







## AGENDA FOR THE MEETING OF THE COUNCIL OF GOVERNORS




**14 FEBRUARY 2019, 2.00PM – 4.00PM**  
**Holiday Inn, Scotch Corner, Darlington, DL10 6NR**


(Governor registration and hospitality available between 1pm and 1.45pm)








NOTE: Cllr Ann McCoy, Lead Governor will be available from 1pm to meet with Governors






### Agenda:

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
2.00pm – 2.15pm Standard Items					
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 meeting of the Council of Governors held on 29 November 2018	<p><b>To agree</b> To check and approve the minutes of this meeting.</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
4.		Declarations of Interest	<p><b>To agree</b> The opportunity for Governors to declare any interests with regard to any matter being discussed today.</p>	Lesley Bessant, Chairman	Spoken

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
5.	 	Chairman's activities	<p><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.</p>	Lesley Bessant, Chairman	Spoken
6.		<p>Questions from Governors</p>	<p><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></p>	Lesley Bessant, Chairman	<p>Spoken</p> <ol style="list-style-type: none"> <li>1. <b><u>Gemma Birchwood, Public Governor</u></b> <ol style="list-style-type: none"> <li>a. Can I ask who in the Trust is responsible for updating the Trust's website? Having looked at the website recently for the services provided in York I noticed that the personality disorder clinical network is listed as operating from 59 Huntington Road which is incorrect. Can this be checked and updated along with all other services that have moved to Huntington House?</li> <li>b. There are performance and feedback graphs displayed within the reception area of Huntington House in York, these are very difficult to understand what they mean. These appear not be included on the website where I expected to be able to find more detail as to what they mean. Where is this information held and what can be done to give more detail to the public as to the meaning of the information?</li> </ol> </li> </ol>

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
		<p>2. <b><u>Zoe Sherry, Public Governor Hartlepool and Cllr Stephen Thomas, Appointed Governor Hartlepool Borough Council</u></b></p> <p>In the last 5 Years:-</p> <ol style="list-style-type: none"> <li>How many times have Hartlepool residents have been placed 'out of locality?'</li> <li>How long did the placements last?</li> <li>How far away were the furthest placements?</li> <li>Were any patients placed outside the Trust? If so why?</li> <li>Which categories of need did these people belong to?</li> <li>What support is offered to the carers and families to maintain contact with these people while on placement?</li> <li>Have the issues with Roseberry Park had an effect on placements? If so, what time frame can be expected to improve the situation?</li> </ol> <p>3. <b><u>Christine Hodgson, Public Governor York</u></b></p> <p>I would like to receive more information on how the Trust is delivering 'Person Centred Care' particularly within the services provided within York and in addition to this:</p> <ul style="list-style-type: none"> <li>How is this being delivered when there is a dual diagnosis?</li> <li>How is this being delivered within the care and treatment of those with Autism and ADHD including linking this to the care plan?</li> </ul>			
2.15pm – 2.20pm Governance Related Items					
7.		Summary of the discussions held at meetings of the Board of Directors	<p><b>For information</b></p> <p>An opportunity to read through the key areas discussed at recent meetings of the Board of Directors from November 2018 to January 2019.</p>	Lesley Bessant, Chairman	Attached

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
2.20pm - 2.30pm Quality Related Items					
8.		i. Compliance activity in relation to the Care Quality Commission  ii. An update on any items of relevance following contact with the Care Quality Commission not contained in the report at i.	<b>For information</b> To receive a report and a briefing on the latest information from the Care Quality Commission.	Elizabeth Moody, Director of Nursing and Governance  	Attached
9.		Service changes	<b>For information</b> To receive a briefing on changes and improvements to services in the Trust.	Ruth Hill, Chief Operating Officer  	Attached
10.		Quality Account	<b>For information</b> To receive an update on the Trust's draft Quality Account for as at Q3 2018/19.	Sharon Pickering, Director of Planning, Performance and Communications  	Attached
2.30pm – 2.40pm Performance Related					
11.		The Trust's Performance Dashboard as at end December 2018	<b>For information</b> To review the performance of the Trust key indicators.	Sharon Pickering, Director of Planning, Performance and Communications	Attached

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
12.		The Trust's Finance report as at end December 2018	<b>For information</b> To receive information and review the current financial position of the Trust.	Colin Martin, Chief Executive 	Attached
2.40pm –2.45pm Items for Information					
13.		Patient Led Assessment of the Care Environment (PLACE)	<b>For information</b> To receive a report on the outcome of the 2018 PLACE inspection.	Ruth Hill, Chief Operating Officer	Attached
2.45 – 2.50pm Any Other Urgent Business					
14.		To raise any additional matters of business	<b>To discuss</b> To consider any other business matters raised by Governors which are not covered elsewhere on the agenda <i>(All business to be taken under this item must be approved by the Chairman. Governors must therefore give the Trust Secretary at least 24 hours written notice of any matters they wish to raise. No decisions shall be taken unless they are matters of urgency agreed by the Chairman)</i>	Lesley Bessant, Chairman	Spoken
2.50pm Procedural					
15.		Date and Time of next meeting:  22 May 2019, 6pm Holiday Inn Scotch Corner Darlington			Spoken

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

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**Lesley Bessant**

**Chairman**

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

6 February 2019

## 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 29 NOVEMBER 2018, 2.00 PM AT HOLIDAY INN, SCOTCH CORNER, DARLINGTON**

### **PRESENT:**

Lesley Bessant (Chairman)  
Lee Alexander (Appointed - Durham County Council)  
Cliff Allison (Durham)  
Gemma Birchwood (Selby)  
Mary Booth (Middlesbrough)  
Phil Boyes (Staff - Durham and Darlington)  
Della Cannings QPM (Hambleton and Richmondshire)  
Stella Davison (York)  
Hilary Dixon (Harrogate and Wetherby)  
Mark Eltringham (Stockton on Tees)  
Glenda Goodwin (Staff - Forensic)  
Hazel Griffiths (Harrogate and Wetherby)  
Sandra Grundy (Durham)  
Christine Hodgson (York)  
Dr Judith Hurst (Staff - Corporate)  
Joan Kirkbride (Darlington)  
Keith Marsden (Scarborough & Ryedale)  
Prof Tom McGuffog MBE (York)  
Jacci McNulty (Durham)  
Keith Mollon (Durham)  
Jean Rayment (Hartlepool)  
Zoe Sherry (Hartlepool)  
Dr David Smart (Appointed - Clinical Commissioning Groups representative)  
Cllr Helen Swiers (Appointed - North Yorkshire County Council)  
Sarah Talbot-Landon (Durham)  
Cllr Stephen Thomas (Appointed – Hartlepool Borough Council)  
Judith Webster (Scarborough & Ryedale)  
Mac Williams JP (Durham)

### **IN ATTENDANCE:**

Colin Martin (Chief Executive)  
Phil Bellas (Trust Secretary)  
Angela Grant (Administrator)  
Marcus Hawthorn (Non Executive Director)  
Ruth Hill (Chief Operating Officer)  
Jennifer Illingworth (Director of Quality Governance)  
Wendy Johnson (Secretary)  
David Levy (Director of Human Resources and Organisational Development)

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Patrick McGahon (Director of Finance and Information)  
Elizabeth Moody (Director of Nursing and Governance)  
Paul Murphy (Non Executive Director)  
Kathryn Ord (Deputy Trust Secretary – Involvement and Engagement)  
Sharon Pickering (Director of Planning, Performance and Communications)  
Shirley Richardson (Non Executive Director)  
Richard Simpson (Non Executive Director)

Observing:

Heather Simpson (Involvement and Engagement Officer)  
Angela Lamb (Member of Public)  
Michael Rodgers (Member of Public)  
Patrick Collins (Member of Public)

### **18/75 APOLOGIES**

Rachel Booth (Staff - Teesside)  
Gary Emerson (Stockton on Tees)  
Dr Andrew Fairbairn (Appointed – Newcastle University)  
Wendy Fleming-Smith (Selby)  
Elizabeth Forbes-Browne (Scarborough and Ryedale)  
Chris Gibson (Harrogate and Wetherby)  
Marion Grieves (Appointed - Teesside University)  
Dr Hugh Griffiths (Non Executive Director)  
Ian Hamilton (Appointed - University of York)  
David Jennings (Non Executive Director)  
Kevin Kelly (Appointed - Darlington Borough Council)  
Dr Ahmad Khouja (Medical Director)  
Audrey Lax (Darlington)  
Cllr Ann McCoy (Appointed - Stockton Borough Council)  
Lisa Pope (Clinical Commissioning Groups representative)  
Gillian Restall (Stockton on Tees)  
Graham Robinson (Durham)  
Ailsa Todd (Hambleton & Richmondshire)  
Prof Graham Towl (Appointed - Durham University)  
Vanessa Wildon (Redcar and Cleveland)  
Alan Williams (Redcar and Cleveland)

### **18/76 WELCOME**

The Chairman opened the meeting and noted apologies.

Newly elected Governors Keith Marsden and Joan Kirkbride were welcomed to their first meeting alongside Stella Davison and Cllr Stephen Thomas. Prof Hamish McAllister Williams had resigned and would be replaced by Dr Andrew Fairbairn of Newcastle University.

Members of the public who were in attendance to observe were also introduced.

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## 18/77 MINUTES OF PREVIOUS MEETINGS

The Council of Governors considered the minutes from the public meeting held on 19 September 2018.

***Agreed - That the public minutes of the meeting held on 19 September 2018 be approved as a correct record and signed by the Chairman.***

## 18/78 PUBLIC ACTION LOG

Consideration was given to the public action log.

Arising from the report:

- 1) Minute 18/08 – Governor access to Trust systems including email, e-learning and to consider the provision of IT equipment

Following a pilot undertaken by Ms Cannings QPM, of ways to undertake Governor training, alternative options for safeguarding and equality and diversity and human rights training would be further rolled out early in 2019.

**Action - Closed**

- 2) Minute 18/19 – Speakers at future Governor Development Days

Agreement to defer until in 2019 due to agenda availability.

**Action - Carried forward**

- 3) Minute 18/40 – Neurological paediatric brain damage

Update provided and contained within Governor questions within the agenda.

**Action - Closed**

- 4) Minute 18/46 – Corporate Services

David Levy provided a summary of the role and responsibilities of Human Resources and Organisational Development and requested comments from the Council of Governors as to whether this format was acceptable, and whether this should be rolled out for other corporate departments.

It was confirmed that this style of summary was helpful and a good template to use for the provision of roles and responsibilities for the remaining corporate departments.

**Action - David Levy**

## 18/79 DECLARATIONS OF INTEREST

There were no declarations of interest.

## 18/80 CHAIRMAN UPDATE

The Chairman reported on her activities since September 2018. She had:

- 1) Attended the Trust's Long Service Awards where staff had been recognised for their service to the NHS. Whilst the Trust remained committed to celebrating the

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long service of its staff, a number of other Trusts unfortunately had ceased to participate in this initiative.

- 2) Met a number of new and aspiring Consultants, this had provided an excellent opportunity to meet those Consultants starting their career.
- 3) Presented Living the Values Awards to staff on Elm Ward in West Park Hospital.
- 4) Facilitated a recent Governor Development Day where a number of topics had been discussed.
- 5) Attended with other Board members, a Business Planning workshop where Recovery Experts by Experience contributed to the discussion groups and fed back the views of Governors and other service users and carers which had been gathered through a number of workshops.

## **18/81 GOVERNOR QUESTIONS**

### **1. Hazel Griffiths, Public Governor Harrogate and Wetherby**

Can you provide some information on the role of the Freedom to Speak up Guardian for the Trust and the amount of contacts made?

It was noted that a full written response had been provided.

Following a request for clarification, Mr Martin advised that the Board of Directors received an update from Dewi Williams which included details around numbers of contacts made and outcomes of those contacts. He agreed that a copy of this report should be made available to Governors.

**Action – Mrs Ord**

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

With great pride my family and I opened West Park's new child friendly visiting suite in September 2018. Thank you so much to the Trust, for listening to my experiences and that of others, and producing a safer child centred environment. Will the Trust commit to providing a similar model of suite in each of its hospitals?

It was noted that a full written response had been provided. No further clarification was required.

### **3. Cliff Allison, Public Governor Durham**

- a. What preparations were the Trust making for Brexit? In particular, in terms of staff, which grades/types of staff would be most affected and what is the position in relation to contracts for goods and services currently obtained from the Eurozone. Are there contingency plans? In addition, are there any implications to the Trust's assets?

Mr McGahon and Mr Levy advised that national guidance had been provided which covered three main areas:

- 1) Contracts – the Trust had 54 contracts where goods were sourced from the European Union (EU). All contractors had been requested to complete a self-assessment in terms of identifying potential issues with future provision. All responses had indicated no concerns at that point in time.

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- 2) Staffing – Currently the EU had automatic recognition for professional qualifications for doctors and nurses.
  - 3) Settlement Scheme – there were 76 current staff members who were eligible for this scheme. The Trust had made contact with each individual and offered to fund the £65 settlement fee. The pilot of the scheme was due to commence 29 November 2018.
- b. Why was TEWV supplying Roseberry Park with French apples? There was a 'glut' of apples in the UK just now which could be obtained cheaply and reduce our carbon footprint, as well as being a superior product and supporting our local growers.

It was noted that a full written response had been provided.

4. Christine Hodgson, Public Governor York

What services were available in the York area for Autism and ADHD? There appears to be a lack of provision in the area?

Mrs Hill responded in that:

- 1) The Trust was not commissioned to provide Autism/ADHD services in the York and Selby area.
  - 2) Where there was an underlying mental health condition the Trust would take the referral and treat as a 'whole person'.
  - 3) Where the diagnosis was Autism/ADHD only, the Trust would not be the responsible organisation for care and treatment; this would be under the contract commissioned by the Clinical Commissioning Group with the Retreat in York.
5. Ann McCoy, Appointed Governor Stockton Borough Council (question raised at the meeting held on 16 May 2018 minute reference 18/40 refers)

After attending a Health and Wellbeing Children's Partnership meeting a presentation was given on neurological paediatric brain damage and how some children were being misdiagnosed due to brain scans not being undertaken.

How do we cope with this? Do we ask the appropriate question when someone is being diagnosed if there is brain damage? Children are usually judged against the performances of other children rather than asking family and friends.

Can we see when we are diagnosing children if this is looked at as there was an example of a CAMHS child that had been in services for eight years?

It was noted that a full written response had been provided.

6. Mary Booth, Public Governor Middlesbrough

A number of questions in relation to the Trust's 2018 Care Quality Commission's (CQC) inspection were raised and listed in full within the agenda of the meeting.

A full briefing on the outcome of the CQC inspection had been held with Governors prior to the meeting.

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Mrs Booth advised that the briefing had been helpful but requested further information in relation to having more detail as to what would be undertaken at an individual locality level.

The Chairman agreed for the full action plan to be presented at the next Governor Development Day.

### **Action – Mrs Ord / Mrs Illingworth**

#### **7. Tom McGuffog, Public Governor York**

- a. Which community facilities were the Trust operating in York and District? For example was Acomb Garth remaining open? Given the stated NHS mental health objective to have fewer patients occupying hospital beds and more people supported at home and in the community, what facilities would be in place?
- b. On Thursday October 18, I participated in a very well attended public meeting concerning the future of Bootham Park Hospital buildings and land. The session was chaired by Rachel Maskell MP and a number of key leaders spoke including the head of the Yorkshire and Humber NHS STP (who said that he was very concerned at the overcrowded facilities at York Hospital and other NHS locations).

All present agreed that Bootham Park land and buildings must be kept in use to support the needs of the community for physical and mental health services (including accommodation for nurses and other health professionals) plus recreation and sport - the grassland. These facilities must not be sold to the highest private bidder. They have served our needs since before the USA was founded.

Was there a TEWV view?

It was noted that a full written response had been provided. In addition to this Mr Martin advised that:

- 1) York City Council would be responsible for the coordination of future plans for the Bootham Park site, and that the Trust was unable to influence any decision on this matter.
- 2) Community facilities would continue to exist within York city centre.
- 3) Development of a new Selby community hub was still planned.
- 4) The inpatient units would transfer to the new hospital at the Haxby Road site.
- 5) The provision of the Safe Haven centre would continue under a partnership agreement within York city centre.

Mrs Birchwood highlighted that the provision of a therapeutic community service had been omitted from the list of services available from Huntington House.

#### **8. Della Cannings QPM, Public Governor Hambleton and Richmondshire**

Thank you for the opportunity to attend the two day Mental Health First Aid course. The course materials prepared by MHFA England were excellent. It was a good opportunity for me as a Governor to meet with TEWV staff from a variety of

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specialisms. The course was clearly extremely helpful to individuals for themselves, within their private lives, as well as, being able to provide appropriate support and help to colleagues. The TEWV trainer was unable to answer my specific queries and so I said I'd direct them to yourselves for response.

It was unclear who the target candidates were for the course and particularly, it was unclear what was expected of the attendees once they returned to work. I was told there was nothing in place for employees to know which colleagues have received the training, or of how to contact them.

