

AGENDA FOR THE MEETING OF THE COUNCIL OF GOVERNORS

18 September 2019, 6.00pm – 8.00pm





(Governor registration and hospitality available between 5.00pm and 5.45pm)







Holiday Inn, Scotch Corner, Darlington, DL10 6NR

NOTE:

- Public meeting will take place between 6.00pm and 6.15pm and will be followed by a private meeting incorporating a special workshop session on the Trust's priorities for the Business Plan.
- In view of the reduced time available, no additional questions will be taken by the Chairman at the meeting.

Agenda:

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
6.00pm – 6.10pm Standard Items					
1.	 	Welcome and apologies for absence	For information To make sure that we have enough Governors present to be quorate and introduce any new attendees. To advise of housekeeping arrangements	Miriam Harte, Chairman	Spoken
2.		Minutes of the meeting of the Council of Governors held on 10 July 2019 and the minutes of the Annual General and Members meeting held on 17 July 2019.	To agree To check and approve the minutes of these meetings	Miriam Harte, Chairman	Attached
3.		Public Council of Governors' Action Log	To discuss To update on any action items	Miriam Harte, Chairman	Attached

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
4.		Declarations of Interest	To agree The opportunity for Governors to declare any interests with regard to any matter being discussed today	Miriam Harte, Chairman	Spoken
6.10pm – 6.15pm Governance and Quality Related Items					
5.		Register of Interests	For agreement To approve the Registers of Interests of Governors	Phil Bellas, Trust Secretary 	Attached
6.15pm Procedural					
6.		Agreement of 2020 meeting dates (venues to be agreed): Date and Time of next meeting: 21 November 2019, 2.00pm Holiday Inn, Scotch Corner, Darlington, DL10 6NR			Attached
Items for Information					
7.	 	Items circulated for information: Please note that any questions arising from these items should be submitted to the Board via the Trust Secretary's Department for response outside of the meeting. To receive: i. A summary of the questions raised by Governors with responses provided. ii. A report on the summary of feedback from the meetings of the Board of Directors iii. A report on the latest information from Care Quality Commission Inspections of the Trust iv. A report on changes and improvements to services in the Trust.			To Follow Attached Attached Attached

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
		v. A report on the Q1 Quality Account 2019/20 vi. A report on the Trust's Performance Dashboard as at end July 2019 vii. A report on the Trust's Financial position as at end July 2019			Attached Attached Attached
8.		<p><u>Confidential Motion</u> <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>			

Miriam Harte
Chairman

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

10 September 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.

MINUTES OF THE SPECIAL COUNCIL OF GOVERNORS MEETING HELD ON 10 JULY 2019, 6.00 PM AT HOLIDAY INN, SCOTCH CORNER, DARLINGTON

PRESENT:

Miriam Harte (Chairman)
Cliff Allison (Durham)
Gemma Birchwood (Selby)
Mary Booth (Middlesbrough)
Rachel Booth (Staff - Teesside)
Phil Boyes (Staff - Durham and Darlington)
Mark Carter (Redcar)
Marie Cunningham (Middlesbrough)
Mark Eltringham (Stockton on Tees)
Wendy Fleming-Smith (Selby)
Chris Gibson (Harrogate and Wetherby)
Glenda Goodwin (Staff - Forensic)
Sandra Grundy (Durham)
Anthony Heslop (Durham)
Carol Jones (Rest of England)
Joan Kirkbride (Darlington)
Keith Marsden (Scarborough and Ryedale)
Cllr Ann McCoy (Appointed - Stockton Borough Council)
Prof Tom McGuffog MBE (York)
Graham Robinson (Durham)
Stan Stevenson (Hambleton and Richmondshire)
Judith Webster (Scarborough & Ryedale)
Mac Williams JP (Durham)

IN ATTENDANCE:

Dr Kannan Suresh Babu, (Deputy Medical Director)
Phil Bellas (Trust Secretary)
Angela Grant (Administrator)
Marcus Hawthorn (Non Executive Director)
Ruth Hill (Chief Operating Officer)
David Jennings (Non Executive Director)
Elizabeth Moody (Deputy Chief Executive / Director of Nursing and Governance)
Donna Oliver (Deputy Trust Secretary – Corporate)
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)

19/38 APOLOGIES

Lee Alexander (Appointed - Durham County Council)
James Creer (Durham)
Stella Davison (York)
Gary Emerson (Stockton on Tees)
Dr Andrew Fairbairn (Appointed – Newcastle University)
Marion Grieves (Appointed - Teesside University)

Hazel Griffiths (Harrogate and Wetherby)
Dr Hugh Griffiths (Non Executive Director)
Ian Hamilton (Appointed - University of York)
Christine Hodgson (York)
Dr Judith Hurst (Staff - Corporate)
Kevin Kelly (Appointed - Darlington Borough Council)
Dr Ahmad Khouja (Medical Director)
Audrey Lax (Darlington)
David Levy (Director of Human Resources and Organisational Development)
Patrick McGahon (Director of Finance and Information)
Jacci McNulty (Durham)
Colin Martin (Chief Executive)
Paul Murphy (Non Executive Director)
Lisa Pope (Clinical Commissioning Groups representative)
Gillian Restall (Stockton on Tees)
Zoe Sherry (Hartlepool)
Dr David Smart (Appointed - Clinical Commissioning Groups representative)
Cllr Helen Swiers (Appointed - North Yorkshire County Council)
Sarah Talbot-Landon (Durham)
Cllr Derek Wann (Appointed – City of York Council)
Cllr Barbara Ward (Appointed – Hartlepool Borough Council)
Alan Williams (Redcar and Cleveland)

19/39 WELCOME

The Chairman opened the meeting and noted apologies.

Mark Carter, Marie Cunningham, Carol Jones, Stan Stevenson and Anthony Heslop were congratulated on their recent appointment to the Public Governor role.

19/40 MINUTES OF PREVIOUS MEETINGS

The Council of Governors considered the minutes from the public meeting held on 22 May 2019.

Prof McGuffog advised that he had submitted written concerns regarding the omission of items which he had raised within the minutes at the public meeting held on 22 May 2019.

The Chairman advised that she was unable to recall the discussions referred to in the past meeting and that there was no reference to this within the contemporaneous notes of the meeting. She was aware of a written communication which had been sent to the Chief Executive included reference to the questions and issues Prof McGuffog was referring to. This response was still outstanding.

Agreed - The Council of Governors approved the public minutes of the meeting held on 22 May 2019 as a correct record and signed by the Chairman

(NOTE: Prof McGuffog requested that his dissent be recorded to the above decision.)

19/41 PUBLIC ACTION LOG

Consideration was given to the public action log.

Arising from the report:

1) Minute 19/24 – Care Planning

A response had been sent to Mrs Hodgson in relation to an outstanding question on care planning within the Trust.

Action - Closed

2) Minute 19/28 (previously 19/04 – Governor workshop

It was noted that this would be taken forward as part of a wider workshop with Governors looking at what support and information was required to assist them in their role. (see minute 19/34)

Action - Closed

3) Minute 19/30 – End of Life Care

It was noted that Dr Hurst would be contacted in relation to her offer of support.

Action – Closed

4) Minute 19/30 – Therapeutic Community Service

It was noted that a full response had been issued.

Action – Closed

5) Minute 19/31 – Clinical Audits

A correction was made in that the action was incorrectly allocated to Mrs Pickering. Mrs Illingworth would be contacted in order to obtain a response.

Action - Carried forward

19/42 DECLARATIONS OF INTEREST

Non Executive Directors Mr Marcus Hawthorn, Mr David Jennings, Mrs Shirley Richardson and Mr Richard Simpson declared their interest in agenda item 4 of the private agenda.

19/43 CHAIRMAN UPDATE

The Chairman advised on her activities since the last meeting. She had:

- 1) Participated in the recruitment process for Non Executive Director(s).
- 2) Attended Serious Untoward Incident (SUI) review meetings to investigate what may not have gone well leading up to and following an incident.
- 3) Visited a number of services within Stockton on Tees and undertook a visit to West Lane Hospital.
- 4) Met with the Health (social sciences, humanities and law) Dean of Teesside University who was keen to undertake more partnership work with the Trust.
- 5) Held a number of discussions with the Lead Governor in relation to recent events within the Trust.
- 6) Met with the Recovery Experts by Experience group.

Agreed – The Council of Governors received and noted the update of the Chairman in relation to her activities.

19/44 GOVERNOR QUESTIONS

1. Cliff Allison, Public Governor Durham

Following contact from a public member, I would like to receive assurance from the Trust in relation to clinical record keeping in that case notes are being correctly documented and not falsified.

It was noted that a full written response had been provided which had been circulated (see Appendix A).

2. Keith Marsden, Public Governor Scarborough and Ryedale

I have been informed that there is a high level of disquiet on the Ayckbourn Unit at Cross Lane Hospital in Scarborough after doors were removed in each en-suite room which separate the sleeping part of the accommodation from shower/toilet area. Patients have objected about lack of privacy, dignity and basic human rights. This was because it was easy for anyone immediately outside the building to see into the room and, because there was no door, into the shower/toilet area. I understand that this issue has been dealt with by placing some kind of window film on the glass, which not only prevents anyone seeing in from the outside, but makes it impossible for the patient to see out and makes the room darker. There is a further problem of staff conducting observations and entering a room when the patient is in the toilet or shower area.

