

## AGENDA FOR THE MEETING OF THE COUNCIL OF GOVERNORS

**29 September 2016, 5.30pm**






(Governor registration and hospitality available between 4.30pm and 5.25pm)


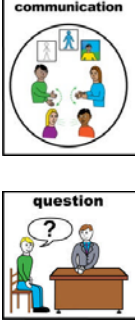

Middlesbrough Football Club







NOTE:

- MEETING WILL TAKE PLACE BETWEEN 5.30 AND 6.30 PM AND WILL BE FOLLOWED BY A SPECIAL WORKSHOP SESSION ON THE TRUST'S PRIORITIES FOR THE BUSINESS PLAN.**
- Cllr Ann McCoy, Lead Governor will be available prior to the meeting to meet with Governors

Agenda:

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
<b>5.30 – 5.45 Standard Items</b>					
1.	 	Welcome and apologies for absence	<p><b>For information</b> To make sure that we have enough Governors present to be quorate and introduce any new attendees.</p> <p>To advise of housekeeping arrangements</p>	<p>Lesley Bessant, Chairman</p> 	Spoken
2.		Minutes of the meetings of the Council of Governors held on 13 July and 20 July 2016	<p><b>To agree</b> To check and approve the minutes of these meetings</p>	Lesley Bessant, Chairman	Attached
3.		Public Council of Governors' Action Log	<p><b>To discuss</b> To update on any action items</p>	Lesley Bessant, Chairman	Attached

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
4.		Declarations of Interest	<b>To agree</b> The opportunity for Governors to declare any interests with regard to any matter being discussed today	Lesley Bessant, Chairman	Spoken
5.		Chairman's activities	<b>For information</b> To hear from the Chairman on what she has been doing since the last meeting There will be an opportunity to ask any questions	Lesley Bessant, Chairman	Spoken
6.		Questions from Governors	<b>To discuss</b> To consider any questions raised by Governors which are not covered elsewhere on the agenda <i>(Governors are asked to provide the Trust Secretary with at least 24 hours written notice if they wish to receive a formal answer to their questions at the meeting.)</i>	Lesley Bessant, Chairman	Spoken
<p>1. <u>Gary Emerson, Public Governor Stockton on Tees</u></p> <p>“Can the Trust give Governors a more detailed written briefing on the implications of a recent allocation of funding from NHS England for a Trustwide approach to delivering some elements of Children's and Young Peoples mental health services. Also, how will this funding improve on current provision and what will be the focus of the new investment?”</p> <p>A response to this matter will be provided verbally at the meeting.</p> <p>2. <u>Cllr Ann McCoy, Appointed Governor Stockton Borough Council</u></p> <p>“Following the conclusion of the inquest into the death of an inpatient at Lanchester Road Hospital, can the Trust confirm what arrangements have been put in place to ensure that findings have been implemented across the Trust?”</p> <p>A response to this matter will be provided verbally at the meeting.</p>					

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
		<p>3. <u>Gary Emerson, Public Governor Stockton on Tees</u></p> <p>In response to a question raised Governors will be aware that a revised report was circulated on 1 August 2016 on the provision of Crisis Services. Further issues have been raised about the accuracy of the data contained within this revised report.</p> <p>A response to this matter will be provided verbally at the meeting.</p>			
5.45 – 6.00 Governance Related					
7.		Student Nurse Placement	<p><b>To receive</b></p> <p>To receive a report following a question received from Mrs Judith Webster, Public Governor representing Scarborough and Ryedale members on student nurse placements within the Trust.</p>	<p>Elizabeth Moody Director of Nursing and Governance</p> 	Attached
8.		Register of Interests	<p><b>For agree</b></p> <p>To approve the Register of Interests of Governors</p>	<p>Phil Bellas, Trust Secretary</p> 	Attached
9.		Appointment to Committees	<p><b>To agree</b></p> <p>To approve the appointment from nominations received to:</p> <ul style="list-style-type: none"> <li>i. The Board of Directors' Mental Health Legislation Committee.</li> <li>ii. The Council of Governors' Nomination and Remuneration Committee</li> </ul>	<p>Phil Bellas, Trust Secretary</p> 	Attached



No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
12.		<p><u>Confidential Motion</u></p> <p><i>“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:</i></p> <p><i>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.</i></p> <p><i>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.</i></p>			

*Lesley J Bessant.*

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**Lesley Bessant**

**Chairman**

**21 September 2016**

**Contact:** Phil Bellas, Trust Secretary Tel. 01325 55 2001/Email: [p.bellas@nhs.net](mailto:p.bellas@nhs.net)

# Statement of values and behaviours

## Commitment to quality

We demonstrate excellence in all of our activities to improve outcomes and experiences for users of our services, their carers and families and staff.

### Behaviours:

- Put service users first.
- Seek and act on feedback from service users, carers and staff about their experiences.
- Clarify people's needs and expectations and strive to ensure they are exceeded.
- Improve standards through training, experience, audit and evidence based practice.
- Learn from mistakes when things go wrong and build upon successes.
- Produce and share information that meets the needs of all individuals and their circumstances.
- Do what you / we say we are going to do.
- Strive to eliminate waste and minimise non-value adding activities.

## Respect

We listen to and consider everyone's views and contributions, maintaining respect at all times and treating others as we would expect to be treated ourselves.

### Behaviours:

- Be accessible, approachable and professional.
- Consider the needs and views of others.
- Be open and honest about how decisions are made.
- Observe the confidential nature of information and circumstances as appropriate.
- Be prepared to challenge discrimination and inappropriate behaviour.
- Ask for feedback about how well views are being respected.
- Consider the communication needs of others and provide a range of opportunities to access information.

## Involvement

We engage with staff, users of our services, their carers and families, governors, members, GPs and partner organisations so that they can contribute to decision making.

### Behaviours:

- Encourage people to share their ideas.
- Engage people through effective consultation and communication.
- Listen to what is said, be responsive and help people make choices.
- Provide clear information and support to improve understanding.
- Embrace involvement and the contribution that everyone can bring.
- Acknowledge and promote mutual interests and the contributions that we can all make at as early a stage as possible.
- Be clear about the rights and responsibilities of those involved.

## Wellbeing

We promote and support the wellbeing of users of our services, their carers, families and staff.

### Behaviours:

- Demonstrate responsibility for our own, as well as others, wellbeing.
- Demonstrate understanding of individual and collective needs.
- Respond to needs in a timely and sensitive manner or direct to those who can help.
- Be pro-active toward addressing wellbeing issues.

## Teamwork

Team work is vital for us to meet the needs and exceed the expectations of people who use our services. This not only relates to teams within Tees, Esk and Wear Valleys NHS Foundation Trust, but also the way we work with GPs and partner organisations.

### Behaviours:

- Be clear about what needs to be achieved and take appropriate ownership.
- Communicate well by being open, listening and sharing.
- Consider the needs and views of others.
- Be supportive to other members of the team.
- Be helpful.
- Fulfil one's own responsibilities.
- Always help the team and its members be successful.

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**MINUTES OF THE COUNCIL OF GOVERNORS MEETING HELD ON 13 JULY 2016, 6.00 PM AT MIDDLESBROUGH FOOTBALL CLUB**

**PRESENT:**

Lesley Bessant (Chairman)  
Janice Clark (Durham)  
Martin Coombs (York)  
Dr John Drury (CCG representative for Hartlepool, Stockton on Tees and South Tees)  
Gary Emerson (Stockton on Tees)  
Chris Gibson (Harrogate and Wetherby)  
Andrea Goldie (Darlington)  
Glenda Goodwin (Staff, Forensic)  
Hazel Griffiths (Harrogate and Wetherby)  
Dr Peter Harrison (York)  
Anthony Heslop (Durham)  
Simon Hughes (Staff, Teesside)  
Dr Judith Hurst (Staff, Corporate)  
Gary Matfin (Staff, York and Selby)  
Keith Mollon (Durham)  
Dr Lukkur Murthy (Durham)  
Debbie Newton (representative for North Yorkshire Clinical Commissioning Groups)  
Jean Rayment (Hartlepool)  
Gillian Restall (Stockton on Tees)  
Dr David Smart (CCG representative for Co Durham and Darlington)  
Helen Swiers (North Yorkshire County Council)  
Sarah Talbot-Landon (Durham)  
Judith Webster (Scarborough & Ryedale)  
Vanessa Wildon (Redcar and Cleveland)  
Colin Wilkie (Hambleton & Richmondshire)

**IN ATTENDANCE:**

Phil Bellas (Trust Secretary)  
Dr Hugh Griffiths (Non Executive Director)  
Marcus Hawthorn (Non Executive Director)  
David Jennings (Non Executive Director)  
Drew Kendall (Acting Director of Finance)  
Colin Martin (Chief Executive)  
Barbara Matthews (Non Executive Director)  
Elizabeth Moody (Director of Nursing and Governance)  
Kathryn Ord (Deputy Trust Secretary)  
Tina Shann (Membership Administrator)  
Richard Simpson (Non Executive Director)  
Jim Tucker (Deputy Chairman)

**16/40 APOLOGIES**

Cliff Allison (Durham)  
Dr Mina Bobdey (Rest of England)  
Mary Booth (Middlesbrough)  
Richenda Broad (Middlesbrough Council)  
Peter Burgess (Durham)



Hilary Dixon (Harrogate and Wetherby)  
Dr Nathaniel Drake (York)  
Jacqui Dyson (Staff, Durham and Darlington)  
Paul Emerson-Wardle (Stockton on Tees)  
Claire Farrell (Redcar and Cleveland)  
Elizabeth Forbes-Browne (Scarborough and Ryedale)  
Betty Gibson (Durham)  
Marion Grieves (Teesside University)  
Catherine Haigh (Middlesbrough)  
Dennis Haithwaite (Darlington)  
Prof Pali Hungin (Durham University)  
Lesley Jeavons (Durham County Council)  
Kevin Kelly (Darlington Borough Council)  
Brent Kilmurray (Chief Operating Officer)  
Dr Nick Land (Medical Director)  
David Levy (Director of Human Resources and Organisational Development)  
Cllr Ann McCoy (Stockton Borough Council)  
Ashley Mason (City of York)  
Wendy Pedley (Staff, North Yorkshire)  
Sharon Pickering (Director of Planning and Performance)  
Zoe Sherry (Hartlepool)  
Angela Stirk (Hambleton and Richmondshire)  
Richard Thompson (Scarborough and Ryedale)  
Prof Ian Watt (University of York)

## **16/41 WELCOME**

The Chairman opened the meeting and noted apologies. Keith Mollon, Dr Lakkur Murthy, Anthony Heslop, Public Governors for Durham, Hazel Griffiths, Public Governor for Harrogate and Wetherby, Cllr Helen Swiers, Appointed Governor representing North Yorkshire County Council were welcomed to their first meeting

Following the annual election, the tenures of Keith Marsden and Mark Williams had ceased on 30 June 2016.

## **16/42 MINUTES OF PREVIOUS MEETING**

The Council of Governors considered the minutes from the public meeting held on 19 May 2016.

***Agreed – That the minutes of the meeting held on 19 May 2016 be approved and signed by the Chairman***

## **16/43 PUBLIC ACTION LOG**

Consideration was given to the public action log noting the relevant updates provided at the meeting including:

1) Minute 16/07 - Café/Restaurant facilities

Mr Martin advised that hotel services had been contacted regarding conducting a review.

2) Minute 16/07 – Staff Mobile numbers

Mr Hughes requested that further clarification was issued around the matter of staff providing mobile numbers as there was uncertainty amongst staff.

**Action Item – Mr Martin / Mr Kilmurray**

3) Minute 16/12 – Crisis Service update report

Work was still being undertaken to produce this report, it would be circulated in due course.

4) Minute 16/15 – Unexpected Deaths report

Mrs Moody advised that the Director of Quality Governance was preparing a report and suggested to the Council that this be delivered to Governors at a future Development Day.

5) Minute 16/29 – Restrictive Practices

Mrs Moody would circulate an update on this matter to the Council.

**Action Item – Mrs Moody**

***Agreed - The Council of Governors received and noted the updates to the action log.***

**16/44 DECLARATIONS OF INTEREST**

Mr Hawthorn and Mr Simpson, Non Executive Directors declared an interest for item 4 of the private agenda.

**16/45 CHAIRMAN'S REPORT**

The Chairman reported on her activities since May 2016. She had:

- 1) Met with the Experts by Experience Group at Durham to hear their experiences and stories and discussed the concept of Recovery.
- 2) Presented a Living the Values Award to the Teesside Perinatal Team who had developed a service which was receiving positive feedback.
- 3) Led the appointment process for two Non Executive Directors.

**16/46 GOVERNOR QUESTIONS**

1. Vanessa Wildon, Public Governor Redcar and Cleveland

*'At the last Governor Development day I delivered a presentation on the Environmental work that I was assisting with. I very much relied on the team to*

*provide me with information, however most of the information was held internally on the Trust electronic storage systems which Governors do not have access to. A lot of information is circulated to staff via E Bulletin and held on Intouch – how can Governors be aware of this? ’*

Mr Bellas advised that the bulletins are for key staff updates and messages and issued each week, that the majority of this was for internal use only. Where there was key information that would be of interest to Governors that was not provided through other routes, this was captured within the monthly newsletter briefing for Governors.

Mr Kendall added that the introduction of the Trust’s new Knowledge Management System (KMS) would aid the availability of documentation.

2. Colin Wilkie, Public Governor Hambleton and Richmondshire

*‘Recently there had been some negative publicity around the use of the Virginia Mason model for quality improvement in hospitals, had there been any issue with this Trust in the use of this model?’*

Mr Martin responded that the negative publicity had mainly been around the accreditation process and that a series of inspections undertaken of hospitals in the USA resulted in standards not being met.

Within this country the Government and NHS England were still encouraging the use of the Virginia Mason model which continued to provide a mechanism to delivery high quality and low cost care.

## **16/47 CONFIRMATION OF FUTURE MEETING DATES**

The Chairman confirmed the next meeting would be the Annual General and Members Meeting on 20 July 2016 at 6pm at Middlesbrough Football Club.

Prior to the formal meetings, proceedings would commence with a market place (from 2.30pm) and a guest speaker (from 4.30pm).

## **16/48 CONFIDENTIAL RESOLUTION**

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

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

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

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

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

The Chairman closed the public session of the meeting at 6.20pm.

## **MINUTES OF THE COUNCIL OF GOVERNORS' ANNUAL GENERAL AND MEMBERS' MEETING HELD ON 20 JULY 2016, 6.00PM AT MIDDLESBROUGH FOOTBALL CLUB**

### **PRESENT:**

Lesley Bessant (Chairman)  
Cliff Allison (Durham)  
Mary Booth (Middlesbrough)  
Janice Clark (Durham)  
Peter Burgess (Durham)  
Martin Coombs (York)  
Hilary Dixon (Harrogate and Wetherby)  
Gary Emerson (Stockton on Tees)  
Glenda Goodwin (Staff, Forensic)  
Marion Grieves (Teesside University)  
Dr Peter Harrison (York)  
Anthony Heslop (Durham)  
Simon Hughes (Staff, Teesside)  
Dr Judith Hurst (Staff, Corporate)  
Cllr Ann McCoy (Stockton Borough Council)  
Gary Matfin (Staff, York and Selby)  
Keith Mollon (Durham)  
Dr Lukkur Murthy (Durham)  
Jean Rayment (Hartlepool)  
Gillian Restall (Stockton on Tees)  
Helen Swiers (North Yorkshire County Council)  
Sarah Talbot-Landon (Durham)  
Vanessa Wildon (Redcar and Cleveland)

### **IN ATTENDANCE:**

Phil Bellas (Trust Secretary)  
Dr Hugh Griffiths (Non Executive Director)  
Marcus Hawthorn (Non Executive Director)  
David Jennings (Non Executive Director)  
Wendy Johnson (Team Secretary)  
Drew Kendall (Acting Director of Finance)  
Brent Kilmurray (Chief Operating Officer)  
Beverley Lynch (Team Secretary)  
Colin Martin (Chief Executive)  
Elizabeth Moody (Director of Nursing and Governance)  
Donna Oliver (Deputy Trust Secretary)  
Kathryn Ord (Deputy Trust Secretary)  
Sharon Pickering (Director of Planning and Performance)  
Patrick Scott (Director of Operations Durham & Darlington)  
Tina Shann (Membership Administrator)  
Richard Simpson (Non Executive Director)  
Jim Tucker (Deputy Chairman)

## **16/49 APOLOGIES**

Dr Mina Bobdey (Rest of England)  
Richenda Broad (Middlesbrough Council)  
Dr Nathaniel Drake (York)  
Dr John Drury (CCG representative for Hartlepool, Stockton on Tees and South Tees)  
Jacqui Dyson (Staff, Durham and Darlington)  
Paul Emerson-Wardle (Stockton on Tees)  
Claire Farrell (Redcar and Cleveland)  
Elizabeth Forbes-Browne (Scarborough and Ryedale)  
Betty Gibson (Durham)  
Chris Gibson (Harrogate and Wetherby)  
Andrea Goldie (Darlington)  
Hazel Griffiths (Harrogate and Wetherby)  
Catherine Haigh (Middlesbrough)  
Dennis Haithwaite (Darlington)  
Prof Pali Hungin (Durham University)  
Lesley Jeavons (Durham County Council)  
Kevin Kelly (Darlington Borough Council)  
Dr Nick Land (Medical Director)  
David Levy (Director of Human Resources and Organisational Development)  
Ashley Mason ((City of York Council)  
Barbara Matthews (Non Executive Director)  
Debbie Newton (representative for North Yorkshire Clinical Commissioning Groups)  
Wendy Pedley (Staff, North Yorkshire)  
Zoe Sherry (Hartlepool)  
Dr David Smart (CCG representative for Co Durham and Darlington)  
Angela Stirk (Hambleton and Richmondshire)  
Richard Thompson (Scarborough and Ryedale)  
Prof Ian Watt (University of York)  
Judith Webster (Scarborough & Ryedale)  
Colin Wilkie (Hambleton & Richmondshire)

## **NOTE:**

Prior to the formal Annual General and Members Meeting:

- 1) Ian Callaghan, Recovery and Outcomes Manager for Rethink Mental Illness presented a talk on Involvement and Engagement supported by two services users from The Trust's Ridgeway Unit. Please see Appendix 1.
- 2) A 'market place' event was held to enable attendees to receive information on a wide range of Trust services.

## **16/50 WELCOME AND APOLOGIES**

The Chairman welcomed all attendees to the meeting and advised that this was the Annual General and Members Meeting of Tees, Esk and Wear Valleys NHS Foundation Trust. She was pleased to see so many members of the public, staff and representatives of partner organisations in attendance. She paid a particular welcome

to those members of staff and public from the York and Selby area for which this was their first meeting.

Apologies were noted from Governors as per the register of attendance records.

### **16/51 DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **16/52 ANNUAL REPORT 2015/2016**

The Council of Governors received and noted:

- 1) The Annual Report 2015/2016 incorporating the financial statements and quality report for the Trust.
- 2) The external auditor's management letter for 2015/16.

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

### **16/53 LEAD GOVERNOR UPDATE**

Cllr Ann McCoy, Appointed Governor representing Stockton Borough Council updated attendees on matters of interest from the Lead Governor perspective including:

- The appointment of a new Chief Executive, Mr Colin Martin, replacing Mr Martin Barkley. Governors had been involved along with service users and carers in the appointment process which had been extensive and rigorous.
- A number of changes had been made to how the Council of Governors conducted its business reviewing issues and policies with the introduction of Task and Finish Groups replacing some of the Committees that had previously existed.
- The Council had continued to develop its knowledge and skills through undertaking training including understanding the roles of Associate Hospital Managers and Equality and Diversity.
- Governors had sought reassurance on a number of issues including:
  - Crisis service provision.
  - Work to support carers.
  - Hospital length of stays.
  - The provision of services within York and Selby.
- Regular reports were considered following Care Quality Commission inspections.

She advised attendees that she and fellow Governors were proud to be part of the Trust and felt valued in terms of their work.

There was a commitment from the Trust to the provision of mental health and learning disability services but a recognised and growing concern of future challenges, with the need to work more with partners.

The Council was confident that the Trust was in a good position financially and through its governance to meet the challenges it may face, but it was not complacent.

#### **16/54 REVIEW OF THE YEAR**

Mr Martin presented to the meeting an overview of the Trust's performance 2015/16 and its plans for the future. This presentation is attached at *Appendix 2*.

#### **16/55 FINANCIAL ACCOUNTS**

Mr Kendall presented the summary of the financial accounts for Tees, Esk and Wear Valleys NHS Foundation Trust for the year ended 31 March 2016.

A copy of this presentation is attached at *Appendix 3*.

#### **16/56 EXTERNAL AUDIT REPORT**

Mr Waddell, from Mazars LLP presented the findings of the external audit for the year 2015/16 together with a summary of external audit work undertaken.

A copy of this presentation can be found at *Appendix 4*.

#### **16/57 APPROVAL OF CONSTITUTIONAL CHANGES**

There were no Constitutional changes to approve for 2015/16.

#### **15/58 OPEN FORUM**

The Chairman asked attendees if they had any questions on any of the presentations delivered.

The following questions/issues were raised by attendees during the course of the meeting.



<b>Question and Answer Summary</b>	
Involvement and Engagement Presentation	
<b>Q1</b>	<b>A member of the public who represented a regional forum for Learning Disabilities commented that Recovery was not seen by those who have a Learning Disability.</b>
A1	A response was given that a number of people were very passionate about working within the Learning Disability area and through this passion and supporting people this could make a huge difference to the lives of individuals.
<b>Q2</b>	<b>A service user stated that four years ago they attended a leadership course run by the Trust and since that time they had been involved in a number of areas working with the Trust. It has been through this involvement that their recovery is aided. Using own experiences to assist others is valuable.</b>
A2	This point was acknowledged and noted.
<b>Q3</b>	<b>A service user advised the audience that they used to be ashamed to talk about their mental health, but through the encouragement of the Trust to become involved they now felt that they could help and feel that involvement and recovery went hand in hand.</b>
A3	This point was acknowledged and noted.
<b>Q4</b>	<b>A member raised a concern about the treatment of a family member and the need to involve the local MP for resolution.</b>
A4	The Trust responded that sometimes things do not go right but as this was not a patient of this Trust no further comment could be made.
Chief Executive Report	
<b>Q5</b>	<b>In relation to student nurse placements had any decision been made by the Trust to host counselling placements?</b>
A5	The Chief Executive advised that he did not have the answer to this question at that time, and would raise this with the relevant staff in the Trust.
<b>Q6</b>	<b>Could the Trust look for former service users to work alongside staff as it was felt that this would assist with empathy?</b>

A6	The Trust did support the employment of peer workers, which are people who have lived experience of mental ill health to work alongside members of staff supporting and treating patients.
<b>Q7</b>	<b>A member of the public wished to congratulate the staff who had manned the market place stands; this had been a very informative experience with all staff very knowledgeable and passionate about their work.</b>
A7	The Trust thanked the member of the public for their compliment.
Financial Report	
<b>Q8</b>	<b>What can the Trust do about the access and crossing the road at Newcastle?</b>
A9	As this was not within the boundary area of this Trust, a conversation was held outside of the formal meeting to give advice on where to direct this concern.
<b>Q10</b>	<b>Was Bootham Park Hospital the old military hospital?</b>
A10	It is believed that the Bootham Park Hospital site was used by the military in the past but was not the main hospital.
<b>Q11</b>	<b>What was going to happen to Bootham Park Hospital?</b>
A11	The Trust was looking to build a new hospital for the York and Selby area in 2019 for which the planning and affordability would be worked on over the next 2-3 years. The Bootham Park Hospital building would remain due to its listed status.
External Audit Report	
<b>Q12</b>	<b>In terms of the financial plans, money is being taken away from the NHS, was this reducing the service?</b>
A12	Money was reducing however the Trust currently managed their finances and resources well and maintained a focus on quality. Within the NHS there were a number of Trusts running a financial deficit for which TEWV was not one.
<b>Q13</b>	<b>If the Trust had a surplus at the end of the financial year, would this be taken off them by the Government?</b>



A13	The Trust does keep any surplus it makes; it is not taken away at the end of the year. The Trust utilises financial surpluses to make improvements such as building new hospitals etc.
<b>Q14</b>	<b>How good a position was the Trust currently in?</b>
A14	If the Trust was measured against all other Foundation Trusts, they would be fairly high on the list (the exact figure was not known). It must be noted though that there were challenges financially in the future for all NHS organisations.