It was unclear where the course sits with regards to the Trust strategy with regards to the well-being and support to staff, and what the Trust action plan was with regards to maximising upon the training being given to staff as Mental Health First Aiders.

- a. Could I please be advised of the answers to these queries
- b. What are the future plans to build on the initial work already undertaken and to evaluate the benefits and value for money return?
- c. Further, out of 16 expected attendees only 9 actually attended - what actions do the Trust take with regards to non-attendees and thus lost opportunities?

Mr Levy advised that:

- 1) The training was a pilot, with 2 sessions held so far with another 3 planned for 2019.
- 2) There was currently no clear expectation of course attendees when they returned to work.
- 3) The Health and Wellbeing Group within the Trust would be evaluating feedback at the end of Quarter 4 and it would be this group that would look at any future delivery of the programme.

Ms Cannings QPM responded that in her opinion, the Trust had not fully considered how best this training could be utilised by staff. She was disappointed that the Trust did not take action against staff who did not attend as this was a waste of opportunity for others.

#### 9. Keith Marsden, Public Governor Scarborough and Ryedale

Given the stress and anxiety caused to service users by changes in the benefits system, will the Trust look at ways in which we could provide more support and advice to assist people to stay well?

Mrs Hill responded in that:

- 1) The Trust's approach to recovery included a whole range of factors.
- 2) There was an absolute need to look at the individual as a whole person in terms of their presentation.
- 3) 1:1 level support would be there to address any concerns of patients that would, and could, have an effect on a person's wellbeing.
- 4) Strategically, the Trust attended a number of Health and Wellbeing Boards where the issues around benefit changes were regularly discussed and the impact as to how this affected people locally.

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10. Keith Mollon, Public Governor Durham and Darlington

Over the last few weeks/ months the neighbours around the Primrose Lodge have indicated that residents have been smoking around the streets, sometime littering the pavement with cigarette ends.

The neighbours had a meeting with the management and staff at Primrose Lodge to try to come up with a solution to end this problem. The council did place a bin further up the street however it is felt that it's not located in the best position, however the Council cannot place it closer.

The management has purchased some E cigarettes for the residents but the neighbours feel as if that is not the solution. There was a meeting Tuesday 27th November at Primrose Lodge with the management and the neighbours with a request made for the smoking ban to be lifted.

Management had explained the Trust's and NHS smoking policy which was introduced in March 2016. The neighbours asked who was the person who could give the answer to re-install the smoking shelter also to offer them to attend Primrose Lodge to see their concerns. I agreed to raise this matter at the Council of Governors as a formal question and the reply to be minuted.

Mrs Hill responded to the question raised in that:

- 1) A number of conversations had already been held which had resulted in a meeting held with local residents to listen to their concerns and explore solutions.
- 2) The location of the smoking bin was subject to decisions by the Local Authority.
- 3) A telephone number had been provided to local residents, for them to make contact if it was felt necessary. A number of calls had been received and actioned.
- 4) The staff had encouraged patients not to smoke and the offer of alternative means such as E-Cigs and nicotine replacement had been made but staff could not enforce a full no smoking policy outside of the building.
- 5) Conversations would continue with staff and residents to ensure that any disruption was to a minimum.

Mr Mollon sought clarity on:

- 1) Whether any consideration could be given in terms of the removal of the no smoking policy.
- 2) Consideration of the re-introduction of the use of the smoking shelter, this, when in use, reduced the disruption outside of that area.

Mrs Hill agreed that conversations would continue and that a written response would be made available with a further meeting held within 4 weeks.

**Action – Mrs Hill**

11. Hazel Griffiths, Public Governor Harrogate and Wetherby

Can the Board of Directors provide clarification on the York and Selby and North Yorkshire amalgamation of management and community team structures and any other updates on the merger between these localities?



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Mrs Hill responded in that the:

- 1) Merger of the two locality areas was around bringing together the senior leadership management structure.
- 2) Original bid made by the Trust for North Yorkshire, included the York and Selby locality, that this bid had included a single management structure.
- 3) There was no impact expected to clinical front line services.

Mrs Griffiths advised that:

- 1) In the North Yorkshire area there were a number of re-structures taking place including North Yorkshire County Council with reductions to lots of other services including the charity and voluntary sector.
- 2) That the number of changes was unsettling both to residents and staff.
- 3) The local North Yorkshire service user and carer involvement group had raised concerns and wished to seek reassurance that front line staff would not be affected.

Mrs Hill agreed to meet with Mrs Griffiths to discuss the matter further.

**Action – Mrs Hill**

## **18/82 BOARD ROUND UP**

Consideration was given to the Board of Directors roundup summaries from the meetings held in September and October 2018.

***Agreed – The Council of Governors received and noted the content of the Board feedback from the meetings held in September and October 2018.***

## **18/83 CONSTITUTION**

Mr Bellas presented a proposal to reduce the number of staff classes contained within the Trust's Constitution in response to the announcement to merge the localities of North Yorkshire and York and Selby. The following comments were made by Governors:

- 1) There was concern at the current size of the Council of Governors.
- 2) Public Governor allocation was based on population, should this not be the same for staff Governors.
- 3) Had any consultation taken place with those staff members affected by the proposed change?
- 4) The size of the geographic locality for one Governor was a concern. However, this was disputed by another staff Governor that covered a large corporate area across the Trust boundaries.

In response Mr Bellas confirmed that:

- 1) As the proposed change purely related to the merger of two locality areas, there had been no staff member consultation.
- 2) All staff classes required exclusivity, previous types of staff classes did not allow this, aligning class of membership to cost centre was the most simple mechanism.
- 3) Staff Governors were valuable to the success of the Council of Governors; any other change to staff classes would affect all staff Governors.

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Following a vote the proposal was supported, with a review in 12 months, of a Governor being appointed to the new Staff Class of North Yorkshire and York.

**Action – Mrs Ord**

***Agreed – That the Constitution for the Trust be amended to remove the staff classes of North Yorkshire and York and Selby and replace this with a new staff class for North Yorkshire and York with effect from 1 January 2019.***

## **18/84 ACTION PLANS**

Mr Bellas presented a summary of action plans approved by the Council of Governors and requested formal approval of achievement with the exception of two actions highlighted within the report where it was recommended that these should be carried forward into 2019.

***Agreed –***

- 1. That the Council of Governors approved:***
  - a. The completion of the implementation of recommendations of the following Task and Finish Groups:***
    - Holding the Non-Executive Directors to Account for the Performance of the Board***
    - Review of the Conduct of Council of Governors' Business***
    - Member and Stakeholder Representation and Engagement***
  - b. Development Plans resulting from the self-assessment of the Council of Governors.***
  - c. Involvement and Engagement Framework Implementation Plan.***
- 2. That the outstanding action to develop a booklet to raise awareness of the Task and Finish Group: Member and Stakeholder Engagement and Representation be carried forward into 2019.***
- 3. That the outstanding action to review the Code of Conduct of Governors arising from the Task and Finish Group: Holding Non Executive Directors to account for the Performance of the Board of Directors is noted as no longer a requirement and therefore closed.***

## **18/85 CARE QUALITY COMMISSION**

Mrs Illingworth presented the following summary:

- 1) The Trust had received a rating of 'Good' following the inspection that took place during June/July 2018.
- 2) Improvement was required in the Safety domain which had remained the same as the previous inspection rating.
- 3) The Trust had submitted its action plan with monthly engagement meetings held with the CQC.
- 4) Six inspections had been under the Mental Health Act since the last update provided.
- 5) Following a number of discussions with CQC and Ofsted regarding the registration requirements for Holly and Baysdale Units, the formal decision response was still awaited from Ofsted.

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The following comments were made in respect of the report:

- 1) The Trust had required improvement within the safety domain for the last three years and a review was undertaken particularly in the Durham and Darlington locality, can this review be revisited.

In response, Mrs Illingworth advised that the actions undertaken had not delivered the outcome that was hoped for in terms of incremental improvement. The focus now was to look at what needed to be undertaken and how could this be done differently to ensure that there was improvement in how safe patients felt when on an inpatient ward.

Mr Martin added that the environmental safety issues on which the Council had been previously briefed were also important, but this was not the reason for the CQC grading. The Trust as requiring improvement for patients feeling safe. This was in response to the feedback through a variety of mechanisms where patients on wards across the Trust reported feeling unsafe, either due to their own illness, or the illness of other patients rather than the building environment.

- 2) In relation to the decision that was awaited for Holly and Baysdale Units, this was a very unsettling time for staff working on the units and until the Trust received a decision it was still paying the required fees for Ofsted registration. It was suggested that a communication be issued from the Council of Governors to CQC and Ofsted requesting an urgent decision to be made.

**Action – Mrs Illingworth**

***Agreed – That the Council of Governors received and noted the update in relation to compliance with Care Quality Commission requirements.***

## **18/86 SERVICE CHANGES**

The Council of Governors received the service changes report.

Mrs Hill highlighted the following:

- 1) The Trust was now the owner of Roseberry Park Hospital and work had commenced on appointing contractors to undertake the rectification works to repair defects.
- 2) The inpatient wards at the Friarage Hospital in Northallerton were due to close for admissions in January 2019 in line with the decision of the consultation that was undertaken. All staff and stakeholders had been fully briefed.
- 3) An announcement by the Clinical Commissioning Group was due to be made in relation to the provision of inpatient facilities in Harrogate which would highlight options and the plans to progress to formal consultation.

In response to questions Mrs Hill advised that staff affected by changes at the Friarage Hospital had been briefed and any redeployment would be managed through the appropriate Human Resource policies. There was a requirement to retain staff as there was an increase in the staffing establishment for community services.

***Agreed – That the Council of Governors received and noted the service update report.***

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## 18/87 QUALITY ACCOUNT

Consideration was given to the Quarter 2 update on the Trust's Quality Account 2018/19.

In presenting the report Mrs Pickering highlighted that:

- 1) 80% (40 out of 46) of all actions against key priorities were on target with 6 not completed.
- 2) The position of the quality metrics was less positive with 66% (6 out of 9) behind schedule.
- 3) In relation to metric 7 – *'patients who report their overall experience as excellent or good'*, although reported as red, this metric was measured through the monthly performance dashboard to the Board of Directors and since June 2018 it had shown signs of improvement with the position at the end of October 2018 reported as 93.11%, an increase from 91.34%.
- 4) As in previous years Quality Account Stakeholder events would be held during February and July 2019. Governors would also be invited to participate in a Task Group to review the content of the draft Quality Account for the Trust during March and April 2019.

In response to questions it was noted that:

- 1) For future reporting against metric 3 – *'number of incidents of physical intervention/restraint per 1000 occupied bed days'* that this was reported including and excluding West Lane Hospital.

**Action – Mrs Pickering**

- 2) Targets were reviewed annually and in relation to the quality metric 6b – *'average length of stay for patients in mental health services for older people assessment and treatment wards'* the priority was to try and maintain patient in their home environment but where longer lengths of stay were reported, if there was a genuine reason, including when outside of the Trust's control, this was accepted.
- 3) For future reporting, consideration would be included to use 'arrows' to show if position was improving or declining against previous quarter especially for KPIs reported as red.

**Action – Mrs Pickering**

- 4) The Trust was not commissioned to deliver a drug and alcohol service within Harrogate, but where the primary diagnosis was mental illness the Trust would provide care and treatment with an awareness of the drug and alcohol issue.

**Agreed – That the Council of Governors received and noted the Quality Account Quarter 2 update 2018/19.**

## 18/88 PERFORMANCE DASHBOARD

Consideration was given to the Performance Dashboard as at 30 September 2018.

**Agreed – That the Council of Governors received and noted the Performance Dashboard as at 30 September 2018.**

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## 18/89 FINANCE REPORT

Consideration was given to the finance report for the period 1 April 2017 to 30 September 2018.

In presenting the report Mr McGahon highlighted:

- 1) That the Trust had a comprehensive outturn position for the period 30 September 2018 which was £212k ahead of plan with a £3,698k surplus.
- 2) Cash Releasing Efficiency Savings (CRES) was currently £296k behind plan with the 3 year CRES plan currently reporting a shortfall of £15,214k.
- 3) The Capital Plan was £1,243k in excess of plan.
- 4) That agency expenditure was 45% in excess of the cap, mainly due to the need to support enhanced observations of patients. This excess expenditure would impact the Use of Resource Rating which was currently reporting at 2 rather than 1 as planned.

***Agreed – That the Council of Governors received and noted the Finance Report for the period 1 April 2017 to 30 September 2018.***

## 18/90 INVOLVEMENT AND ENGAGEMENT COMMITTEE UPDATE

Mr Allison had been appointed Deputy Chair of the Committee as a result of the absence of Miss Wildon (current Chairman). He provided the following update in addition to the report circulated at the meeting (See Appendix 1).

- 1) The Committee had been disappointed with the decision to cease the production of the Trust's magazine – Insight.
- 2) It had been felt by Governors that this decision had been taken without the views of Governors who used this as a mechanism to communicate with the Trust's membership.
- 3) The preference of the Committee would have been to retain current publication but they were considering what replacement would be required to meet the need to communicate to members.
- 4) Targets had been proposed for 2018/19 for the Involvement and Engagement Framework Scorecard.
- 5) Consideration of the theme for the 2019 Annual General Meeting with two areas shortlisted for consideration by the Council of Governors:
  - a. Think Family and Friends
  - b. Mental Health in Old Age

In response to the comments made in relation to the production of the Insight magazine, Mrs Pickering advised that:

- 1) The Executive Management Team (EMT) had considered the use of more contemporary mechanisms to communicate news items and information from the Trust to make this more timely and interactive.
- 2) EMT had considered that the current magazine format did not allow this, but had recognised that there was a requirement to look at an alternative mechanism that would meet the need of Governors to communicate with their members.
- 3) She had understood that a discussion had been held with the Committee but that the feedback had been positive, however she would discuss further with her department.

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**Agreed – That the Council of Governors:**

1. **Received and noted the update on the work of the Involvement and Engagement Committee.**
2. **Approved the proposed targets contained within the Involvement and Engagement framework Scorecard of:**
  - **Maintaining a net 250 increase of public members (excluding those lost during a review to meet the requirements of the General Data Protection Regulations (GDPR)).**
  - **Maintain current staff member numbers.**
  - **To hold four public engagement events per year.**
  - **To maintain an overall membership of 325 service users and carers registered for involvement but to ensure that the members held on the register were representative in terms of demographics and social indicators.**
3. **Approved the theme of the 2019 Annual General and members Meeting as Think Family and Friends and for the 2020 meeting to focus on Mental Health in Old Age.**

**18/91 TASK AND FINISH GROUP**

In the absence of Dr Griffiths, Mr Bellas presented the findings and recommendations of the Governor Task and Finish Group which had undertaken a review on the involvement of service users and carers in the Trust. In addition to the information recommendations contained in the report he advised that:

- 1) Since the conclusion of the findings of the Task and Finish Group the Trust had taken the decision to merge the two localities of North Yorkshire and York and Selby.
- 2) The Trust Secretary's Department had been requested to bring forward proposals to achieve Cash Releasing Efficiency Savings (CRES).
- 3) The points made at 1) and 2) above had a direct impact on recommendation 3 contained in the report to review the inequality of Involvement and Engagement Officer establishment across the Trust and that this should now be regarded as an ambition.

NOTE: Mrs Goodwin attended as a guest to a number of meetings of the Task and Finish Group to input as a Staff Governor but was not listed as an appointed member of the Task and Finish Group.

**Agreed - That the**

1. **Report of the Task and Finish Group - 'Involvement of Service Users and Carers be received and noted.**
2. **Recommendations (1-8) contained within the report considered by the Council of Governors be approved subject to resources available in the Trust Secretary's Department.**
3. **That an action plan to implement the recommendations be submitted to a future meeting of the Council of Governors.**

**Action – Mrs Ord**

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## **18/92 GENDER PAY GAP**

Mr Levy presented a report on the Trust's gender pay gap and not equal pay as quoted on the published agenda. He advised that:

- 1) All Trusts had been required to publish information on a range of factors linked to the gender pay gap on 5 April 2018.
- 2) Following publication, the Trust agreed to undertake further analysis of the information contained in the report to better understand the data.
- 3) The data showed a 9% gender pay gap (2013 reported at 18%) which was found generally to be due to males employed for a longer period of service resulting in a greater proportion of them at higher spine points in the pay grade
- 4) There were a number of actions that the Trust could take in relation to attracting more females into senior positions through the use of talent management processes.

In response to questions Mr Levy advised that:

- 1) Some research had been undertaken in terms of shortlisting/recruitment stages. This had shown that females were shortlisted more than males but males performed better during interview stages in relation to appointments at band 8b and above.
- 2) Evidence had shown that of the gender balance of interview panels had not impacted appointments made but this could be looked at further.

## **18/93 DATE AND TIME OF NEXT MEETING**

The Chairman confirmed the next meeting would be held on 14 February 2019, 2pm at the Holiday Inn, Scotch Corner, Darlington, DL10 6NR.