I understand this action has been taken following an incident in the Trust, I presume this must be happening on all Trust wards?

It was noted that a full written response had been provided which had been circulated (see Appendix A).

Mr Marsden requested clarification as to whether the doors had been removed across all wards in the Trust and if this was the case, then, in his view Governors should have been advised.

Mrs Moody confirmed that:

- 1) En-suite bathroom doors had been removed from all adult inpatient wards.
- 2) The decision to take this action was a result of a balance of risk; the ligature risk outweighing the need for privacy and dignity.
- 3) A solution to the problem was currently being tested.
- 4) Risk assessments had been in place but, as a result of two deaths and a 'near miss' over a period of two years, action had been taken following agreement of the Executive Management Team.
- 5) An annual ligature risk assessment process was undertaken within the Trust, ligature risks could be minimised but unfortunately not removed altogether.

As a result of further questions from Governors she advised that:

- 1) There had not been an increase in fire false alarms that could be attributed to steam from bathrooms.
- 2) Risk assessments within each ward environment did highlight the risk of ligature from door hinges.

19/45 DATE AND TIME OF NEXT MEETING

The Chairman confirmed the next meeting would be the Annual General and Members Meeting on 17 July 2019 at Middlesbrough Football Club and the next ordinary Council of Governors meeting would be held on 18 September 2019 at the Holiday Inn, Scotch Corner.

19/46 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 6.29pm.

Appendix 1

COUNCIL OF GOVERNORS 10 July 2019

Responses to Governor Questions

1. Cliff Allison, Public Governor Durham

Following contact from a public member, I would like to receive assurance from the Trust in relation to clinical record keeping in that case notes are being correctly documented and not falsified.

Response

Response provided by Ahmad Khouja, Medical Director and Louise Eastham, Data Controller

Staff do try to always record within the clinical case notes with all due care and diligence. Of course the records need to be abridged to some extent. Occasionally inaccuracies may arise (genuine mistakes, information accidentally omitted, or a misunderstanding of what has been said). If an error in record keeping is identified (either by staff or by a patient who has accessed their record) the error should be openly corrected as per policy. If there is disagreement as to an issue (e.g. diagnosis) this should be clearly identified in the clinical notes as to the difference in opinion.

The safety summary and care reviews should identify any risks to a person, and there should be an accompanying plan on to how to mitigate that risk, co-produced with the service user. Risks can very rarely be eliminated so the plan will try to balance the short term with the long term risks/benefits of the actual intervention, while ensuring any harm is minimised. Supervision is there for the clinician to discuss what are always extremely complex decisions.

Any staff who is found to have deliberately falsified the clinical record will face disciplinary procedures. We have controls in place to ensure that a record cannot be retrospectively altered without the Trust being able to detect it. If there is any suggestion that this has happened, we can access previously saved versions of Paris and detect when the change was made and by whom.

The Trust has clinical record keeping standards that are reviewed annually and state what is required to create a legal and robust record. The standards are audited by clinical staff reviewing a sample of records and commenting on the compliance with the standard. The last comprehensive audit was conducted in 2017/2018. Many of the standards originate from the various regulatory bodies that professional staff have to abide by.

The Trust does have an electronic patient record that has complete audit trails and this means that we can see at any time who has accessed the record and made or altered entries. This too is monitored.

As the Trust Data Protection Officer I also deal with patient requests for rectification after they have received a copy of their notes. The issues raised are always fully investigated and records are either removed, amended or their opinion added to the record. As you may be aware there is a lot of work being undertaken at the moment to enable co-production of records and also to create a patient portal for patient access. This will greatly assist staff and service users in maintaining the accuracy and effectiveness of the record.

2. Keith Marsden, Public Governor Scarborough and Ryedale

I have been informed that there is a high level of disquiet on the Ayckbourn Unit at Cross Lane Hospital in Scarborough after doors were removed in each en-suite room which separate the sleeping part of the accommodation from shower/toilet area. Patients have objected about lack of privacy, dignity and basic human rights. This was because it was easy for anyone immediately outside the building to see into the room and, because there was no door, into the shower/toilet area. I understand that this issue has been dealt with by placing some kind of window film on the glass, which not only prevents anyone seeing in from the outside, but makes it impossible for the patient to see out and makes the room darker. There is a further problem of staff conducting observations and entering a room when the patient is in the toilet or shower area.

I understand this action has been taken following an incident in the Trust, I presume this must be happening on all Trust wards?

Response

Following two deaths in adult in-patient units where the hinges of en-suite doors were used as ligature points and a further 'near miss' incident, a risk based decision was made to remove the doors whilst an alternative solution was sought. We are aware of the privacy and dignity issues and these are being managed and mitigated at a local ward level through communication with service users and carers, and application of privacy film. We have stressed the need for staff to pay particular attention to privacy and dignity when entering patients rooms and the importance of signage and communication to support this

There have been final modifications made to the replacement doors following the inspections last week which have been completed on 3.07.19. There will be further inspections made by the teams at Roseberry Park and wider in the organisation, which will take place over this week, if the work is approved then this could be the solution across the Trust.

In terms of advising Governors of this work happening, I previously advised that this is not something that would be communicated routinely to Governors.

3. Ann McCoy, Appointed Governor Stockton Borough Council

Can you advise how many service users are currently out of area and out of locality?
What is the cost incurred for each?
How much do we put in the annual budget to meet this cost?

Response

Out of Area

An “out of area” placement is where the Trust places someone in a non TEWV organization for care. This can be both NHS or private (e.g. The Priory).

The Trust is only responsible for out of area placements in York, for all other localities it is the responsibility of the CCG (so we cannot provide numbers). For the period April 2018 to March 2019, 41 patients from York were placed with out of area providers.

The Trust included £6.2million in its annual plan for the purchase of all healthcare from non-NHS and non-DHSC group bodies. This includes (but is not limited to) out of area placements.

Out of Locality

An “out of locality” placement is when a patient is placed out of their geographical locality; for instance a Teesside patient placed in a County Durham hospital. For the period from April 2018 to March 2019 there were 874 occupied bed days where patients were placed out of their own locality area.

Patients are repatriated as soon as possible where appropriate. Regular reviews are undertaken by operational management in terms of a ‘deep dive’ review looking at the patients out of locality and reasons for this so that the Trust can eradicate out of area / locality placements.

4. Christine Hodgson, Public Governor York

Why is the trust not currently commissioned to provide clients with Autism or ADHD specific services? When clients with mental health difficulties do have a working diagnosis and clearly need expert care that they are not receiving.

Response

Clinical Commissioning Groups (CCGs) do commission a diagnosis service for Autism but this is from the Retreat in your locality area and not the Trust. The Retreat was selected via a procurement/tender some years ago. The Trust is currently working with the CCGs across the Trust footprint, and the Retreat, to ensure that the we have an appropriate pathway for diagnosis irrespective of the provider.

Through previous questions and discussion’s we have provided information in relation to the support that is available in the Trust for those individuals who do have an ADHD or Autism diagnosis and again you will be aware of the work that the Trust is doing in relation to Autism project.

5. Mac Williams, Public Governor Durham

In March 2019 concern was expressed about the safety of receptionists within the Trust. I did make recommendations regarding the safety of our staff and wondered why a safety screen had been removed.

Can Governors be updated and what and where have Risk Assessments have been carried out.

Response

A number of incidents have occurred recently within reception areas which have been reported through the Trust incident reporting system, as a result of this and concerns expressed a working group was established to explore options around the safety and security of receptions area. No specific risk assessments have been undertaken.

Following a series of meetings with staff and a governor/service user representative a revised option has been developed which is currently being costed which re-introduces a form of a screen.

Once costed this will be shared with all parties to ensure that this does not create the concerns or issues when the original screen was put up.

This option does allow for an area to be opened for face to face contact which was identified as key criteria.

Consultation with the Chief Executive in terms of the options is still required.

The view from the workshops to get to this stage was to ensure a balance between creating a welcoming reception area as well as providing a safe area for reception staff to operate from.

NOTE: Further information was provided to Governors following the meeting on 19 July 2019.

Brief for Council of Governors

TRUST RECEPTIONS

1. Background Information and Context :
 - 1.1 The Trust does not have a standard design for reception desks. Various levels of protection exist with some being open and others closed in.
 - 1.2 Over recent years there have been a number of security incidents reported in the reception areas and this led to the Trust Local Security Management Specialist being requested to carry out surveys of main receptions at Lanchester Road Hospital and West Park Hospital.

The report recommend that where reception desks are situated adjacent to external entrance points the area should be provided with sufficient protection from threats or actual physical attack.

- 1.3 The above report led to work being carried out at West Park reception to partially enclose the reception area. If successful this was to become the Trust standard for reception.
- 1.4 On installation of the glass screening at West Park reception it was considered to intrusive by some groups and removed, following some concerns raised at the 2018 AGM

2. Current Situation :

- 2.1 Reception staff at West Park, Roseberry Park and Lanchester Road hospitals continue to express their concerns at feeling vulnerable when manning reception and incidents occur and have requested that some form of protective screen be installed.