**16/59** The Chairman concluded the meeting thanking everyone who had attended and especially to Ian Callaghan, and Joe and Mark from the Ridgeway Unit for their presentations and talks.

The prize draw winner was Sarah Holmes.

The meeting closed at 7.08pm

## Appendix 1

## Recovery and Involvement – a Journey in Secure Care


Ian Callaghan  
Recovery and Outcomes Manager  
Rethink Mental Illness



## Our Journey Today

- Recovery as a journey
- My journey and ongoing recovery
- Involvement – what does it mean?
- Involvement in secure care
- Experiences of others
- Involvement within TEWV







## Recovery

- Finding **hope**
- Redefining **identity**
- Finding **meaning** in life
- Taking **responsibility** for recovery



*Andresen, Oades & Caputi (2003)*

## Recovery is...



...a process of healing, of adjusting one's attitudes, feelings, perceptions, beliefs, roles and goals in life. **It is a painful process**, yet often one of **self-discovery, self-renewal and transformation**. Recovery involves creating a **new personal vision** for one's self.

*Spaniol L. et al (1997)*


## Journeys

- Excitement, trepidation, nervous
- Start somewhere, involve planning
- Alone or with fellow travellers
- Being involved with the process
- Can go wrong
- Something to write home about
- Good experiences, bad experiences

## My recovery journey...

- A continuous journey, but not always straightforward
- A journey possibly with an uncertain destination
- Involves change – difficult!
- Not specific to mental health problems
- Applies to organisations and those working in them...




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## Hope

“Hope is an orientation of the spirit, and orientation of the heart; it transcends the world that is immediately experienced, and is anchored somewhere beyond its horizons...***It is not the conviction that something will turn out well, but the certainty that something makes sense, regardless of how it turns out.***”


Vaclav Havel, 1986



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## Hope

- Can be held by others
- Grows with opportunity
- Variable – comes and goes
- Realistic expectations




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## Involvement – what does it mean?

- More than just ‘engagement’
- Participating and contributing
- Listening and acting
- Being heard
- Using our own recovery and life experiences
- Knowing it will make a difference

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## Ladder of engagement



Empowering

Collaborating

Involving


Consulting

Informing

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## My Shared Pathway – Recovery and Outcomes

- My first experience of involvement
- My pathway out of secure care and beyond
- From developer to facilitator
- Recovery and Outcomes – go hand in hand
- Bringing about a culture change and (hopefully) a system redesign
- Journeying into my future



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## My Shared Pathway – Resource Books



My Shared Pathway Information Guide

My Outcomes, Plans and Progress

A Shared Understanding

Me and My Recovery

My Relationships

My Health

My Safety and Risks



## My Shared Pathway – Four Pathway Steps

Involvement in care planning and CPA:

- Where are we now?
- Where do we want to get to?
- How do we get there?
- How can we tell how we're doing?



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## Pilot Evaluation – Findings

- Promoted a recovery approach – 84%
- Offered more transparency – 72%
- Better understanding of Service User perspective – 65%
- Helped to achieve joint outcomes – 61%
- Keyworker understands me better – 66%
- Working together with care team better – 82%
- Clearer understanding of treatment – 80%



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## Involvement in secure services

- Local Recovery and Outcomes Groups
- National network of nine Regional Groups
- National Recovery and Outcomes Conference
- Feeding in to work of NHS England Secure Care Programme
- Development of service specifications, CQUINs
- Links with Pricing & Currency, Ministry of Justice, RCPsych, CQC



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## Local Involvement in secure services

- Opportunities for involvement in governance and delivery of services
- Service user involvement in recruitment, induction, training, 'buddying' with staff
- Peer support, facilitation of involvement groups



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## What it means to be involved

- "It's helped me feel I can make a difference"
- "I really think I can use my experiences to change things here"
- "I love meeting people from other services at the [Recovery and Outcomes] Groups"
- "It helps me feel I'm moving on in my own recovery journey"



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## And from people at Ridgeway

- What are the different ways you feel involved at Ridgeway?
- What are the ways you feel involved outside of Ridgeway?
- What does being so involved mean to you?
- How can you encourage others to be so involved?




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**Rethink Mental Illness**

## And from people elsewhere in TEWV

- Involvement in action all over the Trust
- From 'ward to Board'
- Rethink Mental Illness and TEWV
- Carers as well as people using services
- All with the aim of improving lives, improving services, increasing support
- Here are a few examples...



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### Involvement - What do TEWV do?

- Help train student, doctors and staff Recruitment Panels
- Inspect our hospitals
- Improve Service design
- Help with Research
- Interview potential staff
- Volunteers
- Policy / strategy setting
- Project board members
- Governance groups
- Training
- Service feedback
- Leaflet design
- Conference delivery
- And lots more .....

**JOIN US**

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### Examples of Involvement -

- Employ 10 people as paid peer workers who have lived experience of mental ill health
  - Discovery Hub in York
  - ARCH Recovery College in Durham
  - Expert by Experience coordinators
  - Expert trainers in harm minimisation
- 20 Unpaid Involvement Peer Worker roles
- 35 Experts by Experience trained
- 33 Publically elected Governors (31 in post)
- 151 Volunteers in post with a further 43 currently being registered
- 349 registered involvement members
- 8917 public members

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'I've really enjoyed attending the group and find all aspects very interesting, my long term goal is to keep attending which hopefully will open some doors for me to pursue a career in mental health as I feel I am a good place with my illness to give something back to those less well'

*Darren, a member of the Phoenix group in Northallerton*

'From both a personal and professional view, the group has become a forward-thinking group of like minded individuals whoa re committed to working towards improving services locally by positive involvement and engagement, Long may it continue.'

*Angela, a member of the Phoenix group in Northallerton*

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Initially I wanted to get involved, to give something back to the services, that I felt had saved my life. As felt as caring also for close family members.  
*a service user in Harrogate*

I felt like an equal partner in discussions

Involvement gave me the opportunity to be involved away from a caring role  
*a carer from Durham*

I found it a rewarding experience and most instructive, albeit a steep learning curve. Everyone made me most welcome.

My involvement with the Trust has enhanced my recovery since my discharge and I feel the best I've been in my life

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York Mental Health Carers Group extracts from a statement made:

'We feel that we have been able to play a constructive part in helping to improve services.'


'We have organised and run:
 

- 2 joint training workshops
- A conference for carers for 80 people
- Attended 2 visits to state of the art facilities to help inform the building of a new hospital'

'Our members have greatly valued our engagement with the Trust.'

'Since TEWV become responsible this has led to a much more focussed local connection'

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NHS Foundation Trust

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'As a carer (learning disability) and a service user being involved as been rewarding

I was fortunate enough to attend one of the excellent learning programmes which increased my confidence and helped me to be more able to express my opinions

My overall impression of TEWV is that opinions and ideas are actively sought and taken seriously.


My individual contributions can have influence'

A carer and service user from York.

 **For the Involvement Journey...**

- Start with small steps
- Companions
- A map, a route and a compass
- Sustenance – 'doing'
- Rest and recuperation – 'being'
- A good view – know how it makes a difference
- An achievable destination





 **My Top Tips for Travellers**

...this multiplicity of perspectives in itself has an important lesson – ***no one approach works for, or 'fits', everyone. There is no right way for a person to recover.***

*Slade, M (2010)*


**Or to be involved!**



 **And Finally...**

**"Yes, we can"**

Barack Obama, 2008



***Thank you – any questions?***

[ian.callaghan@rethink.org](mailto:ian.callaghan@rethink.org)

[www.rethink.org](http://www.rethink.org)

[www.recoveryandoutcomes.org](http://www.recoveryandoutcomes.org)

Twitter: [@ianmcallaghan](https://twitter.com/ianmcallaghan) [@RecoveryOutcome](https://twitter.com/RecoveryOutcome)



# Appendix 2

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


Chief Executive's Report  
**2015/16**  
**A Year in Perspective**

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A year of ...

### Growth




- Expansion into the Vale of York
- New community perinatal service in Teesside
- Providing liaison and diversion services in police custody suites and courts

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NHS Foundation Trust

A year of ...

### Improvement




- Opening The Orchards in Ripon
- Prison Services
- Rehabilitation services
- Harrogate Place of Safety

**This site is smoke-free**

No smoking, no tobacco use and no use of all electronic devices (e-cigarettes, vapes, pens and personal electronic devices).

This policy applies to all staff, service users and visitors.

If you have any queries please speak to a member of staff or visit the website for more information.



- Going smoke free
- Completing the West Lane Hospital redevelopment
- Developing Crisis services

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A year of ...

### Continuity

- Further embedding recovery
- Maintaining our focus on quality
- Continuing to achieve national targets and requirements



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A year of ...

### Challenges

- Closure of Bootham Park Hospital
- Transforming Care Agenda
- Staff recruitment
- Waiting times




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A year of ...

### Recognition



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A year of ...

## Hellos




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A year of ...

## Goodbyes



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## Looking to the future

*“Making sure the people who need our services get the best possible care and treatment at the right time remains a key priority for TEWV.”*

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## Key Issues for 2016/17

- Developing mental health and learning disability services in York and Selby
- Delivering purposeful and productive community services
- Further improving quality (our Quality Account Priorities):
  - Continuing to develop and implement Recovery focused services
  - Implementing and embedding the revised harm minimisation and risk management approach
  - Further implementation of the nicotine replacement programme and smoking cessation project
  - Improving the clinical effectiveness and patient experience at times of transition

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NHS Foundation Trust

*“This is a challenging time for the NHS and for TEWV but we are confident that with the support of staff, service users, carers, volunteers, partner organisations, commissioners and Governors we can continue to improve and provide high quality services.”*




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## Appendix 3

Tees, Esk and Wear Valleys   
NHS Foundation Trust

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## Annual General Meeting Financial Review 2015 - 2016





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### Summary of Financial Performance

- In 2015-16 the Trust continued to build on the **strong underlying financial position** from previous years. This position allowed **new investments** in services and **improvements in quality** to take place against a background of low levels of financial risk.





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### Progress against Financial Plans 2015/16

- Achieved the financial plan submitted to Monitor as part of the FT Annual Planning process.
- Achieved a Financial Sustainability risk rating (FSRR) of 4 at year end against a plan of 4.
- Paid Public Dividend Capital Dividends as required by the Department of Health, equivalent to 3.5% of average net assets (excluding cash balances).





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### Key Financial Statements

- The Trust reported an Income and Expenditure surplus of £0.3m, which was lower than the planned £4.8m and equates to 0.1% of Turnover ([page 130](#)).
- Total Assets employed at 31 March 2016 were £153.7m which was a marginal decrease of £0.2m from 31 March 2015 ([page 131](#)).





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### Income

- Income (excluding impairments) for the financial year 2015/16 was £309.6m which was £20.5m higher than 2014/15.
- Increase due mainly to the contract award of Mental Health and Learning Disabilities services to York and Selby.
- This is despite national 1.6% deflator applied to block contracts; being estimated inflationary pressures of 2.2%, offset by cost efficiency savings of 3.8%.
- Trust income was predominantly from contracts with Clinical Commissioning Group's, with 95.3% of total income relating to provision of clinical services.




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NHS Foundation Trust

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### Expenditure

- A 1% consolidated pay award was given to employees at band 8b or lower during 2015/16.
- Employee expenditure levels increased from 2014/15 due to the York and Selby contract.
- 75.4% of operating expenses are due to staff expenditure.
- The Trust recognised property impairments of 5.1% of operating expenditure during the year.



### Statement of Financial Position

- The value of the Trust's Property Plant and Equipment (PPE) decreased by £8.5m.
- The Trust's working capital position improved to a net current asset position of £30.5m.
- Trade & other receivables remain similar to previous year at £6.9m with no concerns regarding doubtful debts.
- Trade & other payables increased by £4.1m in year, and the Trust continues to meet public sector payments targets.
- Cash balances increased by £7.0m to £54.1m due to the underlying surplus.

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### Charitable Funds

- The Trust manages Charitable Funds on behalf of the services it provides.
- The Trust transferred the CD&D PCT legacy fund to the County Durham Community Foundation, in accordance with the terms of the original agreement.
- The closing balance of the Trusts Charitable funds was £0.5m. These are used for a variety of purposes e.g. Social activities for patients, equipment purchases, and environmental improvements.
- On behalf of the Investment Committee I would like to thank everybody who has raised or donated money over the last year.
- If anybody wishes to know more about accessing funds or raising money, please contact John Chapman at the Flatts Lane Centre.

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### Financial Planning

- The current UK economic position and forecasts for public sector expenditure from 2016 will present significant challenges to all public sector bodies.
- The NHS is required to deliver efficiency gains of 2% in 2016/17.
- Our current financial planning assumptions reflect the current environment, and we continue to work with our local Commissioners to manage finances across the local health economy.

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# Appendix 4

Tees, Esk and Wear Valleys NHS Foundation Trust



Cameron Waddell  
Partner





## What I am going to cover

Our **Management Letter** summarises the key messages arising from our work at the Trust in our third year as the Trust's external auditor.

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

- What we do as the Trust's external auditor.
- What we found during our audit.


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



## What we do

Our responsibilities as the Trust's external auditor are set out in the National Audit Office Code of Audit Practice (previously Monitor's Audit Code for NHS Foundation Trusts) and include:


- Giving an opinion on your accounts.
- Reviewing evidence on your arrangements to deliver economy, efficiency and effectiveness (the 3 Es).
- Reviewing your Annual Governance Statement.
- Reviewing your Annual Report.
- Reviewing your Quality Report and testing a sample of indicators.
- Reporting to the National Audit Office on your consolidation schedules.



## What we found (Trust audit)

The overall messages from our third year as the Trust's external auditor remain very positive with all deadlines met by the Trust and ourselves:


- The Trust's team were very cooperative during our work, making the process even smoother than last year, allowing us to issue an unqualified opinion.
- Our audit identified only a small number of errors in the draft accounts, which were corrected by management after our audit.
- We identified some scope to improve controls and the Trust took action.
- We found no evidence that proper arrangements were not in place to secure economy, efficiency and effectiveness (the 3 E's).
- The Trust's quality report was comprehensive, with no significant issues on content, consistency or the accuracy of indicators that were tested.
- Appropriate assurance was provided to the NAO on the Trust's consolidation schedules by the agreed deadline.



## What we found (Charitable Funds review)

During the year we also completed the independent examination of the Trust's charitable funds for the year ended 31 March 2016.

Our examination identified no significant issues, and we issued our independent examiners report to the Trust 8 months before the Charity Commission submission deadline of January 2017.




## Concluding remarks and questions

In our third year the Trust has continued to take a positive and constructive approach to our audit and we wish to thank everyone for their support and co-operation during our audit.

Like many parts of the NHS, the Trust faces challenges ahead.

Based upon our work to-date, we believe the Trust has met the challenge well so far, and is well placed for the future.

Any questions?



## Council of Governors Action Log

## Item 3

### RAG Ratings:

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

Date	Minute No.	Action	Owner(s)	Timescale	Status
19/05/2015	15/32	Introduction of Governor appraisals.	Phil Bellas	Link to the work of the task and finish group	The report of the Task and Finish Group will be presented to the November Council meeting
17/11/2015	15/74	To arrange the delivery of a training event including role play exercise for Associate Hospital Managers at a future Governor Development Day.	Kathryn Ord	November 16	The priority of this will be discussed at the Development Day on 17 November 2016
25/02/2016	16/07	To review the provision of directly provided café/restaurant facilities.	Brent Kilmurray		Completed - Discussion held with Mr Allison who is satisfied with the action that has been taken.

Date	Minute No.	Action	Owner(s)	Timescale	Status
25/02/2016	16/07 & 16/42	To seek clarity on the issuing of staff mobile numbers to patients in relation to a recent SBard communication. Further clarify was requested to be issued to staff at the meeting held on 13/7/16	Colin Martin / Brent Kilmurray	September 16	A revised co-produced protocol has been developed which has been agreed by the Patient Safety Team. This will be distributed to staff shortly.
25/02/2016	16/12	To break down the data within the Crisis Service update report for Durham and Darlington and circulate	Sharon Pickering / Brent Kilmurray	July 16	Completed - report circulated 2/8/16
25/02/2016	16/15	To provide a comprehensive report to the Council on unexpected deaths.	Elizabeth Moody	July 16 November 16	To be presented at the Governor Development Day 17 November 2016
19/05/2016	16/23	To receive an update on the provision of autism services at a Governor Development Day	Kathryn Ord	Nov-16	To be presented at the Governor Development Day 17 November 2016
19/05/2016	16/23	To receive an update of the provision of ADHD services	Brent Kilmurray	Nov-16	Completed - confirmed not required with the Governor who raised matter
19/05/2016	16/26	To review the concerns of Governors over the involvement of service users and carers within improvement events	Colin Martin	Sep-16	Completed - Update issued with agenda for meeting on 29 September 2016

Date	Minute No.	Action	Owner(s)	Timescale	Status
19/05/2016	16/29	To review whether discussions had been held with Commissioners in relation to the restrictive practices identified by the CQC eg counting of knives and forks by staff.	Stephen Scorer	Jul-16	update to be provided verbally at meeting on 29 September 2016
19/05/2016	16/30	To request information from the CCGs on the number of patients affected and placed out of locality in nursing homes as a result of the lack of bed provision within Teesside.	Colin Martin	Sep-16	Completed - Update issued with agenda for meeting on 29 September 2016
19/05/2016	16/30	To request information on the Better Care Funds that affect service users within TEWV.	Colin Martin	Sep-16	Completed - Update issued with agenda for meeting on 29 September 2016
19/05/2016	16/34	To receive an update on the impact of PbR (Mental Health Currency and Payment Mechanisms) at a future meeting	Drew Kendall	<del>Nov-16</del> Feb 17	Deferred from the November Governor Development day in November 2016 planned for February 2017



## REPORT ON THE INVOLVEMENT OF SERVICE USERS AND CARERS WITHIN THE KAIZEN PRODUCTION OFFICE AS AT SEPTEMBER 2016

Start Date (dd/mm/yy)	Event Type	Event name / title	Locality	Service	Team	Notes	Service user involved
02/02/16	Kaizen 3 day	<b>Referral to 1st Treatment</b>	York & Selby	Adult	York and Selby IAPT	No service user or carer involvement	No
08/02/16	RPIW	<b>Development and Review of Patient and Carer Information</b>	Corporate	HR/OD	Communications	Carer attended for 1 day. Views recorded in audio which has been utilised in presentations on changes Service Users and Carers asked though newsletter style bulletins for involvement opportunities for their ongoing feedback.	Yes
11/02/16	Kaizen 1 day	<b>Model Line stage two roll out</b>	Durham & Darlington	Adult	South Durham Psychosis Team - Cell two	Experts by Experience attended the stakeholder session For the clinical pathways and workforce work stream experts by experience (both paid and volunteers) will support with gathering feedback from service users in the relevant teams.	Yes
18/02/16	Kaizen 1 day	<b>Model Line stage two roll out</b>	Durham & Darlington	Adult	South Durham Psychosis Team - Cell three	Experts by experience were invited and attended coaching workshops held in June and July	
22/02/16	RPIW	<b>Implementation of phase one products (PPCS)</b>	North Yorks	Adult	Hambleton and Richmondshire East Team	No service user or carer involvement	No
22/02/16	Kaizen 1 day	<b>Waiters in Learning Disabilities Services</b>	Trustwide	LD	All LD Teams	Outcome of event was considered by the Service Development Group where the Learning Disability Reference Group has representation.	Yes

Start Date (dd/mm/yy)	Event Type	Event name / title	Locality	Service	Team	Notes	Service user involved
29/02/16	Kaizen 4 day	<b>Daily lean management (Adult)</b>	Durham & Darlington	Adult	Multiple	Not applicable to service users	<b>No</b>
01/03/16	3P	<b>Redesign of Recovery and Rehabilitation</b>	York & Selby	Adult	Rehabilitation	<p>There were 18 service users and carers at the 3 day event. Heather Simpson will be able to supply the names. She will also be able to let you know the involvement prior to the event.</p> <p>Access to Primary Care, Brief Interventions and Psychological Therapy Kaizen</p> <p>Apologies that I am unable to say who was involved in this, again I hope Heather can help.</p> <p>I am aware that Heather produces a report for the QuAG on our involvement, I wonder if the Council of Governors would like to have sight of the monthly report? I'm sure she would be happy to share this.</p>	<b>Yes</b>
02/03/16	Kaizen 3 day	<b>A Perfect day Westerdale South</b>	Tees	MHSOP	Westerdale South	Due to nature of client group unable to involve as this would be distressing.	<b>No</b>
07/03/16	RPIW	<b>Frequent attenders in A&amp;E not known to teams</b>	Tees	MHSOP	Liaison Service and A&E	<p>Two events held. One event had a service user for the duration of RPIW</p> <p>Second event did not include service users/carers due to people not being open to services.</p> <p>Feedback was gathered through other routes such as 1-1 discussions with a service user within the Acute Hospital admission.</p>	<b>Yes</b>
14/03/16	3P	<b>Urgent Care Superflow North Yorkshire</b>	North Yorks	Adult	Urgent Care Services Harrogate Northallerton and Scarborough	<p>The user involvement came from the MHCCC reference group and continues to do so – for the week they provided us with 6 key challenges to address – there was also attendance from the voluntary sector at the event.</p> <p>Service users also being accessed through the testing phase – in particular the new telephone approach to assessment, containment and risk management and the standard assessment documentation – this is being tested with users from CYP, MHSOP, the survivors group in Scarborough and AMH.</p>	<b>Yes</b>

Start Date (dd/mm/yy)	Event Type	Event name / title	Locality	Service	Team	Notes	Service user involved
23/03/16	RPIW	<b>Community Outreach Meaningful Activity</b>	Forensic	FMH	Offender Health Tees	No involvement with service users or carers at the actual event but did develop questionnaires for people to complete who have been involved with the activities.  The questionnaires were reviewed by the For Us Group (made up of service users) to check relevance and content and the group agreed for it to be used  Two coproduction events held to obtain the views and opinions of people who use the service and carers to understand what is important for them in a "Good Community Team" which was co-facilitated by two service users and a carer.	Yes
04/04/16	Kaizen 3 day	<b>Admin Processes</b>	Durham & Darlington	Adult	North Durham Psychosis	Not applicable to service users	n/a
11/04/16	RPIW	<b>Phase 1 Products of PPCT</b>	Tees	Adult	Stockton Affective Team	A service user and carer provided feedback in relation to the work that had been undertaken on the Wednesday of the week long event. Further meetings have been held to keep informed and obtain feedback.	Yes
20/04/16	Kaizen 2 day	<b>A Review of the Trust Mandatory training needs</b>	Corporate	HR/OD		Not applicable to service users	n/a
25/04/16	RPIW	<b>PIPA Processes in MHSOP</b>	York & Selby	MHSOP	TBC	No service users involved in event	No
03/05/16	Kaizen 3 day	<b>Allocation to formulation</b>	North Yorks	LD	Scarborough	This followed a 3P event which included service users and carers. Developed service/ user's questionnaires and feedback sessions.	Yes
18/05/16	Kaizen 3 day	<b>Allocation to formulation</b>	North Yorks	LD	Richmond and Hambleton Community Services	This followed a 3P service wide event that had service user involvement that were included in the planning of future events.	Yes
19/05/16	Kaizen 1 day	<b>Production of workforce reports for LMGB/DMT</b>	Corporate	HR/OD		Not applicable to service users	n/a

