	Dashboards available.	Complete
		A statement clearly articulating the expectations of what it means to be a Ward Manager in TEWV is also at the early stages of development from which standard work will develop	A 3P will be undertaken to develop a statement setting out the expectations of ward managers.	COO	March 2014	Statement exists.	Statement completed and disseminated to ward managers. PM3 Project agreed by EMT May 2015.

NO	RECOMMENDATION/FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE	EVIDENCE	PROGRESS UPDATE
		including standard agendas, etc. Additionally it will also help inform the content of Personal Development Plans for existing Ward Managers and the training programme the Trust should provide for Band 6 inpatient nursing staff to prepare them not only to deputise for the Ward Manager, but also to secure promotion (should they wish to do so).					
		This will be accompanied by the development and introduction of standard work, including templates for ward / team meetings setting out standard agenda items, which will include complaints, PALS, Patient Experience feedback, patient incidents and SUIs.	Develop written guidance and templates.	COO	Q2 2015/16	Guidance published.	Complete - the work on standard work has been completed and the daily management approach has been rolled out. The work is now business as usual and the Locality Heads of Nursing are in the process of setting up Ward Managers Forums in each locality and a Trust-wide Forum has been

NO	RECOMMENDATION/FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE	EVIDENCE	PROGRESS UPDATE
							established under the leadership of the Director of Nursing and Governance.
6	August 2013: Recommendation 31 Ensure that all ward managers have protected time allocated for governance.	All ward managers are “supernumerary” and are not part of the regular shift pattern as part of the planned nurse staffing levels. The ward managers are usually expected to work 9.00 am - 5.00 pm Monday - Friday and one of the rationale for that is to ensure that they do have time to focus on their governance and other management responsibilities. What is considered necessary is to brief ward managers in detail about what is expected of them with regard to their governance responsibilities. In addition standard agenda items for ward meetings will also be developed and issued as part of the work the Trust is doing on being	Ensure that all ward managers are supernumerary and have protected time for governance.	COO	Q2 2015/16		All ward managers are supernumerary. The actions in Item 5 above will support the aim of providing clear processes for managing time to support governance activities.

NO	RECOMMENDATION/FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE	EVIDENCE	PROGRESS UPDATE
		clear about “expectations on a TEWV ward manager” and the development of a model ward.					
7	August 2013: Recommendation 32 Reinforce standardised governance processes at the level of community teams and ensure that a specific set of early alerts and triggers are used to identify hot-spots. (See Norfolk Community Services Trigger Tool).	Agreed that it is very important that the Trust develops standard processes for community teams which includes early alerts and triggers being used to identify and report hot-spots.	Communication plan developed and agreed. Communication plan implemented September – December.	COO COO	August 2014 December 2014	Plan in place. Plan completed.	Community Team Dashboard was launched late October on IIC. Triggers have been established through the Trust’s Risk and Escalation procedure.
8	August 2013: Recommendation 37 A new electronic reporting interface will provide improved escalation and automated report generation. Local teams should also be able to extract their own reports from both DATIX and the IIC.	This will be implemented as soon as possible. As previously mentioned, the DATIX workstream in the Information Strategy is being brought forward as much as possible. Local teams can already use the IIC to allow them to understand their performance against the Trust Board monthly dashboard Indicators using the “drill down” facility of the IIC. As additional	Produce ward and team dashboard reports from IIC.	Dir of Fin/ Dir of P&P	September 2014 March 2016	Reports available.	Complete Interface completed and is updated each hour on IIC.

NO	RECOMMENDATION/FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE	EVIDENCE	PROGRESS UPDATE
		systems / reports are generated on IIC this facility will be expanded.					
9	August 2013: Recommendation 39 The Trust (who have dedicated a resource to this prior to our review) should now start demonstrating that they are recruiting for values as well as capability.	The pre-existing project is continuing which has the specific aim of enabling the Trust to test for attitudes / values and applicant literacy and numeracy levels, during key stages of the recruitment process.	Evaluate Phase 1. Evaluate Phase 2.	Dir of HR	July 2014 March 2016	Report to EMT.	Complete - recruiting for values project complete and is being implemented re. appointment of all frontline staff. However it has not been possible to identify a cost effective way to test numeracy and literacy. The project has now moved on to implement centralised recruitment for some staff groups.
			Roll-out to all staff recruitment (subject to EMT approval).	Dir of HR	December 2014	Report to EMT.	Abandoned because there is no cost effective way to test literacy and numeracy skills.
11	August 2013: Recommendation 42 There should be absolute zero tolerance on staff starting work without local induction.	Local induction is an essential part of starting a new job and the local induction is required to take place	Develop and put in place arrangements that will ensure the target is met	CE	September 2014	Quarterly workforce report shows 95% attainment.	Revised arrangements for Local Induction were approved by EMT earlier in