## **18/94 CONFIDENTIAL RESOLUTION**

### Confidential Motion

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

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

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

The Chairman closed the public session of the meeting at 3.45pm.

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BRIEFING FOR THE COUNCIL OF GOVERNORS  
29<sup>TH</sup> NOVEMBER 2018  
ON THE WORK OF THE INVOLVEMENT AND ENGAGEMENT COMMITTEE

The Committee last met on Tuesday 20<sup>th</sup> November 2018.

Feedback to the Council of Governors

- The Committee appointed Cliff Allison as their Deputy Chairman and welcomed two new members, Keith Marsden and Keith Mollon.
- An update on Q2 (1 July – 30 September 2018) involvement and engagement activity against the scorecard was received and it was noted that:
  - for the first time there had been a net decrease in member numbers, however, this could be attributed to a higher than normal loss of members. The biggest loss (185 members) was in response to communications that were sent to over 9000 public members about the new General Data Protection Regulations (GDPR).
  - The data suggested that there was a lower number of requests than expected for involvement in North Yorkshire and Teesside and the Committee asked for clarity on the reasons why this was the case.
- The delivery of the AGM 2018 was reviewed and there was agreement that the event was a success. Future themes for the event in 2019 were also discussed and the 2 preferred options were :
  - Think Family and Friends (agreed by CoG as one of the top 3 themes for AGM 2018)
  - Mental Health in Old Age (Dementia was agreed as one of top 3 themes for AGM 2018 but this theme would also cover Dementia)

It was suggested that the second preference should be the theme for the 2020 AGM.

- Sue Menzies, Communications Manager, sought ideas from the Committee on what future communications to public members of the Trust should look like and how they may want to receive it (i.e. electronically or in hard copy). This was following a decision by the Trust to cease the production of insight magazine in early 2019. Committee members expressed their disappointment that Insight would no longer be produced and questions were raised around when and why the decision had been made as it was regarded as a valued publication and was often used as a recruitment tool to attract new members. Sue explained that a report had been presented to the Executive Management Team (EMT) in October 2018 and they had agreed that Insight magazine should no longer be produced. This decision had been based on a lack of capacity within the Trust's Communications Department to produce Insight; the proposed focus on the use of digital platforms for communications in the future; and to improve the timeliness of communications.



**COUNCIL OF GOVERNORS**

<b>DATE:</b>	14 February 2019
<b>TITLE:</b>	Public Action Log
<b>REPORT OF:</b>	Phil Bellas, Trust Secretary
<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 report allows the Council of Governors to track progress on agreed actions.

**Recommendations:**

The Council of Governors is asked to received and note this report

## Council of Governors Action Log

## Item 3

### RAG Ratings:

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

Date	Minute No.	Action	Owner(s)	Timescale	Status
25/01/2018	18/08	To respond to the request to allow Governors to access various Trust systems including, email e-learning and the consider the provision of IT equipment.	Kathryn Ord / Drew Kendall	<del>February 18</del> <del>May 18</del> <del>September 18</del> <del>November 18</del>	Completed - Pilots have been undertaken for EDHR and Safeguarding training. This has been successful and will be rolled out to all Governors in due course
22/02/2018	18/19	To invite the Freedom to Speak Up Guardian and the Guardian of Safe working to a future Governor Development Day.	Kathryn Ord	<del>May 18</del> <del>October 18</del> 2019 meeting schedule	Deferred due to availability of staff and the priority of agenda schedule
16/05/2018	18/50	To lead the establishment of a task and finish group to review the lower scoring areas of the Council's self assessment	Cllr Ann McCoy		
29/11/2018	18/78	To provide a summary of the remaining services that fall under the classification of Corporate Services	David Levy	February 2019	
29/11/2018	18/81	To circulate a copy of the Freedom to Speak Up Guardian's report received by the Board of Directors to Governors.	Kathryn Ord	February 2019	Completed - circulated with Governor Briefing January 2019
29/11/2018	18/81	To share the Trust's Action Plan following the CQC inspection with Governors at a Governor Development Day	Kathryn Ord / Jennifer Illingworth	January 2019	Completed - delivered at January 2019 event

Date	Minute No.	Action	Owner(s)	Timescale	Status
29/11/2018	18/81	To provide a written response on the matter of smoking at Primrose Lodge and for a further meeting to be held in 4 weeks with residents	Ruth Hill	December 2018	Completed - meeting held and residents advised that EMT will be considering matter further which will be communicated
29/11/2018	18/81	A meeting to be held with Hazel Griffiths to further discuss the implications of the merger of North Yorkshire and York and Selby to give reassurance that front line services would not be affected.	Ruth Hill	January 2019	
29/11/2018	18/83	To review the role of the Staff Governor representing the staff class of North Yorkshire and York one year after their appointment.	Kathryn Ord	July 2020	
29/11/2018	18/84	A communication to be sent on behalf of the Council of Governors requesting an urgent decision on the registration of Holly and Baysdale units by CQC and OfSted.	Jennifer Illingworth	February 2019	
29/11/2018	18/87	To break down the data within Metric 3 (physical intervention/restrain incidents of the Quality Account to include and exclude West Lane Hospital and to use arrows for those indicators reported as 'Red' to show whether an improving red position.	Sharon Pickering	February 2019	
29/11/2018	18/91	To submit an action plan to a future meeting of the Council of Governors on the delivery of the recommendations of the Task and Finish Group - involvement of service users and carers	Kathryn Ord	May 2019	

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	14 February 2019
TITLE:	Council of Governors' Questions – Summary of Responses
REPORT FOR:	Information

**COUNCIL OF GOVERNORS 14 February 2019**

Responses to Governor Questions

**1. Gemma Birchwood, Public Governor York and Selby**

**Question a.**

Can I ask who in the Trust is responsible for updating the Trust's website? Having looked at the website recently for the services provided in York I noticed that the personality disorder clinical network is listed as operating from 59 Huntington Road which is incorrect. Can this be checked and updated along with all other services that have moved to Huntington House?

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

Thank you for your feedback regarding the information on our website.

We work hard to ensure that the information we have on the website is relevant and kept up to date. Unfortunately, on this occasion the information you highlighted had not been amended. We appreciate you flagging this with us and apologise if this has caused any issues. The out of date information has now been removed and we have reviewed information regarding York adults services to ensure information on the site is relevant. We also continue to work closely with our services, and have processes in place, to keep our information up-to-date.

We would like to reassure you that we are working to improve the website so that instances like this don't happen in the future. We are about to develop a new Trust website, which will include reviewing the user experience, the look and feel, the structure of the site and also a content audit. This project is set to start in the next few weeks. It will be an opportunity to review all of the current information on the website, including location information, and to also ensure we can continually improve the site.

At the start of the new website project we'll be holding a stakeholder workshop to identify our goals and what we need to do to make sure our website meets the needs of everyone who visits it. It's a small session and will include people from across the Trust, but we'd welcome input from governors. If there are one or two governors who would like to represent the council of governors please let us know and we can provide further information.

**Question b.**

There are performance and feedback graphs displayed within the reception area of Huntington House in York, these are very difficult to understand what they mean. These appear not be included on the website where I expected to be able to find more detail as to what they mean. Where is this information held and what can be done to give more detail to the public as to the meaning of the information?

**Response from Ruth Hill, Chief Operating Officer**

Thank you for bringing to our attention the graphs which are presented at Huntington House. The graphs are to report patient satisfaction and response rates, however we would agree that more could be done to present the information in a more effective manner.

The team at Huntington House will work to address this with our volunteers and we would welcome any support and feedback you have to support this.

2. Zoe Sherry, Public Governor Hartlepool, Cllr Stephen Thomas,  
Appointed Governor Hartlepool Borough Council

**Question**

In the last 5 Years:-

- a. How many times have Hartlepool residents have been placed 'out of locality?'
- b. How long did the placements last?
- c. How far away were the furthest placements?
- d. Were any patients placed outside the Trust? If so why?
- e. Which categories of need did these people belong to?
- f. What support is offered to the carers and families to maintain contact with these people while on placement ?
- g. Have the issues with Roseberry Park had an effect on placements? If so, what time frame can be expected to improve the situation?

**Response from Ruth Hill, Chief Operating Officer**

- a. How many times have Hartlepool residents have been placed 'out of locality?'

The number of patients in Hartlepool Sub-CCG who have been placed out of area since the current submission started in April 2016

Table 1

<b>Ward Locality</b>	<b>2016-2017</b>	<b>2017-2018</b>	<b>2018-2019</b>	<b>Grand Total</b>
Durham	12	12	14	<b>38</b>
Tees	29			<b>29</b>
North Yorkshire	1	2	2	<b>5</b>
York & Selby			4	<b>4</b>
<b>Grand Total</b>	<b>42</b>	<b>14</b>	<b>20</b>	<b>76</b>

b. How long did the placements last?

Average Length of Ward stay in Days (rounded off)

Table 2

Ward Locality	2016-2017	2017-2018	2018-2019
Durham	14	17	7
Tees	5		
North Yorkshire	21	48	16
York & Selby			11

Maximum Length of Ward stay in Days

Table 3

Ward Locality	2016-2017	2017-2018	2018-2019
Durham	34	56	21
Tees	37		
North Yorkshire	21	68	30
York & Selby			34

Minimum Length of Ward stay in Days

Table 4

Ward Locality	2016-2017	2017-2018	2018-2019
Durham	0	0	1
Tees	0		
North Yorkshire	21	28	1
York & Selby			0

c. How far away were the furthest placements?

The table is ordered by Locality, in order of distance from Hartlepool. Note that the Tees wards are no longer out of area from April 2017

Table 5

<b>Ward Locality</b>	<b>2016-2017</b>	<b>2017-2018</b>	<b>2018-2019</b>	<b>Grand Total</b>
Tees	29			<b>29</b>
Durham	12	12	14	<b>38</b>
North Yorkshire	1	2	2	<b>5</b>
York & Selby			4	<b>4</b>
<b>Grand Total</b>	<b>42</b>	<b>14</b>	<b>20</b>	<b>76</b>

d. Were any patients placed outside the Trust? If so why?

No patients were placed outside the Trust

e. Which categories of need did these people belong to?

Categories of need will be MHSOP and Adult patients. The data prior to Nov '17 will reflect primarily MHSOP patients (and particularly those with an organic illness). This reflects some of the particular difficulties that there have been in Tees in relation to accessing appropriate care home placements for individuals (Hartlepool had a period where a number of homes closed) and also a gap in relation to the ability of nursing homes to meet the need of patients who have particularly challenging behaviours. There has been increased pressure in Adult services since the necessary actions in relation to RPH. This saw a reduction in Adult beds, and at the same time we have seen an increase in numbers of admissions across Tees generally, often with concurrent issues of substance misuse. More recently we have seen a sustained reduction in bed use in MHSOP – with both functional and organic wards having capacity.

f. What support is offered to the carers and families to maintain contact with these people while on placement?

Patients and Carers who have been displaced as a result of the ward moves required by the Roseberry Park Hospital defect rectification programme are offered support in terms of travel costs or volunteer driver support. Anybody who is admitted Out Of Area as a result of pressures is transferred back to their home ward as quickly as possible – occasionally people choose to finish their admission in the ward they first went to.



- g. Have the issues with Roseberry Park had an effect on placements?  
If so, what time frame can be expected to improve the situation?

There are a number of actions being taken in relation to bed occupancy. From an adult perspective we are reviewing the Intensive Home Treatment capacity in the locality to attempt to impact upon numbers of admissions. We have also carried out a great deal of work with Substance Misuse providers and developed much closer relationships based around a shared pathway of care involving the two services. From an MHSOP perspective we are increasing capacity in ICLS, and we have also begun a pilot of IHT involvement for patients with a functional illness. The RPH rectification process will take place over a period of years hence the focus is on developing more robust community alternatives that will prevent the need for admission in the first instance.

3. **Christine Hodgson, Public Governor York**

**Question**

I would like to receive more information on how the Trust is delivering 'Person Centred Care' particularly within the services provided within York and in addition to this:

- a. How is this being delivered when there is a dual diagnosis?
- b. How is this being delivered within the care and treatment of those with Autism and ADHD including linking this to the care plan?

**Response from Ruth Hill, Chief Operating Officer**

As part of the Trust's work around recovery we are working to improve the quality of our care planning. There have been a number of Trust wide workshops which help to support our staff in ensuring that we work with service users in developing plans. There are additional plans to explore the use of DIALOGUE which is a tool which will help patients and staff ensure that we create individuals and understandable plans which reflects service users concerns and priorities.

We aim to work with service users who may have additional needs, such as dual diagnosis and will work with partners to help ensure that these plans are comprehensive.

We are actively rolling out training for staff around Autism so that they understand the additional support needs and consider making adjustments for service users who might require this.

Further clarification to be provided verbally at meeting.

4. **Sarah Talbot- Landon, Public Governor Durham**

**Question**

For sometime now many service users and staff on the affective disorders wards at West Park have complained of alcohol and drugs usage making wards feel out of control, difficult to manage and feeling unsafe.

We know that patients feel unsafe in part due to other patients on the ward.

What is TEWV doing to address the presence of alcohol and drugs on wards, and/or doing to help patients and staff feel safer on wards?

**Response from Ruth Hill, Chief Operating Officer**

The Trust is actively considering the issues of drugs and alcohol on the wards as we know this does impact on patients feeling safe. All wards will work with patients in highlighting the expectation that drugs and alcohol are not acceptable on the wards. There is the ability for ward staff to raise issues with the local police forces to offer additional visibility from the police where issues may be identified this includes the use of drug dogs as an active deterrent.

The issue of patients feeling safe on the wards is to be considered in more detail by the patient experience group and we will highlight your specific issues and concerns to the Chair.

The other issue we have had has been visitors bringing alcohol or drugs in – although not happened for a while. We would always liaise with the police in these instances.

5. **Mac Williams JP, Public Governor Durham**

**Question**

a. **Places of Safety**

At the Board of Directors meeting the Non-Executive Directors sought clarity on the above issue regarding Places of Safety. I have attended a Seminar on the New Street Triage scheme which TEWV is in partnership with Durham Constabulary and of the belief that we were aiming to eliminate the use of police cells for people with mental health issues. Young people are not now sent to cells but now sent to or should be sent to Suite Centres and it is hoped new legislation will be introduced soon for adults as the cell environment has a detrimental effect and I am aware of the damage that has been done.

Furthermore last year no young people or adults were detained in cells by Durham Constabulary and this is an achievement. What are the current views of the Trust and can we take this issue forward?

**Response from Ruth Hill, Chief Operating Officer**

We, as a Trust hold data on the number of people subject to s136 taken into police custody but not people with mental health issues generally in custody. In December 2017 s136 was amended to state that people can only be taken into police custody subject to s136 in exceptional circumstances as set out below:

A police station can ONLY be used as a Place of Safety (PoS) if the person is aged 18 years or over and then in the following circumstances:

1. The behaviour of the person poses an imminent risk of serious injury or death to that person or others (regulation 2(1)(a)(i))
2. Because of the risk posed, no place of safety other than a police station in the relevant police area can reasonably be expected to detain the person (regulation 2(1)(a)(ii))
3. So far as is reasonably practicable, a healthcare professional is present and available to the detainee throughout the period in which he or she is detained at the police station (regulation 2(1)(a)(iii)).

Since then there has only been 2 instances where the police station has been used a PoS, both North Yorkshire, one in August 2018 where the level of violence required this and once in December 2018 where a person was already in the police station under arrest and was placed on s136 but remained in police station for the assessment.

There have also been a number of occasions (in North Yorkshire only) where a person under arrest and in police custody has then been made subject to s136 and moved out to a Trust PoS (this is allowed since Dec 2017 changes which removed the requirement for the s136 to be implemented in a public place only).

The Trust continues to work with partners through the Crisis Care Concordat in each locality to develop plans to support crisis and urgent care work. This includes work around street triage and force control room. These plans have been worked up in collaboration with Police and other stakeholders to address both the regulatory framework but to ensure we offer the right level of care and support to those in crisis.

- b. Board of Directors meeting 27 November 2018 - Minute reference 18/313 - Mental Health Legislation Committee

I was disappointed to read that the committee was inquorate at its meeting in October 2018 and that the Chairman asked that the Executive Director Members to attend meetings. The quorum shall be 3 members of at least ONE must be a Non-Executive Director and ONE must be an Executive Director (Or a nominated Deputy). This is not an isolated case of non-attendance and I ask for such issues to be investigated by the Chief Executive and I hope for improvement?

### **Response**

This response will be provided at the meeting

- c. Board of Directors meeting 27 November 2018 - Minute reference 18/315 - Finance Report

I note the report states, agency staffing expenditure, as a percentage of the pay budget, had increased, from approximately 2%, generally, to 3.25% in October 2018. Furthermore the Trust's Use of Resources rating had reduced to "3" due to Agency expenditure. The report then states the demand for Bank Shifts is also increasing. My concerns are that we read in the Trust's CQC Inspection report that where a ward is staffed only by Agency they relied on a handover from the previous shift. Could this be a cause for delays and extra work?