Start Date (dd/mm/yy)	Event Type	Event name / title	Locality	Service	Team	Notes	Service user involved
23/05/16	RPIW	<b>Psychology Processes</b>	Trustwide	MHSOP		A key presentation on day 1 of the RPIW was about service users and carers views of formulation- this had a major influence on the event itself and also on the outcomes/standard work. It was included as a series of interviews undertaken by a research student.	<b>Yes</b>
06/06/16	RPIW	<b>Single point of access (SPA) Referral to First Appointment</b>	Durham & Darlington	CYPS	All C&YP Services within Durham and Darlington	No service users/carers to attend the actual days however they were contacted by phone at several points throughout the week, this included young people and their families.	<b>Yes</b>
13/06/16	Kaizen 3 day	<b>Bulimia Pathway</b>	Trustwide	CYPS	Eating Disorders	Meetings were held with a number of service users to discuss overall service provision as part of transformation	<b>Yes</b>
15/06/16	Kaizen 3 day	<b>Daily lean management, CYP, LD</b>	Durham & Darlington		CYP/LD	Not applicable to service users	<b>n/a</b>
20/06/16	RPIW	<b>Discharge Process</b>	York & Selby	CYPS	Limetrees	Parents/carers were contacted to obtain experience of discharge process which was fed into event.	<b>Yes</b>
20/06/16	RPDW (Pathway)	<b>Adult LD Core Pathway Development for PPCS phase 2</b>	Trustwide	LD	Y & S, NR, D & D, Tees	The event was following feedback from service users and carers at a previous event 'Back to Life' which involved service users and carers assisting in the development of the 2 year workplan.  The event itself was a response to this feedback.  Reports are provided to the governance group which includes representatives from the Learning Disability Reference Group.	<b>Yes</b>
06/07/16	Kaizen 2 day	<b>Access to Primary Care, Brief Interventions and Psychological Therapy.</b>	York & Selby	Adult	CMHT	Event mapped current team interfaces and high level future state. No service users or carers involved at this stage.	<b>No</b>

Start Date (dd/mm/yy)	Event Type	Event name / title	Locality	Service	Team	Notes	Service user involved
11/07/16	RPDW (Pathway)	<b>Frailty Clip</b>	Trustwide	MHSOP	MHSOP Trustwide	An expert by experience and carer were invited. Only the carer attended and contributed. The Expert by Experience had to withdraw due to personal reasons.	<b>Yes</b>
12/07/16	Kaizen 1 day	<b>Multi Agency Discharge Process</b>	York & Selby	Adult	York AMH and MHSOP	Not appropriate due to the process being about working with the CCG.	<b>No</b>
19/07/16	Kaizen 2 day	<b>Crisis IHTT Inpatient pathway Kaizen</b>	York & Selby	Adult	Crisis IHTT	Event was part of scheduled re-opening of adult wards in York, of which the steering group was heavily involved. Service users and carers formed part of the steering group	<b>Yes</b>
21/07/16	Kaizen 1 day	<b>Forensic SDG meetings</b>	Forensic	FMH	Forensic	Not applicable to service users	<b>n/a</b>
25/07/16	Kaizen 3 day	<b>Daily Lean Management MHSOP</b>	Durham & Darlington	MHSOP	Senior Management	Not applicable to service users	<b>n/a</b>
25/07/16	RPIW	<b>Learning and Development Training Plan</b>	Corporate	HR/OD	Trustwide	Not applicable to service users	<b>n/a</b>
07/09/16	Kaizen 3 day	<b>PIPA Refresh</b>	Trustwide	Adult	Trustwide	2 experts by experience are involved	<b>Yes</b>
No specific date but review ongoing to further develop/ refine existing pathways	Review of pathways as part of PPCS Phase 2	<b>All specialties</b>	All services	All service	Trustwide	Young people have been involved in the development of various leaflets which were retained as part of the pathway. The North Durham CYP team are going to involve their expert reference group.  The LD pathway work has previously engaged SU/carers in the design.	<b>Yes</b>

Start Date (dd/mm/yy)	Event Type	Event name / title	Locality	Service	Team	Notes	Service user involved
Launched Feb 2016 for implementati on by September 2016	PPCS Phase 1 products	<b>PPCS Phase 1 products</b>	All communit y services	All community services	Trustwide	All localities were recommended to ensure that service user/carer feedback was sought. All localities on track for full implementation by the end of September 2016 except York who did not start implementation until May 016	<b>Yes</b>

Action Summary - To request information on the Better Care Funds that affect service users within TEWV.

Better care Funding 2016/17.

Scheme	2016/17 values (full year values)				Total
	Durham & Darlington	Teesside	North Yorkshire	York and Selby	
	£	£	£	£	£
Care Home Liaison	244,000				244,000
Recovery College	275,939				275,939
Intensive Home Support	346,248				346,248
Acute Hospital Psychiatric Liaison (Darlington only)	300,000				300,000
Care Home Support (Harrogate & Rural)			37,000		37,000
Acute Hospital Psychiatric Liaison (Harrogate & Rural)			426,000		426,000
Acute Hospital Psychiatric Liaison (Scarborough & Ryedale)			337,356		337,356
IAPT (Scarborough)			300,000		300,000
	<b>1,166,187</b>	<b>0</b>	<b>1,100,356</b>	<b>0</b>	<b>2,266,543</b>

Colin Martin  
Chief Executive

## ACTION LOG UPDATE MINUTE 16/30

### Action Summary

To request information from the CCGs on the number of patients affected and placed out of locality in nursing homes as a result of the lack of bed provision within Teesside.

### Response

In response to the above the 2 Tees CCGs have provided the following information as at August 2016:

Hartlepool and Stockton CCG:- 16 patients out of Locality with the majority from the Hartlepool area

South Tees CCG:- No patients identified yet that fit this category

Colin Martin  
Chief Executive



FOR GENERAL RELEASE

Council of Governors

<b>DATE:</b>	29 September 2016
<b>TITLE:</b>	Student Satisfaction with Practice Placement Experience in TEWV NHS Foundation Trust
<b>REPORT OF:</b>	Information
<b>REPORT FOR:</b>	Council of Governors

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

<b>Executive Summary:</b>
<p>The report provides an overview of students reported satisfaction with practice placement experience in TEWV NHS Foundation Trust whilst studying on pre registration nursing programmes.</p> <p>The report illustrates quantative student satisfaction with mentor allocation; Feedback on Practice; availability of learning opportunities and overall satisfaction. Exceptions are noted and themed linking them to Trust locality and action taken.</p> <p>The National Student Survey 2016 confirms levels of student satisfaction with pre registration nursing programmes in TEWV partnership Universities.</p>

**Recommendations:**

To note the contents of the report and to comment accordingly

<b>MEETING OF:</b>	Council of Governors
<b>DATE:</b>	
<b>TITLE:</b>	Student Satisfaction with Practice Placement Experience in TEWV NHS Foundation Trust

**1. INTRODUCTION & PURPOSE:**

1.1 The purpose of this report is to furnish the Council of Governors with data indicating the level of student nurse satisfaction with their practice placement experience in TEWV and to report on exceptions where student nurses have reported concerns around their practice placement experience.

**2. BACKGROUND INFORMATION AND CONTEXT:**

2.1 TEWV NHS Foundation Trust provides practice placement experience for pre-registration students from primarily the Mental Health and Learning Disability programme and as alternative fields of practice experience from the Adult and Child programme. The main provider Universities working with the Trust are: Teesside; York and the Open University.

In addition TEWV provides practice placement experience for students undertaking NMC approved Return to Practice programmes. These programmes run at Teesside; Bradford and Northumbria.

2.2 Students are asked to complete an evaluation form at the end of each placement to feedback to service on their experience. This is done through completion of a formal evaluation form. Data is used to furnish the Trust Strategic Score Card measuring levels of student satisfaction around:

- Mentorship
- Feedback
- Learning opportunities
- Overall satisfaction

Exceptions are reported on student evaluation forms and /or through the relevant University process for formally reporting student/placement concerns.

2.3 Students are formally invited to comment on their satisfaction with the quality of their pre registration nursing programme through the National Student Survey. Ratings are calculated from an overall survey of all final-year undergraduate students by combining the number of people who said they either “strongly agreed” or “agreed” they were satisfied with the quality of their course overall.

### 3. KEY ISSUES:

3.1 Graph 1 in Appendix 1 illustrates detailed levels of student satisfaction across these areas throughout 2015/2016 and Graph 2 illustrates the comparison detail for Q1 and Q2 2016/2017.

3.2 Table 1 in Appendix 1 notes exceptions reported by students Q1 and Q2 2016/2017. Concerns have been broadly themed into :

- Staff attitude towards student
- Staffing Levels
- Lack of reasonable adjustment
- Quality of mentorship
- Poor learning opportunities
- Poor feedback on practice
- Practice Concerns

Each concern is linked to the specific Trust Locality where the student had their practice placement experience. Subsequent action taken to resolve each reported exception is outlined.

3.3 The results of the National Student Survey 2016 have recently been published, 31<sup>st</sup> August 2016. Teesside University are the highest scoring University in England. Analysis of the results illustrates levels of student satisfaction at TEWV partnership Universities as:

- Teesside 97%
- University of Bradford 95%
- Open University 92%
- University of Northumbria at Newcastle 89%
- University of York 75%

It is important to note that the survey relates to the whole of the nursing programme and encompasses theory modules, assessment and feedback as well as the practice education component.

### 4. IMPLICATIONS:

4.1 **Compliance with the CQC Fundamental Standards:** Sound training arrangements are a key part of meeting CQC Regulation 18 requirements

4.2 **Financial/Value for Money:** Placement tariff is paid for each pre registration nursing student hosted on practice placement. This payment is to cover costs of practice based education.

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

4.4 **Equality and Diversity:** Providing access to quality practice placements is an essential component of pre registration programmes

4.4 **Other implications:** None

**5. RISKS:**

New students on nursing, midwifery and most AHP pre-registration courses in England after 1 August 2017 will be required to take out maintenance and tuition loans like other students rather than accessing an NHS grant. The Government's intention is that these reforms will remove the cap on student numbers, with the aim to increase the number of students by 'up to 10,000' across the lifetime of Parliament. If the forecast proves to be correct it will test the capacity of practice placements in meeting demand. Student saturation of placement areas risk a negative impact on the quality of mentorship and decreased learning opportunities for students. However, if the forecast is incorrect it will negatively impact on supply of the future workforce.

**6. CONCLUSIONS:**

Evidence suggests that the levels of reported student satisfaction with their practice placement in TEWV fluctuates across the period of the academic year. Overall the student experience is positive.

Standard process is in place to address student concerns and negative reported student experience in practice placement. Concerns are noted and appropriate action taken.

The National Student Survey 2016 confirms the highest levels of student satisfaction with pre registration nursing programmes studied at TEWV partnership Universities.

**7. RECOMMENDATIONS:**

To note the contents of the report and to comment accordingly

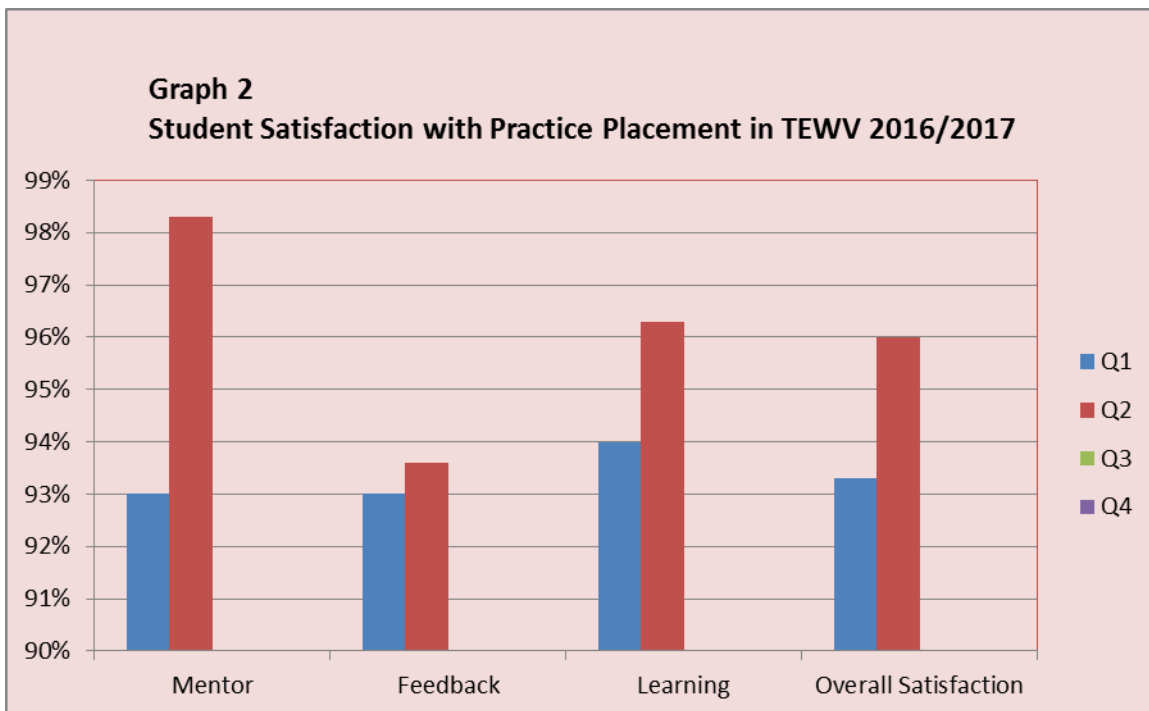
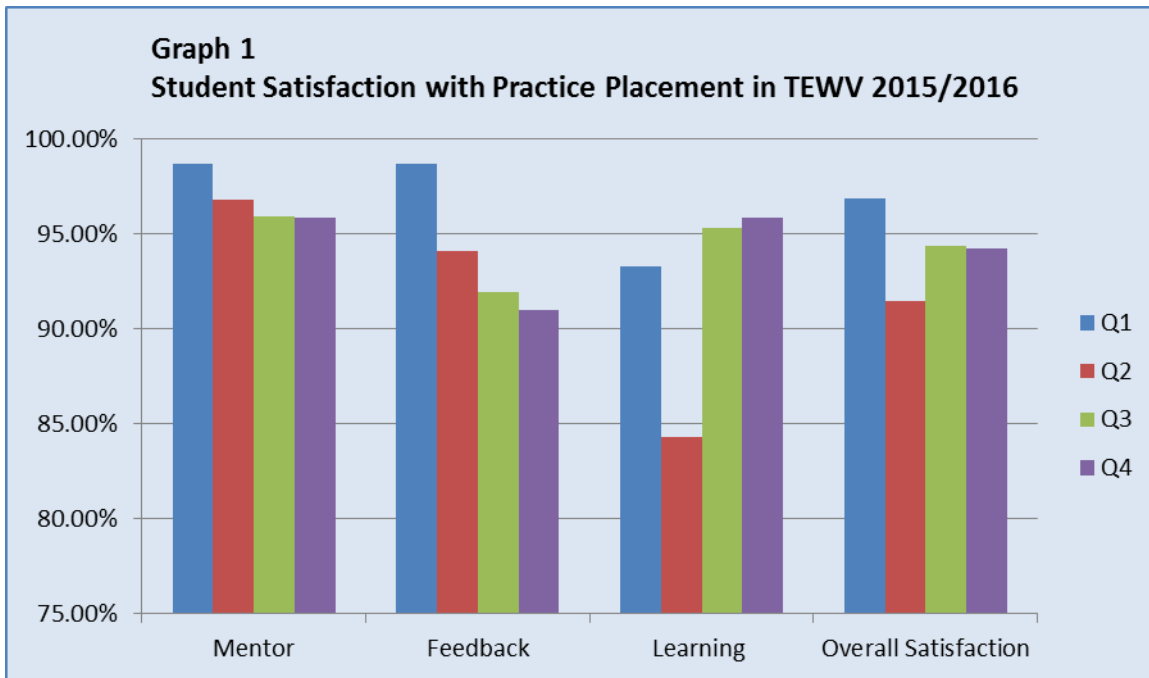
**Author,** Jane Buckle,

**Title** Head of Professional Nursing and Education

**Background Papers:**

NMC (2008) Standards to Support Learning and Assessment in Practice

Appendix 1



**Table 1**  
**Exception Reporting for Q1 and Q2 2016/2017**

Locality	Theme	Number	Action Taken
Teesside	Staff Attitude to Student	2	Feedback to ward team and discussion with ward manager. One concern ongoing working with HEI colleagues; Student and Ward to achieve resolution.
Teesside	Staffing Levels	2	Escalated through Matron
Teesside	Reasonable Adjustment	1	Escalated through Matron
Teesside	Mentorship and learning opportunities	1	Escalated through Disciplinary Process; Investigation ongoing
Forensic	Practice	1	Datix completed; local investigation-Manager; Matron; Head of Nursing.
Forensic	Staff Attitude to Student	1	Feedback and discussion with Matron and Ward Manager
Durham and Darlington	Mentorship	1	Feedback and discussion with Mentor
York and Selby	Mentorship	1	Re allocation of Mentor
York and Selby	Lack of Learning Opportunity	2	Unit in the midst of service reconfiguration; Two students offered alternative placement
York and Selby	Practice	2	One incident but two student concerns received. Investigation and Disciplinary action taken against staff member concerned
North Yorkshire	Practice	2	Both students offered alternative placements both refused. University made aware. Debriefing offered plus support from PPF; Matron; Head of Nursing (North Yorks) Link Lecturer (University of York).
North Yorkshire	Feedback	1	Student supported by PPF and link lecturer (University of York)
North Yorkshire	Mentorship		Alternative placement and mentor

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			allocated.
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FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

<b>DATE:</b>	29 SEPTEMBER 2016
<b>TITLE:</b>	COUNCIL OF GOVERNORS' REGISTER OF INTERESTS
<b>REPORT OF:</b>	Phil Bellas, Trust Secretary
<b>REPORT FOR:</b>	Approval

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

**Executive Summary:**

To note the declarations made by members of the Council of Governors of their interests which are held publically as a Register of Interest as required by the Trust's standards of business conduct, The National Health Service (NHS) Act 2006 and the Trust's Constitution.

All Governors should declare such interests on appointment and on any subsequent occasion when a conflict arises.

**Recommendations:**

The Council of Governors are asked to receive and note the Register of Interests of Governors as at September 2016.



<b>MEETING OF:</b>	<b>Council of Governors</b>
<b>DATE:</b>	<b>29 September 2016</b>
<b>TITLE:</b>	<b>Register of Interests</b>

**1. INTRODUCTION & PURPOSE:**

- 1.1 To present the revised Register of Interests of the Council of Governors as at September 2016.

**2. BACKGROUND INFORMATION AND CONTEXT:**

- 2.1 The National Health Service (NHS) Act 2006 and the Constitution require the Trust to maintain a Register of Interests of members of the Council of Governors.
- 2.2 Appendix 1 details all material interests that Governors have declared as at September 2016.

**3. KEY ISSUES:**

- 3.1 An annual review is undertaken of interests declared by Governors although any changes notified to the Trust Secretary's Department are incorporated immediately, including declarations from any newly elected or appointed Governors.
- 3.2 The Council of Governors' Register of Interests is a public document and as such is available on the Trust's website.
- 3.3 Governors must also declare, at the commencement of each meeting of the Council of Governors, any personal or family interests that they have in relation to an item of business to be considered by the meeting.
- 3.4 The next formal annual review of the Register of Interests will be undertaken following the annual election held in July 2017.

**4. IMPLICATIONS:**

- 4.1 **Compliance with the CQC Fundamental Standards:** There are no implications.
- 4.2 **Financial/Value for Money:** There are no implications.
- 4.3 **Legal and Constitutional (including the NHS Constitution):** There is a requirement within the Trust's Constitution for Governors to declare their personal and family interests. The Register shown at Annex 1 meets the requirements of the Constitution and the NHS Act 2006.
- 4.4 **Equality and Diversity:** There are no implications.

4.5 **Other implications:** There are no other identified implications.

**5. RISKS:**

5.1 Governors are asked to declare their interests and to keep this declaration up to date. There is a minor risk that Governors may not make an appropriate declaration or update this as and when their circumstances change.

**6. CONCLUSIONS:**

6.1 The review of the Register of Interests of the Council of Governors meets the requirement of the NHS Act 2006 and the Constitution of the Trust.

**7. RECOMMENDATIONS:**

7.1 The Council of Governors are asked to receive and note the Register of Interests of Governors as at September 2015.

**Phil Bellas**  
**Trust Secretary**

<p><b>Background Papers:</b> <b>Schedule 7 of the NHS Act 2006</b> <b>The Trust's Constitution</b> <b>Email / Letter issued to all Governors 1 July 2016 to review their declarations</b></p>
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Name	Electing Constituency or Appointing Body	Personal Interest Yes/No	Family Interest Yes/No	Date of Notification or Change	Directorships or Position of Authority	Employment and Consultancy	Type of Interest / Commercial Interests	Membership of public body, charity or pressure group whose work is related to the business of the Trust	Donations and Sponsorship	Other Interests
Allison, Clifford	Public Durham	Yes	Yes	22/08/2016	No	Yes I represent DDES CCG on Learning Disabilities and Autism	No	Yes Volunteer with Durham Healthwatch, Member of the Royal College of Nursing, Member of Community Hands, Member of Old Forge Patient Participation Group, Member of Durham Dales Patient Reference Group and currently its Vice Chair, Member of North East and Cumbria Learning Disability Network	No	Yes Relative currently accessing TEWV services
Bobdey, Mina Shreekant	Public Rest of England	Yes	Yes	20/03/2016	No	Yes I am employed as consultant psychiatrist with East London Foundation NHS Trust. I also carry out DOLs assessment for social services, local Authorities. Also MHA and Medico-legal assessment. I work for CCSC as a specialist advisor.  I work for Royal College of Psychiatrists as AAC panel member and CESR Assessor.	No	Yes I am Fellow of the Royal College of Psychiatrists Volunteer for Alzheimer's Society.	No	No
Booth, Mary	Public Middlesbrough	Yes	Yes	04/07/2016	No	Yes I am a specialist advisor for the Care Quality Commission (CQC). Also I am a College of OT consultancy advisor	No	No	No	Yes Member of Stamp Revisited and an advocate for Stamp Revisited.
Broad, Richenda	Appointed Middlesbrough Council	No	No	31/07/2014	No	No	No	No	No	No
Burgess, Peter	Public Durham	Yes	No	20/07/2016	No	No	No	No	No	Yes Expertby Experience Volunteer with TEWV Teesside University Volunteer.