NO	RECOMMENDATION/FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE	EVIDENCE	PROGRESS UPDATE
		on and from Day 1. A quality check on local induction arrangements will be undertaken in Quarter 4 2013 /14. The 2013 /14 Q4 Quarterly Workforce Report to the Board will include a new KPI concerning local induction taking place on the first day of employment in the Trust.					2016 which are starting to be introduced. It is believed that this simpler but relevant approach will improve compliance.
13	July 2014: Recommendation 12 The Risk Management Policy is reissued across the Trust with facilitated training and guidance to the QuAGs.	Heads of Service have a good understanding on the application of TEWV's Risk Management Policy at Directorate level and below.	Please see No. 3 above.	COO / Trust Sec	December 2014	Attendance list and quality of Directorate Risk Registers.	Training has now started and is being delivered by Michael Sykes, Project Manager. . In addition a workshop day is being held in July, to be hosted by COO with Trust Secretary to reinforce the training both on risk generally, supported by Internal Audit, and on the system.
17	July 2014: Recommendation 30 The Trust audit the frequency and content of ward meetings to seek	Effective ward meetings take place regularly.	Issue guidance about ward meetings.	COO	August 2014	Guidance issued.	Complete - this is now part of the standard work on

NO	RECOMMENDATION/FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE	EVIDENCE	PROGRESS UPDATE
	assurance in this area.		Carry out audit – (commission internal auditors).	COO	January 2015	Audit report available for consideration	daily management as part of the Ward Manager Project. Part of audit programme for 2016.
20	Board QGF self-assessment The quality of actions plans in response to SUIs and complaints to be improved ensuring they are relevant, proportionate and SMART.	Action plans have SMART actions.	Four more workshops to be arranged on action planning.	COO/ Dir of N&G	March 2016	Attendance lists.	A Master class run by an external company is planned for July 2016
21	Audit North 7.1 The Trust should consider ways to overcome geographical barriers and to help ensure that attendance at meetings represents the most efficient use of staff members' time and engages the maximum number of relevant employees. For example, implementing video and telephone conferencing facilities at all Trust sites for use in meetings.	Reduce travel time and costs and improve use of time.	Implement "Reduce travel expenditure" project.	Head of Psych Therapies & AHP/CE	March 2016	Expenditure on travel.	This is very much work in progress. Most meeting rooms now have spider phones.
24	Board QGF self-assessment Can we reduce the amount of time it takes staff to report incidents etc. on DATIX?	Improve levels of reporting by reducing the amount of time it takes.	Develop Business Case to secure resource. Change front end of DATIX.	Dir of N&G	March 2014 October 2015 December 2015	Business Case approved. New front end operational.	Complete
25	Board QGF self-assessment Further improve and develop	Arrangements exist that incentivises	Develop proposals.	Dir of HR	September 2014	Recommendations	Complete – The principles that are

NO	RECOMMENDATION/FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE	EVIDENCE	PROGRESS UPDATE
	performance system with Clinical Governance policies.	individual and team performance.				agreed by EMT	<p>contained in the policy statement are the use of non financial rewards to be an incentive including:</p> <ul style="list-style-type: none"> • Positive feedback; • Living the values awards scheme; • Making A Difference awards scheme; • Team of the Week awards scheme. <p>In addition pay progression is conditional on satisfactory performance. Embedding every day lean management, including a much greater use of visual display boards, should lead to much greater clarity and visibility with all team members knowing what team success</p>