Examples of incidents include verbal abuse, actual physical threats of biting, poking pens in eyes and involving a knife and the throwing of Trust property for example chairs and computers.

- 2.2 At a West Park Focus Group representatives from the clinical team attending the meeting also expressed concerns at some recent incidents in reception areas and the vulnerability of reception staff in these situations.
- 2.3 It was therefore agreed to establish a Task and Finish Group to consider the Trust reception areas including security issues and make proposals to senior management on the principles to apply to the design of future receptions. In order to do this West Park reception was to be used as a pilot.
- 2.4 Membership of the group included representation from:
Governor / Patient
Healthy and Safety Manager
Local Security Management Specialist
Reception staff
Clinical Teams
Estates and Facilities
- 2.5 The groups considered a number of options developed by an architect including no screen, partially glazed screens, full glazed screen with access panels and barrier rails and made recommendations based on the need for the reception to be welcoming whilst balancing this with staff safety.
- 2.6 The recommendations of the group was that a partial screen should be installed of sufficient height to be a deterrent with an area that can be opened for face to face discussions.

Drawings have been produced to share with relevant stakeholders and a costing exercise is being completed to assess the financial impact.

Linda Parsons
Associate Director of Operational Services, Estates and Facilities

MINUTES OF THE COUNCIL OF GOVERNORS' ANNUAL GENERAL AND MEMBERS' MEETING HELD ON 17 JULY 2019, 6.00PM AT MIDDLESBROUGH FOOTBALL CLUB

PRESENT:

Miriam Harte (Chairman)
Cliff Allison (Durham)
Mary Booth (Middlesbrough)
Rachel Booth (Staff - Teesside)
Phil Boyes (Staff - Durham and Darlington)
Mark Carter (Redcar and Cleveland)
Mark Eltringham (Stockton on Tees)
Dr Andrew Fairbairn (Appointed - Newcastle University)
Chris Gibson (Harrogate and Wetherby)
Glenda Goodwin (Staff - Forensic)
Marion Grieves (Teesside University)
Hazel Griffiths (Harrogate and Wetherby)
Joan Kirkbride (Darlington)
Audrey Lax (Darlington)
Keith Marsden (Scarborough and Ryedale)
Cllr Ann McCoy (Stockton Borough Council)
Jacci McNulty (Durham)
Gillian Restall (Stockton on Tees)
Dr David Smart (CCG representative for Co Durham and Darlington)
Stan Stevenson (Hambleton & Richmondshire)
Cllr Helen Swiers (North Yorkshire County Council)

IN ATTENDANCE:

Phil Bellas (Trust Secretary)
Angela Grant (Administrator)
Dr Hugh Griffiths (Non Executive Director)
Marcus Hawthorn (Non Executive Director)
Ruth Hill (Chief Operating Officer)
David Jennings (Non Executive Director)
Wendy Johnson (Secretary)
David Levy (Director of Human Resources and Organisational Development)
Patrick McGahon (Director of Finance and Information)
Elizabeth Moody (Deputy Chief Executive / Director of Nursing and Governance)
Paul Murphy (Non Executive Director)
Donna Oliver (Deputy Trust Secretary)
Kathryn Ord (Deputy Trust Secretary)
Sharon Pickering (Director of Planning, Performance and Communications)
Shirley Richardson (Non Executive Director)
Richard Simpson (Non Executive Director)
Cameron Waddell (Mazars LLP)

19/47 APOLOGIES

Colin Martin (Chief Executive)
Lee Alexander (Durham County Council)

Gemma Birchwood (Selby)
James Creer (Durham)
Marie Cunningham (Middlesbrough)
Stella Davison (York)
Gary Emerson (Stockton on Tees)
Wendy Fleming-Smith (Selby)
Sandra Grundy (Durham)
Ian Hamilton (Appointed University of York)
Anthony Heslop (Durham)
Christine Hodgson (York)
Dr Judith Hurst (Staff - Corporate)
Carol Jones (Rest of England)
Kevin Kelly (Darlington Borough Council)
Dr Ahmad Khouja (Medical Director)
Prof Tom McGuffog MBE (York)
Lisa Pope (representative for North Yorkshire Clinical Commissioning Groups)
Graham Robinson (Durham)
Zoe Sherry (Hartlepool)
Sarah Talbot-Landon (Durham)
Cllr Barbara Ward (Appointed - Hartlepool Borough Council)
Cllr Derek Wann (Appointed 0- City of York Council)
Judith Webster (Scarborough & Ryedale)
Alan Williams (Redcar and Cleveland)
Mac Williams JP (Durham)

NOTE:

Prior to the formal Annual General and Members' Meeting:

- 1) Martin Atchison, Deputy Head of the Meriden Programme, supported by Stephanie Common, Consultant Applied Psychologist, Alix Bowler, Psychological Therapist and Dawn (carer) from Tees, Esk and Wear Valleys NHS Foundation Trust gave a presentation, on: 'Family Therapy.

The presentation can be found at Appendix 1 to these minutes.

- 2) A 'market place' event was held to enable attendees to receive information on a wide range of Trust services.

19/48 WELCOME AND APOLOGIES

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

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

A total of 199 staff and members of the public attended.

19/49 DECLARATIONS OF INTEREST

There were no declarations of interest.

19/50 LEAD GOVERNOR REPORT

Cllr Ann McCoy, Lead Governor presented her report as contained within the Annual Report of the Trust 2018/19. She highlighted that Governors had been:

- 1) Scrutinising and challenging the Trust in relation to progressing the environmental and contractual issues for Roseberry Park Hospital.
- 2) Kept informed of plans to resolve issues at West Lane Hospital.
- 3) Kept fully informed on the Trust's support and intervention at Whorlton Hall following investigations over the care and treatment of Learning Disability patients by another provider. Governors had been pleased with the actions taken by the Trust.
- 4) Involved in the recruitment and appointment of the new Chairman. Since her appointment the Chairman had demonstrated real engagement and partnership working with Governors.
- 5) Involved in discussions around security within reception areas following the issue being raised at the annual general and members meeting in 2018. Further work was continuing and it was important to acknowledge that the safety of staff was paramount but reception areas should always be welcoming to patients and visitors. Governors would continue to seek reassurances around any designs or modifications.
- 6) Videoed to explain more about involvement work and what it meant being a Governor. She encouraged people consider to sign up as a member and get involved.

On behalf of Council of Governors she wished to recognise the commitment of staff and volunteers for all the efforts in a challenging year and particularly the support provided to Governors from the exceptional staff in the Trust Secretary's Department.

Looking to the future, the Council would be scrutinising extremely carefully the provision of services for children and autism which were both national priorities. It was expected to be a challenging year but working with the Board of Directors, the Council of Governors would continue to ensure that that the Trust strives to provide the best possible service.

19/51 ANNUAL REPORT 2018/2019

The Council of Governors received and noted:

- 1) The Annual Report 2018/2019 incorporating the Financial Statements and Quality Report for Tees, Esk and Wear Valleys NHS Foundation Trust. This was also available in a summary document (Review of the Year) and as an easy read document.
- 2) The External Auditor's management letter for 2018/19 as prepared by Mazars LLP.

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

19/52 REVIEW OF THE YEAR

Mrs Moody, Deputy Chief Executive presented to the meeting an overview of the Trust's performance 2018/19 and its plans for the future.

She highlighted the following:

- 1) It had been a busy and at times a difficult year for the Trust. Targets had not always been achieved, but staff had consistently risen to the demand.
- 2) Services within Hambleton and Richmondshire had been changed to focus more on providing care closer to home. This had resulted in the closure of two wards at the Friarage Hospital to allow more resource to be invested into community services.
- 3) Engagement with the public across Harrogate and Wetherby was continuing to enhance community services and it had been agreed that in the future, inpatient admissions would be in York once the new hospital, Foss Park was open in 2020.
- 4) A significant amount of work had been undertaken to support the physical health of patients particularly around weight management with the development of a new clinical pathway which was rolled out during 2019.
- 5) The Trust launched its Autism Framework with plans to embed autism awareness in all services. 1200 staff had received training face to face with a significant number accessing training on line.
- 6) A frailty clinical pathway had been implemented to reduce the number and impact of falls.
- 7) The Trust had been awarded a number of new contracts including promoting mental health within pregnancy and the year after birth resulting in the extension of perinatal services across the Trust and expanding working into prisons and liaison and diversion services.
- 8) It was important for the Trust to continue to work with its partners and commissioners. A partnership within Durham, Darlington and Teesside had started to achieve success for those patients with complex learning disability needs.
- 9) New models of care had been introduced with crisis services within North Yorkshire and York now offering services 24/7 which offered an alternative to admission.
- 10) The Trust participated in the NHS70 celebrations.
- 11) A number of quality goals had been developed with stakeholders, Governors and service users. This included:
 - Reduction in the number of preventable deaths where families were invited to work with the Trust to help learn from the care provided. The Trust was in the process of recruiting a family liaison officer.
 - Reviewing the transition arrangements into adult services for young people.
 - A requirement to make care plans more personal and shared decision making.
 - Enhancing dual diagnosis with a lot more staff now trained in this area

- Reviewing urgent care services in terms of identifying a future model for delivery
- 12) It was important to recognise that staff were a valuable asset and it was essential that they had the tools, resources and support to enable them to do their job. An on-line staff conversation had been introduced following the results of the national mental health staff survey as a mechanism to develop improvement actions and to allow staff to put forward views and suggestions.
 - 13) The Trust was delighted to have won a number of awards at national level.
 - 14) The number of referrals had increased significantly in the Trust (over 6500 received) but overall waiting times had continued to reduce.
 - 15) The Care Quality Commission (CQC) had inspected West Lane Hospital, an inpatient facility for children and young people in June 2019.