Name	Electing Constituency or Appointing Body	Personal Interest Yes/No	Family Interest Yes/No	Date of Notification or Change	Directorships or Position of Authority	Employment and Consultancy	Type of Interest / Commercial Interests	Membership of public body, charity or pressure group whose work is related to the business of the Trust	Donations and Sponsorship	Other Interests
Clark, Janice	Public Durham	Yes	No	08/07/2016	No	No	No	Yes Time to Change Member, Member of County Durham and Darlington Mental Health Forum, North East Mad Studies Forum	No	Yes Expert by Experience with TEWW
Combs, Martin	Public York	No	No	11/04/2016	No	No	No	No	No	Yes Volunteer with Healthwatch
Dixon, Hilary	Public Harrogate and Wetherby	No	No	18/06/2016	No	No	No	No	No	No
Drake, Nathaniel	Public York	Yes	No	02/06/2016	No	No	No	Yes Member of the following learned societies: Royal Society of Biology (RSB), British Association for Psychopharmacology (BAP). British Psychological Society (BPSychoS) Neuroscience Education Institute (NEI).	No	No
Drury, Dr John	Appointed Hartlepool and Stockton-on-Tees CCG / NHS South Tees CCG	Yes	Yes	30/08/2015	Yes Secondary Care Consultant for NHS South Tees CCG,	Yes Retired as Consultant Chemical Pathologist from South Tees NHS FT on 31 August 2012	No	No	No	Yes Wife Undertakes Voluntary Work on the Oncology Unit, James Cook University Hospital
Farrell, Claire	Public Redcar and Cleveland	Yes	No	15/07/2014	Yes Adult Social Care Solicitor for Northumberland County Council	Yes Adult Social Care Solicitor for Northumberland County Council	No	No	No	No
Emerson-Wardle, Paul	Public Stockton	Yes	No	25/08/2015	No	No	No	Yes Healthwatch - Information Volunteer Enter and View Representative.	No	No

Name	Electing Constituency or Appointing Body	Personal Interest Yes/No	Family Interest Yes/No	Date of Notification or Change	Directorships or Position of Authority	Employment and Consultancy	Type of Interest / Commercial Interests	Membership of public body, charity or pressure group whose work is related to the business of the Trust	Donations and Sponsorship	Other Interests
Emerson, Gary	Public Stockton-on-Tees	Yes	No	15/07/2016	Yes Mental health lead for Darlington CCG - advisory role only.	Yes I have been appointed as the Darlington Clinical Commissioning Groups lead on Mental Health. I will be developing the CCG worksteam and working a variety of projects linked to adult mental health, learning disabilities, dementia, autism and young peoples mental health. Darlington CCG are paying my employer, Darlington Mind Limited, a proportion of my salary in exchange for one day per week of my time to act as CCG Lead.	No	CEO - Darlington MIND Ltd	No	No
Forbes-Browne Elizabeth	Public Scarborough & Ryedale	Yes	Yes	22/06/2016	No	No	No	No	No	Yes Relative has been a patient/service user for 2 1/2 years both in Cross Lane Hospital and supported living
Gibson, Betty	Public Durham	Yes	No	03/08/2016	No	No	No	Member of the Clinical Commissioning Group	No	No
Gibson, Chris	Public Harrogate and Wetherby	No	No	12/07/2016	No	No	No	No	No	I am a member of the North Tees and Hartlepool Foundation Trust
Goldie, Andrea	Public Darlington	Yes	No	24/08/2015	No	Yes Employed as a Communications and Engagement Officer by Healthwatch Darlington	No	Yes Healthwatch Darlington - Consumer Champion for Health and Social Care, Patient Involvement	No	No
Goodwin, Glenda	Staff Forensic	No	No	30/08/2016	No	No	No	No	No	No

Name	Electing Constituency or Appointing Body	Personal Interest Yes/No	Family Interest Yes/No	Date of Notification or Change	Directorships or Position of Authority	Employment and Consultancy	Type of Interest / Commercial Interests	Membership of public body, charity or pressure group whose work is related to the business of the Trust	Donations and Sponsorship	Other Interests
Grieves, Marion	Appointed Teesside University	Yes	No	27/07/2016	Yes Assistant Dean, School of Health and Social Care, Teesside University	No	No	No	No	No
Haigh, Catherine	Public Middlesbrough	Yes	No	06/09/2016	Yes EMU Evaluation and Research (Self-Employment)	Yes Middlesbrough and Stockton Mind Independent Service User 'Voice' Development Project Lead	No	Yes Chair of North East Together	No	Yes Expert by Experience in TEWV
Haithwaite, Dennis	Public Darlington	Yes	No	20/05/2015	No	No	No	Yes Trustee of Darlington Mind, Member of County Durham and Darlington Mental Health Forum for Service Users and Carers, Executive Member of North East Together, Member of the Triangle of Care at West Park Hospital, Member of the Steering Group for Carers in Darlington, Facilitator for the Bi-Polar Group in Darlington	No	No
Harrison, Peter	Public York	No	No	20/05/2016	No	No	No	No	No	No
Heslop, Anthony	Public Durham	Yes	No	08/07/2016	No	No	No	Yes North East Together, Exec Board member, A network of service users, survivors and carers in the North East affiliated to NSUN.	No	Yes Experts by Experience and a Volunteer in TEWV
Hughes, Simon	Staff Teesside	Yes	No	04/07/2016	No	No	No	Yes Ordinary Member of National MIND, Ordinary Member of Rethink, Ordinary Member of Amnesty International, Ordinary Member of B.A.O.T/COT	No	No

Name	Electing Constituency or Appointing Body	Personal Interest Yes/No	Family Interest Yes/No	Date of Notification or Change	Directorships or Position of Authority	Employment and Consultancy	Type of Interest / Commercial Interests	Membership of public body, charity or pressure group whose work is related to the business of the Trust	Donations and Sponsorship	Other Interests
Hungin, Prof. Pali	Appointed University of Durham	Yes	No	24/08/2015	Yes Director, Academic Health Sciences Network NE and Cumbria. President, British Medical Association 2016-17.	Yes I am employed by Durham University which is in receipt of research grants from the NHS, including TEWV Trust. I serve as a consultant, occasionally, to pharmacy companies which supply products to the NHS	No	Yes Durham University for Research, Training and Education. I am President of the BMA for 2016 - 2017	Yes Durham university has a partnership with the Trust in academic research and development	No
Hurst, Dr Judith	Staff Corporate	Yes	No	13/07/2016	No	No	No	Yes Member of R.C.N Member of CIPD	No	No
Jeavons, Lesley	Appointed Durham County Council	Yes	No	12/07/2016	Yes Head of Adult Care at Durham County Council, Vice Chair of the County Durham Safeguarding Adults Board	No	No	Yes Member of North Durham and Durham Dales, Easington and Sedgfield Clinical Commissioning Groups Governing Bodies	No	No
Kelly, Kevin	Darlington Borough Council	Yes	No	21/09/2015	Yes Acting Assistant Director - Adult Social Care	No	No	No	No	No
McCoy, Cllr Ann	Appointed Stockton Borough Council	Yes	No	08/07/2016	Yes Councillor for Stockton Borough Council	No	No	Yes Councillor for Stockton Borough Council, Vice Chair of Stockton Health and Wellbeing Board	No	Yes Member of Billingham Town Council, Chair of Stockton District Advice and Information Service, Trustee for Stockton Shopmobility
Mason, Cllr Ashley	Appointed City of York Council	information awaited								
Matfin, Gary	Staff York & Selby	Yes	No	13/07/2016	No	No	No	Yes I am a registered nurse with 'NMC'. I am a member of 'Unison' trade union	No	No
Mollon, Keith	Public Durham	Yes	No	14/07/2016	No	No	No	Yes Samaritans volunteer (Ex Director)	No	No

Name	Electing Constituency or Appointing Body	Personal Interest Yes/No	Family Interest Yes/No	Date of Notification or Change	Directorships or Position of Authority	Employment and Consultancy	Type of Interest / Commercial Interests	Membership of public body, charity or pressure group whose work is related to the business of the Trust	Donations and Sponsorship	Other Interests
<b>Murthy, Lakkur</b>	Public Durham	information awaited								
<b>Newton, Debbie</b>	Appointed Hambleton, Richmondshire and Whitby Clinical Commissioning Group/Scarborough and Ryedale CCG/Harrogate CCG	Yes	No	13/07/2016	Yes Chief Operating and Finance Officer for Hambleton, Richmondshire and Whitby Clinical Commissioning Group	No	No	No	No	No
<b>Pedley, Wendy</b>	Staff North Yorkshire	Yes	No	22/08/2016	No	Yes I am a specialist advisor for the Care Quality Commission (CQC)	No	Yes Royal College of Nursing (RCN) member - Union	No	No
<b>Rayment, Jean</b>	Public Hartlepool	No	No	30/06/2016	No	No	No	No	No	No
<b>Restall, Gillian</b>	Public Stockton-on-Tees	Yes	No	03/08/2016	No	No	No	Yes Member of North Tees & Hartlepool Foundation Trust Member of Healthwatch, Member of Engaging in Research for All (ERA) Group	No	Yes I undertake involvement activities within the Trust as well as with the School of Medicine Programme with Durham University.
<b>Sherry, Zoe</b>	Public Hartlepool	Yes	No	04/07/2016	Yes Chairperson of Hartlepool Mental Health Forum.	No	No	Yes Hartlepool Healthwatch	No	No
<b>Smart, Dr David</b>	Appointed North Durham Clinical Commissioning Group	Yes	No	12/07/2016	Yes Member of Central Durham G.P. Providers Ltd	Yes Member (Practice not individually) of Dunelm Medical Practice, Bearpark, Durham	No	Yes Trustee of Ferryhill Station, Mainsforth and Bishop Middleham Aid in Sickness Charity	No	Yes Member of the North Durham Primary Care Alliance
<b>Stirk, Angela</b>	Public Hambleton & Richmondshire	Yes	No	13/07/2016	No	No	No	Yes Member of the Chartered Society of Physiotherapy	No	No
<b>Swiers, Cllr Helen</b>	Appointed North Yorkshire County Council	No	Yes	13/07/2016	No	No	No	No	No	Yes Family member employed in Trust



Name	Electing Constituency or Appointing Body	Personal Interest Yes/No	Family Interest Yes/No	Date of Notification or Change	Directorships or Position of Authority	Employment and Consultancy	Type of Interest / Commercial Interests	Membership of public body, charity or pressure group whose work is related to the business of the Trust	Donations and Sponsorship	Other Interests
Talbot-Landon, Sarah	Public Durham	No	No	15/12/2014	No	No	No	No	No	No
Thompson, Richard	Public Scarborough and Ryedale	Yes	No	18/07/2016	Yes Newby and Scalby Parish Councillor, North Yorkshire County Council Moors and Coast Area Committee Parish Representative, Scarborough Borough Council Standards Committee Parish Representative	No	No	No	No	No
Watt, Prof Ian	Appointed University of York	Yes	Yes	15/08/2014	Yes GP principal at Harewood Medical Practice, Richmond and Catterick Garrison North Yorkshire,	Yes See previous	No	Yes Professor of Primary Care at the University of York	No	My wife is employed as a GP Principal
Webster, Judith	Public Scarborough & Ryedale	Yes	No	16/07/2014	No	No	No	Yes Carer representative for Royal College of Psychiatrists (London, Northern and Yorkshire Divisions)	No	No
Wildon, Vanessa	Public Redcar & Cleveland	Yes	No	18/06/2016	No	No	No	Yes Healthwatch Redcar - member self- (only to be aware of anything that affects mental health.) STCCG - member self (just to keep updated with changes to services for health)	No	Yes I am a volunteer for Tees, Esk and Wear Valleys NHS Foundation Trust, Member of Redcar Healthwatch, Member of South Tees CCG
Wilkie, Colin	Public Hambleton & Richmondshire	Yes	No	27/07/2016	No	No	No	Yes Chairman and Trustee of Northdale Horticulture, Trustee of HARCAS, Chair Broadacres Housing Association (September 2014)	No	No

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

<b>DATE:</b>	29 SEPTEMBER 2016
<b>TITLE:</b>	APPOINTMENT TO THE BOARD OF DIRECTOR'S MENTAL HEALTH LEGISLATION COMMITTEE
<b>REPORT OF:</b>	Phil Bellas, Trust Secretary
<b>REPORT FOR:</b>	Approval

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

**Executive Summary:**

The Board of Directors' Mental Health Legislation Committee membership requires two Public Governors (with recent service user/carer experience) to sit on its Committee.

Due to the end of the tenure of one of the appointed Governors a position is now vacant for which nominations have been sought.

**Recommendations:**

The Council of Governors is asked to appoint a Public Governor (with recent service user/carer experience) from the nominations received to be a member of the Mental Health Legislation Committee of the Board of Directors.

<b>MEETING OF:</b>	<b>Council of Governors</b>
<b>DATE:</b>	<b>29 September 2016</b>
<b>TITLE:</b>	<b>Appointment to Mental Health Legislation Committee</b>

**1. INTRODUCTION & PURPOSE:**

- 1.1 At the request of the Board of Directors the Council of Governors is asked to recommend one Public Governor to serve on its Mental Health Legislation Committee.

**2. BACKGROUND INFORMATION AND CONTEXT:**

- 2.1 The Mental Health Legislation Committee is a formal Committee of the Board of Directors. It has the following duties:

- To ensure appropriate arrangements are in place for the appointment of associate managers and oversee manager's hearings.
- To receive and review activity and performance information in respect of the use of each section of the Mental Health Act 1983 and Mental Capacity Act 2005 with appropriate comparisons and trends.
- To consider matters of good practice, and in particular, the implication of the Code of Practice (Revised): Mental Health Act 1983 and Mental Capacity Act 2005 and make proposals for change to the Board.
- To review at least annually the Trust's compliance with statutory requirements of the Mental Health Act 1983 and the Mental Capacity Act 2005 and make proposals for change to the Board.
- To consider other topics as defined by the Board.
- To consider any published Mental Health legislative information/case law regarding its implications for the Trust.

The Committee usually meets four times per year in public.

- 2.2 One Public Governor position has become vacant on the Committee following the tenure of Mr Keith Marsden ending on 30 June 2016.
- 2.3 Expressions of interest in being appointed to the Committee were sought on 17 August 2016 with a closing date of 15 September 2016.
- 2.4 In order to nominate for this position, Public Governors were asked to have receive experience as a service user or carer (within 2 years) and for their nomination to be in writing supported by a personal statement of no more than 250 words.

**3. KEY ISSUES:**

- 3.1 The formal appointment to the Committee will be made under paragraph 6.7 of the Standing Orders of the Board of Directors based on the recommendation of the Council of Governors.

- 3.2 The nominations received from Governors for appointment are as detailed in Appendix 1. Three nominations were received, only two of these have been supported by a personal statement as detailed at 2.4 and in the letter issued to Governors seeking nominations (17/8/16).
- 3.3 If the number of nominations received is less than or equal to the number of seats available the Chairman will ask the Council of Governors to recommend that the Governor is appointed.
- 3.4 A formal ballot will be held if the number of Governors nominated exceeds the number of seats available.
- 3.5 Governors appointed to the Committee will be entitled to reimbursement of travelling and other expenses for attending its meetings.
- 3.6 It is envisaged that the formal appointment will be made by the Board at its meeting held on 25 October 2016. The terms of office of the appointments will be agreed at that time.

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

- 4.1 **Compliance with the CQC Fundamental Standards:** There are no implications.
- 4.2 **Financial/Value for Money:** There are no implications.
- 4.3 **Legal and Constitutional (including the NHS Constitution):** The appointment to the Committee will be made by the Board of Directors based on the recommendation of the Council of Governors.
- 4.4 **Equality and Diversity:** There are no implications.
- 4.5 **Other implications:** There are no other identified implications.

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

- 5.1 There are no identified risks.

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

- 6.1 On the invitation of the Board of Directors the Council of Governors is asked to recommend one Public Governor (with recent service user or carer experience) for appointment to the Mental Health Legislation Committee.

**7. RECOMMENDATIONS:**

- 7.1 The Council of Governors is asked recommend the appointment of a Public Governor from the nominations received to be a member of the Mental Health Legislation Committee to the Board of Directors.

**Phil Bellas**  
**Trust Secretary**

**Background Papers:**

Email / Letter issued to all Public Governors 17 August 2016  
Terms of Reference of Mental Health Legislation Committee

**The personal statements received from Public Governors is listed below. (No change has been made to statements received. Where the word count is more than 250 words, the statement is stopped at 250 words)**

## **1. Peter Burgess, Public Governor Durham**

I have been in the MH system for over 30 years and have a good understanding of the care system and living a complex life in the community. I have processed my experience positively, and see it as a resource that I can feed back into the system, to work in the “best interest “for my peers and empathise with the difficulties of working with vulnerable adults. I have previously had a Carer and associations with Carer’s understanding their important contributions and frustrations in accessing the best care for their dependants.

I have attended a DCC Safeguarding course and understand the process of activating a multi-agency response, and the need to assess risk proportionately, preventing present and on-going harm. I recognise the statutory and non-statutory bodies involved in protecting and preventing abuse. I have an NVQ2 in Health and social care. I have an insight into “good practice frameworks” and the laws to uphold an individual’s respect, dignity and the importance of confidentiality. I have chaired community projects and sat on steering committees, working voluntarily for the NHS and 3rd Sector organisations. I have an understanding of policy and procedure and adhering to organisational guidelines.

I have lived in many diverse social spheres and personally experienced at time different forms of stigma and discrimination. I believe in honesty, fairness, equality, opportunity and legislations that work for real people in the community living real lives. I am responsible and accountable, trying to reflecting my Peers views constructively and objectively.

248 words

## **2. Sarah Talbot-Landon, Public Governor Durham**

I have been a service user for a number of years across the trust. I have first-hand experience of service user's being held under the Mental Health Act 1983 and I understand the need to grasp the purpose of the sectioning provision and to ensure case by case the legislation is applied purposely and appropriately. Being under a section can have catastrophic implications to people’s self-esteem, sense of freedom and may impact upon job applications later 'down the road'.

From a Governor point of view I would like to help TEWV with reviewing performance trends and themes and escalating any issues when required. Similarly,

it's important that the trust stays well informed with any changes to the law and its application.

I am a confident public speaker and am happy to be the voice of Governors and Service Users at this important committee.

143 words

### **3. Dennis Haithwaite, Public Governor Darlington**

No personal statement received.

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

<b>DATE:</b>	29 SEPTEMBER 2016
<b>TITLE:</b>	APPOINTMENT TO THE COUNCIL OF GOVERNORS' NOMINATION AND REMUNERATION COMMITTEE
<b>REPORT OF:</b>	Phil Bellas, Trust Secretary
<b>REPORT FOR:</b>	Approval

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

**Executive Summary:**

The council of Governors' Nomination and Remuneration committee membership requires a membership of four Governors.

Due to the tenure of one of the appointed Governors ceasing on 30 June 2016 and the appointment of another member due to come to an end on 30 November 2016 there is a requirement to fill two vacancies on the committee for which nominations have been sought.

**Recommendations:**

The Council of Governors is asked to appoint two Governors to serve on the Nomination and Remuneration Committee from the nominations received at Annex 1 to this report for a period of 3 years until 30 November 2019.



<b>MEETING OF:</b>	<b>Council of Governors</b>
<b>DATE:</b>	<b>29 September 2016</b>
<b>TITLE:</b>	<b>Appointment to Nomination and Remuneration Committee</b>

**1. INTRODUCTION & PURPOSE:**

- 1.1 The purpose of this report is to enable the appointment of Governors to serve on the Nomination and Remuneration Committee.

**2. BACKGROUND INFORMATION AND CONTEXT:**

- 2.1 The Nomination and Remuneration Committee is comprised of the Chairman of the Trust, another Board member and four Governors. The Senior Independent Director joins the Committee for matters pertaining to the appointment and appraisal of the Chairman. The quorum of the Committee requires attendance by two Governors.
- 2.2 At its meeting held on 10<sup>th</sup> November 2009 the Council of Governors agreed that in view of the importance of the business conducted by the Committee only Governors with experience of appointing and appraising senior managers should be members of it.
- 2.3 The terms of office for Mr Colin Wilkie as a member of the Nomination and Remuneration Committee is due to end on 30<sup>th</sup> November 2016. Mr Wilkie is eligible to re-nominate under the approved procedures for appointed at Annex 1 to this report.
- 2.4 Following the tenure ending for Mr Sandy Taylor as a Public Governor on 30 June 2016, the remaining position on the Committee is now vacant.
- 2.5 On 17 August 2016 the Deputy Trust Secretary wrote to all Governors seeking expressions of interest in becoming a member of the Committee.
- 2.6 Governor nominations should be made in writing with a personal statement of no more than 250 words.

**3. KEY ISSUES:**

- 3.1 Expressions of interest in joining the Committee have been received from the following Governors.
- Dr Lukkur Murthy
  - Colin Wilkie
  - Zoe Sherry
  - Mary Booth
- 3.2 Copies of the statements received from the above Governors in support of their nominations are attached as Annex 1 to this report.

3.3 The Council of Governors is, therefore, asked to agree that a ballot is held to select two Governors from the nominations received.

3.4 The tenure of those two Governors appointed as a result of receiving the highest number of votes is for 3 years until 30 November 2019

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

4.1 **Compliance with the CQC Fundamental Standards:** There are no implications.

4.2 **Financial/Value for Money:** There are no implications.

4.3 **Legal and Constitutional (including the NHS Constitution):** The Nomination and Remuneration Committee has a critical role in the appointment of the Chairman and Non-Executive Directors.

4.4 **Equality and Diversity:** Equality and diversity issues were considered during the development of the nomination process.

4.5 **Other implications:** There are no other identified implications.

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

5.1 There are no identified risks.

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

6.1 Appointments are required to enable the Nomination and Remuneration Committee to perform its duties.

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

7.1 The Council of Governors is asked to appoint two Governors to serve on the Nomination and Remuneration Committee from the nominations received at Annex 1 to this report for a period of 3 years until 30 November 2019.

**Phil Bellas**  
**Trust Secretary**

#### **Background Papers:**

Email / Letter issued to all Public Governors 17 August 2016

Terms of Reference of Nomination and Remuneration Committee including the appointment process.

## Personal Statements

**The personal statements received from Public Governors is listed below. (No change has been made to statements received. Where the word count is more than 250 words, the statement is stopped at 250 words)**

### **1. Dr Lukkur Murthy, Public Governor Durham**

My forty years of work in the NHS spans general practice, primary care, secondary care, tertiary care and specialist services as well as social care.

I have been a consultant for twenty-five years and a clinical director for ten years in the largest teaching hospital in the north east.

I have served two terms as an elected governor at The Newcastle Hospitals NHS FT. I have been a governor member of the Nominations Committee and Business Development Working Group.

I have experience of appointing and appraising senior managers, consultants, board members and chairmen. I am familiar with the terms of reference of the nomination and remuneration committee.

My involvement with Healthwatch County Durham has given me an alternative insight in to the health and social care of the population of the County and beyond.

I am actively participating and contributing to the activities of several charities – The Royal Medical Benevolent Fund, Torture Care UK and Pancreatic Cancer UK.

I am confident that I have the necessary knowledge, skills, ability, enthusiasm and time to fulfil the requirements of being a member of the Nomination and Remuneration Committee and look forward to the opportunity to be of further service to the TEWV NHS FT.

Word count 202

## 2. Colin Wilkie, Public Governor Hambleton and Richmondshire

Hello. I have been a Public Governor since elected in November 2011 and also a member of the Nomination and Remuneration Committee from that date. During this period I have been fully involved in the shortlisting and interviewing process to appoint a number of the current Non-executive Directors of the Trust, including our Chair, Lesley Bessant. Additional work has involved helping to prepare job descriptions and person specifications for these non-executive appointments.

By way of background, I was from 1985 until retirement in 2009, working within various health authorities and NHS trusts in North Yorkshire. During this time held a number of senior NHS posts including at Associate Director /General Manager/Director level involved in appointing and appraising other senior managers across mental health and learning disability services.

The skills and experience gained as a senior NHS manager have been supplemented over the past few years by attending several specialist modules of the national training programme for NHS Foundation Trust Governors. These include -

- Accountability – holding the Board to account
- Governor Role in Non-executive Appointments – legal guidance for governors on nomination committees
- Effective Questioning

In particular, I believe it is helping me to become more effective and assisting in improving the performance of TEWV through the appointment process of experienced and skilled Non-executive Directors.