### **Response**

This response will be provided at the meeting

6. **Graham Robinson, Public Governor Durham**

**Question**

Could I have an update as to what the latest situation is regarding Crisis House at Shildon?

I attended several meetings at West Lane regarding this issue. These meetings were then followed by five public meetings held throughout the region to gain public feelings on the position of Crisis House. These meetings were very poorly attended not helped by poor communication highlighting the events.

I've heard nothing since these meetings and was surprised to hear that a decision has been reached to close Crisis House.

Is this the case? If so, could the Governors be informed as to what is happening, especially to the staff at Crisis House?

**Response from Ruth Hill, Chief Operating Officer**

The Commissioners and Trust have been progressing a crisis review and have consulted with a number of service users and stakeholders on the way forward. There are a number of recommendations as part of the review which includes consideration of a different service model around crisis house arrangements which could include alternative provision such as voluntary run services. The commissioners are developing their plans for this care based on the feedback and revised service model.

Over the period of this review the use of the Crisis House has reduced. At this point there are no service users in the unit and staff currently work in alternative settings. We are seeking clarification on next steps and will communicate this once this has been confirmed.

**FOR GENERAL RELEASE**

**COUNCIL OF GOVERNORS**

<b>DATE:</b>	<b>14 February 2019</b>
<b>TITLE:</b>	<b>Board round-up</b>
<b>REPORT OF:</b>	<b>Phil Bellas</b>
<b>REPORT FOR:</b>	<b>Assurance/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 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>14 February 2019</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 by the Communications Department 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 during November 2018 and December 2018 are attached to this report.

**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 during November 2018 and December 2018 (as contained in the Board round-ups for those meetings) and raise any issues of concern, clarification or interest.

**Phil Bellas,  
Trust Secretary**

**Background Papers:**

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

## **Feedback from the Board of Director meeting held on 20 November 2018**

### **Chairman's report**

The chairman reported on the first meeting of the shadow board. The meeting was very positive and interesting, with some excellent presentations on a range of issues. She commended everyone who had been involved.

The chairman also noted that a meeting will be held on 3 December 2018 of Trust chairmen for the north of the region. Mr Jennings reported on a meeting of the Northern Chairs network, facilitated by NHS Improvement. This covered a range of topics, of particular interest was a discussion on suicide prevention.

### **Guardian of safe working**

The board received the quarterly report. The report highlighted that all exception reports are being dealt with appropriately, and there have been no breaches of the contract.

There has been a spike in antisocial hours activity in North Durham which has had an impact on junior doctor training. Discussions have taken place to resolve this, and it does appear to have been an individual spike in activity. Dr Whaley has written to medical staff in North Durham to reaffirm the requirement to provide support and supervision for junior doctors out of hours.

### **Quality assurance committee report**

The board considered the relationship between high caseloads and sickness absence levels in community teams, linked to the lack of an early warning system to highlight difficulties. A pilot is being developed on a systematic escalation processes for community teams, based on agreed triggers, which will be tested in York & Selby. A further report will be provided.

An overview was provided of an instance in which a coroner had written to the Trust suggesting that if staff discovered a patient at home in suspicious circumstances, it is our duty to notify the police. It is fact the responsibility of the ambulance service to notify the police. A letter will be sent to coroners to confirm this.

### **Nurse staffing exception report**

It was noted that as a Trust, we are meeting department of health guidance for safe staffing.

It was proposed that as we currently consider the top three inpatient areas, if this does not reveal any significant issues we should then consider the next three areas, to ensure problems are not masked.

The position on variations in staffing between similar wards with equivalent levels of acuity was discussed, and work is being undertaken on different ways of engaging staff and managing service users. The combination of high acuity and agency staffing is resulting in significant challenges. A further report will be provide in February 2019.

### **Mental health legislation committee**

Concerns were raised about the delays in the completion of COLS assessments by Middlesbrough council, which has caused some difficulties. Mr Martin will raise this matter with the local authority.

Clarification was requested on what happens to individuals who are discharged by tribunals and panels against the advice of clinical teams. It was noted that the Trust does not have any control over the operation of tribunals. When a discharge is agreed by a panel against the advice of the clinical team, the committee received an additional narrative on the case. It

was noted that this happened less frequently in this Trust than in others. It was requested that this matter is looked into further.

The use of police stations as places of safety was also raised, to increase understanding of the issues. A national report has since been published.

### **Multi professional education and training report**

The board requested greater visibility on the right staffing programme, particularly in relation to how new roles are harmonised with traditional ones.

Mr Martin reported that Health Education England, currently a separate entity, is due to become accountable to NHS Improvement. The timings for this change have not yet been provided.

### **Finance report**

The Trust's use of resources rating has reduced to 3 due to agency expenditure, which has increased from 2% to 3.25% in October. This is being discussed with NHSI. It is anticipated that the demand for agency staff will start to reduce from quarter 3, 2019/20.

A discussion was held on the development and delivery of CRES plans, the governing process for which is now more robust. Proposals for 2019/20 will be reviewed by the executive management team in December and will be detailed in the draft business plan in February. It was agreed that the resources committee will be kept updated on the development of CRES plans.

### **Performance dashboard**

This month's report showed improving trends over the last three months, providing a really positive position.

In MHSOP, the work to provide a consistent approach through the development of the new dementia pathway has created additional capacity in teams which should reduce the risks which had been identified.

### **Strategic direction performance report**

This is the first report using the new format of report. Overall, the report illustrates a balance position. Performance against KPIs is less than we would like, however progress against the business plan and quality feedback give some balance to this. Further work is required in each strategy area to improve performance against KPIs.

The board agreed a change to KPI 14, to monitor all delayed transfers of care.

## Feedback from Board of Directors meeting held 18 December 2018

### **Chairman's report**

Lesley reported back on the recent meeting of Trust chairmen (North East), which included an update from Alan Foster on the development of the integrated care system (ICS) for Cumbrian and the North East. She said the focus appeared to more on acute trusts and working with local authorities.

### **Developing workforce standards**

The Board received and noted a report about the recent guidance and reporting framework (Developing Workforce Standards) published by NHS Improvement. The report builds on previous safe staffing guidance. It was recognised that significant work would be required to comply with the guidance. Elizabeth Moody noted that further guidance was being sought from NHSI and that initial data would be included in the June 2019 nurse staffing report.

### **Staff flu campaign**

The Board received a progress report on the staff vaccination programme for 18/19. David Levy provided an up-to-date figure (58%) of frontline staff who had been vaccinated by 14 December. David noted that the main reasons given for staff opting out was that people didn't believe the clinical evidence supporting vaccination and that they were worried about side effects. Colin noted that this year we would be focussing our efforts in areas where take up was low and that there was more to do in the next few months to improve vaccination rates.

### **Finance**

The Board received and noted the finance report. The focus of the discussions was agency spend which was of concern.

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS  
PUBLIC AGENDA

<b>DATE:</b>	<b>14 FEBUARY 2019</b>
<b>TITLE:</b>	<b>To assure the Council of Governors on the position of compliance with the Care Quality Commission and Ofsted registration requirements</b>
<b>REPORT OF:</b>	<b>Jennifer Illingworth, Director of Quality Governance</b>
<b>REPORT FOR:</b>	<b>Information</b>

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

**Executive Summary:**

This report provides an update on the Trust's activity in providing assurance on the current position of compliance with the Care Quality Commission (CQC) and Ofsted registration requirements and covers:

- Trust CQC Well-Led Inspection 2018
- Trust Inspections: 6 CQC MHA Review inspections to wards
- Ofsted Registration
- Update on the Quality Compliance Group
- Update on the Fundamental Standards Group
- Update on the CQC Engagement meetings
- CQC Thematic Review
- Low level ligature survey

**Recommendations:**

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

<b>MEETING OF:</b>	<b>COUNCIL OF GOVERNORS</b>
<b>DATE:</b>	<b>14 FEBRUARY 2019</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 Trusts Care Quality Commission (CQC) and Ofsted registration and provide assurance of compliance with the Fundamental Standards for Quality and Safety required to maintain registration.

## 2. KEY ISSUES:

### 2.1 Trust CQC Well-Led Inspection 2018

Following 2018 well-led inspection, the trust action plan for all ‘must do’ and ‘should do’ actions has now been developed and distributed to all localities. The action plan will continue to be discussed and monitored through usual governance processes and the Quality Compliance Group to ensure trust wide learning takes place. The CQC have reviewed and agreed the action plan and progress will be discussed with the CQC on a monthly basis as part of ongoing engagement and monitoring.

### 2.2 Trust Inspections

#### CQC MHA unannounced inspections

Since presentation of the previous report to the Council of Governors there have been 6 unannounced CQC MHA inspections.

Type of Inspection	Locality	Speciality	Ward/Team	Inspection Date
MHA	Forensic	FMH	Swift Ward	16/11/2018
MHA	D&D	MHSOP	Roseberry Ward	29/11/2018
MHA	Tees	MHSOP	Westerdale South	11/12/2018
MHA	Tees	C&YPS	Evergreen Unit	17/12/2018
MHA	Forensic	FMH	Linnet Ward	17/12/2018
MHA	D&D	MHSOP	Ceddesfeld Ward	02/01/2019

#### SEND Inspection

The CQC have commenced a review into Hartlepool special educational needs and disabilities (SEND) as a whole service inspection. This is to review how the overall system is providing the evidence to support improvements which have collectively been made for the SEND population and will involve Clinical Commissioning Groups

(CCGs), the Department for Education (DfE), the Department of Health and Social Care (DH). The inspectors will then triangulate and test this in action with the operational service delivery front line that meets the children, young people and their families and carers.

## **2.3 Ofsted Registration – Holly and Baysdale**

### **Holly Unit**

Following the meeting that took place at Holly Unit on 5 October 2018 with the CQC to review the purpose and function of the unit, the CQC have recommended the unit is a health provision and should therefore be regulated by the CQC rather than Ofsted. The Trust have submitted the notification of de-registration with Ofsted and once confirmation has been received the Trust will re-register Holly unit with the CQC.

### **Baysdale Unit**

Baysdale unit was also re-reviewed as part of the above however the decision was made that as the unit offers respite care it should remain registered with Ofsted.

There was an unannounced Ofsted 2 day inspection on 22 and 23 January. Initial verbal feedback indicated that there was still a gap between the health focus of the service and the social care regulatory framework. A meeting has been arranged with Ofsted's Regulatory Inspectorate Manager and the Trust to discuss this prior to an inspection rating being provided.

## **2.4 Quality Compliance Group**

The Quality Compliance Group met in December and January primarily to discuss and review the CQC action plan.

## **2.6 Fundamental Standards Group**

The Fundamental Standards Group last met on 7 December 2018. An update was provided to the group on the CQC report and ratings including the good practice identified. The developed actions were shared and discussed with the group.

## **2.7 CQC Engagement Meetings**

Monthly meetings with the CQC have now been re-established following suspension of these during the recent inspection. From February 2019 the engagement meeting will also involve focus groups for both staff and patient/carers and will be held at different localities throughout the year to include opportunity to visit wards/teams and showcase good practice.

As part of ongoing engagement and monitoring the CQC recently attended the QIS Trustwide report out 11 January 2019 and will also attend some Trust Board and Board sub-committees throughout the year. The CQC will then subsequently use this intelligence to inform the next Trust inspection.

### CQC Thematic Review

On 16 January the CQC issued phase 1 of a national thematic review of the use of restraint, prolonged seclusion and segregation in settings for people who may have mental health problems, a learning disability and/or autism. Mental health trusts have been requested to submit data for December 2018 and the Trust have been requested for information on the following wards:

#### **Children and young people:**

West Lane Hospital: Evergreen, Newberry Centre and Westwood Centre

#### **Learning Disability/Autism:**

Bankfields Court: 3 and 4 Bankfields Court

Lanchester Road Hospital: Ramsey Ward / Talbot Ward

Acomb Learning Disability Units: Oak Rise

Roseberry Park Hospital: Clover / Ivy and Hawthorne / Runswick

### Low level ligature survey

NHS Improvement issued a national safety alert on the “Assessment of ligature points” regarding low level ligatures.



Low level ligature risk  
safety alert.pdf

The Compliance Team, Modern Matrons and representatives from Estates and/or Capital Planning have been visiting all inpatient areas to review the current Suicide Prevention Environmental Survey and capture any newly identified low level ligature points (below 1 metre). These will be presented to EMT in February for full consideration.

## 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.
- 3.2 **Financial/Value for Money:** Full CQC registration is an essential requirement of the NHS Improvement authorisation the Trust to operate as a Foundation Trust



- 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.

- 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

#### 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 Council of Governors is asked to note the information provided within this report.

**Jennifer Illingworth**  
**Director of Quality Governance**  
**January 2019**

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

<b>DATE:</b>	14 February 2019
<b>TITLE:</b>	Service Changes Report
<b>REPORT OF:</b>	Ruth Hill, 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.

**Recommendations:**

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

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<b>MEETING OF:</b>	<b>Council of Governors</b>
<b>DATE:</b>	<b>14 February 2019</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**

##### Community Services

Despite continued increases in demand on our community services, staff have embraced new ways of working. We are actively rolling out direct inputting and are working with teams and with our partners in Durham County Council to take stock of our service and identify further improvements. Discussions have been very positive and there is a significant degree of enthusiasm for transforming the configuration of our services to support them to be more needs led and recovery focused. Although there will inevitably be the normal anxieties from staff as discussions progress from principles to something more concrete, we feel confident this will help us to develop a really exciting model for the future

##### IAPT

Although the procurement process is ongoing, the service continues to work hard to maintain performance and improve pathways.

##### Rehabilitation Services

We are working hard with staff and patients to develop the next phase of our rehabilitation strategy, in line with Trust plans and priorities. We are continuing the approach we have successfully used in previous phases and intend that in focusing on patient need now and in the future, we will be able to provide a future-proofed service model that provides the most clinically and cost effective approach for the Trust.

##### Crisis Services

We are really excited to be moving towards a new model for crisis services across the locality. This has been developed over the past year through extensive consultation with staff, stakeholders, patients and their families.

The specific details of the implementation plan are still being finalised, however this will mean that we will be integrating crisis services across County Durham and Darlington to improve patient experience and allow more efficient and effective use of flexible resource. Currently there are two separate teams (North Durham and South Durham and Darlington) and there is variance across staffing and ways of working.

The model for the new crisis service is a 'hub and spoke' model with a hub based centrally within the locality (likely to be either Sedgefield or Bishop Auckland) and two spokes in the North and South of the locality. There will be one contact number only that will enable all calls to reach the central hub and standard work will be in place to support Triage workers to manage incoming calls safely and efficiently. A core team will be based at the hub for the whole shift – providing telephone triage and managing the flow of work across the locality - whilst the other staff on duty will report to 'spoke bases' providing crisis assessments and increased capacity for intensive home treatment.

The impact of this will be closely monitored through the Directorate to ensure we are maximising the benefits of the opportunities this model gives us. We will also continue to work closely with the crisis concordat to support integration and flow across the wider crisis pathway.

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

#### Behaviours that Challenge

Following a kaizen event held in October 2018 we considered how to operationalize the Behaviours that Challenge Clinical Link Intervention Pathway (CLiP) for organic patients living in their own homes or in care homes.

The CLiP is now in regular use by all 5 of our Care Home Liaison teams. The numbers of patients on the CLiP has increased which is positive and our staff are working proactively with care homes, providing practical advice on non-pharmacological interventions which will improve patient experience and hopefully will reduce the likelihood of placements breaking down.

The team psychologists are providing support for nursing staff in writing behaviour support plans for patients and work with care home staff in implementing these.

#### End of Life Care

An End of Life Care improvement event is planned for February 2019, which will inform Trust policy and best practice in supporting patients and their families. This is a Trust wide MHSOP event and the Matrons are leading this along with physical health care practitioners.

#### Working with North Yorkshire Colleagues

We are working closely with North Yorkshire colleagues to ensure patients who need inpatient admissions are accommodated in Durham and Darlington locality at West Park and Auckland Park hospitals. Daily communication processes have been set up to monitor bed use and patient flows across

MHSOP and staff from North Yorkshire are working closely with Durham & Darlington staff to ensure admissions and discharges flow smoothly for patients and their families.

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

### General Waiting Times

The service continues to sustain waiting time targets for the initial assessment within 4 week of referral; however we continue to under achieve for the target for second appointment in nine weeks. As part of our Quality Improvement programme the service implemented the Thrive Model, this restructured Tier 2 and Tier 3 services, reducing hand offs between clinicians and implementing structured diaries. Each clinician has allocated clinical appointments in their diaries based on their individual activity plans. This includes initial assessment appointments. This work has provided assurance that the service is using clinical capacity effectively, without overloading our clinical staff. The numbers waiting over nine weeks continues to reduce; however the service recognises that there is insufficient capacity to meet demand. Further work aligned to our business plan is ongoing; this includes a review of the workforce and skill matrix to implement efficiencies that create additional capacity to reduce waiting times whilst being assured that the service provides evidence based interventions.

Strategies to enhance prevention and resilience continue to be explored as part of the locality's Local Transformation Plan. This includes focused work with schools; the service will also work with partners to develop a bid for the development of mental health in school teams.