As a result of this inspection a number of concerns were raised which have required immediate and urgent action. The concerns have related to:

- Recording of observations.
- Risk assessments.
- Staffing levels linked to the acuity of patients.

The actions that were taken as a result of these concerns have included:

- The CQC suspending, on a temporary basis, any further admissions to the hospital.
- The Trust increasing the number of staff and clinical leadership across the units.
- Consolidation of two wards to help address staffing and safety to enable the continued provision of high quality care.
- Listening to parents, families and carers to address any concerns and provide assurances.
- Increased leadership and significant daily oversight of the hospital by senior managers and Board members.
- Reviews of practices and procedures utilised within the wards.

In terms of the future she highlighted that

- 1) More work needed to be undertaken around service users feeling safe when they were in hospital.
- 2) The requirement to support the NHS Long Term Plan through the development of business planning.
- 3) Following the Care Quality Commissions (CQC) inspection of West Lane Hospital, the priority of the Board of Directors was to work with the CQC to ensure concerns were addressed and that staff and service users and their families were fully supported.

The full presentation of the Deputy Chief Executive can be found within Appendix 1.

19/53 FINANCIAL ACCOUNTS

Mr McGahon presented the summary of the financial accounts for Tees, Esk and Wear Valleys NHS Foundation Trust for the year ended 31 March 2019.

It was highlighted that:

- 1) The Trust had performed very well financially during 2018/19.
- 2) The NHS Improvement Control total had been achieved.
- 3) A surplus of £10.3m had been reported.
- 4) The Trust had received a provider sustainability gain of £32m as a result of achieving its financial targets.
- 5) The termination of the Private Finance Initiative for Roseberry Park Hospital had allowed the Trust to report a technical surplus of £59m.
- 6) A pay award of 1.9% had resulted in an increase in pay costs.
- 7) The operation of charitable funds was being reviewed by the Trust in order to increase the amount of donations made.

All staff within the Trust were thanked for their support in achieving the delivery of the financial targets for the Trust.

A copy of this presentation is contained within Appendix 1.

19/54 EXTERNAL AUDIT REPORT

Mr Waddell, from Mazars LLP presented the findings of the Trust audit and review of the Quality Report for the year 2018/19, together with a summary of external audit work undertaken.

He advised that the role of external audit was to:

- 1) Provide assurance to the Governors and members about the performance of the Trust.
- 2) Provide an opinion on the accounts of the Trust through a programme of testing each year.
- 3) Review the Trust's annual governance statement and annual report.
- 4) Report to the National Audit Office on the Trust's consolidation schedules.

In terms of the outcome of the external audit the findings were reported as:

- 1) An unqualified opinion on the Annual Report and Accounts.
- 2) Two areas where there was scope to improve internal controls which had been mainly around Roseberry Park Hospital.
- 3) Assurance provided to National Audit Office with no issues identified.
- 4) No significant findings arising on areas of significant risk or fraud.
- 5) The Trust was compliant with NHS Improvement requirements in terms of its quality Report.

A copy of this presentation is contained within Appendix 1.

Agreed – The Council of Governors received and accepted the annual report and accounts 2018/2019.

19/55 APPROVAL OF CONSTITUTIONAL CHANGES

There were no Constitutional changes to approve for 2018/19.

19/56 OPEN FORUM

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

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

Question and Answer Summary	
Guest Speaker Topic – Family Therapy	
Q1	Did any service offer you any family work prior to receiving family therapy within the Early Intervention into Psychosis (EIP) service?
A1	<p>Response from Dawn, carer and guest speaker</p> <p>Within the Child and Adolescent Mental Health service there was no specific family support/therapy available. Therapy sessions were held with the patient (son). Following consent, as their mother, I was allowed to join the end of the therapy session to discuss any matters. The support provided was aimed at the patient, with no specific support to myself as the parent to help manage myself and/or the patient.</p> <p>Once patient was within the EIP service, the offer of family therapy was made and undertaken.</p>
Q2	Is family therapy used at Birmingham Trust more broadly?
A2	<p>Response from Mr Atchison</p> <p>The evidence base for the use of family therapy was around a diagnosis of Bi-Polar and Psychosis.</p> <p>The therapy has been used in a variety of other settings and examples were provided in training families within youth offending services, those patients with an eating disorder and a model of family therapy had recently been adapted for patients with learning disability and autism.</p> <p>Research was currently underway within services for mental health for older people and a pilot course was being delivered within a perinatal service.</p> <p>The most benefit seen amongst families was with help and guidance in managing stress.</p>

Q3	How did you get in touch with family therapy services, I have never heard of this service and it has not been offered to me?
A3	Response from Tees, Esk and Wear Valleys NHS Foundation Trust staff member Within the Trust, family therapy was currently available for those patients within EIP.
Q4	A member of the public shared their disappointment and worry regarding a recent Panorama programme on TV regarding the care and treatment of patients with a learning disability.
A4	The Chairman responded in that this was a particularly difficult time and the Trust was saddened to see patients treated in this manner. The facility was not a service within Tees, Esk and Wear Valleys NHS Foundation Trust however the Trust had been involved and assisted, taking some of the patients into its care as a result of the investigation.
Q5	The guest speakers were thanked for their presentation with the honesty of carer being awe inspiring. Was this type of therapy suitable for non-clinical situations such as domestic abuse?
A5	Response from Mr Atchison Within the Birmingham Trust work has been undertaken with some families where there has been an element of domestic abuse. The model had been designed to allow everyone in family to be clearer in their communications with each other and to aid difficult conversations whilst being supervised.
General Questions	
Q6	Was the Trust prepared for any consequences in relation to Brexit particularly around the provision of medication?
A6	Response from Mr McGahon Medication was being managed centrally in terms of NHS provision. The advice currently to NHS providers was to continue as normal. Nationally, financial consequences would be tracked and monitored. In terms of staffing, this was managed through the Human Resources Department with any staff being supported that may be affected.
Q7	In relation to contracting with SMILE for the support to the Charitable Funds, how much was this organisation charging and how much commission would they take from any funds raised?

A7	<p>Mr McGahon responded</p> <p>Currently SMILE had been contracted with to undertake a scoping exercise with an agreed fee for this piece of work.</p> <p>This would result in a report being submitted to the Trust's Resources Committee who would look through the options put forward and the associated fees with a view taken then as to whether to contract further. This decision would be expected in September 2019.</p>
Q8	<p>Is the Crisis Service available within Yorkshire going to be extended to other parts of the Trust?</p>
	<p>Mrs Moody responded</p> <p>Within the presentation the reference was in relation to the crisis team for children in terms of being able to offer an alternative to inpatient admittance. Crisis services for children were already available in other parts of the Trust but not York, the development had been to extend this to the York area.</p> <p>Within the adult services, there had been development work identified around the delivery of crisis services as there are a number of different models right across the Trust.</p>
Q9	<p>There has been a lot of good work spoken about in terms of keeping staff safe and looking after their wellbeing. Is the Trust fully staffed and has staffing been an issue in some of the areas where there have been weaknesses?</p>
A9	<p>Mrs Moody responded</p> <p>Staff safety had been raised in The Right Staffing programme and was a Trust priority.</p> <p>In relation to reception areas the requirement was to balance safety with patient engagement and a welcoming environment.</p> <p>The findings of the Care Quality Commission at West Lane Hospital raised issues around staffing to meet the acuity of patients. When there is a reduced staff level there was potentially an impact on patient safety, however clinicians from other areas of the Trust had been deployed to bolster the staff numbers as well as additional management and other support mechanisms such as consolidation of three wards into two.</p>
Q10	<p>A member of the public wished to thank staff and the York Safe Haven for their support over the last year.</p> <p>In terms of patient leadership, where was the Trust in terms of developing initiatives around patient leadership and the ability to offer coaching and mentoring to service users and carers?</p>