I would hope that my senior NHS management experience together with the very specific governor training would support my continuing membership of the Nomination and Remuneration Committee. Thank you.

Word count 242

### **3. Zoe Sherry, Public Governor Hartlepool**

During my career I was employed by Hartlepool Borough Council for 23 years in the social work department, initially on a generic team and later in the Adult Services department.

Later I was successfully appointed to a team manager post in Adult Services I held this post for about 10 years until my retirement in 2008.

I managed Adult Social Care teams, and for a period of time managed an Adult Health and Social Care team.

Within these roles I also chaired safeguarding meetings and reviews. I also chaired the Continuing Health Care panel.

While in this employment I was involved in staff recruitment, interviews and appraisals, also working closely with the personnel department on all aspects of employment.

I was involved in the preliminary selection and interviewing of applicants for the post of Director and other senior posts.

I would like to be given the opportunity to contribute my experience to the Nomination and Remuneration committee.

Word count 157

### **4. Mary Booth, Public Governor Middlesbrough**

I have experience of working in the NHS for over 40 years, and am currently a CQC specialist advisor. My experience of appointing and appraising senior managers is to Band 8 level in the NHS. While this committee is responsible for more senior positions I have been involved in appointing the CEO of the College of Occupational Therapists during my time as a Trustee with them. As a governor I have recently been involved in appointing our new CEO along with other governors.

I have an understanding of the work, knowledge and skills required of the Chairman and Non-Executive Directors and hope my previous experience will be useful to the committee.

Word count 111

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

<b>DATE:</b>	29 September 2016
<b>TITLE:</b>	Board round-up
<b>REPORT OF:</b>	Phil Bellas
<b>REPORT FOR:</b>	Assurance/Information

<b>This report supports the achievement of the following Strategic Goals:</b>	✓
<i>To provide excellent services working with the individual users of our services and their 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 Council of Governors to note the summary of discussions that took place at recent meetings of the Board of Directors.

**Recommendations:**

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

<b>MEETING OF:</b>	<b>COUNCIL OF GOVERNORS</b>
<b>DATE:</b>	<b>29 September 2016</b>
<b>TITLE:</b>	<b>Board round-up</b>

**1. INTRODUCTION & PURPOSE:**

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

**2. BACKGROUND INFORMATION AND CONTEXT:**

- 2.1 The Council of Governors approved the recommendations of its Task and Finish Group on “Holding the Non Executive Directors to Account for the Performance of the Board” at its meeting held on 24<sup>th</sup> September 2014 (minute 14/70 refers).
- 2.2 Under recommendation 2 of the review report it was proposed that copies of the Board round-up (a brief summary of key issues which is produced following each Board meeting and published on the intranet) should be presented to the Council of Governors, as an aide memoire, to assist Governors, and others attending the Board meetings, to highlight any business related matters which they consider important to bring to the attention of the Council of Governors.

**3. KEY ISSUES:**

- 3.1 Copies of the Board round-ups for the meetings held from May 2016 to July 2016 are attached to this report. No round up report is available for the meeting held in April 2016 and no meeting of the Board of Directors was held in August 2016.

**4. IMPLICATIONS:**

- 4.1 **Compliance with the CQC Fundamental Standards:** No risks have been identified.
- 4.2 **Financial/Value for Money:** No risks have been identified.
- 4.3 **Legal and Constitutional (including the NHS Constitution):** No risks have been identified
- 4.4 **Equality and Diversity:** No risks have been identified.
- 4.4 **Other implications:** No risks have been identified

**5. CONCLUSIONS:**

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

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

**6. RECOMMENDATIONS:**

- 6.1 The Council of Governors is asked to note the key matters considered by the Board of Directors at its meetings held from May 2016 to July 2016 (as contained in the Board round-ups for those meetings) and raise any issues of concern, clarification or interest.

**Phil Bellas,  
Trust Secretary**

**Background Papers:**

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



All of our Board meetings are held in public and you will find copies of the agenda and all the public papers on our website at [www.tewv.nhs.uk/boardmeetings](http://www.tewv.nhs.uk/boardmeetings)

## **Feedback from Board of Directors meeting held 24 May 2016**

The key items on this month's agenda were

### **Chairman's report**

Lesley Bessant reported back on an enjoyable afternoon she'd spent with the Trust's experts by experience. She said it had emphasised for her how powerful the programme is and how much the experts have to offer the Trust.

### **Quality Assurance Committee (QuAC)**

The Board received the QuAC report. Hugh Griffiths highlighted to the Board that the Trust was planning on commissioning an external review of the apparent increase in serious incidents relating to patients on planned leave. The Board agreed to invite a representative from the British Institute of Human Rights to attend a Board Seminar to brief directors on how the Human Rights Act related to the Trust's day to day activities.

### **Nurse staffing**

The Board received the monthly report and were assured that that no direct risks or implication to patient safety or experience had been identified. The Board asked Jennifer Illingworth to look at a number of options for future reporting arrangements.

### **Mental Health Legislation Committee report**

The Board received and noted this report.

### **Waiting times action plan**

The Board noted the progress that's being made across the Trust to address waiting times. It was noted that the original action plan had focussed on adult services and this was mostly completed or being progressed through the 'teams in difficulty work'. It was therefore agreed that this action plan be closed. The ongoing pressure on children's services was recognised and the Board received the new action plan to address waiting times in this service. One of the key actions was to develop single points of access. The Board asked to receive a progress report on this in September.

### **Composite staff action plan**

The Board discussed and approved the proposed action plan that had been developed in response to the 2015 staff survey and the last three staff friends and family test results and the Investors in People assessment report from 2014.

### **Freedom to speak up guardian**

The Board discussed the recent guidance on the Freedom to speak up guardian and noted the requirement to appoint by 1 October. It was agreed to undertake a consultation with staff on the role of the guardian during June and early July and for a final proposal to be presented to the Board's July meeting.

### **Finance report**

The Board noted that the Trust is slightly ahead of plan.

### **Strategic direction performance report**

The Board noted the improving position, year on year, against our indicators and that the main issue was relating to waiting times.

## **Feedback from Board of Directors meeting held 21 June 2016**

The key items on this month's agenda were

### **Chairman's report**

Lesley reported back on a visit with the perinatal team in Stockton. She said it had been farsighted of the commissioners to support the establishment of the service and noted the high level of demand and need for additional funding. Lesley also confirmed that five candidates had been shortlisted for non-executive director posts and would be interviewed on 11 July 2016.

### **Quality assurance committee**

The Board received this report and noted that the committee was going to review the way it worked at its July meeting, focussing on areas for further development.

### **Nurse staffing report**

The Board received and noted the six monthly review report on nurse staffing including the main pressures that were impacting on bank usage and staffing. There was a lengthy discussion about future reporting and what the Board would find most useful (it was noted that the primary purpose was to provide assurance to the Board on safe staffing). Elizabeth Moody agreed to review the format and content of the report.

### **Recruitment and retention of nurses**

The Board received this report on our approach to improving the recruitment, development and retention of nurses. The Board noted that whilst we had not experienced difficulties in the past, the future was less certain. It was agreed that the Board would receive a further report in November which would include forecasting data.

### **Finance and performance**

The Board received the monthly finance and performance reports.

## Feedback from Board of Directors meeting held 21 July 2016

The key items on this month's agenda were

### **Briefing on key issues from Tees locality**

David Brown, director of operations, gave a presentation on the key issues facing the directorate (a year on from his last update). This was well received by the Board and they asked David to pass on their thanks to his staff for what they're achieving and all their hard work.

### **Quality assurance committee (QuAC)**

The Board received and noted the report. The main issue discussed was the annual performance assessment. The Board acknowledged that there had been considerable improvement since the previous assessment but that there was still a lack of shared understanding about what assurance means. QuAC had escalated this to the Board of Directors and it was agreed that this should be discussed further at the Board of Directors seminar.

### **Safe staffing report**

The Board received and discussed this monthly report and noted that there was no issues of concern linked to staffing. There was a discussion about how the report could be changed to focus on areas of concern.

### **Directors' visits to teams**

The Board received the annual review of actions resulting from visits carried out by directors. These visits are an opportunity for directors to meet with staff and learn about services and offer teams the opportunity to highlight areas of good practice and feedback on areas where improvement is required. The Board discussed how these visits could be improved to ensure ample opportunity to talk with staff. It was agreed that guidance issued to services would be reviewed and the number of teams visited on one day would be reduced.

### **Freedom to Speak up Guardian**

David Levy reported that there had been only limited response to the consultation on the role of a Freedom to Speak up Guardian at TEWV. The Board agreed to the recommendations that

- applications be invited from both inside and outside the Trust
- the Chief Executive and the Lead Executive and Non-Executive Directors participate in the recruitment process along with a nominated service user and a nominated staff representative
- The Board asked that the job description be reviewed so that expectations of the role were clear.

### **Finance report**

This report was received and noted by the Board

### **Performance report**

The Board received this report which they felt was positive given the challenges facing the Trust.

**Workforce report**

The Board received and discussed this report, focusing on the reasons why staff left the Trust and future arrangements for embedding the values.

**Quarter 1, 2016/17 Risk Assessment Framework submission to NHS Improvement**

The Board approved the submission of this document.

ITEM NO. 10(ii)

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

<b>DATE:</b>	29 <sup>th</sup> September 2016
<b>TITLE:</b>	Risk Assessment Framework Report
<b>REPORT OF:</b>	Phil Bellas, Trust Secretary
<b>REPORT FOR:</b>	Information/Assurance

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

<b>Executive Summary:</b>
<p>This report provides assurance that the Trust was compliant with the requirements of NHS Improvement's Risk Assessment Framework for Quarter 1, 2016/17.</p>

<b>Recommendations:</b>
<p>The Council of Governors is asked to receive and note this report.</p>

<b>MEETING OF:</b>	<b>Council of Governors</b>
<b>DATE:</b>	<b>29<sup>th</sup> September 2016</b>
<b>TITLE:</b>	<b>Risk Assessment Framework Report</b>

**1. INTRODUCTION & PURPOSE:**

- 1.1 The purpose of this report is to provide the Council of Governors with information on the Trust's position against the requirements of the Risk Assessment Framework (RAF) for Quarter 1, 2016/17 (1<sup>st</sup> April 2016 to 30<sup>th</sup> June 2016).

**2. BACKGROUND INFORMATION AND CONTEXT:**

- 2.1 NHS Improvement (formerly Monitor) undertakes in-year monitoring, in accordance with its Risk Assessment Framework, to measure and assess a Foundation Trust's actual performance against its Annual Plan. The intensity of monitoring is based on NHS Improvement's assessment of the risks (its "risk ratings") of a significant breach of the Trust's Licence conditions.
- 2.2 At Quarter 4, 2015/16 the Trust had a Financial Sustainability Risk Rating of 4 ("no evident concerns") and a Governance Risk Rating of "green".
- 2.3 NHS Improvement has consulted on the introduction of a single oversight framework (replacing the RAF) which will cover both Foundation Trusts and NHS Trusts. The Council of Governors will be informed, in due course, of any changes to regulatory requirements once these have been published.

**3. KEY ISSUES:**

- 3.1 At its meeting held on 21<sup>st</sup> July 2016 the Board of Directors approved the submission of information to NHS Improvement for Quarter 1, 2016/17 in accordance with the Risk Assessment Framework based on:
- (a) A Financial Sustainability Risk Rating of 4.
  - (b) Confirmation that the Board anticipates that the Trust will continue to maintain a Financial Sustainability Risk Rating of at least 3 for the next 12 months.
  - (c) Confirmation that the Board anticipates that the Trust's capital expenditure for the remainder of the financial year will not materially differ from the amended forecast in the financial return.
  - (d) Confirmation that no subsidiaries were included in the financial results.

- (e) Confirmation of the following Governance Declarations:
- “The Board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards.”
  - “The Board confirms that there are no matters arising in the quarter requiring an exception report to NHS Improvement (per the Risk Assessment Framework, Table 3) which have not already been reported.”
- (f) A Governance Risk Rating of “green” based on achievement of all the governance targets and indicators included in the Risk Assessment Framework.
- (g) The following information on Executive team turnover (as at 29<sup>th</sup> July 2016) which NHS Improvement uses as a potential indicator of quality governance concerns:

Executive Directors	Actual
Total number of Executive posts on the Board (voting)	5
Number of posts currently vacant	0
Number of posts currently filled by interim appointments	1
Number of resignations in quarter	0
Number of appointments in quarter	0

- (h) A report on the elections held during Quarter 1 as follows:

Constituency Type	Name of Constituency	No. of Candidates	No. of Votes Cast	Turnout	No. of Eligible Voters	Date of Elections
Public	Harrogate and Wetherby	3 (uncontested)	-	-	-	18/5/16
Public	Hartlepool	1 (uncontested)	-	-	-	18/5/16
Public	Redcar	1 (uncontested)	-	-	-	18/5/16
Public	Scarborough & Ryedale	1 (uncontested)	-	-	-	18/5/16
Public	County Durham	8 (5 seats)	176	9.4%	1,877	28/6/16
Public	Middlesbrough	3 (1 seat)	92	8.1%	1,129	28/6/16
Public	Stockton	3 (1 seat)	91	8.4%	1,089	28/6/16

- (i) The provision of an exception report (Annex 1 to this report) covering the following matters:
- The position on CQC compliance actions.
  - An update on the York and Selby transaction which was classed as material by Monitor.
  - An update on the progress of the capital works programme in the York and Selby Locality. (Note: This information was requested by NHS Improvement in its feedback letter dated 1<sup>st</sup> June 2016).
  - Changes to the Executive Team of the Trust.

3.2 Confirmation that the Trust has maintained its risk ratings for Quarter 1, 2016/17 (i.e. 4 for Financial Sustainability and “Green” for governance) was received from NHS Improvement on 31<sup>st</sup> August 2016.

#### 4. IMPLICATIONS:

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

4.2 **Financial/Value for Money:** This issue is covered in the report of the Director of Finance under agenda item 10(vii).

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

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

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

#### 5. RISKS:

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

#### 6. CONCLUSIONS:

6.1 The Trust remained compliant with the requirements of the Risk Assessment Framework for Quarter 1, 2016/17.

#### 7. RECOMMENDATIONS:

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

#### Background Papers:

NHS Improvement's Risk Assessment Framework (August 2015)  
Feedback letter from NHS Improvement dated 31<sup>st</sup> August 2016.



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

**Risk Assessment Framework Submission – Quarter 1, 2016/17**

**Exception Report**

**(1) CQC Compliance:**

As reported at Quarter 4, 2015/16 the Trust has developed an action plan to address the compliance issues identified by the CQC following its inspection of the Trust in January 2015 and those inherited from Leeds and York Partnership NHS Foundation Trust following the expansion into York and Selby on 1<sup>st</sup> October 2015.

The position at the end of Quarter 1 was that all actions had been achieved, or were on track to be achieved, in accordance with the Plan; however, a new action has been included in the Plan in relation to addressing difficulties in recruiting staff within the York and Selby Locality.

**(2) York and Selby:**

Further to the exception report provided at Quarter 4, 2015/16:

- (a) All actions included in the Quality Governance Memorandum and Plan, provided to Monitor on 27<sup>th</sup> January 2016, which were due to be completed by the end of Quarter 1, 2016/17 have been completed in accordance with Plan.
- (b) As requested in the feedback letter dated 30<sup>th</sup> June 2016, a summary of the progress of capital works in the Locality following the closure of Bootham Park Hospital is as follows:
  - Environmental improvements have been completed at Bootham Park resulting in agreement with the CQC to re-open the Section 136 and outpatient / community facilities at the hospital.
  - During August 2016 capital works to Peppermill Court will be completed to enable the repatriation of adult mental health inpatients who have been receiving treatment in the Trust's other Localities since the closure of Bootham Park Hospital. Patient transfers to Peppermill Court are scheduled to take place during the week commencing 29.08.16.
  - Estates works at Worsley Court (in Selby) have been completed and capital works at Acomb Garth have commenced. The latter works are scheduled to be completed in October 2016 and will enable the transfer of MHSOP (functional) patients from Worsley Court to Acomb Garth.
  - MHSOP (functional) inpatient services are also provided at Meadowfields. A "staff attack" system has been installed at this unit to comply with patient / staff safety issues.
  - Organic MHSOP patients continue to be treated at Cherrytrees where minor works have been completed.
  - A business case for the reprovision of inpatient services in York and Selby is being progressed with the Strategic Outline Case being agreed

by the Board of Directors at its meeting held on 21<sup>st</sup> June 2016. The Trust is, at present, reviewing potential site options. The scheme will be subject to formal consultation and is planned for completion in 2019.

- A separate business case is being developed for the reprovision of community services across York and Selby.

**(3) Changes to the Executive Team**

The position of the Director of Finance and Information is being undertaken by Mr. Drew Kendall (Associate Director of Finance), on an interim basis, following Mr. Colin Martin's appointment as the Trust's Chief Executive.

**COUNCIL OF GOVERNORS  
PUBLIC AGENDA**

<b>DATE:</b>	29 <sup>th</sup> September 2016
<b>TITLE:</b>	To assure the Council of Governors on the position of compliance with Care Quality Commission registration requirements
<b>REPORT OF:</b>	Jennifer Illingworth, Director of Quality Governance
<b>REPORT FOR:</b>	Compliance/Performance

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

<b>Executive Summary:</b>
<p>This report provides the Trust’s current activity in providing assurance on the current position of compliance with the Care Quality Commission.</p> <ul style="list-style-type: none"> <li>• A CQC visit to Roseberry Park Hospital, Forensic Learning Disability Service to inspect against restrictive practices was undertaken on 22<sup>nd</sup> February 2015; the final report has now been received, there were no actions to be taken following the visit and outstanding actions have been addressed.</li> <li>• The Trust is currently waiting to receive permission to open the ECT Suite at Bootham Park Hospital.</li> <li>• The CQC have carried out fourteen MHA Inspections to the Trust since the last update we have received reports following nine of those visits.</li> <li>• There has been a change to the CQC relationship owners for the Trust updated information is enclosed .</li> </ul>

<b>Recommendations:</b>
<p>The Council of Governors are asked to note the CQC registration and information assurance update.</p>

<b>MEETING OF:</b>	<b>COUNCIL OF GOVERNORS</b>
<b>DATE:</b>	<b>29<sup>th</sup> September 2016</b>
<b>TITLE:</b>	<b>To assure the Council of Governors on the position of compliance with Care Quality Commission registration requirements.</b>

## 1. INTRODUCTION & PURPOSE

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

## 2. KEY ISSUES:

### 2.1 Unannounced Visit to Forensic Learning Disability Service

In the previous updated received it was reported that the Trust had an unannounced CQC inspection to Forensic Learning Disability Services on 22 February 2016 to follow up on issues from the March 2014 inspection where compliance actions were raised in respect of restrictive practices, the final report (see appendix 1) has now been received and was published on the CQC website on 24<sup>th</sup> June 2016.

The report shows that the actions identified during the inspection in March 2014 had now all been addressed. However the CQC have requested that the Trust progresses its action to reduce the restrictive practice around the use of mobile telephones and personal laptops

### 2.2 ECT Suite at Bootham Park Hospital

Following discussion with the CQC it has been agreed that the ECT suite will be added to the Trust's Headquarters registration. Environmental works within the ECT Suite are currently on-going.

### 2.3 Mental Health Act Inspections

There have been fourteen MHA inspections since the last report to Council of Governors to date we have received reports from the following inspections:-

- |  |                              |
|--|------------------------------|
| • Northdale, Roseberry Park Hospital (Forensic LD)       | 6 <sup>th</sup> May 2016     |
| • Picktree, Lanchester Road Hospital (D&D MHSOP)         | 12 <sup>th</sup> May 2016    |
| • Rowan Lea, Cross Lane Hospital (North Yorkshire MHSOP) | 25 <sup>th</sup> May 2016    |
| • Fulmar, Roseberry Park Hospital (Forensic MH)          | 26 <sup>th</sup> May 2016    |
| • Thistle, Roseberry Park Hospital (Forensic LD)         | 17 <sup>th</sup> June 2016   |
| • Elm, West Park Hospital (D&D AMH)                      | 13 <sup>th</sup> July 2016   |
| • Bankfields, Middlesbrough (Tees LD)                    | 21 <sup>st</sup> July 2016   |
| • Esk, Cross Lane Hospital (North Yorkshire AMH)         | 5 <sup>th</sup> August 2016  |
| • Newtondale, Roseberry Park Hospital (Forensic MH)      | 9 <sup>th</sup> August 2016  |
| • Oak Ward, West Park Hospital (D&D MHSOP)               | 10 <sup>th</sup> August 2016 |

The following wards that have had a recent MHA visits but final reports have not yet been received from CQC:-

- Ramsey, Lanchester Road Hospital (D&D LD) 25<sup>th</sup> August 2016
- Kestrel/Kite, Roseberry Park Hospital (Forensic LD) 5<sup>th</sup> September 2016
- Swift, Roseberry Park Hospital (Forensic MH) 14<sup>th</sup> September 2016
- Mallard, Roseberry Park Hospital (Forensic MH) 20<sup>th</sup> September 2016

## 2.4 CQC Relationship Owners Update

There has been a change to the CQC relationship owners for the Trust an amended list is attached below:-

Organisation - Tees Esk and Wear Valleys NHS FT	New Relationship owner (05.09.2016)	Area
Acomb Learning Disability Units	Gemma Berry	North Yorkshire
Cross Lane Hospital	Gemma Berry	North Yorkshire
Friarage Hospital Mental Health Unit	Gemma Berry	North Yorkshire
Springwood	Gemma Berry	North Yorkshire
The Briary Unit	Gemma Berry	North Yorkshire
Worsley Court View for the Elderly	Gemma Berry	North Yorkshire
163 Durham Road	Jayne Lightfoot	Tees Valley
367 Thornaby Road	Jayne Lightfoot	Tees Valley
Bankfields Court	Jayne Lightfoot	Tees Valley
Park House	Jayne Lightfoot	Tees Valley
Roseberry Park	Jayne Lightfoot	Tees Valley
Sandwell Park	Jayne Lightfoot	Tees Valley
West Lane Hospital	Jayne Lightfoot	Tees Valley
Auckland Park Hospital	Rob Burdis	Durham & Northumberland
Earlston House	Rob Burdis	Tees Valley
Lanchester Road Hospital	Rob Burdis	Durham & Northumberland
Primrose Lodge	Rob Burdis	Durham & Northumberland
Trust Headquarters	Rob Burdis	Tees Valley
West Park Hospital	Rob Burdis	Tees Valley
136 suite, Bootham Park Hospital	Clare Stewart	North Yorkshire
Acomb Garth	Clare Stewart	North Yorkshire
Cherry Tree House Elderly Assessment Unit	Clare Stewart	North Yorkshire
Meadowfields Community Unit	Clare Stewart	North Yorkshire
Peppermill Court	Clare Stewart	North Yorkshire
The Orchards	Clare Stewart	North Yorkshire
White Horse View	Clare Stewart	North Yorkshire

## 3. IMPLICATIONS:

- 3.1 **Compliance with the CQC Fundamental Standards:** Provision of safe and effective high quality services is a strategic priority for the Trust and the Fundamental Standards of Quality and Safety that underpin CQC registration support and facilitate those quality services. Ongoing full registration reinforces the position of the Trust in maintaining high quality service delivery – any loss of registration has implications for the reputation of the Trust as quality provider.
- 3.2 **Financial/Value for Money:** Full CQC registration is an essential requirement of the Monitor authorisation the Trust to operate as Foundation Trust –complete loss of registration therefore would have disastrous business impact. There are financial

implications in maintaining CQC registration – the annual fee structure, the corporate infrastructure required to maintain the evidence base and relationship with CQC and the costs of addressing any challenges to compliance with changing services.