### Autism Spectrum Disorder (ASD) Waiting Times

The new ASD assessment model is fully operational, working across two sites, one in Holly Ward, West Park and the other in Stanley Health Centre. The initial focus was to complete assessments for the 482 existing young people who had been waiting prior to the new model being implemented by June 2019. This work is on track, there are currently 177 young people from the existing waiting list still waiting for an assessment, all have appointments booked in over the next two months. The team are also working to ensure that by August 2019 all new referrals for ASD assessment will commence on the pathway within 12 weeks of referral. The service will complete an evaluation of the pilot in April 2019 which will be considered as part of further service development. As part of the evaluation we are capturing service user and parent/carer feedback, which continues to be very positive.

## **Learning Disability Service**

### Service Improvement Work

A kaizen event is under way to look at standardising inpatient admission processes across Adult Learning Disability (ALD) services. A single point of access process is being developed in order to centrally manage access to ALD beds across the whole Trust to ensure that people requiring an admission to hospital can be placed in the most suitable area to meet their needs.

### In Reach Service

A kaizen event is planned to further enhance in reach work across Durham, Darlington and Teesside. Currently there are two different models across D&D and Tees for in reach work. An audit of services was undertaken against standards in NICE Guideline 93 'Learning Disabilities and Behaviour that Challenges: service design and delivery' and options developed from findings.

Both localities have, in recent years, been asked to provide planned in reach support to providers who have been identified as having difficulties and where there has been a risk of placement breakdown or a risk to the safety of service users. Additionally the Durham, Darlington and Tees Care Partnership is identifying service needs from case management reviews where the model would be beneficial. Therefore a model needs to be developed that can support the work of the Partnership and complement the existing services in both localities. The kaizen event is planned for the first week in February.

### Save the Date

The 12<sup>th</sup> annual Learning Disability Conference will be held on Tuesday 2<sup>nd</sup> April 2019 at the Xcel Centre, Newton Aycliffe. The title of this year's conference is "Looking to the Future" and focusses on what next after Transforming Care.

## **3.2 Tees**

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

Adult inpatient wards have seen ongoing and sustained bed occupancy above 100%. A Trustwide bed management group is now in place. From 1<sup>st</sup> January 2019 admissions from Hambleton are being directed to Roseberry Park Hospital.

There has been an increase in the caseloads of Affective Disorders teams across Tees. Work has commenced to analyse potential reasons for this in order that appropriate action can be taken.

The 12 month review of the quality improvement event undertaken for Psychiatric Intensive Care Units has demonstrated improvements in joint working between localities. A task and finish group has been established to review seclusion use within Adult Mental Health Services at Roseberry Park Hospital.

Dual Diagnosis quality improvement events have now taken place across all four Teesside localities. Improvements made to services include the Tees wide Dual Diagnosis Network, involving partner organisations. Improved responsiveness to patients, with routine appointments being offered within 14 days, joint working between Third sector providers & Tees Esk and Wear Valleys NHS Foundation Trust and co-produced care plans

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

There has been a spike in admissions particularly in relation to patients with dementia. The service feels there are opportunities in relation to addressing the variation in admission rates. A task and finish group has been established to strengthen processes in relation reducing length of stay and gatekeeping.

The service has developed and delivered an introduction to NHS course to increase the number of staff within the organisation from Black and Minority Ethnic (BME) communities. Forty people have completed the course and six people have joined the Trust. The service has commissioned and supported the development of a BME dementia awareness video.

The service has undertaken a project in relation to talent management. Currently 172 meaningful talent management plans have been developed with staff which has supported the service with succession planning and provided clarity around skill mix and development opportunities. The project has been shortlisted for the Trust's Making a Difference Awards.

A Commissioner Assurance Visit took place to Westerdale North and South. 35 standards were assessed: 33 assessed as good, 2 required improvements, 1 medication omission and mandatory compliance at 89%. Areas of good practice: intervention and care planning, serious incidents and lessons learned processes, liaison and support offered to care homes and carer engagement initiatives.

CQC MHA visit to Westerdale South – Overall positive feedback received. Areas for improvement identified blanket restrictions; the inspector questioned why plastic mugs are used. Capacity is assessed routinely on admission. However admission and treatment is grouped together and these should be assessed and documented separately. Second opinion approved Doctor referrals should be made immediately upon changes to medications. Section 17 leave forms - carers should be offered a copy as well as nursing homes as they are taking responsibility when they leave the ward with their loved one.

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

Admissions have been suspended to Westwood Unit following concerns in relation to the physical interventions undertaken during a number of incidents on the ward. A number of actions have been taken by the service in conjunction with Local Authority Safeguarding and NHS England in order to provide assurance that the quality and safety of care being provided to young people is of the standard required.

Hartlepool Child and Adolescent Mental Health Service is running a trial of a new triage system, which will be linked to the 'Footsteps' pilot currently being undertaken. A psychologist is based in the GP surgery and is offering 15min appointments. The pilot after two months is reporting a good uptake of the clinics. It is unclear at this stage what positive impact there may be upon referrals into our service it is possible that the work is diverting from early help services rather than specialist services.

The end of trial report received in relation to Q-Interactive cognitive assessments is positive. Efficiencies have been noted in children and young people's assessments which have been quicker, an improved experience and with a lower risk of marking error.

### **Learning Disability Service**

The twelfth Adult Learning Disabilities conference hosted by Tees and Durham and Darlington localities is planned for 2<sup>nd</sup> April 2019. The theme of the conference is 'Looking to the Future, having a good life after Transforming Care'. The conference hopes to build on the success of the previous conferences bringing together Tees Esk and Wear Valleys NHS Foundation Trust Staff, Partner Organisations, Service Users and Carers to share ideas and experiences.

Inpatient bed occupancy remains high across the Trust. However there are a number of transitions into the community planned for people with complex needs. Teesside admissions are low due to the intensive support provided by community teams.

Commissioners have agreed that the review of respite provision in Tees will cease in its current form. Access for existing service users will be ring-fenced, and a referral pathway for new people will be clarified.

## **3.3 North Yorkshire**

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

Hambleton and Richmondshire transformation has now progressed with the closure of admissions to ward 15 and the section 136 suite. Close working continues with our Tees and Darlington partners regarding the supported admission process and in reach from the Hambleton and Richmondshire crisis team. At the point of writing, there had only been two admissions since 1 January when admissions ceased.

A joint programme of work has commenced with service users, police and a third sector partner regarding the provision of alternative safe places where a person's mental health needs can be assessed; supporting the evidence that over 72% of people detained under S136 do not require inpatient admission.

The vision for Harrogate mental health services has reached the stage where the case for change to invest further in home treatment, community services and re-provide acute inpatient care in York can be discussed with the public. The schedule of engagement/listening events is currently being planned.

The programme of work being led by the North Yorkshire wide suicide prevention advisory group has been shared at both Trust wide and locality report outs and has received positive feedback from staff regarding the plans to stop whispering about suicide'. The work has generated a suite of resources that will:

- Provide support for families/carers following suicide of a loved one



- Change the way staff think about risk of suicide and the importance of involving and sharing information with family members & carers
- Assist staff to manage distress of patients and staff more compassionately
- Introduce critical incident staff management to help staff well-being and retain staff in service

The structured approach to support patients who present most frequently to services, locally known as FOCUS, has been rolled out across the locality and the same benefits realised in Scarborough, Whitby and Ryedale is also being seen in Harrogate and Hambleton and Richmondshire. The model was recently shared at the Royal College of Psychiatrists.

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

In Hambleton and Richmondshire the number of inpatients on ward 14 has reduced to 5 and we expect four of those people to be discharged successfully over the next few weeks with work ongoing to support the patient who may need a transfer at the point of ward closure.

We are still looking to recruit a discharge liaison social worker to support the inpatient teams and liaise with Social Care and CCG colleagues in this area. In the interim The community mental health team Advanced Nurse Practitioner is providing this support for the inpatient teams in Darlington and Bishop Auckland and we have had a really good open day at Auckland Park bringing the teams together to discuss any concerns and Durham and Darlington colleagues have offered to attend a public engagement event in Northallerton.

A GP engagement event provided very positive feedback for our services within Hambleton and Richmondshire and we are now working with the CCG and primary care to develop a local protocol to support people with a mild cognitive impairment diagnosis to increase capacity in the memory service for new assessments whilst ensuring sufficient support for this group. This will contribute to a new locality wide task and finish group for memory services that will commence in March 2019 to improve dementia diagnosis rates, waiting times and reduce the variance in practice and process.

We have also been working closely with our colleagues in York to identify shared objectives for focused work to support the future transformation of services in York and Harrogate, focused on inpatient beds, admission and discharge processes and community support to reduce length of stay.

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

Work continues on developing a 24/7 CAMHS crisis team across North Yorkshire and York and we are making progress towards the new service being operational in quarter one of 2019. The current service operates 10am to 10pm seven days per week and sits within the Tier 4 Models of Care programme. The change will mean the operational management of the service will transfer into locality.

We have recently met with local GPs across North Yorkshire and York to look at how we can improve the physical health monitoring of young people with an eating disorder. A collaborative event is to be planned to support further work around the pathway.

We have a number of retirements happening in the last quarter of this year and quarter one of 2019 so we are currently in the process of recruiting to a number of team manager posts to support continuity of service.

The service continues to sustain waiting time targets for the initial assessment within 4 weeks of referral and for the last 3 months has sustained performance against the target for second appointment in nine weeks across all teams.

### **Learning Disability Service**

A recent planning workshop took place with York and Selby colleagues in preparation for the merger. There was really positive engagement and commitment in the room to working and learning together to develop into a 'new' service.

Rapid Process Improvement Workshop event held with the Transforming Care Partnership partners to explore the relationship between care programme approach, community care and treatment reviews and Section 17 leave. The event has led to the development of some standard work that will assist us in being clearer as to our role within processes.

Continued delivery of the 'Community Crisis Intervention Service' - supporting the community teams across North Yorkshire York and Selby – this pilot service was due to conclude in March 2019 – but we have received a year's funding to continue to deliver on the same footing. We are currently exploring what is deliverable for the next 12 months with one person in post.

## **3.4 York and Selby**

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

#### Improving Access to Psychological Therapies (IAPT):

The team continues to find the access target challenging linked to workforce difficulties in terms of recruitment and retention and also referral rates. The commissioner focus on prevalence has led to the redevelopment of long internal waiting lists for treatment.

The service presented an updated position on progress and challenges to the CCG (Clinical Commissioning Group) Contract Management Board in November 2018; this included positive developments such as providing courses at the University of York and pathway reviews to increase access.

#### Early Intervention:

The team is now nearly fully recruited to, and is training and developing the skills of the new staff. We will also be advertising for a family therapist in

February 2019. The NHS England visit in January 2019 identified that in order to provide the complete pathway identified in the five year forward view significant investment is required from the Vale of York CCG. We will be presenting a paper to the Contract and Performance meeting with the CCG in February 2019 with a proposed plan for the use of future investment.

#### Perinatal services for North Yorkshire & York and Selby

The service is now nearly fully recruited. The nursery nurse and consultant psychiatrist begin their posts in Feb and April 2019. The team are undergoing significant training to ensure they are specialists in perinatal mental health care. They have already surpassed the trajectories set by NHS England.

#### Rehabilitation & Recovery services

The locality continues to pilot a community based rehabilitation and recovery service (12 months). This team has been successful in terms of repatriating local residents from out of locality private hospitals, also leading to significant financial savings. Formal evaluation of the pilot is ongoing. The 7<sup>th</sup> February 2019 has been confirmed with the CCG for public consultation on the formal closure of Acomb Garth as a rehabilitation and recovery unit.

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

##### Service Transformation Plans

A development day with the teams resulted in a an agreement that we would develop a Crisis Home Treatment service for older people in York and Selby whilst aligning cells to GP clusters and care homes. Emphasis is placed on early intervention, alternatives to hospital, education for carers and prevention of unnecessary hospital admissions. Pilots are in place in order to test changes to access and triage processes. Aiming to implement by April 2020. Assistant Psychology posts are being recruited into to pilot training for carers of people with dementia, which has been shown to reduce admissions.

##### Inpatient Services

EMT had approved the proposal to merge the two organic units into one single mixed sex 18 bed unit by the first of July 2019. Meadowfields will undergo the necessary estates work to ensure Care Quality Commission (CQC) and Eliminating Mixed Sex Accommodation (EMSA) compliance from April 2019 and we are reducing female beds in February to allow us to complete this work.

We are about to start a pilot with the CCG where we can assess patients in our inpatient units for section 117 funding on their behalf. If successful this is likely to reduce our delayed discharges.

##### Memory Service

Service users waiting for an initial assessment continues to increase due to continued vacancies within the team. A business case has been produced to request further investment into this service as the team is small and unable to make a major impact on the number of people waiting when fully staffed.

A further visit from NHS England resulted in an action plan for the CCG and TEVV with regard to increasing the proportion of people with a dementia diagnosis recorded on the GP register. We are putting forward a proposal for an assistant psychologist to complete this work as a project.

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

#### Capacity

The service continues to have capacity and demand issues and is looking at different ways of providing services to address this. Group interventions on the emotional pathway are now embedded for low mood and anxiety.

The service has been reviewing its skill mix and has invested in 2 clinical psychology assistant posts and 2 additional clinical psychologists to work on all of the clinical pathways. Alongside this, 2 additional band 6 CAMHS practitioner posts have been recruited to and will provide additional assessment and intervention capacity.

Whilst the additional staff are essential to improve the waiting times within the service, it does however create additional pressure on the CAMHS estate in both the York and Selby bases. The Selby team will be included in the new Selby hub, once a suitable site has been identified, which will improve the situation enormously. Alongside this work a three month trial involving 11 clinical staff offering evening clinics on a Tuesday and Thursday evenings will begin in February. This will spread the demand on interview rooms, office space and car park whilst giving a greater choice to service users.

### **Learning Disability Service**

#### Oak Rise

The challenges at Oak Rise continue in terms of bed use. However there are placements identified for 50% of the patients although transition plans are likely to be lengthy. The service continues to collaborate with Adult Mental Health Services and Greenlight admissions are becoming more frequent. The Learning Disability inpatient team and the community team have supported these admissions, providing significant multidisciplinary team input both at formulations and meetings and as a ward presence.

#### Commissioning

The Yorkshire and Humber Operational Delivery Network have looked at developing a memorandum of understanding with regard to having a three month transfer period when a service user moves to a new provider area. This is to ensure any individual is settled in their new placement and any snagging can be ironed out before handing over care to the new locality.

## **3.5 Forensic Services**

### **Management Structure**

From 1<sup>st</sup> April Forensic Services will become one single secure inpatient service managed by one Head of Service. A formal paper is currently being compiled to inform the Executive Management Team.

### **Estate/Security Issues**

In order to facilitate the building rectification programme at Roseberry Park, Brambling ward moved from block 10 to a vacant ward in November. The move went well and everyone has settled in to their new environment. Now Block 10 is fully vacated this has allowed necessary, intrusive surveys to be undertaken.

### **Nurse Staffing**

We continue to have success in recruiting newly qualified nurses with the next cohort due to commence in February 2019. We have several staff commencing the apprenticeship nurse training programme and the first cohort of Nursing Associates, of whom 50% were seconded from Forensic Services are due to qualify in April 2019.

### **Model Ward Programme**

**Recovery Meeting** – The Recovery meeting outputs have gone through robust testing and the meetings/process continue to receive very positive feedback from staff, patients and carers. The process is now live on 6 of 15 wards and is due to be live on all wards by April 19. Through the recovery meeting RPIWs it was identified that the service user/carer documents completed as part of this process were not supporting the focus on recovery. A further RPIW took place in January 2019 and has completed the recovery meeting cycle by producing a recovery plan framework document, co-produced by service users and given out immediately. This addresses the remaining outstanding issues raised by service users with the process and will be piloted in two wards through February 2019 before roll out.

**Observations & Engagement Kaizen** – This event and product is in its 90 day testing period which will be reviewed for Trustwide share and spread opportunities. Early indications are that the service is seeing a reduction in continuous and enhanced observations.

**Escalation Kaizen** – A kaizen was held to enable more robust and timely escalation of issues within the forensic service. The output included an escalation thermometer to support staff identify issues needing to be shared for information or escalation. Further work to link with Datix is ongoing to ensure compatibility of the process with Trust-wide systems.

**Ward Admin RPIW** – The service has amalgamated its ward admin resource creating a single team and central resource for stationery and clinical consumables. This new way of working will support the service through a more flexible admin resource and meet efficiency expectations by reducing over ordering of stock.

**Joint Northumberland Tyne & Wear (NTW)/TEWV Forensic Community Team RPIW** – An RPIW is planned in conjunction with NTW for February and aims to support improved input of the Forensic Community Teams into inpatient wards. The target goal is to support improved patient flow through inpatient services and support recovery into the community at the earliest possible time.

An Innovation event has reviewed the service's use of its fleet of vehicles. Following the review we have been able to make a reduction of four vehicles. This will also enable significant financial savings.