A10	<p>Mrs Moody responded</p> <p>The Trust had been holding discussions around this area in terms of increasing service user and carer involvement. There had also been an increase in the number peer workers across the Trust.</p> <p>The Trust held an improvement event in April 2019 which focussed on the involvement of service users and carers. One of the initiatives suggested was how to enhance service user and carer involvement within the governance of the Trust.</p> <p>In addition, the Trust encouraged service users and carers to attend a Leadership programme which was available each year and to apply join the Recovery Experts by Experience Programme.</p>
Q11	<p>Was there anything that could be undertaken in terms of partnership working particularly around supporting the repatriation of patients who may be out of area. Tees Valley Local Authority members were particularly interested in this area of work?</p>
A11	<p>Mrs Moody responded</p> <p>Yes, this would be welcomed by the Trust.</p>
Q12	<p>Do you have confidence in the management of West Lane Hospital? As a family member of a patient there, it was reported that there was anecdotal evidence that the issues that were found by the Care Quality Commission had been raised in the past – what was going to change?</p>
A12	<p>The Chairman responded</p> <p>The Trust and the Board of Directors were very sorry about what had been found at West Lane Hospital and that this had not been expected. A number of actions had been put in place at the hospital previously, but these had not delivered the outcomes that were expected. There was still a lot of work to do and the increase in leadership and the significant oversight of the hospital by senior managers and Board members would assist the service to improve and move forward.</p> <p>The Board of Directors and the senior management team were reflecting on what could have been done differently. Decisions were being taken to review restrictive practices and changes to the operations of the wards/units.</p> <p>At the conclusion of the meeting staff discussed the matter with the individual who had raised this.</p>
Q13	<p>As a Public Governor, I receive copies of press articles, why is there often only reference to a spokesperson and not a name in the press.</p>

A13	<p>Mrs Moody responded</p> <p>The response to the press very much depends on what is being reported, often it is the Director of Nursing and Governance responding, however the Communications department within the Trust manage all responses and it is via them that a decision is made as to who is the most appropriate person to respond.</p>
Q14	<p>A member of the public wished to thank the Trust and its staff for their support.</p> <p>However, they did wish to raise an area of concern which had been put forward in a letter to the organisation which they read out. This issue was in relation to the how patients were receiving information about their discharge, and the instances referred to were when the care was being transferred from the Trust to a Local Authority. The evidence suggested that patients were receiving a phone call advising ‘you are no longer in services’ without any real explanation or assistance. This was causing a significant amount of anxiety to those patients within North Yorkshire and York.</p>
A14	<p>The Chairman thanked the individual for reading out their letter and advised that this matter would be looked into. Following the conclusion of the meeting, staff met with the individual to understand more about the issue raised.</p>

19/57 PROCEDURAL

The Chairman concluded the meeting and thanked everyone who had attended with special thanks to the guest speaker Mr Martin Atchison, staff from the Early Intervention Service and Dawn, carer for their presentation and talks. Additional thanks were to all of the staff who had supported information stands.

Cameron Waddell of Mazars LLP, on behalf of the Chairman selected from the entries and the prize draw winner was Mr Ray Stephenson.

The meeting closed at 7.23pm.



Welcome to our Annual General and Members Meeting 17 July 2019

- Please help yourself to refreshments in the Riverside Suite
- Come and visit our information stands and enter our competition to win a £25 voucher
- Have a chat with our Staff and your Governors
- Photographs will be taken. Please see a member of staff if you are concerned about your picture being taken
- Why not follow our proceedings and tweet your thoughts and views [@TEWV](#) [#TEWVAGM](#)

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Welcome by

Miriam Harte

Chairman

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The Meriden Family Programme

Mission Statement

Meriden Family Programme's mission is to improve the experience of families in contact with services, locally, nationally and internationally.

Vision Statement

Families are at the heart of quality service delivery

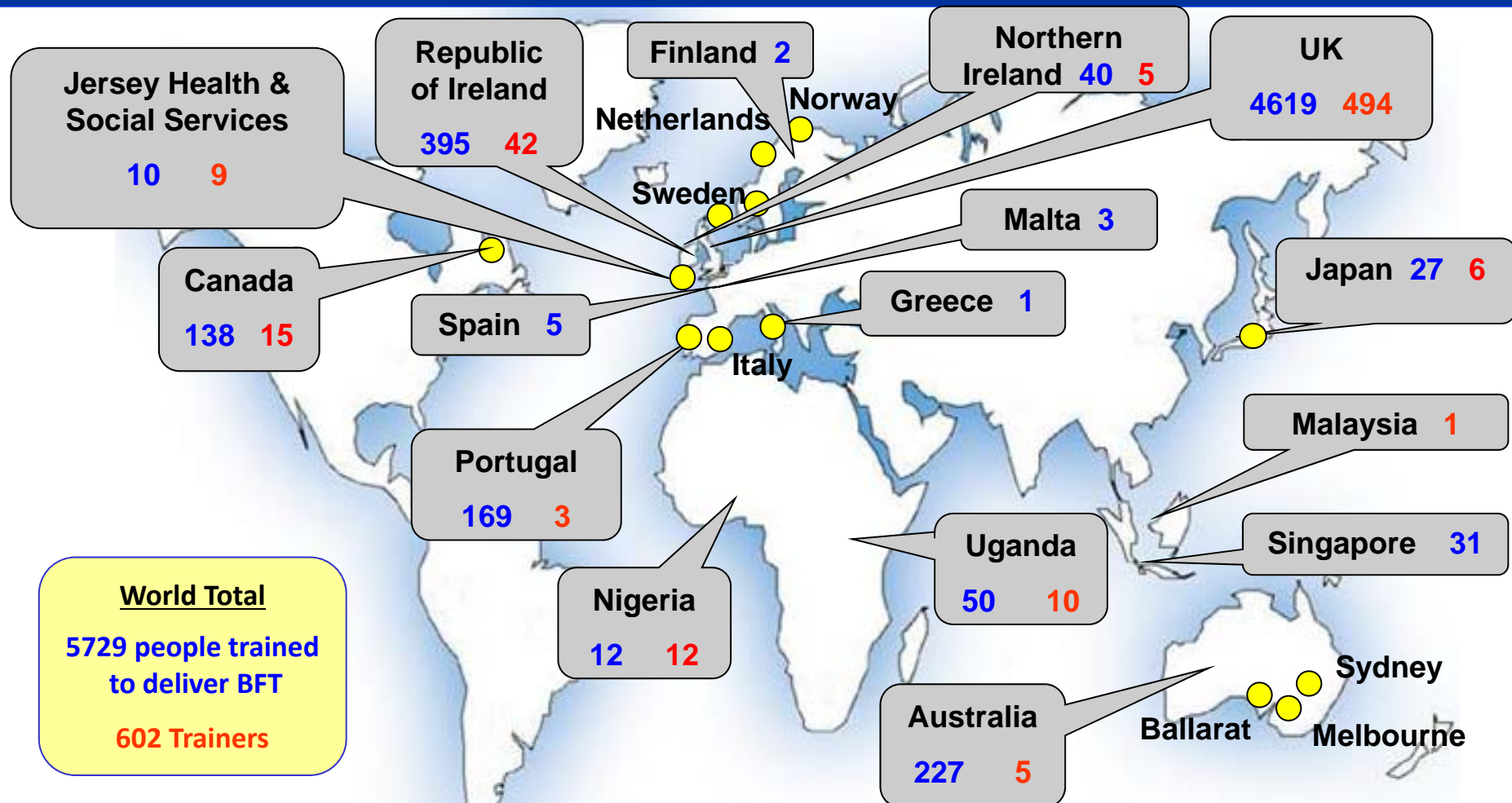
Aims of the Meriden Family Programme

- Support organisations to provide services that are sensitive to the needs of families'
- Ensure that evidence-based family approaches are routinely available to families
- Ensure that staff have the skills necessary for carrying out this work
- Ensure that organisations develop a culture that supports clinicians to work with families

The Meriden Family Programme

- Part of Birmingham and Solihull Mental Health NHS Foundation Trust
- Majority of work is training people in family work
- Also train people to deliver their own training
- Small team
 - Six clinical staff (4.5 WTE)
 - Three Carer Consultants (part time)
 - Three admin staff

Meriden Activity Worldwide



Exercise on training courses

Think of a time when a member of your family was unwell.