- 3.3 **Legal and Constitutional (including the NHS Constitution):** Under the 2008 Health and Social Care Act (Regulated Activities) Regulations 2009, CQC registration is a pre-requisite to the status of service provider – the Trust can no longer legally undertake contractual obligations to provide services without registration for those services. In addition all the legal and statutory requirements that underpin the CQC Fundamental Standards forms the operational and professional legislative framework that the Trust has to comply with anyway – compliance with the registration standards enables the Trust to ensure those legal and statutory requirements are being met.
- 3.4 **Equality and Diversity:** The Equality and Diversity legislation underpins the CQC registration framework and therefore compliance with E&D legislation is monitored to mitigate risk to or compromise of CQC registration status.
4. **RISKS:** The essential requirement to have services registered before undertaking contractual obligations to provide could compromise the flexibility and nimbleness of the Trust to take on new or reconfigured services as the registration processes are not currently highly responsive. Internally there needs to be proactive and reflexive systems in place to reduce that risk by including registration and compliance advice/action as early as possible in the tender or contracting stage.
5. **CONCLUSIONS:** The Trust continues to maintain full registration with the CQC with no conditions and continues to strengthen the validated evidence base that demonstrates compliance with the CQC's framework for regulating and monitoring services
6. **RECOMMENDATIONS:** The Committee are asked to note the CQC registration and information assurance update.

**Jennifer Illingworth**  
**Director of Quality Governance**

**Background Papers:**

- **Appendix 1: CQC Report from Roseberry Park, Forensic Learning Disability Service**



# Roseberry Park

## Quality Report

Marton Road,  
Middlesbrough,  
TS4 3AF  
Tel: 01642837300  
Website: [www.tewv.nhs.uk](http://www.tewv.nhs.uk)

Date of inspection visit: 22 February 2016  
Date of publication: This is auto-populated when the report is published

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

### Overall summary

We did not rate this inspection.

During the inspection we reviewed the provider's action plan relating to restrictive practice.

- At the inspection in March 2014, we found people had restrictions in place regarding the use of telephones and visits; these were not in response to individual risk. During this inspection we found that patients were no longer supervised during phone calls and visits unless indicated on their risk assessments
- At the inspection in March 2014, people told us about their meal time experience and said that if they did not attend for meals on time they were not

offered a hot meal and would be given a sandwich.

During this inspection we found that patients always had access to a hot meal even if they had missed the meal time.

- At the inspection in March 2014 we found that the hospital did not always treat people in the least restrictive manner and often enforced boundaries with actions that could be seen to be punitive. For example staff told us that aggressive behaviour spitting and hitting staff was regarded as physical assault and would lead to a person having their leave cancelled. During this inspection we found that there was a positive culture on the wards and actions were no longer seen as punitive.

## Summary of findings

- At the last inspection in January 2015 we found that blanket restrictions continued to be in place on some wards. For example, on Merlin, Linnet, Lark and Newtondale wards, patients were subject to routine rub down searches following a period of unescorted leave. These were not carried out on the basis of the risks presented by individual circumstances. During this inspection we found searches were no longer carried out routinely.
- During the inspection of the learning disability forensic inpatient/secure wards at Roseberry Park Hospital in March 2014 we found there was a breach of Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010: Safeguarding people who use services from abuse. During this inspection we found learning disability forensic inpatient/secure wards were no longer in breach of this regulation.



# Summary of findings

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# Roseberry Park

**Services we looked at**

Forensic inpatient/secure wards

## Summary of this inspection

### Our inspection team

The inspection team consisted of one Care Quality Commission inspector and one Care Quality Commission inspection manager.

### Why we carried out this inspection

We inspected this core service as part of a focused inspection into the use of restrictive practices. Roseberry Park was inspected in March 2014 and we found the provider to be in breach of regulation 9 and 11 of the health and Social care Act 2008 (regulated activities) Regulations 2010. The provider was re inspected in

January 2015 and was found to still be implementing its action plans around the use of restrictive practice. This was a focused inspection to ensure the action plan had been implemented. Therefore only aspects relating to the restrictive practice were inspected during this focused inspection.

### How we carried out this inspection

During the inspection visit, the inspection team:

- Visited eight out of the 11 learning disability forensic wards at the hospital and looked at the ward environment.
- Spoke with six patients who were using the service.
- Spoke with the director of operations, the deputy medical director, service leads and ward managers.
- Spoke with six other staff members; including doctors, nurses, and support workers.
- Looked at eight care and treatment records of patients.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

### Information about Roseberry Park

Roseberry Park Hospital provided inpatient services for the assessment, treatment and rehabilitation of people with mental health needs, learning disabilities and problems with substance misuse. Care was provided in wards of between 4 and 20 beds.

It was registered to provide the regulated activities of;

- Assessment or medical treatment for persons detained under the Mental Health Act 1983, Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.

### What people who use the service say

Patients told us that things had improved, and that there were less 'rules' than before. Patients reported that staff were friendly and professional and that they discussed restrictions with them in their multidisciplinary reviews.

Patients told us that they would like access to their mobile phones on the wards.

## Detailed findings from this inspection

### Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

## Forensic inpatient/secure wards

### Summary of findings

Following our inspection in March 2014 the trust undertook a review of all potential restrictive practices. It established a restrictive practice working group which consisted of all ward managers, heads of service, modern matrons and clinical directors, along with the security manager and clinical leads. At the time of this inspection the group had met on three occasions.

The Mental Health Act code of practice 2015 states that providers who treat people who are liable to present with behavioural disturbances should focus primarily on providing a positive and therapeutic culture;

- Providers should have governance arrangements in place that enable them to demonstrate that they have taken all reasonable steps to reduce the misuses and misapplication of restrictive practices.
- Restrictive practices, when required, should be planned, evidence based, lawful, in the patients best interest, proportionate and dignified.

The service had made changes to the way it approached restrictive practice and a number of restrictions had been removed. Where restrictions were needed, these were individually risk assessed.

As part of the restrictive practice group a framework was developed which described the procedural arrangements for the ward to providing the least restrictive practice. When individuals required a greater level of restriction the framework provided managers with clear guidance around documentation and reviews.

Restrictive practices that were in place were recorded monthly and broken down by ward; this was reviewed during senior team meetings. We saw evidence of reviews in meeting minutes.

At the inspection in March 2014 we found people had restrictions in place regarding the use of telephones and visits which often meant people were supervised during phone calls and visits. We looked at the risk assessments in place and found they did not provide a rationale for the restrictions in place. People we spoke with told us they did not know why they were being

supervised for phone calls and visits and did not understand their rights regarding privacy and restrictions. During this inspection patients were no longer supervised on the phone or during visits, unless there was an individual need. Care records demonstrated that where such restrictions applied comprehensive risk assessments and care plans were in place.

Care records demonstrated that individual searches and room searches were only carried out where risk had been identified. We saw a comprehensive care plan was in place for a patient who presented a risk of arson and required room searches to ensure no items which could start a fire were available.

Weekly multidisciplinary team meetings reviewed restrictions that were in place. The multi-disciplinary team (MDT) considered if the restrictions needed to continue and what would need to change for the restriction to change.

At the inspection in March 2014 people told us about their meal time experience and said that if they did not attend for meals on time they were not offered a hot meal and would be given a sandwich. Staff told us this was due to food hygiene regulations. We found this practice restrictive as the rules did not take into account people's complex behaviours that may have meant they were unable to attend lunch or dinner. Patients may have also been attending visits or other appointments that meant they were not able to attend the mealtime.

During this inspection staff reported that restrictions around having a hot meal outside of meal times had been addressed through keeping a stock of food on the ward. This meant if patients missed meal times staff could still prepare them something hot if they wanted. We observed the kitchen cupboards to have a range of items available.

Safe wards (an internationally recognised project covering planning, compromise, positive environments and reduction of incidents and degree of harm) had been implemented across the service. This had been successful in reducing the number of violent incidents and staff reported that this had helped change the

## Forensic inpatient/secure wards

culture on the wards. We did not see any evidence of punitive actions occurring, and patients and staff spoke of how things had improved and that there were not as many 'rules'. Staff reported the wards were calmer.

When walking around the wards we found courtyard doors were unlocked which allowed patients open access to the outdoor space. Bedroom doors were not locked unless patients had specifically asked them to be, and staff reported patients were free to go in their rooms at any time. Quiet rooms and activity rooms were open and patients did not need to ask staff to let them in. There was 24 hour access to the kitchen to make hot and cold drinks. Where there was a risk on the ward in relation to kitchen access, staff had to unlock the door to allow patient access.

Mobile phones were not allowed on the ward and could only be used whilst out on leave. The provider told us that this was because mobile phones with cameras can

be used to take pictures and videos and could potentially breach patient confidentiality. This was a blanket restriction across the service. However, the trust were piloting a trial on one of the wards and we saw evidence in senior management meetings of an ongoing project to allow mobile phones whilst maintaining security. There was evidence of patient involvement in the decision to allow mobile phones from the patient restrictive practice representative.

Access to personal laptops remained a blanket restriction across the services. There was one patient that had been allowed their laptop as part of a bespoke care package. The trust reported that they had concerns regarding security of access to the trust Wi-Fi. At the time of the inspection the trust were still considering alternative options around access to personal laptops and internet access.

## Outstanding practice and areas for improvement

### Areas for improvement

#### Action the provider SHOULD take to improve

- The trust should ensure that it progresses action to reduce the restrictive practice around mobile phones and personal laptops.

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

<b>DATE:</b>	29 September 2016
<b>TITLE:</b>	Service Changes Report
<b>REPORT OF:</b>	Brent Kilmurray, Chief Operating Officer
<b>REPORT FOR:</b>	Information

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

**Executive Summary:**

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

Key themes to note:

- ongoing uncertainty regarding the Transforming Care programme within Learning Disability services
- ongoing work to improve waiting times in children's services
- a delay to the opening of adult mental health beds in York at Peppermill Court
- there is an array of service user and carer involvement activity and consultation ongoing across localities and specialties.

**Recommendations:**

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



<b>MEETING OF:</b>	<b>Council of Governors</b>
<b>DATE:</b>	<b>29 September 2016</b>
<b>TITLE:</b>	<b>Service Changes Report</b>

**1. INTRODUCTION & PURPOSE:**

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

**2. BACKGROUND INFORMATION AND CONTEXT:**

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

**3. KEY ISSUES:**

**3.1 Durham and Darlington**

**Adult Mental Health and Substance Misuse**

Implementation of the aligned CPN model has gone very well and all staff are now in post. This service has been exceptionally well received by GPs and early referral rates are high. We are working closely with the Federations to ensure that baseline information and monitoring data are collected to help us monitor the impact. The service recently presented jointly with the Federation to the national Primary Care Association as an example of good practice, which the NAPC are keen to learn more about with a view to sharing the lessons.

Over the last quarter, we have completed our review of the acute services at West Park Hospital and are currently working through our transformation plan. This includes consideration of issues such as leadership and culture, clinical interventions and delivery and estate. We will be including service users and carers as appropriate throughout this work and the Head of Service will also be making contact with local governors to support us with this work as it develops.

**Mental Health Services for Older People**

Organic Bed Changes

We have completed the changes to the way we deliver inpatient services for people living with organic conditions. The outcomes of the consultation were that the move from three 10 bedded wards to two 15 bedded wards occurred over the summer, resulting in Picktree Ward closing on the 1<sup>st</sup> August and the 15 beds being available on Ceddesfeld and Hamsterley Wards at Auckland Park Hospital. Since the change we have continued to be able to offer inpatient services within Auckland Park for all Durham and Darlington patients with dementia related needs. We are also implementing support with travel for

affected patients and discussing choice as requested throughout the consultation.

### Falls

Analysis shows that there has been a small reduction in falls in Durham and Darlington over the past 3 years, and a low number of falls resulting in serious harm. This compares favourably with other localities.

### Meaningful Engagement on Organic Inpatients' services

We have recently completed a 12 month quality improvement project to improve meaningful activity at an appropriate cognitive level on our organic wards.

Picktree ward closed in August therefore there was no 12 month data to report, however both Hamsterley and Ceddesfeld ward met all the targets set by the sponsor. These included increased time registered nurses spend in direct patient contact, an increased number of patients with a PAL (Pool Activity Level) assessment, an increase number of patients with a PAL that is linked to a person centred plan, an increase in the total number of intervention plans that are patient centred and a decrease in the number of patients who have a length of stay over 7 days without a life history documented.

### **Children and Young People's Services**

The locality has made significant improvements in managing waiting times. The number of overall waiters has significantly reduced from 922 in February to 129 in September. Most young people are now being seen within 4 weeks of referral with no breaches of the 9 week waited KPI.

The improvements are a result of implementation of a robust recovery plan that was underpinned with phase 1 PCC implementation. The service also had an RPIW in June to review access to services.

A Single Point of Access (SPA) became operational on 1st August 2016. Key changes to the service include: One contact point for referrers; Open access; Telephone assessments on the day of receipt of a referral; Priority referrals offered face to face assessment the day of receipt of referral; Face to face assessment at the SPA within 5 days; Face to face assessment at their local CAMHS base within 28 days.

The SPA has also received positive feedback from referrers regarding the new process. To ensure we capture this, the team are developing a questionnaire to monitor feedback from referrers.

### **Learning Disability Service**

The Transforming Care agenda nationally is progressing slowly however the services have developed potential new models for both inpatient and community services to support the proposed national requirements around service provision, including a significant reduction in beds and enhancing community services to better support people in the community. This will include seven day working and better crisis support in the community. A new

model for inpatient services on the Lanchester Road Hospital site is currently being developed.

Following a Kaizen event in June, Daily Lean Management has been successfully implemented across the Adult LD service. It complements work already undertaken in relation to PPCS and has helped to improve communication across the teams.

The Integrated Learning Disability Teams in Durham have completed a restructure that began in 2015 and have now moved from two to three teams covering the County. The North team have re-located to Chester-le-Street Health Centre, with the South team remaining at Green Lane, Spennymoor and the East Team remaining at Spectrum in Seaham. It is anticipated that some of the actions from a 3P event last year can now be completed to improve the patient journey between the Integrated and Specialist teams.

**Purposeful & Productive Community Services (PPCS)** – Phase one work is almost complete and audits of the implementation of tools are currently under way. A kaizen event was held in June with representatives from ALD services across the Trust, to streamline the current pathways and create a single unified pathway to support delivery of evidence based interventions and effective team working. There is currently no standard way to monitor which pathway a service user is on and no standard visual control to track service users journey through pathways for use at daily huddles, therefore a unified pathway with specific clips will enable consistency and better individualised support.

## 3.2 Tees

### **Adult Mental Health and Substance Misuse**

Early Intervention in Psychosis - EIP access and treatment standards are being monitored nationally. A national self assessment exercise has been carried out and we see, as expected, that whilst we meet the waiting times element the full range interventions required are not in place. Plans will be developed with commissioners to close this gap.

Work is progressing well on the Purposeful and Productive Community Services, and we are moving to phase 2 after successfully implementing the phase 1 products.

Rehabilitation Strategy – This is being developed with Commissioners in Tees but also with other localities to see if there are new services that could be developed Trust wide.

### **Mental Health Services for Older People**

Bed pressures continue in Tees services, due to difficulties discharging patients as the available nursing home places reduce.

There has been an extension to the ICLS team in Stockton, funded through the Better Care Fund, for 12 months to enable closer working with physical

healthcare teams. A Single Point of Access for older people is being developed in South Tees. This will cover acute and mental health trust staff and the two local authorities.

National CORE24 Standards for Liaison services are being met in Tees as part of plans to have these in place everywhere by 2020.

### **Children and Young People's Services**

The 24/7 Crisis and Home Treatment Service is now in place, with funding received recurrently from CCGs. The Trust has been successful in securing a further £450k to make the available home treatment more intensive.

Waiting times have now stabilised and new appointments are now being offered within 3 weeks.

West Lane services have been very busy and we are part of a national pilot to commission inpatient services.

### **Learning Disability Service**

There has been a slowing pace of transformation as there remains a lack of clarity on dowry funds for patients which is creating difficulties for local authorities.

NECS are currently undertaking a review of the extended community teams but the fact that there have only been 3 admissions for assessment and treatment this calendar year suggests to us that this has been a success.

New complex patients are still being admitted to Bankfields Court from other areas of the Trust.

## **3.3 North Yorkshire**

### **Adult Mental Health and Substance Misuse**

A Service User and Carer conference is planned for 10 October in Richmond offering an information exchange about improving services, mental health first aid training and sharing with people what the service is able to provide. There is good engagement across third sector showing how we can work together to help people.

The Police Connect research project, which involved training a cohort of Police with additional mental health knowledge, has been well received. The evaluation will feed into the Mental Health Care Crisis Concordat (MHCCC) implementation group.

TEWV is the lead agency for the Mental Health Crisis Care Concordat working group looking to an all age crisis response, this involves partners from York, Police, health watch, third sector, acute care, local authorities and commissioners. Within North Yorkshire the strategic approach for an all age response has been approved by the LMGB and we are working with commissioners to close the gaps – which includes children and young people,

learning disabilities, 24/7 emergency liaison for all ages. The end result will be a single specification for North Yorkshire.

### **Mental Health Services for Older People**

Jan McLauchlan, Head of Service for MHSOP in North Yorkshire, retired in August after a long and successful career in mental health services in the area. Naomi Lonergan, currently a Locality Manager in Adult Mental Health services in Durham and Darlington, has been appointed to replace Jan. She will start in role in early October.

Springwood and Rowan Lea have implemented My Life Software and it will be rolled out to Rowan Ward, Harrogate. This interactive software enables the team to work with patients and their families to build up critical information on their life history that is not normally captured by normal processes, eg their hobbies, likes and dislikes. This information follows the patient through their journey, and the software has been enthusiastically received.

A new Consultant Psychiatrist, Dr Sabrina Leigh Hunt, has been appointed in Ryedale.

### **Children and Young People's Services**

The new North Yorkshire and York CAMHS Eating Disorder team continues to recruit into its posts to offer improved assessment, support and intervention for young people with eating disorders. The service is expected to show progress towards the Trust's waiting time standards by the end of the year.

The part-time Consultant Psychiatrist for Harrogate has now started in post, releasing the locum to support the Northallerton team. The substantive post for Northallerton is currently out to advert and has stimulated interest.

### **Learning Disability Service**

In response to the Council of Governors' challenge to involve carers and service users North Yorkshire Learning Disabilities (NYLD) team have included a Carer on a recent Kaizen Event in the Scarborough, Whitby and Ryedale Area and looking forward into the involvement of carers and service users at KPO events, for example, Report Outs.

The newly formed NYLD Shadow QuAG has been developed to replicate the NYLD QuAG. The meeting is run with a group of service users from across North Yorkshire to challenge the quality of services delivered and improve systems.

## **3.4 York and Selby**

### **Adult Mental Health and Substance Misuse**

Work is under way to provide new community hubs for adult services including the Community Mental Health Teams, Assertive Outreach Team, Early Intervention Team, Personality Disorder Clinical Network and IAPT services. The identified hubs are at Huntingdon Road in York and Worsley Court in Selby. This development will create fit for purpose, modernised

facilities for outpatient, psychological and wellbeing appointments and therapeutic group work, as well as providing a team base for clinical teams. A full business case will be completed by October 2016.

Governors may be aware that the Trust was forced to delay the opening of the Peppermill Court inpatient facility as a result of a small fire. Since the closure of beds for adult services in York in September 2015 the Trust has been refurbishing Peppermill with an aim of creating 24 male and female beds within the city. It has been reported that a fan caught fire in the roof space and caused damage to the roof and timbers. The contractors have been working to make good the damage and a revised handover date of 26<sup>th</sup> September has now been set. Patients will be admitted to the unit shortly after that, once staff induction has been completed.

York and Selby Locality has been involved in a Trust wide event to refresh the PIPA (Purposeful Inpatient Admissions) process and the standard work from this will be implemented at Peppermill Court from the outset to ensure there is a clear purpose for all admissions, with clear processes for inpatient treatment and discharge planning.

Work has continued to develop rehabilitation and recovery services, involving a wide range of stakeholders, service users and carers. There are a number of options being considered and further data is being collected to inform the proposals. A number of work streams are exploring good practice and innovative models of support within the rehabilitation and recovery umbrella which includes crisis house/ step down facilities and wider interface with housing support options.

The service continues to implement the TEWV Quality Improvement System (QIS) in all service developments and service users and carers are integral to this work.

### **Mental Health Services for Older People**

Work has now been completed to disaggregate the previous all-age model into discrete MHSOP and AMH services.

Work is progressing to enhance the Care Home Liaison service to move to a 7 day a week model in the Autumn 2016. This work will also examine ways in which the service can more fully support effective discharges from the inpatient facilities.

Cherry Tree House held its first Rapid Process Improvement Workshop (RPIW) around Purposeful Inpatient Admission (PIPA) in April. This work will be rolled out to the other inpatient services over the coming months. The Memory service will be having their RPIW around reducing waiting times in the week commencing 05 December 2016. This work will also involve partners (Dementia Forward) and the GPs.

Work has begun to roll out the Purposeful and Productive Community Services (PPCS) phase one products across all community teams.

The reconfiguration of MHSOP inpatient beds is scheduled to be completed by January 2017 with the movement of the male dementia ward (currently at Worsley Court) to newly refurbished accommodation at Acomb Gables.

### **In-patient New Build replacement**

PH & S Architects have been appointed to the project and have provided early plans for the potential new build design. The initial plans for the new hospital have progressed and been agreed with the clinical teams. A shortlisting for potential available sites (including Bootham Park Hospital) has been conducted and is subject to Board of Directors review in mid-September. Details will be provided in the 7 public consultation events which are planned to take place between September 23<sup>rd</sup> and December 16<sup>th</sup> 2016. The public events have been arranged in York (4 sessions over 2 dates), Selby, Easingwold and Pocklington.

### **Learning Disabilities**

Work is now completed in investing the resource released from White Horse View and the new team structures are in place.

Work is progressing around implementation of the Transforming Care Agenda, with an initial focus on Crisis and out of hours support. £150k has been allocated for North Yorkshire to support this programme and must be match funded by the Trust, creating financial pressure.

Positive Behaviour Support Training has been delivered to all staff and the PBS pathway can now be implemented in both service areas.

Bed occupancy at Oak Rise remains very tight creating a pressure on community services and increasing possibility of our of locality admissions.

### **Children and Young People's Services**

The CAMHS Hospital Liaison service is up and running, whereby a CAMHS practitioner is available to assess young people in either A&E or on ward 17 between 1 – 9pm. This has extended the access to CAMHS expertise and staff on Ward 17 report that there has been a reduction in the numbers of young people absconding from the ward and a sense of the young people being calmer and more contained within the ward environment.

A Single Point of Access service will be running from Jan 2017. This will improve access and the timeliness of assessments for children, young people and families referred to the service. It will also provide a focal point for referrers to consult with CAMHS professionals if they are considering a referral to service and a signposting service if alternatives are more appropriate.

### 3.5 Forensic Services

#### **Carer Involvement**

The CQUIN for Carer Involvement finished in March 2016. However, the monthly Carer Involvement meetings have continued with the Director of Operations also attending on a bi-monthly basis.

The group proposed an open day for Carers which took place on Saturday 17<sup>th</sup> September 2016. Seventeen carers attended and staff and service users hosted the day at Ridgeway. This provided an opportunity for carers to visit the central hub, including the activity centre, café, shop, gym and the health centre to see the facilities that are available to service users. The currently vacant Kingfisher/Heron wards were also used so that carers could see patient bedrooms and ward facilities as most visits do not take place on wards. The feedback was extremely positive and an evaluation report from the event will be produced including suggestions for improvements.