NO	RECOMMENDATION/FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE	EVIDENCE	PROGRESS UPDATE
							looks like and how they are doing.
26	Board QGF self-assessment Lack of “stop the line” methodology.	Reduction of harm.	To develop a “stop the line” methodology for implementation. Implement agreed methodology.	Clinical Director/ KPO CE	July 2014 March 2015		Complete “Stop the line” arrangements described in Annex 1 attached.
30	Board self-assessment Improve communication and involvement with patients and develop new ways of understanding the expectations of patients.	The Trust can demonstrate good use of social media, our web site and user and carer networks to improve our understanding of the expectations of users and carers.	New web site. Strengthen AMH user groups.	Dir of Fin Trust Sec Dir of N&G	March 2016 March 2016	New web site operational. New networks / groups operational.	Complete The report from the North East Mental Health Development Unit has been received which pleasingly gives a lot of assurance that the arrangements we currently have in place are good and that our plans for the future are also good and appropriate. There are three particular issues that we need to continue to make progress on, those being: User involvement in the recruitment of frontline staff;

NO	RECOMMENDATION/FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE	EVIDENCE	PROGRESS UPDATE
			Increased volume of use of Twitter and Facebook.	Dir of P&P	March 2016	Numbers.	<p>Increasing the recruitment of peer support workers; and Increasing the involvement of users and carers as members in a variety of Trust groups, committees, etc. Elizabeth Moody is the lead on this latter piece of work and will be reporting on this later in the year. With regard to North Yorkshire, the review that is underway is due to finish at the end of May and recommendations for any changes will be forthcoming by the end of June.</p> <p>Complete - Significant work has been completed in terms of use of social media including the</p>

NO	RECOMMENDATION/FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE	EVIDENCE	PROGRESS UPDATE
							development of a framework for the use of social media which recognises that social media is used by TEWV as a corporate body (via the Communications Department) and by services themselves. A followership of the Trust's corporate accounts has grown by 58% for Facebook and 68% for Twitter over the previous 12 months. This rate of utilisation is expected to continue to increase at similar rates year on year.
31	Board self-assessment Improve communications regarding programmes of work and systems by explaining why decisions are taken and email protocol.	Staff understand why decisions are made. Appropriate use of emails.	When the Board and EMT make decisions the reason/s for those decisions is clear. Develop new email protocol that makes it	Chief Exec Chief Exec	wef April 2015 wef April 2015	Metric to be determined. New email protocol	I have not been able to think of a metric despite a few years thinking about this!!! Completed Revised policy

NO	RECOMMENDATION/FINDING	INTENDED OUTCOME/RESULT	ACTION	ACTION OWNER	TARGET DATE	EVIDENCE	PROGRESS UPDATE
			clear when telephone calls or face-to-face dialogue would be better.			published.	published.
33	Board self-assessment Establish Learning Sets to help spread learning from experience.	Accelerated spread of what works best and support to key staff.	Establish Learning Sets of people with same roles.	Chief Exec	December 2014	Learning Sets in place.	Deferred due to capacity and doubts about feasibility. The decision whether to establish these now rests with Clinical Directorates and the Specialty Development Groups.
35	Board self-assessment To improve understanding of Risk Registers, etc.	Directorate Risks are appropriately identified, described and managed.	Training of Heads of Service and equivalent.	Trust Sec	Autumn 2015 March 2016	Training completed. Content of Risk Registers. Internal Audit Report.	Completed. Heads of Service and equivalent have now received appropriate training plus a further training session on risk generally, supported by Internal Audit, is scheduled for July 2016.

Stop the line

ANNEX 1

Who

A 'stop the line' can be used by the service user, carer, family member, staff member or other key stakeholder.

Why

A 'stop the line' is used to flag that someone is concerned about the care they are receiving or are involved with. As soon as a 'stop the line' is initiated, an urgent meeting should be arranged with all key stakeholders to discuss:

- Reasons for concern
- Clarify aims of involvement and recovery planning
- Agree next steps
- Communicate next steps to all stakeholders

What

There are physical cards that can be handed to the service user, carer, family member, staff member or other key stakeholder (see P07-03) or a verbal request to 'stop the line' can be made. The cards need to be laminated and an explanation given to patients and their family about how to use them. This process needs to be arranged and agreed locally but as an example in one of the community teams who use this process, they have the cards in a Welcome Pack and an explanation is given as to the purpose and how to use them.

An urgent meeting involving all key stakeholders should be arranged within 5 working days of the alert being raised.