### **Forensic Learning Disability - Transforming Care and Secure Outreach and Transitions Team (SOTT)**

The North Yorkshire and York Secure Outreach Transitions Team mobilisation phase continues and we have recruited to a number of the posts. Recruitment to nursing and psychology posts is proving difficult. An update report was presented to North Yorkshire and York Transforming Care Programme Board on the 24<sup>th</sup> January 2019, which identified actions for the next phase of the project.

The Forensic Learning Disability Service has hosted a number of service visits over the last few months including North London Forensic Service and Rotherham, Doncaster and South Humber Foundation Trust. We have a planned visit to our specialist secure autism services by Coventry and Warwickshire Partnership Trust in February.

### **Forensic Learning Disability and Forensic Mental Health Inpatient Service**

A health and wellbeing resource which has been developed within the service for all staff was launched at a staff engagement event on 28<sup>th</sup> January.

Across the inpatient services at Roseberry Park we are experiencing a high level of patient acuity and challenges resulting in increased levels of additional observations and seclusion resulting in significant and ongoing staffing pressures particularly for nursing.

The medium secure autism service and the Northdale Centre have been shortlisted in the Autism Professionals Awards for the Outstanding Health Services Awards.

The New Care Model Partnership continues and there is a 'Take Stock' session on 29<sup>th</sup> January 2019 to review the progress so far and identify next actions and plans.

### **Triangle of Care**

There was training provided to managers and matrons in November 2018 which was co delivered by a local carers' organisation and a carer from the service. It included the Secure Carers Toolkit, a nationally developed package to recognise the unique needs of carers for those in secure care. The evaluation of the training was extremely positive.

### **Offender Health and Community**

The service has been awarded the 3 Liaison and Diversion services in Durham, Cleveland and North Yorkshire - North Yorkshire is a new service. We will be working alongside new partners, Humankind and Spectrum Community Health CIC.

The all age services offer assessment, advice and support for people in contact with the criminal justice system and experiencing mental health problems or have a learning disability. They also support staff within the criminal justice system with advice and signposting. We are currently mobilising the services.

We are preparing for the North East prisons tender commencing in April 2019. As a team we continue to choose to attend stakeholder engagement events which would enhance the service user pathway, we have recently attended HMP Wymott and Garth.

The fourth cycle of the Quality Network for Prison Mental Health Network (Royal College of Psychiatrists) has now commenced, with peer reviews being completed upon services and TEWV team members completing on other national services.

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

- 4.1 **Compliance with the CQC Fundamental Standards:** None
- 4.2 **Financial/Value for Money:** None
- 4.3 **Legal and Constitutional (including the NHS Constitution):** None
- 4.4 **Equality and Diversity:** None
- 4.5 **Other implications:** None

#### **5. RISKS:** None

#### **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.

**Ruth Hill**  
**Chief Operating Officer**

**COUNCIL OF GOVERNORS**

<b>DATE:</b>	14 <sup>th</sup> February 2019
<b>TITLE:</b>	Quality Account Quarter 3 2018/2019 Progress 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 individuals 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 progress report covers the period October to December 2018 (Quarter 3). This report is in a new trial format in response to feedback from QuAC and Governors.</p> <p>While the delivery of the dual diagnosis quality priority is on track, and only one action in care planning and preventable deaths have been delayed, there are more significant delays in the Transitions priority</p> <p>In terms of Quality Metrics, 3 of 9 (33%) are reporting green. We are reporting red on 6 of 9 metrics (66%).</p>

<b>Recommendations:</b>
<p>The Committee are asked to receive and comment on the progress made against the Quality Account as at Quarter 3 2018/2019</p> <p>A task and finish group be established to give governors an opportunity to comment on the draft quality account document, including its readability, and to indicate which local quality account indicator should be audited.</p>



<b>MEETING OF:</b>	<b>COUNCIL OF GOVERNORS</b>
<b>DATE:</b>	<b>14<sup>th</sup> February 2019</b>
<b>TITLE:</b>	<b>Quality Account 2018/2019 Quarter 3 Performance Report</b>

## 1. INTRODUCTION AND PURPOSE

- 1.1 This is the third progress report for the TEWV Quality Account during 2018/2019 covering the period 1<sup>st</sup> October 2018 to 31<sup>st</sup> December 2018 (Quarter 3)
- 1.2 This report presents updates against each of the four key quality priorities for 2018/2019 identified in the current Quality Account as well as performance against the agreed quality metrics.

## 2. BACKGROUND INFORMATION AND CONTEXT

- 2.1 At their meeting which discussed the Quarter 2 progress reports, governors were concerned that the impact of West Lane Hospital (CAMHS inpatient services) being managed by the Teesside Locality did not enable “like with like” comparisons between the Trust’s Localities on the core services which are common to all. Therefore we have calculated Teesside’s restraint rate excepting the West Lane wards, and this figure is included within the locality breakdown in **Appendix 1** (this shows that the use of restraint in Teesside AMH, MHSOP and Adult Learning Disability wards is at a very similar level to Durham & Darlington / York & North Yorkshire.

## 3. KEY ISSUES

### 3.1 Progress on the four Quality Priorities for 2018/2019

- 3.1.1 Within the 2017/2018 Quality Account the Trust agreed the following four quality priorities for 2018/2019:

- Reduce the number of Preventable Deaths
- Improve the clinical effectiveness and patient experience in time of transition from Child to Adult services
- Make our Care Plans more personal
- Develop a Trust-wide approach to Dual Diagnosis, which ensures that people with substance misuse issues can access appropriate and effective mental health services

- 3.1.2 There are a total of 46 actions set out in the Quality Account to deliver these priorities. **41 of these 46** quality improvement actions were **Green** at 31/12/2018 (89%)

### 3.1.3 Improvement Actions update at end Q3 (31/12/2018)

**Green:** Action is on track

**Red:** Action is not on track and has either been extended or wording amended

**Grey:** Action is not on track but is due to circumstances outside of the Trust's control

Priority	Green Actions	Red Actions	Grey Actions	Comment
Further Improve the clinical effectiveness and patient experience at times of transition from CYP to AMH services	1	3	0	<p><b>Red:</b> Implement actions from the thematic review of patient stories – Patients who transition from CYP to AMH are contacted after three months to complete a post-transitions survey and asked if they want to share their story of their experience within the Trust. Despite further actions being undertaken during 2018 to try and encourage more engagement, only a limited number of stories were received. As so few stories have been received it has proved impossible to undertake this Thematic Review. This action has therefore been amended to “Review patient stories and highlight key learning to CYPS” to allow sharing of learning from these stories and embedding best practice</p> <p><b>Red:</b> Review transition panels already in place gain additional Service User perspective and set relevant targets and metrics – Due to sickness absence of key staff responsible for this priority is has not been possible to complete this work during the agreed timeframe however it is expected that this will be delivered by Quarter 4 18/19</p> <p><b>Red:</b> Produce engagement plan to involve family and carers in the process - Due to sickness absence of key staff responsible for this priority is has not been possible to complete this work during the agreed timeframe but it is expected that this will be delivered by Quarter 4 2018/2019</p>
Improve the personalisation of Care Planning	6	1	0	<p><b>Red:</b> Co-deliver training and development packages - Due to delays in the production of the training package, training will now be delivered during Quarter 4 2018/2019 - provisional dates have been set for eight full-day training sessions during this time period which will enable approximately an additional 200-300 people to be trained</p>
Develop a Trust-wide approach to dual diagnosis which ensures that people with substance misuse issues can access appropriate and effective mental health services	11	0	0	<p><b>All actions on track.</b></p>
Reduce the number of Preventable Deaths	4	0	1	<p><b>Grey:</b> Hold Family Conference in conjunction with Leeds &amp; York Partnership FT – The Conference has been postponed to 8th March 2019 (Q4 18/19) due to lack of engagement from Leeds &amp; York Partnership FT in relation to organisation of the conference</p>

**3.2 Performance against Quality Metrics at Quarter 3 (Further detail is provided in Appendix 1)**

Patient Safety Measures												
	Quarter 1 18/19		Quarter 2 18/19			Quarter 3 18/19			Comments	17/18	16/17	15/16
	Target	Actual	Target	Actual		Target	Actual					
<b>1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'</b>	88.00%	62.40%	88.00%	59.67%	↓	88.00%	60.44%	↑	<ul style="list-style-type: none"> <li>• 27.56% worse than target</li> <li>• Increase of 0.77% compared to Q2</li> <li>• All localities underperforming</li> <li>• North Yorkshire performing highest (73.33%)</li> <li>• York &amp; Selby performing lowest (51.39%)</li> <li>• Largely due to patient acuity</li> </ul>	62.30%	N/A	N/A
<b>2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients</b>	0.35	0.17	0.35	0.19	↓	0.35	0.16	↑		0.12	0.37	N/A
<b>3: Number of incidents of physical intervention/restraint per 1000 occupied bed days</b>	19.25	34.23	19.25	34.43	↓	19.25	31.75	↑	<ul style="list-style-type: none"> <li>• 12.5 worse than target</li> <li>• 2.68 improvement compared to Q2</li> <li>• Durham &amp; Darlington and Forensic Services are achieving target</li> <li>• Of the underperforming localities, North Yorkshire are lowest with 19.33 and Teesside are highest with 73.77</li> <li>• High level of restraints on Teesside is related largely to CYP Tier 4</li> </ul>	30.65	20.26	N/A

Clinical Effectiveness Measures													
<b>4: Existing percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care</b>	>95%	98.07%	>95%	97.03%	↓	>95%	96.49%	↓			94.78 %	98.35 %	97.75 %
<b>5: Percentage of clinical audits of NICE Guidance completed</b>	100%	0%	100%	100%	↑	100%	100%	→			100%	100%	100%
<b>6a: Average length of stay for patients in Adult Mental Health Assessment and Treatment Wards</b>	<30.2	24.76	<30.2	21.73	↑	<30.2	23.58	↓			27.64	30.08	26.81

<b>6b: Average length of stay for patients in Mental Health Services for Older People Assessment and Treatment wards</b>	<52	65.89	<52	65.50	↑	<52	68.34	↓	<ul style="list-style-type: none"> <li>• 16.34 worse than target</li> <li>• Deterioration on Q2</li> <li>• Median length of stay <b>50.5</b> days</li> <li>• 78.48% between 0-50 days (55.2% in Q2)</li> <li>• 16 patients had a stay of over 200 days (9 in Q2)</li> <li>• 7 of these were in relation to complex health problems and in 6 cases there were issues finding suitable placements</li> </ul>	67.00	78.08	62.67
<b>Patient Experience Measures</b>												
<b>7: Percentage of patients who reported their overall experience as excellent or good</b>	94.00%	90.82%	94.00%	91.34%	↑	94.00%	91.74%	↑	<ul style="list-style-type: none"> <li>• 2.26% worse than target</li> <li>• All localities underperforming this Quarter</li> <li>• Of the underperforming localities, Teesside are highest (93.35%) and Forensic Services lowest (82.20%)</li> </ul>	90.50%	90.53%	N/A
<b>8: Percentage of patients that report that staff treated them with dignity and respect</b>	94.00%	84.60%	94.00%	86.08%	↑	94.00%	85.70%	↓	<ul style="list-style-type: none"> <li>• 8.3% worse than target</li> <li>• All localities underperforming this Quarter</li> <li>• Of the underperforming localities, North Yorkshire are highest (90.08%) and Forensic Services lowest (71.19%)</li> </ul>	85.90%	N/A	N/A
<b>9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment</b>	94.00%	85.81%	94.00%	87.76%	↑	94.00%	86.82%	↓	<ul style="list-style-type: none"> <li>• 7.18% worse than target</li> <li>• A decline of 0.94% from Q2</li> <li>• All localities underperforming this Quarter</li> <li>• Of the underperforming localities, North Yorkshire are highest (88.99%) and Forensic Services lowest (75.69%)</li> </ul>	87.20%	86.58%	85.51%

### **3.3 Quality Account Governor Working Group**

3.3.1 The Quality Account stakeholder workshop took place on 5<sup>th</sup> February. Some governors attended this along with representatives from commissioners, healthwatch and local authority overview and scrutiny committees

3.3.2 As in previous years we would like to set up a task and finish group of governors to help us ensure the final document is written in plain English. We propose to do this over two sessions again this year.

- On 4<sup>th</sup> March, the task and finish group would examine the “forward looking” parts of the document and also select which local quality account indicator will be audited.
- On 11<sup>th</sup> April, the task and finish group would examine the “backward looking” parts of the document which report on 18/19 performance.

## **4. IMPLICATIONS**

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

The information in this report highlights where we are not achieving the targets we agreed in our 2018/2019 Quality Account and where improvements are needed to ensure our services deliver high quality care and therefore meet the CQC fundamental standards.

### **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 plans and project plans will be impact assessed for the equality and diversity implications associated with the Quality Account.

### **4.5. Other Implications**

None

### **4.6. Risks**

There are no specific risks associated with this progress report

## **5. CONCLUSIONS**

- 5.1 While the delivery of the dual diagnosis quality priority is on track, and only one action in preventable deaths and care planning have been delayed, there are more significant delays in the Transitions priority
- 5.2 In terms of Quality Metrics, 3 of 9 (33%) are reporting green. We are reporting red on 6 of 9 metrics (66%).

## **6. RECOMMENDATIONS**

- 6.1 The Committee are asked to receive and comment on this report on the progress made against the Quality Account as at Quarter 3 2018/2019.
- 6.2 A task and finish group be established to give governors an opportunity to comment on the draft quality account document, including its readability, and to indicate which local quality account indicator should be audited.

**Chris Lanigan**  
**Head of Planning and Business Development**

**Laura Kirkbride**  
**Planning and Business Development Manager**

Appendix 1: Performance against Quality Metrics by Locality

Quality Metric	Trust	Durham & Darlington	Teesside	North Yorkshire	Forensic Services	York & Selby
<i>Metric 1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'</i>	60.44%	68.78%	52.48%	73.33%	56.43%	51.39%
<i>Metric 2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) - for inpatients</i>	0.16	0.06	0.17	0.22	0.05	0.65
<i>Metric 3: Number of incidents of physical intervention/restraint per 1000 occupied bed days</i>	31.75	15.08	73.33 (11.49 excepting West Lane)	19.33	11.34	35.63
<i>Metric 4: Percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care:</i>	96.49%	N/A	N/A	N/A	N/A	N/A
<i>Metric 5: Percentage of Clinical Audits of NICE Guidance completed:</i>	100%	N/A	N/A	N/A	N/A	N/A
<i>Metric 6a: Average length of stay for patients in Adult Mental Health Services Assessment and Treatment Wards:</i>	23.58	N/A	N/A	N/A	N/A	N/A
<i>Metric 6b: Average length of stay for patients in Mental Health Services for Older People Assessment and Treatment Wards:</i>	68.34	N/A	N/A	N/A	N/A	N/A
<i>Metric 7: Percentage of patients who reported their overall experience as 'excellent' or 'good'</i>	91.74%	93.18%	93.35%	91.66%	82.20%	90.02%
<i>Metric 8: Percentage of patients that report that staff treated them with dignity and respect</i>	85.70%	88.79%	84.92%	90.08%	71.19%	84.74%
<i>Metric 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment</i>	86.82%	87.58%	88.17%	88.99%	75.69%	85.66%



FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

<b>DATE:</b>	<b>14<sup>th</sup> February 2019</b>
<b>TITLE:</b>	<b>Board Dashboard as at 31<sup>st</sup> December 2018</b>
<b>REPORT OF:</b>	<b>Sharon Pickering, Director of Planning, Performance &amp; Communication</b>
<b>REPORT FOR:</b>	<b>Assurance</b>

<b>This report supports the achievement of the following Strategic Goals:</b>	✓
<i>To provide excellent services working with the individual users of our services and their 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 Council of Governors with the Board Dashboard as at 31st December 2018 (Appendix A) in order to inform them of the performance of the organisation against the KPIs within the Trust Dashboard.

As at the end of December 2018, 4 (22%) of the indicators reported are not achieving the expected levels and are red spread across three of the domains excluding activity. This is a slight deterioration on the 3 that were reported as at the end of November but is still a much improved position from the position reported earlier in the year. In addition there are 9 KPIs (50%) that whilst not achieving the target are within the 'amber' tolerance levels, which is one less than that reported as at the end of November.

Of the 13 indicators that are either red or amber 5 (56%) are showing an improving trend over the previous 3 months.

The year to date position is that there are 6 KPIs (33%) which are reported as red which is the same number as the position reported as at the end November.

In terms of the Single Oversight Framework targets the Trust achieved all the operational targets in December and for Quarter 3 at Trust level.