- How did you feel?
- How did this impact on family relationships?
- What was good about your contact with services?
- What could services have done differently?
- This reinforces the idea that having an unwell family member is a universal experience

The Experience of Families

The Experience of Families

Families are trying to deal with complex situations and behaviours:

- without knowledge
- without training
- without a break (24 hours a day)
- with someone to whom they have a strong emotional attachment

Common Issues for Families

- Constraint on social activities
- Effects on work
- Effects on other family members
- Feelings of guilt, loss – grieving process
- Family relationships strained
- Stigma and isolation

Common Issues for Families

- Diagnostic uncertainty
- Difficulty understanding the health system
- The primary/secondary care interface
- Lack of information
- Lack of involvement
- Confidentiality

What families need/want

- Information
- Advice on how to support their loved one
- Work in partnership with clinicians
- Encouragement to look after themselves
- Families will feel that they need to respond to their situation – to do something

What staff can do

- Be confident with confidentiality
- Identify strengths of the family
- *Family are doing the best they can with the knowledge they have*
- *Separate the actions and the intentions of the family*
- Think of the family as a resource to help them

Contact Details

The Meriden Family Programme

Birmingham and Solihull Mental Health NHS Foundation Trust
Tall Trees Building, Uffculme Centre
Queensbridge Road, Moseley
Birmingham B13 8QY

Tel: 0121 301 2896

Fax: 0121 301 2891

Email: bsmhft.meriden@nhs.net

Website: www.meridenfamilyprogramme.com





How this has worked in the Trust

- Stephanie Common, Consultant Applied Psychologist
- Alix Bowler, Psychological Therapist

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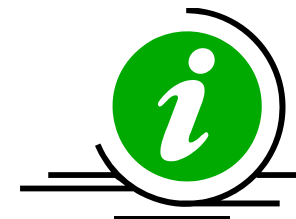
Questions

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Break time – restart at 6pm



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Welcome by

Miriam Harte

Chairman

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Ann McCoy

Lead Governor

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Chief Executive's Report

Reflections on 2018/19 and our future plans

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***“Our overriding purpose
is to minimise the impact
that mental illness or
learning
disability has on a
person’s life.”***

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Community services

- When talking to local people we are told that people want to be **supported at home** where possible
- We have been working hard to make this happen, particularly through engagement work in Hambleton and Richmondshire and Harrogate



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Improving services

- Progress building Foss Park
- Physical health services
- Trust Autism framework
- Frailty clinical link pathway



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New and extended services

- Trustwide perinatal services
- HMP Haverigg
- Liaison and diversion services



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Partnership working

- Durham, Darlington and Teesside NHS mental health and learning disabilities partnership
- New care models

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NHS70



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Our Quality Priorities – How did we do?

Priority 1 - Reduce the number of preventable deaths

Priority 2 – Improve the clinical effectiveness and patient experience at times of transition from child to adult services

Priority 3 – Making care plans more personal

Priority 4 – Develop a Trustwide approach to dual diagnosis which ensures that people with substance misuse issues can access appropriate and effective mental health services

Priority 5 – Review our urgent care services and identify a future model for delivery

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Our staff



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How we performed

- **What do service users say?**
 - **91% of patients reported their overall experience as excellent or good**
 - **85% of patients report that staff treated them with dignity and respect**
 - **62% of inpatients said they always feel safe on the ward**
- **Performance against targets**
 - **87% of people were seen within four weeks of referral**
 - **93% staff completed mandatory and statutory training**

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Looking to the future

- Promote recovery
- Continue to work with, involve and support carers
- Continued focus on improving quality of services
- Supporting the whole health and social care system to work in a more integrated, effective and efficient way.

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Annual General Meeting Financial Review 2018 - 2019

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Summary of Financial Performance

- In 2018-19 the Trust continued to build on the **strong underlying financial position** from previous years. This position allowed **new investments** in services and **improvements in quality** to take place against a background of low levels of financial risk.

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Progress against financial plans 2018-19

- Achieved the financial plan submitted to NHS Improvement. (NHSI)
- Delivered a overall finance use of resources rating of 3, which was behind plan due to high agency expenditure. All other metrics achieved a rating of 1 (best possible rating).
- Delivered our NHSI “Control Total” which provided access to the centrally held Provider Sustainability Fund (PSF).
- Paid Public Dividend Capital Dividends as required by the Department of Health, equivalent to 3.5% of average net assets (excluding cash balances).

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Key Financial Statements

- Against a national context of challenging NHS Finances the NHS Provider sector delivered an aggregate **deficit** of £571m.
- The Trust delivered an Income and Expenditure **surplus** of £58.4m. This included the following material non recurrent items
 - Building impairments (estate valuation) £-43.7m
 - PFI unwinding of liabilities £59.5m
 - Provider sustainability fund (PSF) gain £32.3m
- Excluding these non recurrent items (not included in original plan) the Trust surplus was £10.3m, which was £0.4m ahead of plan.

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Key Financial Statements

- The Trust was awarded £37.0m of PSF incentive funding (broken down in the table below), and this additional cash will be used to support our future Capital programme.

	£000
Opening PSF plan	2,663
£2 for £1 increase agreed in October NHS plan re-submission	2,000
Agreed PSF plan	4,663
Additional PSF	
Incentive PSF (finance)	29,909
Incentive PSF (general distribution)	1,218
Incentive PSF (bonus)	1,161
Total Additional PSF	32,288
Total PSF Received	36,951

- The Trust's surplus equated to 15.0% of Turnover (page 240). Excluding material non recurrent items the Trust achieved 2.7%
- Total Assets employed at 31 March 2019 were £192.3m which increased by £52.6m from 31 March 2018 (page 241) mainly due to the underlying Trust surplus.

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Income

- Income for the financial year 2018-19 was £388.3m which was £38.0m higher than 2017-18.
- This increase related mainly to:
 - PSF awarded, which was £30.4m higher than 2017-18
 - pay award funding of £3.7m
 - additional clinical contract income received in year, mainly related to Offender Health (Haverigg Prison) and community services (perinatal, CAMHS, forensic and LD).
- Trust income was predominantly from contracts with Clinical Commissioning Groups, with 86.1% of total income relating to provision of clinical services (excluding PSF this equals 95.2%).

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Expenditure

- A 1.9% consolidated pay award was given to employees on agenda for change during 2018-19.
- Employee expenditure levels increased from 2017-18 mainly due to the pay award and investment in new services Offender Health (Haverigg Prison) and community services (Perinatal, CAMHS, Forensic and LD).
- Non pay expenditure increased £4.4m from 2017-18 mainly due to:
 - Increased impairments £2.4m
 - Increased depreciation (RICS) £0.9m
 - IT equipment enabling expenditure £1.1m
- 79% of operating expenses are due to staff expenditure (excluding impairments).

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Statement of Financial Position

- The value of the Trust's Property Plant and Equipment (PPE) decreased by £36.7m due to building impairments.
- The Trust's working capital position improved to a net current asset position of £46.1m.

Current Assets	49.0
Cash	72.7
Current Liabilities	(45.7)
Net Assets	76.1

- Cash balances increased by £14.3m to £72.7m due to the underlying surplus and working capital variations, offset by capital additions.

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Charitable Funds

- The Trust manages Charitable Funds on behalf of the services it provides.
- The closing balance of the Trusts Charitable funds was £0.4m. These are used for a variety of purposes e.g. Social activities for patients, equipment purchases, and environmental improvements.
- The Trust is working with Smile Foundation, to optimise the use of our charitable funds, and maximise the resources available to the fund.
- On behalf of the Resources Committee I would like to thank everybody who has raised or donated money over the last year.
- If anybody wishes to know more about accessing funds or raising money, please contact John Chapman at the Flatts Lane Centre.

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Financial Planning

- The current UK economic position and forecasts for public sector expenditure from 2019 will present significant challenges to all public sector bodies.
- The NHS is required to deliver minimum efficiency gains of 1.1% in 2019-20.
- Our current financial planning assumptions reflect the current environment, and we continue to work with our local Commissioners to manage finances across the local health economy.

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ANNUAL AUDIT LETTER

 Annual Members Meeting

17 July 2019



WHAT I'M GOING TO COVER

Our **Annual Audit Letter** summarises the key messages arising from our work as the Trust's external auditor.

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

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

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

WHAT WE DO

Our responsibilities as the Trust's external auditor are set out in the National Audit Office Code of Audit Practice and include:

- Giving an opinion on your accounts.
- Reviewing evidence on your arrangements to deliver economy, efficiency and effectiveness (the VfM Conclusion).
- Reviewing your Annual Governance Statement.
- Reviewing your Annual Report.
- Reporting to the National Audit Office on your consolidation schedules.

WHAT WE FOUND: OVERALL CONCLUSIONS

The overall messages from our audit are positive with all deadlines met by the Trust and ourselves:

- Although we experienced some challenges this year, the Trust's team were very cooperative during our work. We were still able to complete our work and issue an unqualified opinion by the deadline.
- Our audit identified more issues in the draft accounts than we have in previous years, which were addressed during the audit.
- We identified two areas where there is scope for the Trust to improve internal controls.
- We found no evidence that proper arrangements were not in place to secure economy, efficiency and effectiveness (the VfM Conclusion).
- Appropriate assurance was provided to the NAO on the Trust's consolidation schedules by the agreed deadline.

WHAT WE FOUND: SIGNIFICANT RISKS AND KEY AUDIT MATTERS

There were no significant findings arising from our work on our key audit matters and/or areas of significant risk in relation to:

- management override of controls; and
- revenue recognition.

We did identify some matters in relation to the valuation process, but all significant changes were agreed by management.

We also undertook work to review the basis for, and the accounting of the Trust's termination of its contract in relation to Roseberry Park in 2018/19. This included discussions with the Trust's legal advisors. Following completion of our work we concluded the approach taken by the Trust was not unreasonable and complied with requirements.

EXTERNAL ASSURANCE ON THE QUALITY REPORT

 Annual Members Meeting

17 July 2019

Tees, Esk and Wear Valleys 
NHS Foundation Trust

WHAT I'M GOING TO COVER

Our **External Assurance on the Trust's Quality Report** summarises the key messages arising from our work on the Trust's Quality Report.

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

- What we do in relation to the Quality Report and related indicators.
- What we found during our work.