The team manager should chair the meeting and ask for the person who stopped the line to present their reasons. It is important to note that the rationale for this meeting is not to review the patient but to get care back on track. It is therefore envisaged that 4 likely outcomes to this meeting will be

- Reaffirm care plan with all parties giving their assurance to their commitment to it.
- Request a full CPA review as resolution is not possible.
- Request a formulation meeting.
- Signpost to PALS.

Outcomes from the meeting should be conveyed to all key stakeholders.

When

A 'stop the line' can be initiated at any time in the service user's journey and a 'stop the line' review meeting should occur within 5 working days of the alert being raised.

Examples of when 'Stop the Line' has been used in practice

Example 1:

A patient's family member stopped the line as she felt that there was no clear plan and that the care co-ordinator was not doing anything productive for her brother.

The meeting was held within 3 days.

We discussed in meeting all the contacts that the patients had had and the purpose for these visits. The enlarged recovery guide was fantastic to mark off all the interventions that had taken place or had been offered and declined by the patient.

This was a very quick and easy way to get everyone that needed to be there present and to be able to demonstrate exactly what the team had offered. Of course the patient had to agree that they had declined the interventions. The important thing was that it opened up effective communication. A piece of family work also fell out of it!

Example 2:

A patient stopped the line when they felt that the service should have been doing more to help him.

This was incredibly useful to demonstrate using the recovery guide, interventions that would have allowed him to gain more independence that he had refused instead requesting a support worker to do things for him.

The use of short term support whilst personalisation was put in place increased this patients independence up until his discharge.

Example 3:

A member of staff stopped the line after they had received what, they felt was, conflicting advice from the leadership team.

Initially the care coordinator had requested an MDT meeting at which the leadership team were present and a plan was put in place. Subsequently, a member of the leadership changed the plan leaving the care coordinator confused as to their next step.

The outcome was that the original plan was put back in to place with no knock on patient effect or harm. The lesson for leadership team was to be mindful of adhering to plans and discussed as an agenda item within the leadership team meeting.

FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	26 th April 2016
TITLE:	Report on the Register of Sealing
REPORT OF:	Phil Bellas, Trust Secretary
REPORT FOR:	Information

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

Executive Summary:

This report provides information on the use of the Trust Seal as required under Standing Order 15.6.

Recommendations:

The Board is asked to receive and note this report.

MEETING OF:	The Board of Directors
DATE:	26th April 2016
TITLE:	Report on the Register of Sealing

1. INTRODUCTION & PURPOSE:

- 1.1 The purpose of this report is to inform the Board of Directors of the use of the Trust's Seal in accordance with Standing Orders.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 An entry of every sealing is made and numbered consecutively in a Register specifically provided for the purpose. It is signed by the persons who have approved and authorised the document and those who attested the seal.

3. KEY ISSUES:

- 3.1 The Trust Seal has been used as follows:

Number	Date	Document	Sealing Officers
262	21/3/16	Lease (renewal) relating to first floor premises at Kirkstone, Lanchester Road Hospital.	Mr. C. Martin, Director of Finance Mr. P. Bellas, Trust Secretary

4. IMPLICATIONS:

- 4.1 **Compliance with the CQC Fundamental Standards:** None identified.
- 4.2 **Financial/Value for Money:** None identified.
- 4.3 **Legal and Constitutional (including the NHS Constitution):** None identified.
- 4.4 **Equality and Diversity:** None identified.
- 4.4 **Other implications:** None identified.

5. RISKS:

- 5.1 There are no risks associated with this report.

6. CONCLUSIONS:

- 6.1 This report supports compliance with Standing Orders.

7. RECOMMENDATIONS:

7.1 The Board is asked to receive and note this report.

Phil Bellas, Trust Secretary

Background Papers:

The Trust's Constitution (October 2015)

FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	26 April 2016
TITLE:	Policies and Procedures Ratified by the Executive Management Team
REPORT OF:	Martin Barkley
REPORT FOR:	Information

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

Executive Summary:

The policy paper contains the following information:

1 scoping document requesting authority to develop a Duty of Candour Policy

9 policies and 3 procedures have undergone review and require ratification:

- Diabetes Management (Adults and Young People)
- Anti-Fraud and Corruption Policy
- Appraisal Policy for Doctors
- Maintenance of IT Systems
- Access to Information Systems Policy
- CCTV Policy
- Complaints Policy
- Care Programme Approach and Standard Care Policy and Framework
- Child Visiting Policy
- Safeguarding Children Policy
- Clinical Coding Procedure
- Admissions, Transfer and Discharge Framework