**Recommendations:**

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

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<b>MEETING OF:</b>	<b>Council of Governors</b>
<b>DATE: 14</b>	<b><sup>th</sup> February 2018</b>
<b>TITLE:</b>	<b>Board Dashboard as at 31<sup>st</sup> December 2018</b>

**1. INTRODUCTION & PURPOSE:**

- 1.1** To present to the Council of Governors the Trust Dashboard as at 31<sup>st</sup> December 2018 (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 ISSUES:**

**2.1** Performance Issues

The key issues in terms of the performance reported are as follows:

- As at the end of December 2018, 4 (22%) of the indicators reported are not achieving the expected levels and are red, spread across three of the domains excluding activity. This is a slight deterioration on the 3 that were reported as at the end of November but is still a much improved position from the position reported earlier in the year. In addition there are 9 KPIs (50%) that whilst not achieving the target are within the 'amber' tolerance levels, which is one less than that reported as at the end of November.

Of the 13 indicators that are either red or amber 5 (56%) are showing an improving trend over the previous 3 months.

The year to date position is that there are 6 KPIs (33%) which are reported as red which is the same number as the position reported as at the end November.

- In terms of the Single Oversight Framework targets the Trust achieved all the operational targets in December and for Quarter 3 at Trust level. Specific issues are as follows:
    - The 7 day follow up following discharge was not achieved in 2 CCG areas for Quarter 3 as a whole, but there are no specific concerns in terms of trends.
    - Access to Early Intervention in Psychosis – we failed to achieve the target for the Quarter 3 in the North Yorkshire services. There has continued to be particular challenges regarding staffing across in the North Yorkshire Services however the staffing position has started to improve so referrals have now returned to the specific EIP team, rather than the generic community team, and it is expected that performance will improve as a consequence.
    - IAPT/Talking Therapies – proportion of people completing treatment who move to recovery” – For Quarter 3 as a whole we did not
-

achieve target in two CCG areas (DDES and Vale of York). Work continues in York to implement the IAPT action plan however the current focus is on increasing access rates whilst maintaining waiting times. In the service for DDES CCG specific work has taken place with individual members of staff which saw the position in December improve from that in November.

- IAPT/Talking Therapies – waiting time to begin treatment within 6 weeks – the target was not achieved by the service in Scarborough for Quarter 3 as a whole. The service is receiving a high number of referrals which is exceeding the capacity available. Discussions have been ongoing with the CCG and additional resource has been agreed which should help to address the position in the coming months.
  - Inappropriate Out of Area Occupied Bed Days – the target was not achieved in 3 CCGs areas for Quarter 3. These all related to 'Internal' Out of Area admissions i.e. admissions within other areas of the Trust. There were no patients admitted externally from the Trust due to pressure on beds.
- The outstanding KPIs around activity have now been included within the Dashboard and will be monitored for the remainder of this financial year. Discussions will take place on whether 'targets' should be set for these indicators in 2019/20.

### 2.3 Key Risks

- Waiting times (KPI 1 and 2) – Both indicators are currently worse than target (although within the amber tolerance range). There are some areas where achieving the targets is more of a challenge. A 'deep dive' report will be presented to the Board in February 2019 as requested at the October Board meeting.
  - %age of patients reporting their experience as excellent or good (KPI 4) – Performance of this indicator has continued to decline in the month of December to one of the lowest points over the past two years. The outliers are Forensic Services, North York and York and Selby. Each have got specific actions they are taking forward in order to improve the feedback they are getting from patients surveyed.
  - Number of Unexpected Deaths Classed as a Serious Incident (KPI 5) – This still remains worse than target with a significant increase in the rate and the absolute number in December. There were 17 unexpected deaths classed as a SI in December compared to 10 in November. Whilst the vast majority (11) of the deaths occurred in Durham and Darlington there are no specific trends noted for December (i.e. no common wards or teams).
  - Outcome Indicators (KPIs 6 and 7) – Performance against the two outcome indicators (clinically reported (HONOS) and patient reported (SWEMWEBS) continues to be worse than target with both showing a deterioration in December. A dedicated Performance Improvement Group was held in early December which focused specifically on Outcomes. A number of actions were agreed including the continuation of work with
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services to improve understanding and support increased ownership within services and the provision of a key set of information to be reported at the various huddles including both OMT and EMT started in January. A paper has been drafted about the Trust's current position on outcomes with some recommendations and options of how we might take this forward across the Trust's services. This paper was discussed at the Clinical Leaders Board in January 2019 and a way forward was agreed.

- Bed Occupancy (KPI 12) – Whilst the position continues to be worse than the target there has been continued improvement in December such that the position is the best in the year to date (although higher than the same point in 2017/18). Whilst the monthly aggregate figure is positive there are particular challenges within Teesside. All localities are monitoring bed occupancy daily and are ensuring that admissions over 30 day length of stay are reviewed to ensure they remain appropriate or if further action is required to support discharge however there are a number of complex patients on the wards who do required longer lengths of stay. In addition work across the localities is taking place as part of improving our approach to bed management in order to support the reprovision of inpatient services from the Friarage which commenced in January 2019.
- Sickness Absence Rate (KPI 19) – the Trust continues not to achieve target and the performance reported in December (sickness in November) is a deterioration on the position reported in November. This follows the trend in previous years. A review of the Trusts approach to managing sickness absence has recently been concluded and a revised procedure for managing absence is currently being considered.
- Financial Targets (KPIs 21) – In the month of December (and Year to Date) we have not achieved the target for CRES delivery although an improvement has been seen compared to the previous month. Work is ongoing via the Programme Board to identify further recurrent CRES schemes and it is expected that the target will be achieved by the year end.

#### 2.4 Data Quality Assessment.

The data quality assessment of the Dashboard indicators has been completed and there has been no change to the data quality scores. All indicators have a score of 80% or more with a number at 100%.

2.5 Appendix B provides further details of unexpected deaths including a breakdown by locality.

2.6 Appendix C provides a glossary of indicators

### 3. **RECOMMENDATIONS:**

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

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

**Background Papers:**




# Trust Dashboard Summary for TRUST

# Appendix A

## Quality

	December 2018				April 2018 To December 2018			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
1) Percentage of patients who were seen within 4 weeks for a first appointment following an external referral	90.00%	88.10%			90.00%	87.12%		90.00%
2) Percentage of patients starting treatment within 6 weeks of an external referral	60.00%	56.96%			60.00%	55.74%		60.00%
3) The total number of inappropriate OAP days over the reporting period (rolling 3 months)	2,326.00	1,524.00			2,326.00	1,524.00		2,326.00
4) Percentage of patients surveyed reporting their overall experience as excellent or good	92.45%	89.84%			92.45%	91.28%		92.45%
5) Number of unexpected deaths classed as a serious incident per 10,000 open cases - Post Validated	1.00	3.11			9.00	17.49		12.00
6) The percentage of in scope teams achieving the agreed improvement benchmarks for HoNOS total score (AMH and MHSOP) - month behind	67.25%	57.84%			67.25%	56.59%		67.25%
7) The percentage of in scope teams achieving the agreed improvement benchmarks for SWEMWBS total score (AMH and MHSOP) - month behind	78.25%	71.43%			78.25%	67.50%		78.25%

## Activity

	December 2018				April 2018 To December 2018			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
8) Number of new unique patients referred		6,192.00				63,003.00		
9) The number of new unique patients referred with an assessment completed		3,931.00				39,291.00		
10) Number of new unique patients referred and taken on for treatment		1,280.00				13,717.00		
11) Number unique patients referred who received treatment and were discharged		1,982.00				20,866.00		
12) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	85.00%	89.28%			85.00%	94.03%		85.00%

# Trust Dashboard Summary for TRUST

	December 2018				April 2018 To December 2018			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
13) Number of patients occupying a bed with a length of stay (from admission) greater than 90 days (AMH and MHSOP A&T Wards)	68.00	67.00			68.00	67.00		68.00
14) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP) - in reporting month	23.93%	28.72%			23.93%	23.72%		23.93%

## Workforce

	December 2018				April 2018 To December 2018			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
15) Actual number of workforce in month (Establishment 95%-100%)	95.00%	93.37%			95.00%	93.37%		95.00%
16) Vacancy fill rate	90.00%	84.71%			90.00%	79.60%		90.00%
17) Percentage of staff in post more than 12 months with a current appraisal (snapshot)	95.00%	92.25%			95.00%	92.25%		95.00%
18) Percentage compliance with ALL mandatory and statutory training (snapshot)	92.00%	92.11%			92.00%	92.11%		92.00%
19) Percentage Sickness Absence Rate (month behind)	4.50%	5.13%			4.50%	4.89%		4.50%

## Money

	December 2018				April 2018 To December 2018			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
20) Delivery of our financial plan (I and E)	-946,000.00	-951,358.00			-6,630,000.00	-7,238,991.00		-9,864,000.00
21) CRES delivery	686,782.00	540,953.00			6,181,038.00	4,777,432.00		8,241,384.00
22) Cash against plan	61,798,500.00	72,167,000.00			61,798,500.00	72,167,000.00		56,640,000.00



App B Number of unexpected deaths and verdicts from the Coroner April 2018 - March 2019

	Number of unexpected deaths in the community					Number of unexpected deaths of patients who are an inpatient and took place in the hospital					Number of unexpected deaths where the patient is an inpatient but the death took place away from the hospital					Number of unexpected deaths where the patient was no longer in service					Total
	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	
<b>Total</b>	22	11	14	6	12	1	0	0	0	0	3	0	3	0	0	9	8	1	3	2	95

Number of unexpected deaths classed as a serious untoward incident											
April	May	June	July	August	September	October	November	December	January	February	March
10	4	14	15	7	8	8	9	15	5		

Number of unexpected deaths total by locality				
Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby
35	19	18	9	14

Number of unexpected deaths and verdicts from the Coroner April 2017 - March 2018

	Number of unexpected deaths in the community					Number of unexpected deaths of patients who are an inpatient and took place in the hospital					Number of unexpected deaths where the patient is an inpatient but the death took place away from the hospital					Number of unexpected deaths where the patient was no longer in service					Total
	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby	
<b>Total</b>	17	14	19	4	7	1	3	0	0	0	1	1	0	0	0	9	2	8	2	4	92

Number of unexpected deaths classed as a serious untoward incident											
April	May	June	July	August	September	October	November	December	January	February	March
4	3	1	7	11	5	11	10	10	10	10	10

Number of unexpected deaths total by locality				
Durham & Darlington	Teesside	North Yorkshire	Forensics	York & Selby
28	20	27	6	11

Trust Dashboard 2018/19 KPI Guide

No.	KPI	Target	Definition
1	Percentage of patients who were seen within 4 weeks for a first appointment following an external referral	90%	This measures, the number of patients who attend their first appointment in 4 weeks of their referral date out of the total number of people who attend their first appointment following their referral. This KPI has been amended for 2018/19 and the clock will now NOT restart if the patient DNAs or the patient cancels an appointment. This looks at patients with an external referral only. This excludes IAPT patients.
2	Percentage of patients starting "treatment" within 6 weeks of external referral	60%	This measures, the number of people starting treatment within 6 weeks of an external referral against number of people starting treatment. This looks at patients with an external referral only.
3	The total number of inappropriate OAP days over the reporting period (Rolling 3 months)	2,347	This measures, the total number of days patients have spent in an out of area bed inappropriately. In line with national reporting this measures a rolling 3 months' time frame
4	Percentage of patients surveyed reporting their overall experience as excellent or good	92.45%	Within all inpatient and community services, this measures: Of the number of people in the Patient Survey who answered the question: -"Overall how would you rate the care you have received?," the number of patients who have scored "excellent" or "good".
5	Number of unexpected deaths classed as a serious incident per 10,000 open cases	12	This measure looks at the number of unexpected deaths classed as a serious incident per 10,000 open cases. This mirrors the data that is reported to the National Reporting and Learning System (NRLS)
6	The % teams achieving the agreed improvement benchmarks for HoNOS total score	67.25%	This measure relates to patients discharged from TEWV In Scope services (Spells ended with a Adult or MHSOP subject to Currency & Tariff National requirements). Patients total HoNOS scores are compared from the first rating against the last. A reduction in total HoNOS score is classified as improvement. 80% of patients in the Non Psychotic and Psychotic superclass and 40% in the organic superclass are expected to achieve this reduction. Teams are subject to the measure if they discharge more than 5 patients in any of the superclasses. The measure will report against the team the patient was with at the point they are discharged entirely from TEWV not if they are

**Trust Dashboard 2018/19 KPI Guide**

No.	KPI	Target	Definition
7	The % teams achieving the agreed improvement benchmarks for SWEMWBS	78.25%	transferred to a different In Scope team. This measure relates to patients discharged from TEWV In Scope services (Spells ended with a Adult or MHSOP subject to Currency & Tariff National requirements). Patients total SWEMWBS scores are compared from the first rating against the last. An increase in SWEMWBS score is classified as improvement. 80% of patients in the Non Psychotic and Psychotic superclass and 50% in the organic superclass are expected to achieve this reduction. Teams are subject to the measure if they discharge more than 5 patients in any of the superclasses. The measure will report against the team the patient was with at the point they are discharged entirely from TEWV not if they are transferred to a different In Scope team.
8	Number of new unique patients referred	N/A	This measure relates to the number of new individual patients referred (so a patient is only counted once and not open to any other team in the Trust). This excludes IAPT patients.
9	The number of new unique patients referred with an assessment completed	N/A	This measure relates to the number of new unique patients with an assessment completed (and is a subset of measure 8).
10	Number of new unique patients referred and taken on for treatment	N/A	This measure relates to the number of new unique patients referred, assessed and then taken on for treatment (and is a subset of measure 9).
11	Number unique patients referred who received treatment and were discharged	N/A	This measure relates to the number of new unique patients referred who were taken on for treatment and then discharged.
12	Bed Occupancy (AMH & MHSOP A & T Wards)	85%	This measures the number of days beds that are occupied out of the number of possible bed days available. (The calculation is on the number of beds available and the days in the month). This looks at AMH and MHSOP Assessment and Treatment wards only
13	Number of patients occupying a bed with a length of stay (from admission) greater than 90 days (AMH & MHSOP A&T Wards (Snapshot)	68	This measures the number of patients occupying a bed with a length of stay longer than 90 days from the day they were admitted. This looks at AMH and MHSOP Assessment and Treatment wards only

Trust Dashboard 2018/19 KPI Guide

No.	KPI	Target	Definition
14	Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP)	23.93%	This measures the number of patients who are readmitted onto a ward within 30 days of their last discharge. This looks at AMH and MHSOP Assessment and Treatment wards only
15	Actual number of workforce in month	95%	This measures the total number of contracted staff against the number of budgeted staff.
16	Vacancy fill rate	90%	This measures the number of vacancies where an offer of employment has been made out of the number of vacancies that are being recruited to. There are vacancies that have been advertised and not filled due to no applicants or no one shortlisted, however from a recruitment vacancy perspective are closed off as an episode – These are not included in the figures as they do not go over the 8 week time frame. This looks at posts that have been vacant longer than 8 weeks. This KPI will exclude bank staff and only include professional health care posts of Band 5 and above
17	Percentage of staff in post more than 12 months with a current appraisal	95%	This measures the number of staff in post more than 12 months and of those how many have a current appraisal. For medical staff this is monitored against 13 months.
18	Percentage compliance with ALL mandatory and statutory training	92%	This measures the total number of courses completed by each member of staff for ALL mandatory and statutory training out of the number of courses due to be completed for each member of staff
19	Percentage Sickness Absence Rate	4.50%	This measures the number of days lost to sickness out of the number of days within the month
20	Delivery of our financial plan (I&E)	6,864,000	This shows the Trusts surplus or deficit position (£). The target is the planned surplus position.
21	CRES delivery	8,241,384	This shows the CRES Identified against the planned amount
22	Cash against plan	56,640	This shows the actual cash held by the Trust against the amount of cash forecasted to be held

FOR GENERAL RELEASE  
COUNCIL OF GOVERNORS

DATE:	14 <sup>TH</sup> FEBRUARY 2019
TITLE:	Finance Report for Period 1 April 2018 to 31 December 2018
REPORT OF:	Patrick McGahon, Director of Finance and Information
REPORT FOR:	Assurance and Information

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

**Executive Summary:**

The comprehensive income outturn for the period ending 31 December 2018 is a surplus of £7,239k, representing 2.8% of the Trust's turnover and is £610k ahead of the revised NHSI plan.

Performance Against Plan – year to date (3.2)

	Variance £000	Monthly Movement £000	Movement
The Trust is currently £610k <b>ahead</b> of its year to date financial plan.	-610	-7	↑

Cash Releasing Efficiency Savings (CRES) (3.3)

	CRES Type	Annual Variance £000	Movement
Identified CRES schemes for the financial year are £179k <b>behind</b> financial plan.	Recurrent	4,490	↑
	Non recurrent	-4,311	→
	Target	0	
	Variance	179	↑

	CRES Type	Annual Variance £000	Movement
Identified CRES schemes for the rolling 3 year period are £14,709k <b>behind</b> the £21,000k CRES target.	Recurrent	14,709	↑

A Waste Reduction Programme has been established to assist the Trust in delivering the current year CRES requirements in full, and a 3 year recurrent CRES plan. The 3 year CRES target will be updated once the business planning process has concluded in January.