A carer has also been appointed a carer to join the Forensic Services Service Development Group (SDG) and this will commence in October.

The service is also supporting three carers to attend a National Carer Involvement Conference in October. The November Carers' Involvement meeting will be receiving feedback from the Conference and the open day to inform the work programme for 2017 and the Forensic Service business planning priorities.

#### **Transforming Care**

As previously reported to the Council of Governors, the implementation of NHS England's Assuring Transformation programme continues to be the most significant issue facing the service.

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

We had hoped that the Cumbria and North-East Transforming Care Board would have approved the service models and funding streams for the expanded community service, but there is still no clear timescales for decisions to be made. The service is well represented at local, regional and national forums and continues to lobby for the interests of our service users. This has also led to delays in moving people into supported community placements and has been identified as a risk to delivery of the transforming care programme.

The service has plans to further reduce inpatient beds by 6 by 31<sup>st</sup> March 2016. Further reductions are also planned in the 2017/18 financial year and staff consultations continue in line with organisational change processes.



### **Model Ward**

The service is proceeding with a 2 year Model Ward programme to develop the perfect inpatient experience for our patients and staff. Historically, to help achieve this, many of our staff and patients have been involved in improvement events such as 'The Perfect Day' and access to leave as a way of making changes to the way we work, for the benefit of the service and our service users.

The Model Ward was conceived as a way of consolidating all this good work, and using it as a foundation to make a concerted effort to drive large scale change at a pace that meets the changing needs of our service.

The overarching objective is to improve quality; safety and patient experience through removing waste and improving productivity and creating the 'model' ward experience.

What this looks like, and what the outcomes are, will be determined by our patients, carers and staff. This is a two year project and the service will report at the Trust-wide report outs on progress against the project plan.

## **4. IMPLICATIONS:**

- 4.1 **Compliance with the CQC Fundamental Standards:** No specific implications
- 4.2 **Financial/Value for Money:** No specific implications
- 4.3 **Legal and Constitutional (including the NHS Constitution):** No specific implications
- 4.4 **Equality and Diversity:** No specific implications
- 4.4 **Other implications:** No specific implications

## **5. RISKS:** No new risks identified

## **6. CONCLUSIONS:**

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

## **7. RECOMMENDATION:**

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

**Brent Kilmurray**  
**Chief Operating Officer**

**MEETING OF THE COUCIL OF GOVERNORS**

<b>DATE:</b>	29 September 2016
<b>TITLE:</b>	Quality Account 2016/17 Quarter 1 Performance Report
<b>REPORT OF:</b>	Sharon Pickering, Director of Planning, Performance & Communications Elizabeth Moody, Director of Nursing & Governance
<b>REPORT FOR:</b>	Assurance

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

**Executive Summary:**

This is the first progress report for the Quality Account during 2016/17 covering the period April to June 2016 (quarter 1).

This report presents updates against each of the four key quality priorities for 2016/17 identified in the Quality Account as well as performance against the agreed quality metrics.

All Quality Account priorities are reporting as being on track to be completed as planned.

**Recommendations:**

The Council of Governors are asked to receive and comment on this report on the progress made against the Quality Account as at quarter 1 2016/17.

<b>MEETING OF:</b>	<b>MEETING OF THE COUNCIL OF GOVERNORS</b>
<b>DATE:</b>	<b>29 September 2016</b>
<b>TITLE:</b>	<b>Quality Account 2016/17 Quarter 1 Performance Report</b>

**1. INTRODUCTION & PURPOSE:**

- 1.1 This report sets out the Trust's progress on achieving the quality priorities and quality metric targets contained within the 2015/16 Quality Account as at the end of Quarter 1 (June) 2016.

**2. BACKGROUND INFORMATION AND CONTEXT:**

- 2.1 The Trust is required each year to produce a Quality Account - a report about the quality of services provided by the Trust during the previous year and what quality priorities the Trust has committed to for the forthcoming year. The aim of the Quality Account is to enhance accountability to the public and engage the leaders of the Trust and its stakeholders in the quality improvement agenda.
- 2.2 As part of the Quality Account for 2015/16, the Trust identified and agreed four quality priorities and a set of quality metrics for 2016/17. This process involved consultation with our key stakeholders including members of our Council of Governors.

**3. KEY ISSUES:**

**Progress on the four Quality Priorities for 2015/16**

- 3.1 Within the 2015/16 Quality Account the Trust agreed the following four quality priorities for completion in 2016/17:
- Continue to develop and implement Recovery focused services;
  - Implement and embed the revised harm minimisation and risk management approach;
  - Further implementation of the nicotine replacement programme and smoking cessation project;
  - Improve the clinical effectiveness and patient experience at times of Transition Monitoring Progress.

The Trust is on track (i.e. GREEN) for 100% **(35 of 35)** of its actions to deliver these quality priorities.

## Performance against Quality Metrics at quarter 1

3.2 There are three quality metrics reporting RED and one reporting GREY at quarter 1 2016/17. These are:

- **Patient falls per 1000 admissions:** The Trust position for quarter 1 is 52.40, which is 23.61 more than the target and a slight deterioration on quarter 4 2015/16 performance. This relates to 82 falls during the quarter: 22 (27%) in Durham and Darlington, 22 (27%) in Teesside, 15 (18%) in North Yorkshire, 13 (16%) in Forensics and 10 (12%) in York & Selby. Of the falls reported, 70 (86%) were classified low with minimal harm (patient required extra observation or minor treatment), 10 (12%) were reported as moderate short term harm (patient required further treatment) and 2 (2%) were reported as Severe (permanent or long term harm). No patterns have been identified.
- MHSOP – An expert led sleep share and spread event was planned for June 2016 with an expert facilitator and costs identified. The aim of the event was to provide staff with the knowledge and skills to support patients sleep patterns using therapies as opposed to prescribed medication which are a factor in effecting patient falls due to adverse effects of the medication. It was hoped that this event would provide the speciality with a high level of expertise regarding this topic which could be built into a bespoke day for training Trustwide on the wards. The speciality were unable to secure funding for the expert facilitator, therefore an in-house version of the event will be planned and held.
- Adult LD – A retrospective falls audit was completed in March 2016 covering 2015/16. A subgroup has been established with a trust wide focus on falls, falls prevention, harm minimisation and record keeping and there has been an improvement in the clinical recording of falls on PARIS, with the increased use of falls tagged case notes, references to use of falls assessment in keeping with use of the Falls Clinical Link Pathway (CLiP) and evidence of consideration of strategies to minimise harm. The service also now conducts daily reviews of significant incidents within the daily report-out on inpatient areas in order to analyse incidents that have taken place. It is, therefore, anticipated that when the falls audit is repeated it will demonstrate better compliance.
- Forensics MH & LD – A Falls Action Plan has been developed which includes the updating of the admission checklist to identifying completion of FALLS CLiP within 72 hrs of admission, the development of a training package to be piloted on Mallard Ward and the roll out of targeted training regarding Falls CLiP on Mallard Ward. All actions have a completion date of 31<sup>st</sup> October 2016.
- Adult MH – Falls are to be reviewed at the September Acute Care Forum, which is specialty wide and has representation from inpatient and crisis teams. It is planned that falls will be discussed in this forum at least a couple of times a year to enable the sharing of lessons learned and the identification of training needs. A Kaizan event to refresh the PIP process is scheduled for September as there have been a number of changes in service provision and in relation to physical health care since its initial development and share

and spread. The service is looking to embed these aspects and incorporate them into its use of the visual control board.

- **Percentage of clinical audits of NICE Guidance completed:** This quality metric is reporting GREY as there were no NICE audits scheduled to be completed during quarter 1.
- **Average length of stay for patients in Adult Mental Health and Mental Health Services for Older People Assessment & Treatment Wards:** The average length of stay for Adult Mental Health (AMH) has remained steady and better than the target since Q1 2014/15. For MHSOP, the average length of stay has been worse than the target since Q3 2013/14, with quarter 1 2016/17 reporting the highest average length of stay since monitoring began in 2013/14.

The Trust position for quarter 1 in MHSOP is 70.28 which is 18.28 above target. This compares to a median length of stay of 50 days. 50.24% of lengths of stay were between 1-50 days, with 29.38% between 51 – 100 days. 11 patients had a length of stay greater than 200 days; all of these were attributable to the complex needs of the patients.

- **Percentage of complaints satisfactorily resolved:** The Trust position for quarter 1 is 76% which is 14% below (worse than) target. This accounts for 12 complaints: 4 in Durham & Darlington, 4 in Tees, 3 in North Yorkshire and 1 in York & Selby.

The Trust openly encourages complainants to come back to the Trust (in the response letter sent from the Chief Executive answering the original complaint) if they remain dissatisfied with the outcome of the investigation. Further local resolution undertaken can mean an additional response being written or a meeting taking place with operational staff in an attempt to resolve any ongoing concerns. Within response letters, where possible, the Trust makes a judgement on the issues raised i.e. are the issues being raised upheld or not. If issues are not fully or are partially upheld this also means that on occasion the complainant will again contact the Trust. The Parliamentary & Health Service Ombudsman also encourages complainants to continue to work with NHS Trusts and exhaust the NHS Complaints process before contacting them to ask for an external investigation of the complaint.

Whilst the 76% figure is lower than the 90% target it is always unpredictable which and how many complainants will contact the Trust to indicate they are dissatisfied with the investigation of their complaint. The Complaints Team and Operational Services continue to strive to respond fully and openly to complaints to ensure resolution as much as possible and also strive to clearly communicate the findings of thorough investigations into their concerns.

**4. IMPLICATIONS:**

- 4.1 **Compliance with the CQC Fundamental Standards:** None.
- 4.2 **Financial/Value for Money:** There are no direct financial implications associated with this report, however, there may be some financial implications associated with improving performance where necessary. These will be identified as part of the action plans as appropriate.
- 4.3 **Legal and Constitutional (including the NHS Constitution):** There are no direct legal and constitutional implications associated with this paper, although the Trust is required each year to produce a Quality Account and this paper contributes to the development of this.
- 4.4 **Equality and Diversity:** All the action and project plans will be impact assessed for the equality and diversity implications associated with the Quality Account.
- 4.5 **Other implications:** None.

**5. RISKS:**

- 5.1 There are no specific risks associated with this progress report.

**6. CONCLUSIONS:**

- 6.1 The delivery of all 4 quality priorities for 2016/17 is on-track.
- 6.2 In terms of quality metrics, 33% (3 of 9) are reporting red. This is an improvement on the quarter 4 position.

**7. RECOMMENDATIONS:**

- 7.1 The Council of Governors are asked to receive and comment on this report on the progress made against the Quality Account as at quarter 1 2016/17.

**Phillip Darvill,  
Planning and Business Development Manager**

<b>Background Papers:</b> 2015/16 Quality Account
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10viFOR GENERAL RELEASE

COUNCIL OF GOVERNORS

<b>DATE:</b>	29 <sup>th</sup> September 2016
<b>TITLE:</b>	Board Dashboard as at 31 <sup>st</sup> July 2016
<b>REPORT OF:</b>	Sharon Pickering, Director of Planning, Performance & Communications
<b>REPORT FOR:</b>	Assurance

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

**Executive Summary:**

The purpose of this report is to provide the Board Dashboard as at 31<sup>st</sup> July 2016 (Appendix A) in order to inform the Council of Governors of the current performance position. Appendix A now includes data covering the whole Trust including the York and Selby locality.

In terms of the Trust 6 of the 18 (33%) indicators are being reported as red in July 2016 which is an improvement on the position in June when 9 (50%) of the indicators were red. Of those, 3 are showing an improving trend over the last 3 months.

The key issues/risks continue to be:

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

**Recommendations:**

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

<b>MEETING OF:</b>	<b>COUNCIL OF GOVERNORS</b>
<b>DATE:</b>	<b>29<sup>th</sup> September 2016</b>
<b>TITLE:</b>	<b>Board Dashboard as at 31<sup>st</sup> July 2016</b>

## 1 INTRODUCTION & PURPOSE

- 1.1 To present to the Council of Governors the Trust Dashboard) as at 31<sup>st</sup> July 2016 (Appendix A). Further detail for each indicator, including trends over the previous 3 years, will be available within the information pack available at the Council of Governors Meeting or can be provided electronically on request from the Trust Secretary's Department [tewv.ftmembership@nhs.net](mailto:tewv.ftmembership@nhs.net).

## 2. KEY RISKS/ISSUES

### 2.1 Key Issues/Risks

The key issues are as follows:

- The Trust Dashboard in Appendix A now includes the performance of the York and Selby Locality.
- In terms of the Trust 6 of the 18 (33%) indicators are being reported as red in July 2016 which is an improvement on the position in June when 9 (50%) of the indicators were red. Of those which are showing red, 3 are showing an improving trend over the last 3 months.
- In agreeing the key indicators to be included in the Trust Dashboard a significant number of new indicators were identified. 3 of these indicators identified for inclusion are currently in development. These are:
  - Caseload Turnover
  - 2 patient outcome indicators currently in development
- The Trust achieved all of the Monitor targets for July 2016 (Appendix B).
- The Data Quality Scorecard is included in Appendix C. This now includes an assessment of the data quality relating to the York and Selby locality. A 6 monthly review of the Data Quality Assessment is taking place during September and October 2016.

The key risks are as follows:

- Bed Occupancy (KPI 3) – The actual performance is worse than the target by 8.38 percentage points with 3 of the 4 localities showing levels over 90%; however the 3 month trend is one of improvement. Work is ongoing to open 24 Adult Mental Health beds at Peppermill in York and when complete it is expected that the overall levels of occupancy will reduce to a level nearer to the target.



- External Waiting Times (KPI 7) – the Trust has not achieved the 90% target it set itself for the number of people seen within 4 weeks in July; however this is the best performance so far this financial year and the 3 month trend is one of improvement. When compared to April 2016, a 3.22% improvement in performance can be seen. The figure reported in July 2016 is also higher than that reported in both July 2015 and July 2014. The main area of concern continues to be Children and Young Peoples services, and in particular in Durham and Darlington and York & Selby.
  - The Durham & Darlington service has a detailed action plan which it is continuing to implement and there has been a further improvement made with the number of people still waiting over 4 weeks at the end July being 72 compared to 232 as at the end of June 2016.
  - In York & Selby the service has identified a shortfall in capacity to meet the demands on the service which has been logged on the Service Risk Register and an action plan has now been developed. The number of people still waiting over 4 weeks at the end of July was 398 which is an improvement the 429 at the end June 2016. There is also work taking place to ensure any remaining data quality issues as a consequence of the transfer to PARIS area addressed.

Overall across all localities there has been a further improvement of 176 when comparing the number of people who are still waiting more than 4 weeks in Children and Young Peoples Services at the end July (531) to that at the end June (707) 2016. The majority of these are within the York and Selby Locality.

- Out of Locality Admissions (OoL) (KPI 9). The Trust has continued not to achieve the target in July; however there is a further improvement compared to June 2016 and the 3 month trend is one of improvement. North Yorkshire are significantly worse than target linked to both reduction in bed numbers at Cross Lane in Scarborough and accommodating patients from York & Selby.
- %age of registered healthcare professional jobs advertised 2 or more times (KPI 15) - the actual performance is significantly worse than the target set; however the 3 month trend is one of improvement. When compared to April 2016, a 5.01% improvement in performance can be seen. There were 10 jobs re-advertised in July and the posts were primarily for a range of registered nurse vacancies across a number of specialities throughout the Trust. Of these 10, 2 related to fixed term posts which may have been a contributory factor in them not being filled. It has now been agreed not to use fixed term contracts for nursing posts and the recruitment team will challenge any such posts that come through for recruitment.
- Appraisal (KPI 16) – The Trust is not achieving the target of 95% as at the end July; however the 3 month trend is one of improvement. Work is ongoing to develop more detailed reports via the IIC which will help managers proactively manage the compliance levels of appraisal. It is hoped these will be available by the end of September.

- 2.3 Appendix D provides further details of unexpected deaths including a breakdown by locality.
- 2.4 Appendix E provides a glossary of indicators.

### **3 RECOMMENDATIONS**

It is recommended that the Council of Governors:

- Receive this paper for information.
















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

## Trust Dashboard Summary for TRUST










Activity								
	July 2016				April 2016 To July 2016			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
1) Total number of External Referrals into Trust Services	7,338.00	7,797.00			28,881.00	33,502.00		86,407.00
3) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	85.00%	93.38%			85.00%	95.86%		85.00%
4) Number of patients with a length of stay (admission to discharge) of greater than 90 days (A&T wards)	24.00	33.00			93.00	122.00		277.00
5) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP) Rolling 3 months	15.00%	6.92%			15.00%	7.60%		15.00%
6) Number of instances where a patient has had 3 or more admissions in the past year to Assessment and Treatment wards (AMH and MHSOP) Rolling 3 months	20.00	27.00			79.00	110.33		237.00
Quality								
	July 2016				April 2016 To July 2016			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
7) Percentage of patients who were seen within 4 weeks for a first appointment following an external referral.	90.00%	85.90%			90.00%	84.18%		90.00%
8) Percentage of appointments cancelled by the Trust	0.67%	0.60%			0.67%	0.81%		0.67%
9) The percentage of Out of Locality Admissions to assessment and treatment wards (AMH and MHSOP) - post-validated	15.00%	18.82%			15.00%	19.93%		15.00%
10) Percentage of patients surveyed reporting their overall experience as excellent or good (mth behind)	91.44%	91.17%			91.44%	91.74%		91.44%
11) Number of unexpected deaths classed as a serious incident per 10,000 open cases - Post Validated	1.00	1.28			4.00	0.84		12.00

## Trust Dashboard Summary for TRUST

### Workforce

	July 2016				April 2016 To July 2016			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
14) Actual number of workforce in month (Establishment 90%-95%)	95.00%	92.81%			95.00%	92.81%		95.00%
15) Percentage of registered healthcare professional jobs that are advertised two or more times	5.00%	14.29%			5.00%	19.31%		5.00%
16) Percentage of staff in post more than 12 months with a current appraisal (snapshot)	95.00%	87.88%			95.00%	87.88%		95.00%
17) Percentage compliance with mandatory and statutory training (snapshot)	95.00%	88.54%			95.00%	88.54%		95.00%
18) Percentage Sickness Absence Rate (month behind)	4.50%	4.61%			4.50%	4.71%		4.50%

### Money

	July 2016				April 2016 To July 2016			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
19) Delivery of our financial plan (I and E)	-1,406,188.00	-1,533,000.00			-4,599,852.00	-5,456,000.00		-8,057,087.00
20) CRES delivery	550,854.00	551,538.00			2,203,417.00	2,206,152.00		6,610,251.00
21) Cash against plan	48,863,000.00	54,241,000.00			48,863,000.00	54,241,000.00		49,036,000.00

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

<b>DATE:</b>	<b>27 September 2016</b>
<b>TITLE:</b>	<b>Finance Report for Period 1 April 2016 to 31 August 2016</b>
<b>REPORT OF:</b>	<b>Drew Kendall, Interim Director of Finance and Information</b>
<b>REPORT FOR:</b>	<b>Assurance and Information</b>

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

**Executive Summary:**

The comprehensive income outturn for the period ending 31 August 2016 is a surplus of £6,706k, representing 4.9% of the Trust's turnover. The Trust is ahead of plan by £1,084k largely due to vacancies and staff turnover, active recruitment is ongoing.

Identified Cash Releasing Efficiency Savings at 31 August 2016 are in line with plan. The Trust continues to progress schemes to deliver CRES for future years.

The Financial Sustainability Risk Rating for the Trust is assessed as 4 for the period ending 31 August 2016 and is in line with plan.

**Recommendations:**

The Council of Governors are requested to receive the report, to note the conclusions in section 6 and to raise any issues of concern, clarification or interest.

<b>MEETING OF:</b>	<b>Council of Governors</b>
<b>DATE:</b>	<b>27 September 2016</b>
<b>TITLE:</b>	<b>Finance Report for Period 1 April 2016 to 31 August 2016</b>

**1. INTRODUCTION & PURPOSE**

1.1 This report summarises the Trust’s financial performance from 1 April 2016 to 31 August 2016.

**2. BACKGROUND INFORMATION**

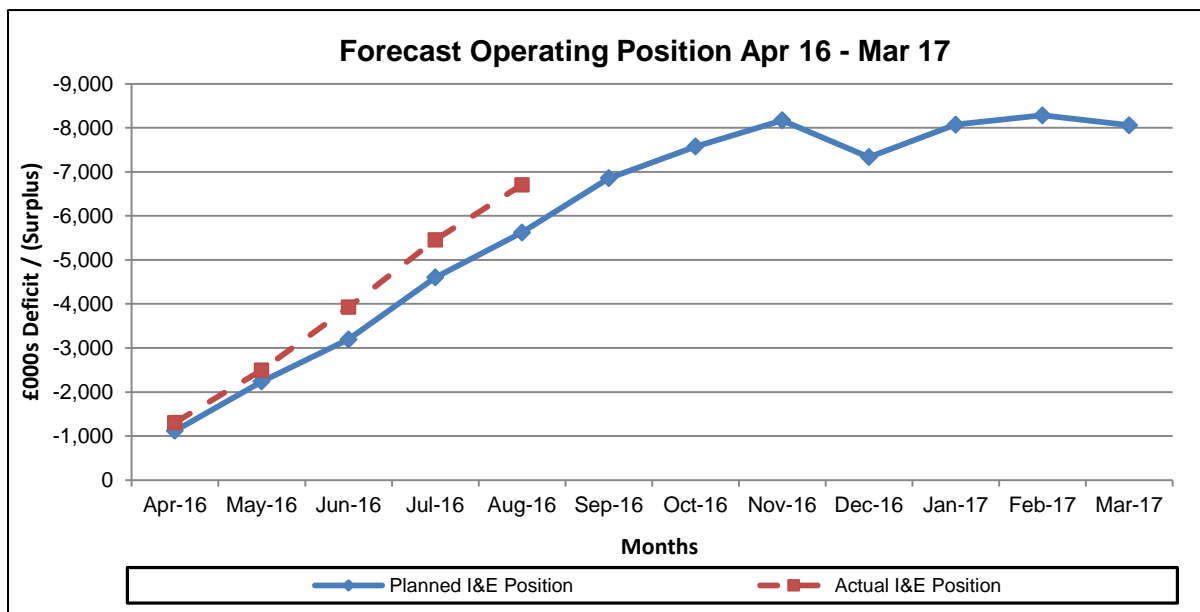
2.1 The financial reporting framework of a Foundation Trust places an increased emphasis on cash and the statement of financial position as well as the management of identified key financial drivers. The Board receives a monthly summary report on the Trust’s finances as well as a more detailed analysis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

**3. KEY ISSUES:**

3.1 Statement of Comprehensive Income

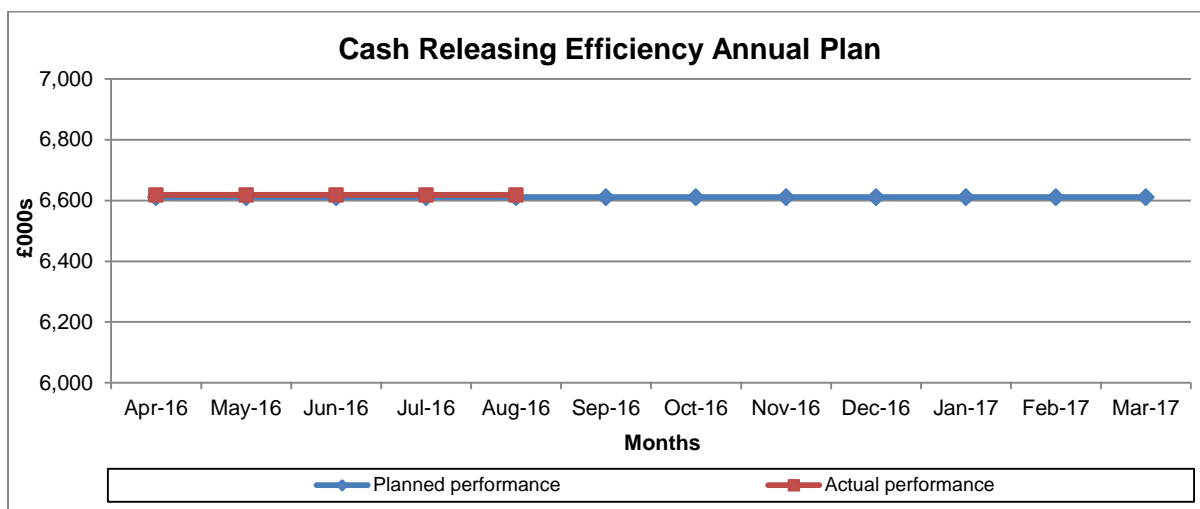
The comprehensive income outturn for the period ending 31 August 2016 is a surplus of £6,706k, representing 4.9% of the Trust’s turnover. The Trust is ahead of plan by £1,084k largely due to vacancies across the majority of staffing groups.