4 new guidelines have been developed for ratification:

- Security of Cash, Cheques, Receipts and Other Valuables
- Patient Monies and Valuables – Guidance for the Handling of
- Petty Cash and Postage Float Procedure

- Trust Information Systems and Record Management Change Control Procedure

5 policies and 1 procedure had their review date extended:

- Dual Diagnosis – Policy for the Care and Management of
- Dual Diagnosis – Procedure for the Care and Management of
- Food Hygiene Policy
- Rapid Tranquillisation Policy
- Policy for Medicines Reconciliation on Admission of Adults to Hospital
- Non-medical Prescribing Policy

1 policy was removed from the policy portfolio:

- Tracheostomy Care Guidelines

Recommendations:

The Board are asked to ratify the decisions made by EMT on 13 April 2016

DATE:	26 April 2016
TITLE:	Policies and Procedures Ratified by the Executive Management Team
REPORT OF:	Martin Barkley
REPORT FOR:	Information

1. INTRODUCTION & PURPOSE:

The purpose of this report is to advise the Board of Directors on the policies and procedures that have been ratified by the Executive Management Team.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 It is important that the Trust policy portfolio is updated and revised in a timely way to ensure best practice, current legislation and regulation is reflected in policy content. Policies no longer required to control and assure practice should be terminated and withdrawn from the portfolio.
- 2.2 Following the last revision of the Trust's Integrated Governance arrangements, it was agreed that the Executive Management Team ratify all new and revised Trust policies and procedures.
- 2.3 Each policy and procedure ratified by the Executive Management Team will have gone through the Trust's consultation process.
- 2.4 Currently all corporate Trust policies are ratified by the EMT on behalf of the Board of Directors, following approval by the appropriate specialist committees and groups. All decisions regarding the management of the policy framework must be ratified by the EMT.

3. KEY ISSUES:

- 3.1 A scoping document has been received requesting authority to develop a new policy.

Duty of Candour

This policy needs to be developed to meet CQC regulatory requirements (Health and Social Care Act 2008 (regulated activities) (Amendment) Regulation 2015) to ensure robust systems are in place to meet CQC Regulation 20: Duty of Candour. This is further to the contractual requirement for candour in the NHS in the standard contract and the professional requirement for candour in the practice of regulated activity.

- 3.2 The following have undergone review and required ratification:

CLIN-0081-v3 Diabetes Management (Adults and Young People)
Review date: 6 April 2019

This guideline has been updated to reflect diabetes management for young people, in line with new NICE guidance published in December 2015 and also updated guidance on the management of type 2 diabetes in adults.

FIN-0003-v5 Anti-Fraud and Corruption Policy

Review date: 6 April 2019

This policy has undergone a complete review. A new section has been added giving definitions of fraud and bribery. There are also new sections relating to the Local Counter Fraud Specialist and Area Anti-Fraud Specialist.

HR-0041-v2 Appraisal Policy for Doctors

Review date: 6 April 2019

This policy has undergone review to meet the requirements of the SARD system of appraisal. The policy was previously entitled "Appraisal Policy for Medical Staff".

IT-0032-v2 Maintenance of IT Systems

Review date: 6 April 2019

The policy has been updated to include the management of change control by the Record and Data Architecture Assurance Group.

IT-0031-v2 Access to Information Systems Policy

Review date: 6 April 2019

Following an RPIW to remove waste from the process of gaining access to Trust systems, this policy has been amended to reflect the implementation of the single form and changes to the timing of when staff must have completed network training. The Remote Access section has also been updated following implementation of Juniper Pulse.

CORP-0003-v7.3 CCTV Policy

Review date: 6 April 2019

To manage the equipment in all the differing areas of the Trust, each area is now required to have a local procedure. This also allows them to name the people within that area who have the authority to save footage and also to copy footage to disc when requested.

CORP-0019-v9 Complaints Policy

Review date: 6 April 2019

This Policy was updated to reflect the national picture of openness and transparency in relation to complaints with recommendations from the Francis Report 2013, the Clwyd Hart Review and the Duty of Candour 2014.