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

WHAT WE DO

NHSI's Trust Annual Reporting Manual (ARM) and accompanying guidance requires us to review the content of the Quality Report to ensure:

- it is in line with NHSI requirements; and
- it is consistent with other information sources.

We are also required to test:

- the performance indicators mandated by NHSI; and
- another indicator from the quality report selected by Governors (the local indicator).

WHAT WE FOUND

There were no significant findings arising from our work on the Trust's Quality Report. In carrying out our work we:

- considered compliance with NHSI requirements;
- consistency with other information; and
- tested a selection of performance indicators.

We did not identify anything that suggested the Quality Report was not prepared in line with the NHSI requirements.

We did not identify anything that suggested the Quality Report was inconsistent with other information.

Based on testing of the selected indicators we did not identify any significant issues.

CONCLUDING REMARKS

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

Like most of the NHS, the Trust continues to face significant financial and operational challenges for 2019/20. These reflect the continued national drive to control NHS finance whilst modernising and developing services to meet the needs of patients.

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

Any questions?

Cameron Waddell
Partner

EMAIL:
cameron.Waddell@mazars.co.uk
MOBILE: 07813 752053

KEY CONTACTS

Gareth Roberts
Senior Manager

EMAIL:
gareth.roberts@mazars.co.uk
MOBILE: 07815 879557

About Mazars

Mazars is an international, integrated and independent firm, specialising in audit, accountancy, advisory, tax and legal services. Operating in 89 countries and territories, as of 1 January 2019, the firm draws on the expertise of 23,000 professionals to assist major international groups, SMEs, private investors and public bodies at every stage in their development.



Questions on presentations

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Open Floor Questions

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Summary

- Prize Draw
- Evaluation
- Transport

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COUNCIL OF GOVERNORS

DATE:	18 September 2019
TITLE:	Public Action Log
REPORT OF:	Phil Bellas, Trust Secretary
REPORT FOR:	Assurance

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

Executive Summary:

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
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	18/91	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 September 2019 November 19	
22/05/2019	19/28 (previously 19/04)	To hold a workshop at the Governor Development Day on 8 October 2019 to review information required by Governors and how this can be provided / obtained.	Patrick McGahon	September 2019 October 2019	Note: this will be combined into a wider workshop with Governors on 8 October 2019.
22/05/2019	19/30	To contact Mrs Hurst in relation to supporting the work around end of life care for older people.	Ruth Hill	July 2019	Closed
22/05/2019	19/31	To review which clinical audits the Trust had not participated in.	Sharon Pickering	July 2019	Closed - information provided 11 July 2019
22/05/2019	19/34	To arrange a workshop to review the outcome of the self assessment of the Council of Governors.	Kathryn Ord	01/06/2019 October 19	Note: this will be combined into a wider workshop with Governors on 8 October 2019.
10/07/2019	19/44	Mr Paul Foxton to contact Mr Mac Williams JP to discuss concerns around reception areas further	Phil Bellas	July 2019	Closed - an additional more detailed briefing was also circulated to Governors

COUNCIL OF GOVERNORS

DATE:	18 September 2019
TITLE:	Council of Governors' Register of Interest
REPORT OF:	Phil Bellas, Trust Secretary
REPORT FOR:	Assurance

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

Executive Summary:

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

The Register has been reformatted following the publication of revised guidance on conflicts of interests by NHS England.

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

Recommendations:

The Council of Governors is asked to receive and note the Register of Interests of Governors as at September 2019.

Tees, Esk and Wear Valleys NHS Foundation Trust

Register of Interests of Members of the Council of Governors

Date of review: September 2018 (latest update July 2019)

Note: 1 - Descriptions of the types of interests are provided in NHS England Guidance "Managing Conflicts of Interests in the NHS " (Publications Gateway Number 06419)

Note: 2 - Changes of interest should be recorded as notified

Note: 3 - The Register should be refreshed annually

Note: 4 - The Register should be a record of interests over time and additional lines should be inserted as required

Name	Position	Financial Interests	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interests	Date of Declaration
Lee Alexander	Appointed Governor	Yes Head of Adult Social Care at Durham County Council	None	None	None	Sep-18
Cliff Allison	Public Governor	None	None	Yes Volunteer with Healthwatch Durham Member of Royal College of Nursing Member of Old Forge Patient Participation Group	Yes Family member accesses Trust services	Aug-19
Gemma Birchwood	Public Governor	None	Yes Member of Peer Support Groups at Andrews Therapeutic Community York Member of Selby CommuniTea Member of Brighter Futures Selby	Yes Service Development for Post Traumatic Stress Disorder and Borderline Personality Disorder	None	Aug-19
Mary Booth	Public Governor	Yes Chair of Stamp Revisited (based at Roseberry Park)	Yes Specialist Advisor Care Quality Commission (CQC) Member of the Royal College of Occupational Therapists	None	Yes Family member is a member of The Royal College of Occupational Therapists and another is a member of the British Dietetic Association Family member works for TEWV	Aug-19
Rachel Booth	Staff Governor	None	None	None	None	Sep-18
Philip Boyes	Staff Governor	None	None	Yes Trade Union Shop Steward	None	Aug-19
Mark Carter	Public Governor	None	None	None	None	Aug-19
James Creer	Public Governor	None	None	None	None	Jul-19

Name	Position	Financial Interests	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interests	Date of Declaration
Marie Cunningham	Public Governor	None	None	None	Yes Family member accessing Trust services	Sep-19
Stella Davison	Public Governor	None	None	None	None	Aug-19
Mark Eltringham	Public Governor	None	None	None	None	Aug-19
Gary Emerson	Public Governor	Yes Chief Executive Darlington Mind	Yes Chief Executive Darlington Mind Lay Representative for NHS England.	None	None	Aug-19
Dr Andrew Fairbairn	Appointed Governor	None	None	None	None	Aug-19
Wendy Fleming-Smith	Public Governor	None	None	None	None	Sep-18
Chris Gibson	Public Governor	None	None	None	None	Sep-18
Glenda Goodwin	Staff Governor	None	None	None	None	Aug-19
Marion Grieves	Appointed Governor	Yes Dean of the School of Health and Social Care, Teesside University Non-Executive Director of Academic Health Science Network	Yes Member of the Council of Deans of Health Governance and Finance Review Group	None	None	Aug-19
Hazel Griffiths	Public Governor	None	None	None	None	Sep-18
Sandra Grundy	Public Governor	None	None	None	None	Sep-18
Ian Hamilton	Appointed Governor	None	None	None	None	Aug-19
Anthony Heslop	Public Governor	None	None	None	None	Jun-19

Name	Position	Financial Interests	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interests	Date of Declaration
Christine Hodgson	Public Governor	None	None	Yes A member of Healthwatch York as a volunteer	Yes Family member receiving care from TEWV and York City Council	Aug-19
Dr Judith Hurst	Staff Governor	None	None	None	None	Aug-19
Carol Jones	Public Governor	Yes Lay Executive Board Member with NENC Local Clinical Research Network	Yes Chair of Linking Research with Patients	None	None	Aug-19
Kevin Kelly	Appointed Governor	Yes Acting Assistant Director Adult Social Care	None	None	None	Sep-18
Joan Kirkbride	Public Governor	None	None	None	Yes Daughter employed by TEWV and family members currently accessing Trust services	Aug-19
Audrey Lax	Public Governor	None	None	None	None	Sep-18
Keith Marsden	Public Governor	None	None	Yes Trustee and company Director (unpaid) of Together for Mental Health Wellbeing (National Mental Health Charity)	None	Aug-19
Cllr Ann McCoy	Appointed Governor	Yes Executive Member Cllr Stockton Borough Councillor	Yes Vice Chair Stockton Health and Wellbeing	Yes Member of Billingham Town Council Chair of Stockton District Advice and Information Service Trustee for Stockton Shop mobility	None	Sep-18
Jacci McNulty	Public Governor	None	None	Yes Member of the Royal College of Nursing Member of the Community Grant Awarding Panel for County Durham Housing Group	None	Sep-18
Professor Tom McGuffog MBE	Public Governor	None	None	None	None	Sep-18
Lisa Pope	Appointed Governor	Yes Deputy Chief Operating Officer Hambleton, Richmondshire and Whitby CCG	None	None	Yes Family member employed by North Yorkshire Police Investigating Critical Incidents	Aug-19

Name	Position	Financial Interests	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interests	Date of Declaration
Gillian Restall	Public Governor	None	None	Yes Healthwatch Stockton Information Volunteer	None	Sep-18
Graham Robinson	Public Governor	None	None	None	None	Jun-19
Zoe Sherry	Public Governor	None	Yes Chair Healthwatch Hartlepool Mental Health Forum	Yes Mental Health Lead for Hartlepool Healthwatch	None	Sep-18
Dr David Smart	Appointed Governor	None	None	None	None	Aug-19
Stanley Stevenson	Public Governor	None	None	None	None	Aug-19
Cllr Helen Swiers	Appointed Governor	Yes Cllr North Yorkshire County Council	Yes Cllr North Yorkshire County Council	None	Yes Family member employed by the Trust	Aug-19
Sarah Talbot-Landon	Public Governor	None	None	None	None	Aug-19
Cllr Derek Wann	Appointed Governor	Yes Councillor at City of York Council	Yes Councillor at City of York Council	None	None	Aug-19
Cllr Barbara Ward	Appointed Governor	Yes Councillor and Director of Bringing Communities Together CIC (The Centre of Credulity and Wellbeing). Volunteer led, with some employed staff with possibility of	None	None	None	Jun-19
Judith Webster	Public Governor	None	Yes PPI Co-investigator - on an advisory group and programme management group providing advice and oversight to help steer the project for the Multi	None	None	Aug-19
Alan Williams	Public Governor	None	None	None	None	Sep-18
Mac Williams, JP	Public Governor	None	None	Yes Member of NUM,GMB,Unison Member of Downs Syndrome North East	None	Sep-18

Draft Meeting Dates 2020

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Key

Yellow Weekends

Blue Bank Holidays

GDD Governor Development Day

CoG Council of Governors Meeting

Non Day

Bank Holiday

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	18 September 2019
TITLE:	Board round-up
REPORT OF:	Phil Bellas
REPORT FOR:	Assurance/Information

This report supports the achievement of the following Strategic Goals:	✓
<i>To provide excellent services working with the individual users of our services and their 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.