**Capital (3.4)**

The Trust is currently £787k <b>behind</b> its capital plan.	<b>Variance</b>	<b>Monthly Movement</b>	<b>Movement</b>
	<b>£000</b>	<b>£000</b>	
	787	685	

Expenditure against the capital programme to 31 December 2018 is £10,038k and is £787k behind plan due to in-month slippage on two schemes, combined heat and power and York and Selby inpatient facility plus a delayed start on Middlesbrough crisis assessment suite. These are partially offset by expenditure incurred on I.T. licenses.

The Trust received a capital rebate relating to prior year schemes (£2,289k) and has incurred £2,936k expenditure relating to Roseberry Park rectification work. With these included, capital expenditure is £140k behind plan.

**Workforce (3.5)**

The Trust is currently £2,420k (56%) in <b>excess</b> of its agency cap.	<b>Variance</b>	<b>Monthly Movement</b>	<b>Movement</b>
	<b>£000</b>	<b>£000</b>	
	2,420	384	

Agency expenditure remains high in month 9 across all localities, nursing agency expenditure accounts for 71% of the variance and is used to support vacancies and enhanced observations with complex clients.

**Use of Resources Risk Rating (UoRR) (3.7)**

The Trust is currently <b>behind</b> its planned UoRR which is rated 1 to 4 with 1 being good.	<b>Plan</b>	<b>Actual</b>	<b>Movement</b>
	1	3	

The UoRR for the Trust is assessed as 3 for the period ending 31 December 2018 and is behind plan (Table 4). The agency position exceeds the 50% NHSI cap and is rated as a 4. As a result the Trust's highest achievable rating is overridden as a 3. Excluding this override the Trust would be assessed as a rating of 2 which remains behind plan due to agency expenditure. Recruitment options are being explored to reduce dependency on agency, and progress continues to inform conversations with NHSI.

**Recommendations:**

The Council of Governors is 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>14<sup>th</sup> February 2019</b>
<b>TITLE:</b>	<b>Finance Report for Period 1 April 2018 to 31 December 2018</b>

## 1. INTRODUCTION & PURPOSE:

This report sets out the financial position for 1 April 2018 to 31 December 2018.

## 2. BACKGROUND INFORMATION AND CONTEXT:

2.1 This report will enable the Council of Governors to monitor the Trust's key financial duties and performance indicators which are both statutory requirements.

2.2 NHS Improvement's Use of Resources Rating (UORR) evaluates Trusts based on ability to service debt, liquidity, I&E margin, achievement of planned I&E margin and agency expenditure.

## 3. KEY ISSUES:

### 3.1 Key Performance Indicators

The Trust is achieving the control total set by NHSI.

The UoRR for the Trust is assessed as 3 for the period ending 31 December 2018 and is behind plan. The agency position exceeds the 50% NHSI cap and is rated as a 4. As a result the Trust's highest achievable rating is overridden as a 3. Excluding this override the Trust would be assessed as a rating of 2 which remains behind plan due to agency expenditure.

### 3.2 Statement of Comprehensive Income

The comprehensive income outturn for the period ending 31 December 2018 is a surplus of £7,239k, representing 2.8% of the Trust's turnover and is £610k ahead of the revised NHSI plan.

<b>Table 1</b>	<b>Annual Plan</b>	<b>Year to Date</b>	<b>Year to Date</b>	<b>YTD</b>	<b>November</b>
	<b>£000</b>	<b>Plan</b>	<b>Actual</b>	<b>Variance</b>	<b>Variance</b>
		<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Income From Activities	(336,370)	(247,049)	(246,677)	372	328
Other Operating Income	(16,115)	(12,738)	(12,888)	(149)	(240)
<b>Total Income</b>	<b>(352,485)</b>	<b>(259,787)</b>	<b>(259,565)</b>	<b>223</b>	<b>88</b>
Pay Expenditure	265,161	198,687	197,660	(1,027)	(776)
Non Pay Expenditure	68,361	47,116	47,555	439	285
Depreciation and Financing	9,100	7,356	7,110	(245)	(201)
<b>Variance from plan</b>	<b>(9,863)</b>	<b>(6,629)</b>	<b>(7,239)</b>	<b>(610)</b>	<b>(603)</b>

The above table does not include the PFI termination impact. This is still under discussion with NHSI.

### 3.3 Cash Releasing Efficiency Savings (CRES)

The Trust's performance against the 2018/19 CRES target is shown in Table 2 below. The Trust is behind plan (£179k) and continues to identify schemes to ensure full delivery of recurrent CRES requirements.

Table 2	CRES Type	Annual Variance £000	Movement
Identified CRES schemes for the financial year are £179k <b>behind</b> financial plan.	Recurrent	4,490	
	Non recurrent	-4,311	
	Target	0	
	Variance	179	

### 3.4 Capital

Expenditure against the capital programme to 31 December 2018 is £10,038k and is £787k behind plan due to in-month slippage on two schemes, combined heat and power and York and Selby inpatient facility plus a delayed start on Middlesbrough crisis assessment suite. These are partially offset by expenditure incurred on I.T. licenses.

The Trust received a capital rebate relating to prior year schemes (£2,289k) and has incurred £2,936k expenditure relating to Roseberry Park rectification work. With these included, capital expenditure is £140k lower than planned.

### 3.5 Workforce

Table 3 below shows the Trust's performance on some of the key financial drivers identified by the Board.

Table 3	Pay Expenditure as a % of Pay Budgets						
	Tolerance Dec-18	Jul	Aug	Sep	Oct	Nov	Dec
Establishment (a) (90%-95%)	93.37%	92.77%	92.72%	92.31%	93.46%	93.96%	93.37%
Agency (b)	1.00%	2.98%	3.05%	3.19%	3.25%	3.40%	3.40%
Overtime (c)	1.00%	1.12%	1.13%	1.11%	1.09%	1.07%	1.10%
Bank & ASH (flexed against establishment) (100%-a-b-c)	4.63%	2.93%	2.98%	3.09%	3.13%	3.22%	3.20%
<b>Total</b>	<b>100.00%</b>	<b>99.80%</b>	<b>99.88%</b>	<b>99.70%</b>	<b>100.93%</b>	<b>101.65%</b>	<b>101.01%</b>

The tolerances for flexible staffing expenditure are set at 1% of pay budgets for agency and overtime, and flexed in correlation to staff in post for bank and additional standard hours (ASH). For December 2018 the tolerance for Bank and ASH is 4.63% of pay budgets.

NHS Improvement monitors agency expenditure against a capped target. Agency expenditure at 31 December 2018 is £6,762k which is £2,420k (56%) in excess of the agreed year to date capped target of £4,342k. Nursing agency expenditure accounts for 71% of the variance and is used to support vacancies and enhanced observations with complex clients. Recruitment options are being explored to reduce dependency on agency, and progress continues to inform conversations with NHSI.



### 3.6 Cash

Total cash at 31 December 2018 is £70,112k, and is £6,255k higher than planned, largely due to working capital variations.

### 3.7 Use of Resources Risk Rating (UoRR) and Indicators

3.7.1 The UoRR for the Trust is assessed as 3 for the period ending 31 December 2018 and is behind plan. The agency position exceeds the 50% NHSI cap and is rated as a 4. As a result the Trust's highest achievable rating is overridden as a 3. Excluding this override the Trust would be assessed as a rating of 2 which remains behind plan due to agency expenditure. Recruitment options are being explored to reduce dependency on agency, and progress continues to inform conversations with NHSI.

**Table 4: Use of Resource Rating at 31 December 2018**

NHS Improvement's Rating Guide	Weighting	Rating Categories			
	%	1	2	3	4
Capital service Cover	20	>2.50	1.75	1.25	<1.25
Liquidity	20	>0	-7.0	-14.0	<-14.0
I&E margin	20	>1%	0%	-1%	<=-1%
I&E margin distance from plan	20	>=0%	-1%	-2%	<=-2%
Agency expenditure	20	<=0%	-25%	-50%	>50%

TEWV Performance	Actual		YTD Plan		RAG Rating
	Achieved	Rating	Planned	Rating	
Capital service cover	1.61x	3	1.46x	3	●
Liquidity	45.7 days	1	48.4 days	1	●
I&E margin	2.8%	1	2.6%	1	●
I&E margin distance from plan	0.2%	1	0.0%	1	●
Agency expenditure	£6,762k	4	£4,342k	1	◆

<b>Overall Use of Resource Rating</b>	<b>3</b>	<b>1</b>	<b>◆</b>
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3.7.2 The capital service capacity rating assesses the level of operating surplus generated, to ensure Trusts are able to cover all debt repayments due in the reporting period. The Trust has a capital service capacity of 1.61x (can cover debt payments due 1.61 times), which is ahead of plan and rated as a 3.

3.7.3 The liquidity metric assesses the number of days operating expenditure held in working capital (current assets less current liabilities). The Trust liquidity metric is 45.7 days; this is behind plan and is rated as a 1.

3.7.4 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 2.8%, which is ahead of plan and rated as a 1.

3.7.5 The I&E margin distance from plan ratio assesses the I&E Margin against plan, excluding PSF income. The Trust I&E margin distance from plan is 0.2% which is ahead of plan and rated as a 1.

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3.7.6 The agency rating assesses agency expenditure against a capped target for the Trust. Agency expenditure is 56% higher than the capped target and is rated as a 4.

The margins on UoRR are as follows:

- Capital service cover - to improve to a 2 a surplus increase of £1,253k is required.
- Liquidity - to reduce to a 2 a working capital reduction of £40,252k is required.
- I&E Margin – to reduce to a 2 an operating surplus decrease of £610k is required.
- I&E margin distance from plan – to reduce to a 2 an operating surplus decrease of £610k is required.
- Agency Cap rating – to improve to a 3 a reduction in agency expenditure of £250k is required.

#### **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 At the end of December the Trust is £610k ahead of the revised control total submitted to NHSI.

6.2 The amount of CRES identified for the financial year and rolling 3 year period is below required levels; however, the Trust continues to identify schemes to ensure full delivery of recurrent CRES requirements.

6.3 The UoRR for the Trust is assessed as 3 for the period ending 31 December 2018 and is behind plan. The agency position exceeds the 50% NHSI cap and is rated as a 4. As a result the Trust's highest achievable rating is overridden as a 3. Excluding this override the Trust would be assessed as a rating of 2 which remains behind plan due to agency expenditure. Recruitment options are being explored to reduce dependency on agency, and progress continues to inform conversations with NHSI.

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

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

**Patrick McGahon**  
**Director of Finance and Information**

ITEM NO 13

**COUNCIL OF GOVERNORS**

<b>DATE:</b>	Thursday 14 February 2019
<b>TITLE:</b>	Patient-Led Assessments of the Care Environment (PLACE) 2018 Review
<b>REPORT OF:</b>	Linda Parsons, Associate Director of Operational Services
<b>REPORT FOR:</b>	Assurance/Information/Decision

<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 purpose of this paper is to provide a report for the Council of Governors on the outcome of the Patient-Led Assessments of the Care Environment (PLACE) 2018 assessment process for the Trust and gain approval to the PLACE Action Plan.

**Recommendations:**

It is recommend that the Council of Governors receives this report as assurance of Tees, Esk and Wear Valleys NHS Foundation Trust's involvement in the PLACE programme and the actions they are taking to maintain and improve the quality of the environment for inpatient services and discuss the action required to improve standards for future assessments.

<b>MEETING OF:</b>	<b>Council of Governors</b>
<b>DATE:</b>	<b>14<sup>th</sup> February 2019</b>
<b>TITLE:</b>	<b>Tees, Esk and Wear Valleys NHS Foundation Trust Patient-Led Assessments of the Care Environment (PLACE) 2018 Review</b>

## 1. INTRODUCTION & PURPOSE:

The purpose of this paper is to provide a report for the Council of Governors on the outcome of the Patient-Led Assessments of the Care Environment, PLACE 2018 assessment process for the Tees, Esk and Wear Valleys NHS Foundation Trust.

## 2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 The PLACE programme is co-ordinated by the Health and Social Care Information Centre, and offers a non-technical view of the buildings and non-clinical services delivered in both the NHS and independent / private healthcare sector in England.
- 2.2 The scope of the PLACE assessments covers all hospital types and only excludes small units of fewer than 10 beds which provide home-like accommodation.
- 2.3 The Trust had a total of 18 sites which met the criteria for a formal PLACE 2018 assessment. See Appendix 1 for sites visited.
- 2.4 Assessments are carried out by a small team including Head of Hotel Services Performance and Contracting, Patient/Carer representatives, Modern Matrons and Infection, Prevention and Control.

The assessment process is administered in strict confidence in line with the principle of unannounced site assessment visits.

## 3. KEY ISSUES:

- 3.1 The final scores achieved following the assessments are published nationally. The table below shows the average score for each criteria for all Trust premises and the National average score.

<b>Criteria</b>	<b>Trust Average</b>	<b>National Average</b>
Cleanliness	92.58%	98.50%
Food	92.41%	90.20%
Privacy and Dignity	85.33%	84.20%
Condition and Appearance	89.91%	94.30%
Dementia	78.19%	78.90%
Disability	73.98%	84.20%

- 3.2 The Trust have reviewed the PLACE scores and have taken or are recommending taking a number of steps to further improve the patient environment. These steps are noted below.

**Cleanliness** - Areas failing were mainly minor issues for example areas being dusty which were addressed immediately by the housekeeping team. Other issues raised were cleaning of lighting, vents and external gutters / fascia's and cigarette ends at entrance. In order to address these and maintain standards they have been added to the planned preventative maintenance programme.

An ongoing cleanliness audit programme operates within the Trust to ensure high standards of cleanliness are maintained and this is closely monitored by the Hotel services team and IPC Committee.

Assurance can be gained by the CQC reporting no concerns regarding cleanliness on their recent unannounced visit.

**Food** - Scores for food remain higher than the national average. A menu group operates within the Trust to review any issues relating to patient food and beverages and a full review is carried out annually. All menus are approved by the Trust dieticians and the PLACE criteria, along with patient feedback is considered at the full review. This year's review took place in January 2018.

**Privacy, Dignity and Wellbeing** - Scores for Privacy and Dignity remain above the national average. The main areas reducing this score are patients not having free access to Wi-Fi throughout the building, this is currently only available in dedicated areas and a number of locations do not have bariatric chairs in reception areas and on wards.

A project exists within the Trust to address free access to Wi-Fi throughout the buildings for patients where appropriate and an exercise is being carried out to compare lease / purchase options for bariatric chairs.

**Condition and Appearance** - A detailed analysis of areas reducing the scores has highlighted decoration being required due to damage, furniture replacement in some areas and minor maintenance issues. The decoration and maintenance issues are being rectified by the Trust's estates department and finances are being requested for replacement of furnishings.

In order to minimise damage to decoration wall protection is being installed in a number of areas and staff are being encouraged to report damage to decoration through the estates helpdesk.

**Dementia** - The Dementia domain focuses on flooring, décor and signage and also aspects such as availability of appropriate seating.

The Trust has undertaken a more comprehensive assessment of this domain using the Stirling Dementia Design Audit Tool which is a recognised

environmental assessment tool and work associated with this assessment has increased the score from 69.97% in 2017 to 78.19% in 2018. The EFM team will continue to work with the Stirling audit team to try to address the issues highlighted.

**Disability** - The disability domain was introduced into the PLACE assessment process in 2016. It focusses on issues of access, mobility (e.g. handrails), signage, furniture and aspects relating to food and food services.

The Trust's current policy is to install handrails on MHSOP wards only which results in a reduction in score achieved. As noted earlier bariatric chairs are being addressed by considering lease / purchase options.

#### 4. IMPLICATIONS:

- 4.1 **Compliance with the CQC Fundamental Standards:** The CQC review and use the PLACE scores to inform their assessment visits and reports. The recent CQC report highlights that all environments visited were clean and well maintained.
- 4.2 **Financial/Value for Money:** The Trust is finalising its action plan to address issues highlighted in the PLACE assessments and bids for finance will be made as required. This action plan will be made available once finalised.
- 4.3 **Legal and Constitutional (including the NHS Constitution):** There are no legal and constitutional issues.
- 4.4 **Equality and Diversity:** There are no Equality and Diversity issues associated with this report.
- 4.4 **Other implications:** There are no other implications identified.

#### 5. RISKS:

No risks have been identified.

#### 6. CONCLUSIONS:

The involvement in the PLACE programme continues to provide the Trust with a benchmark for their hospital environment and food services and allows them to review and improve standards in line with national criteria.

#### 7. RECOMMENDATIONS:

It is recommend that the Council of Governors receives this report as assurance of Tees, Esk and Wear Valleys NHS Foundation Trust involvement in the PLACE programme and the actions they are taking to maintain and improve the quality of the environment for inpatient services.

**Linda Parsons, Associate Director of Operational Services**

## Appendix 1

<b>TEWV Sites that meet the criteria for a PLACE visit</b>
Springwood
Auckland Park
Bankfields Court
Cross Lane
Durham Road
The Friarage
Harrogate
Lanchester Road Hospital
Primrose Lodge
Roseberry Park
Sandwell Park
The Orchards
West Lane Hospital
West Park Hospital
Acomb Garth
Cherry Tree
Meadowfields
Peppermill Court