IA-0002-v6 Care Programme Approach and Standard Care Policy and Framework

Review date: 6 April 2016

The new policy is a Trust policy that reflects partnership working, rather than a multi-agency policy. This is in line with feedback from partner Local Authorities that have moved or are moving to a co-located model of service rather than an integrated one.

The new document continues to be based on national CPA policy and guidance but also strongly aligns with the Trust's Recovery Strategy and Quality Improvement Programme.

CLIN-0026-v5 Child Visiting Policy

Review date: 6 April 2016

CLIN-0027-v6 Safeguarding Children Policy

Review date: 6 April 2016

The Safeguarding Children Policy has been updated to include the new Working Together document 2014 and gives clear direction for staff on what to do if they have a concern; how to make referrals for early help, Child in Need, or Child Protection, and staff responsibilities for training, supervision and multi-agency working in the safeguarding arena. This policy also includes staff actions in assessing the impact of parental mental health on children, and safeguarding children admitted to adult mental health wards. The amended policy also gives advice on staff action required to safeguard children in special circumstances.

- 3.3** The following procedures have undergone minor amendment and required re-ratification:

CLIN-0006-v4 Clinical Coding Procedure

Review date: 6 April 2016

The procedure has been amended to bring it up to date with current coding requirements.

CLIN-0012-v6.1 Admissions, Transfer and Discharge Framework

Review date: 4 November 2016

Section 4.1.1 added re how the Trust meets the privacy and dignity needs of transgender service users.

- 3.4** The following new documents have been produced and required ratification:

FIN-0006-v1 Security of Cash, Cheques, Receipts and Other Valuables

FIN-0007-v1 Patient Monies and Valuables – Guidance for the Handling of

FIN-0008-v1 Petty Cash and Postage Float Procedure

Review date: 6 April 2016

The above documents have been produced as an audit requirement and have been approved by the Senior Finance Committee.

IT-0032-002-v1 Trust Information Systems and Record Management Change Control Procedure

Review date: 6 April 2019

This new procedure supports the Maintenance of Information Systems Policy and defines the process followed by the Records and Data Architecture Assurance Group for managing change control.

3.5 The following documents required their review date to be extended:

**CLIN-0051-v5 Dual Diagnosis – Policy for the Care and Management of
CLIN-0051-001-v1 Dual Diagnosis – Procedure for the Care and
Management of**

Review date: 31 May 2016

The author of the above policy and procedure has requested that they be extended until the end of May as they are being revised to coincide with the impending publication of Public Health England document (Co-existing substance misuse with mental health issues) (CESMMHI)

HS-0016-v1 Food hygiene policy

Review date: 5 February 2017

CLIN/0014 Rapid Tranquillisation Policy

Review date: 4 July 2016

**PHARM/0026 Policy for medicines reconciliation on admission of adults
to hospital**

Review date: 30 October 2016

PHARM/0001 Non-medical Prescribing Policy

Review date: 31 July 2016

3.6 The following document is to be removed from the policy portfolio.

CLIN-0062-v2 Tracheostomy Care Guidelines

As a result of introducing the Royal Marsden Manual, some of the policies and procedures previously developed by the Trust IPC and Physical Healthcare Team have now been replaced with the Royal Marsden.

4. IMPLICATIONS:

4.1 Compliance with the CQC Fundamental Standards:

Sound policy development improves patient experience and enhances patient safety and clinical effectiveness.

4.2 Financial/Value for Money:

Any financial implications from the proposals arising from operational and/or practice changes will be managed by the Directorates responsible for policy implementation.

4.3 Legal and Constitutional (including the NHS Constitution):

The Trust requires a contemporary policy portfolio to ensure practice is compliant with legislation, regulation and best practice. The policy ratifications, review extensions and withdrawals will ensure the portfolio is managed to provide the necessary evidence based operational and practice frameworks.

4.4 Equality and Diversity:

The current policy portfolio ensures the Trust meets the required legislative and regulatory frameworks and all policies are impact assessed for any equality and diversity implications. Policy revision and /or specific implementation plans would result from any adverse impact assessments.

4.5 Other implications:

None identified

5. RISKS:

None identified

6. CONCLUSIONS:

The decisions detailed above made at the EMT meetings on 13 April 2016 have been presented for ratification.

7. RECOMMENDATIONS:

The Board is required to ratify the decisions of the Executive Management Team and is requested to accept this report.

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