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

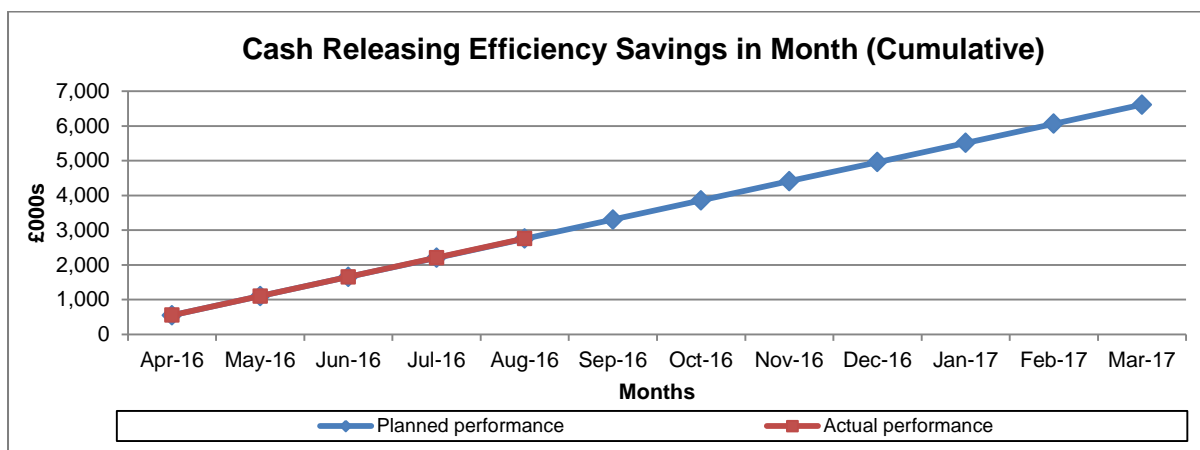


### 3.2 Cash Releasing Efficiency Savings

Total CRES identified at 31 August 2016 is £6,618k and is in line with plan. The Trust continues to progress schemes to deliver CRES for future years.

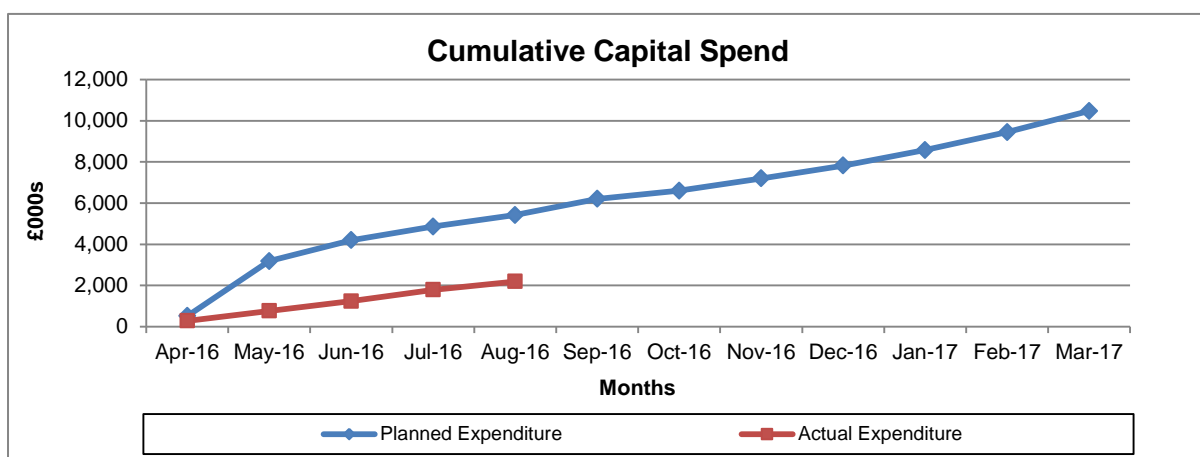


The monthly profile for CRES identified by Localities is shown below.



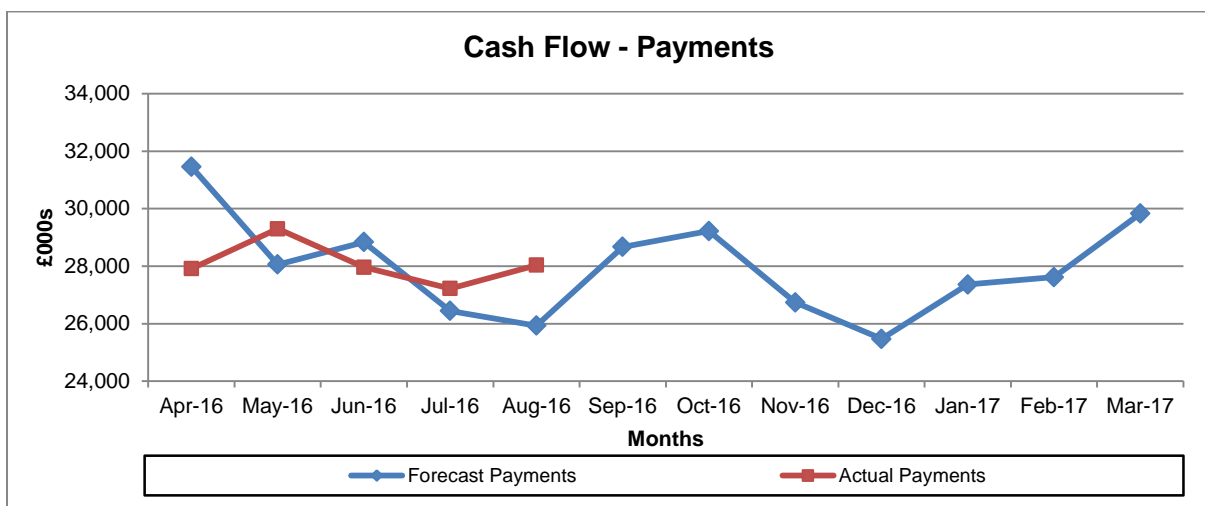
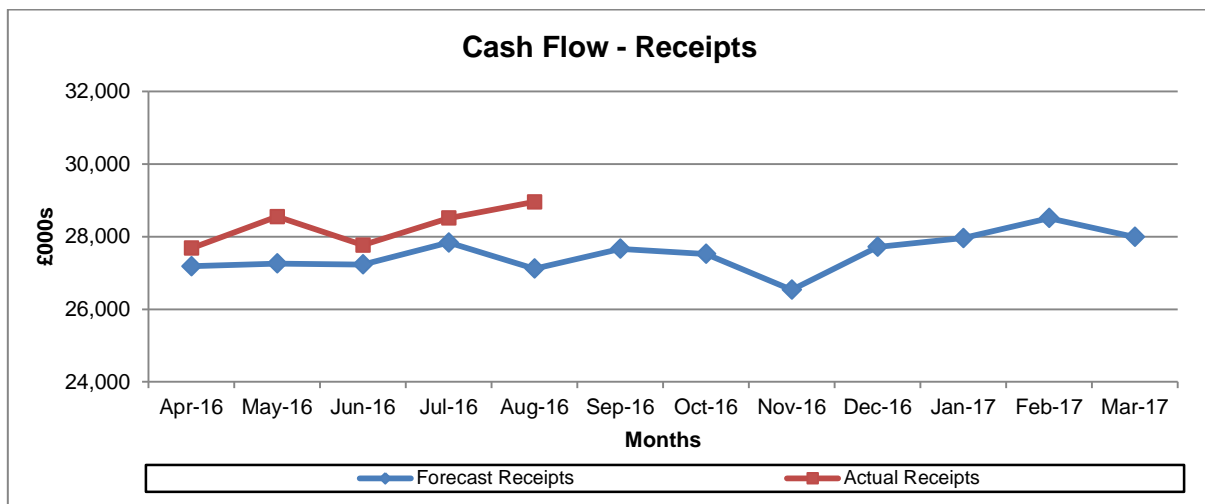
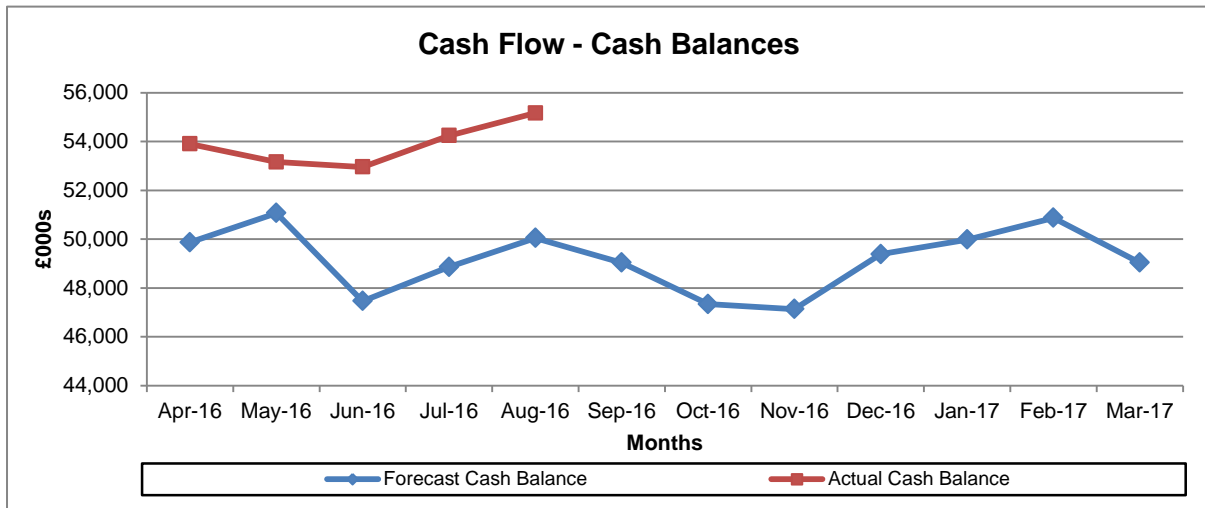
### 3.3 Capital Programme

Capital expenditure to 31 August 2016 is £2,193k and is behind plan largely due to the Trust's decision to defer a material scheme.



3.4 Cash Flow

Total cash at 31 August 2016 is £55,165k and is ahead of plan due to variances against the planned working capital cycle and planned delays in the capital programme.

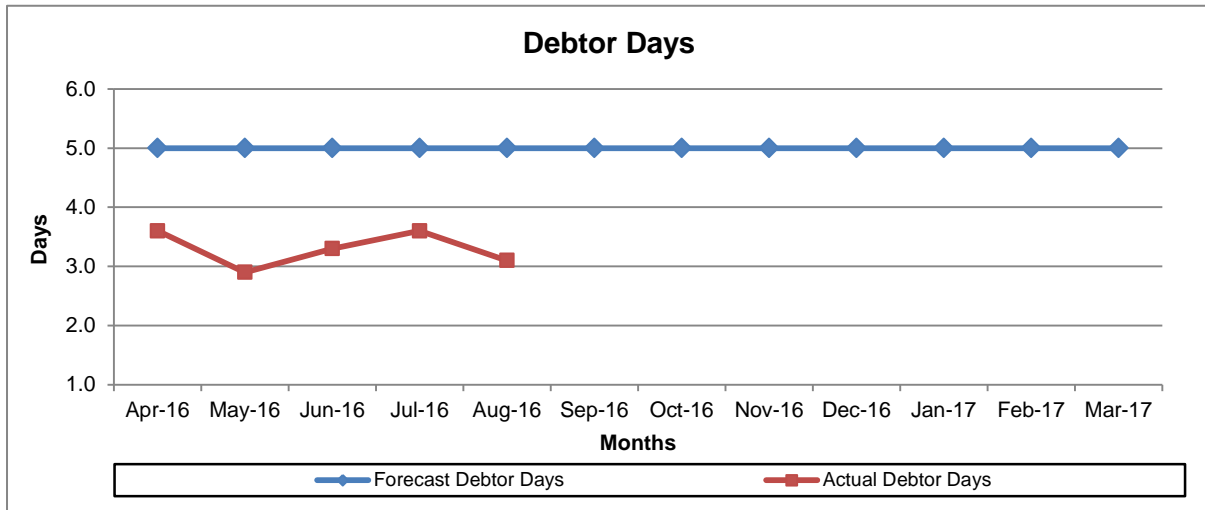




The payments profile fluctuates over the year for PDC dividend payments, financing repayments and capital expenditure.

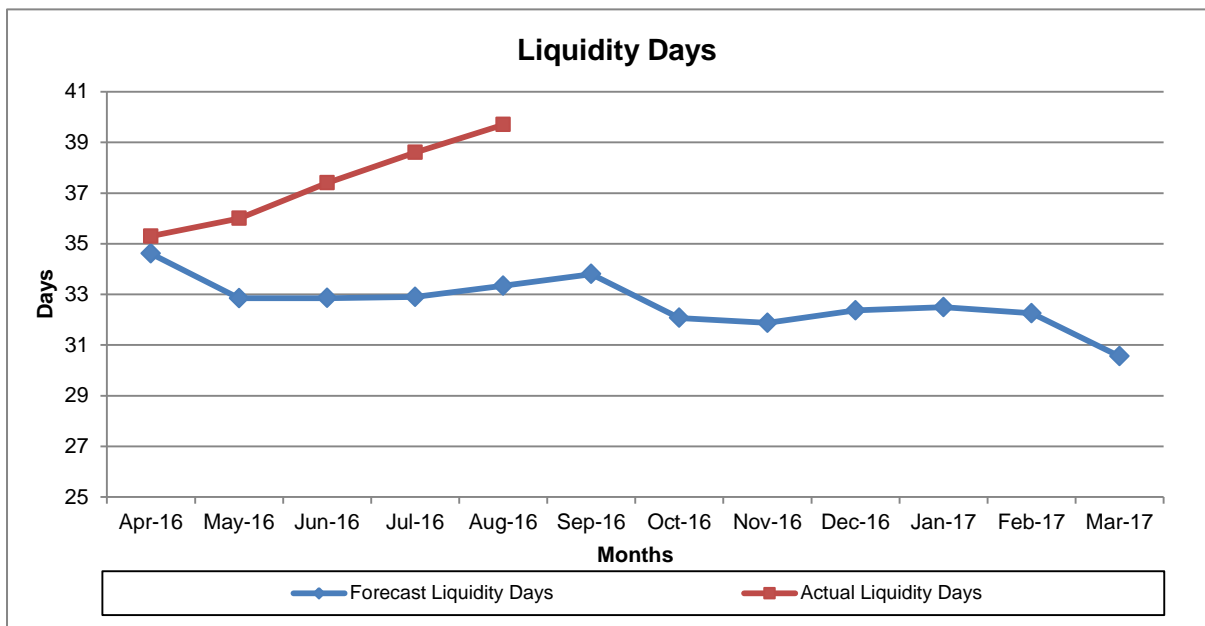
Working Capital ratios for period to 31 August 2016 are:

- Debtor Days of 3.1 days
- Liquidity of 39.7 days
- Better Payment Practice Code (% of invoices paid within terms)  
 NHS – 52.21%  
 Non NHS 30 Days – 98.31%



The Trust has a debtors' target of 5.0 days, and actual performance of 3.1 days for August, which is ahead of plan.

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



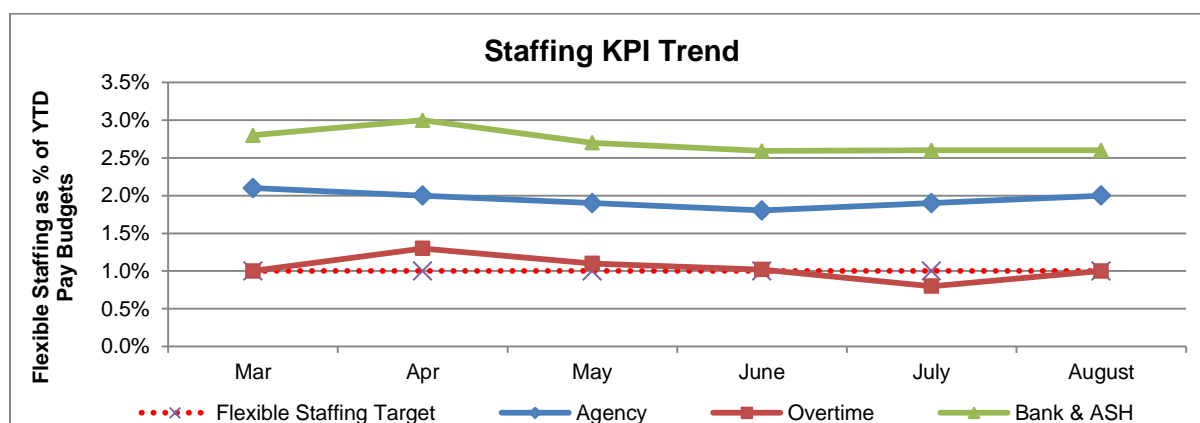
### 3.5 Financial Drivers

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

Tolerance	Apr	May	Jun	Jul	Aug
Agency (1%)	2.0%	1.9%	1.8%	1.9%	2.0%
Overtime (1%)	1.3%	1.1%	1.0%	0.8%	1.0%
Bank & ASH (flexed against establishment)	3.0%	2.7%	2.6%	2.6%	2.6%
Establishment (90%-95%)	94.5%	93.9%	93.8%	94.5%	94.6%
<b>Total</b>	<b>100.8%</b>	<b>99.6%</b>	<b>99.2%</b>	<b>99.8%</b>	<b>100.2%</b>

The tolerances for flexible staffing expenditure are set at 1% of pay budgets for agency and overtime, and flexed in correlation to staff in post for bank & additional standard hours (ASH). For August 2016 the tolerance for Bank and ASH is 3.4% of pay budgets.

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



Additional staffing expenditure is 5.6% of pay budgets. The requirement for bank, agency and overtime is due to a number of factors including cover for vacancies (58%), enhanced observations (17%) and sickness (10%).

### 3.6 Risk Ratings and Indicators

3.6.1 The Financial Sustainability Risk Rating is assessed as 4 at 31 August 2016, and is in line with plan.

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 1.91x (can cover debt payments due 1.91 times), which is ahead of 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 is 39.7 days, this is ahead of with plan and is rated as a 4.

- 3.6.4 The income and expenditure (I&E) margin assesses the level of surplus or deficit against turnover, excluding exceptional items e.g. impairments. The Trust has an I&E margin of 4.9% and is rated as a 4.
- 3.6.5 The variance from plan assesses the level of surplus or deficit against plan, excluding exceptional items e.g. impairments. The Trust surplus is 0.8% ahead of plan and is rated as a 4.

The margins on Financial Sustainability Risk Rating are as follows:

- Capital service cover - to increase to a 4 a surplus increase of £3,675k is required.
- Liquidity - to reduce to a 3 a working capital reduction of £32,906k is required.
- I&E Margin – to reduce to a 3 an operating surplus decrease of £5,327k is required.
- Variance from plan – to reduce to a 3 an operating surplus decrease of £1,093k is required.

#### **Financial Sustainability Risk Rating at 31 August 2016**

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

TEWV Performance	Actual		YTD Plan		RAG Rating
	Achieved	Rating	Planned	Rating	
Capital service Cover	1.91x	3	1.73x	2	
Liquidity	39.7 days	4	34.3 days	4	
I&E Margin	4.9%	4	4.1%	4	
Variance from plan	0.8%	4	0.0%	4	

<b>Overall Financial Sustainability Risk Rating</b>	<b>4.00</b>	<b>4.00</b>	
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- 3.6.7 12.5% of total receivables (£414k) are over 90 days past their due date. This is above the 5% finance risk tolerance, but is not a cause for concern as discussions are ongoing to resolve material debts.
- 3.6.8 3.4% of total payables invoices (£368k) held for payment are over 90 days past their due date. This is below the 5% finance risk tolerance.
- 3.6.9 The cash balance at 31 August 2016 is £55,165k and represents 66.3 days of annualised operating expenses.
- 3.6.10 The Trust does not anticipate the Financial Sustainability Risk Rating will be less than 3 in the next 12 months.

**4. IMPLICATIONS:**

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

**5. RISKS:**

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

**6. CONCLUSIONS:**

- 6.1 The comprehensive income outturn for the period ending 31 August 2016 is a surplus of £6,706k, representing 4.9% of the Trust's turnover. The Trust is ahead of plan by £1,084k largely due to vacancies and staff turnover with ongoing recruitment.
- 6.2 Total CRES identified at 31 August 2016 is £6,618k and is in line with plan. The Trust continues to progress schemes to deliver CRES for future years.
- 6.3 The Financial Sustainability Risk Rating for the Trust is a 4 for the period ending 31 August 2016 which is in line with plan.

**7. RECOMMENDATIONS:**

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

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

BRIEFING REPORT FOR THE COUNCIL OF GOVERNORS  
29 SEPTEMBER 2016  
ON THE WORK OF THE INVOLVEMENT AND ENGAGEMENT COMMITTEE

The Committee last met on Friday 8 July 2016

The Committee:

- Received an update of the Annual General and Members Meeting plans
- Considered the Q1 update on Involvement and Engagement activity and the scorecard for 2016/17
- Approved the draft contents for the Member News pages of insight magazine for the summer edition and considered the content of the autumn edition
- Agreed the Chairman of the Committee from nominations received and agreed that the Vice Chairman would be appointed at the next meeting
- Considered the Membership recruitment and engagement proposals for 2016/17
- The Committee were updated with the membership recruitment and engagement proposals for the remainder of the year
- The Committee received an update on Involvement and Engagement activity which included the following key points:
  - There were 349 members on the Involvement and Engagement register, with 42 new members for Q1, 16/17
  - There had been 27 involvement requests for Q1 received by the team with a breakdown shown by locality, York and Selby at 14 was the highest area
  - There had been 31 direct requests for involvement managed by the team, with interviews being the most frequent request

Agreed to feedback the following to the Council of Governors:

- Overall membership of the Trust was at a satisfactory level
- The Committee received the Quarter 1 Involvement and Engagement Framework Scorecard for 2016/17 all metrics were on target

Future Priorities for the Committee were:

- The recruitment of new members
- To encourage representation on the committee to ensure that Constituency areas had a direct representative
- To continue monitoring the delivery of the Involvement and Engagement Framework

Vanessa Wildon  
Chairman  
Involvement and Engagement Committee