MEETING OF:	COUNCIL OF GOVERNORS
DATE:	18 September 2019
TITLE:	Board round-up

1. INTRODUCTION & PURPOSE:

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

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 The Council of Governors approved the recommendations of its Task and Finish Group on “Holding the Non Executive Directors to Account for the Performance of the Board” at its meeting held on 24th September 2014 (minute 14/70 refers).
- 2.2 Under recommendation 2 of the review report it was proposed that copies of the Board round-up (a brief summary of key issues which is produced 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 May 2019 and June 2019 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 May 2019 and June 2019 (as contained in the Board round-ups for those meetings) and raise any issues of concern, clarification or interest.

**Phil Bellas,
Trust Secretary**

Background Papers:

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

All of our board meetings are held in public and you will find copies of the agenda and all the public papers on our website at www.tewv.nhs.uk/boardmeetings

Feedback from Board of Directors meeting held 21 May 2019

Chairman's report

Miriam Harte highlighted the following:

- a meeting of the chairs and chief executives of our region where the new ICS structure was discussed. Good progress is being made on the development of ICS although further work is needed.
- the excellent carers' event which took place on 20 May. She congratulated and thanked everyone who had helped make it a success. She said there'd been lots of good feedback and that she was looking forward to seeing what more we could do to support people.
- Annual accounts – she said it was a tribute to all staff that TEWV had met its financial targets, particularly in the current challenging environment
- Non-executive director recruitment – the recruitment of two non-executive directors is underway (due to appoint in the Autumn)
- Medical recruitment – noted the complex issues and varied solutions for keeping and recruiting doctors

Chief executive's report

Colin Martin reported on the following:

- Crowd sourcing - our first online conversation with staff has had a very encouraging start (launched on 8 May and will close on 29 May). He said he expected to be able to provide the headline results from this at the next Board meeting. He noted that he wanted this to be a dynamic process and that it would be important for us to respond quickly to the feedback from staff
- Appointment of Jim Boylan (the Trust's director of medical education) as the first director of undergraduate studies for the new medical school at the University of Sunderland. Jim had been instrumental in setting up the new school.
- Recognition – he congratulated Claire Bainbridge, consultant psychologist in health and justice services who was awarded the 2019 Excellence in Forensic Psychology Practice Award by the British Psychological Society Division of Forensic Psychology.

Annual report on research and development (R&D)

Joe Reilly and Sarah Daniel presented the report which was welcomed by the Board, particularly the strong partnership which has developed with the University of York.

It was agreed that R&D objectives would be mapped against the Trust's strategic objectives in future reports to help demonstrate the alignment between them.

There was a question about the involvement of carers in research and Sarah highlighted the development of a patient and public involvement network in York and the wider work being undertaken with the university and the acute trust to engage

with wider groups including carers. It was also noted that we have carers on interview panels.

The non-executive directors and chairman also felt it would be useful to include the following information in future reports

- Benefits to medical recruitment of having a strong research programme
- Further information on the implementation and sharing of research
- Risks arising from commercial research (Joe advised that these had been covered in his reports to QuAC and last year's annual report).

Board members also felt it was worth highlighting the role of nurses in R&D; they specifically mentioned the NIHR '70@70' award to Dr Valentina Short and the plan to move Prof. David Ekers into the nursing and governance directorate to increase the involvement of nurses in research.

Quality Assurance Committee report

The Board received and noted this report. Hugh Griffiths made specific reference to the positive and safe report and the use of rapid tranquilisation and prone restraint, which was discussed at length by the Board.

Elizabeth Moody noted that although further understanding was required we now have more clarity about when restrictive interventions are being used, which is primarily to prevent self-harm (for a few individuals).

Board members discussed the importance of benchmarking and the difficulties associated with this because of different definitions used by Trusts when recording instances.

It was agreed that it would be beneficial for the Board to have further discussions about the use of restrictive interventions at a future seminar.

Nurse staffing report

The nurse staffing report was received and noted. Board members were encouraged by the reduction in the use of agency staffing and noted the work that had been done to recruit, particularly in North Yorkshire and York.

CQC action plan

The Board received a progress report on the delivery of the CQC action plan which included the 'must do's' and the 'should do's'. There were no concerns about the completeness of actions but we need to make sure we embed things such as policies and procedures. It was noted that directors' visits would be used to check this out, with a particular focus on the safe domain in adult services.

Merger of North Yorkshire and York

The Board received a report on the merger and thanked everyone for their efforts in ensuring a successful merger of the two localities.

Mental health legislation committee

The Board received and noted the report. Paul Murphy highlighted a couple of points within the report:

- The success of the work undertaken by Richard Simpson, chairman of the committee, to encourage interest amongst the South Asian community to become an associate hospital manager
- Concerns arising from the re-audit of compliance with the Mental Health Act

Annual report and accounts

The Board signed of the accounts (subject to no material issues being raised by auditors who were still to give final sign off on the accounts).

Members also thanked everyone who had contributed to the annual report, annual accounts and quality report.

Finance report (as of 30 April 2019)

The Board received and noted the report.

Performance

The Board received the **performance dashboard report** and welcomed the very positive position on mandatory training and bed occupancy. The latter has reduced since April 2018, despite a reduction in the number of beds following the transfer of beds from the Friarage in Northallerton. We are also seeing a reduction in the number of people spending more than 90 days in hospital.

Non-executive directors were concerned, however, about the increase in the number of re-admissions within 30 days. It was noted that this issue is closely monitored and discussed monthly by EMT.

They also asked about lengths of stay in North Yorkshire and York which were significantly higher than other localities. It was noted that this was linked to a number of delayed discharges in York, which remains a challenge for us.

The Board received the **strategic direction performance report** and approved the changes to the Trust business plan the changes to the metrics in the scorecard.

Equality Act 2010 – publication of information

The Board received the report for ratification before publication. David Levy highlighted a number of issues including figures relating to disability and sexual orientation. He noted that the way we calculate these figures is different to the way NHS England calculate them. It was agreed to publish both sets of figures. The reports were ratified subject to agreed amendments.

Feedback from Board of Directors meeting held 25 June 2019

Chairman's report

Miriam Harte highlighted the following:

- Recently attended the research and development conference. It was illuminating and fascinating. Important for patients and for recruitment.
- Visiting HMP Holme House to give a living the value award. It was a very interesting yet challenging environment but met a great team.
- Discussions continue around ICS and there will be a draft MoU between organisations within the partnership which will be brought to the board in the future.
- Shortlisting and the recruitment of the new non-executive directors is currently ongoing.

Chief executive's report

Colin Martin reported on the following:

- Wanted to highlight the staff and services involved in providing ongoing support to Whorlton Hall.
- Junior doctors are voting on contracts to replace the current contract.
- Highlighted the publication of the NHS interim people plan. Clear commitment to training, recruitment and retention. There will be further conversations about the implications for TEWV.

Quality Assurance Committee report

Hugh Griffiths advised that there were no matters for escalation to the Board arising from the latter meeting. He also highlighted the work underway to understand the increased rates of seclusion; however, it had been recognised, previously, that there were risks of double counting from AMH services and PICUs on this matter.

Elizabeth Moody advised that work had been undertaken to address the risks of double counting in the seclusion module on the PARIS System and that an audit of seclusion had been undertaken for the Mental Health Legislation Committee and a report on its findings was awaited.

There was a reference in the report to the potentially inappropriate movement of a patient at Westerdale North. The Board noted that the incident had been previously reported via the Reportable Issues Log and was, at present, under investigation. Elizabeth Moody reported that, from her recent meetings with ward managers and modern matrons from both within the Tees Locality and subsequently across the Trust, it was considered that the inappropriate movement of patients was not widespread; that there were no concerns about the issue; and that the context and circumstances in which incidents happened needed to be understood.

David Levy advised that the flu vaccination plan for 2019/20 was due to be considered by the EMT on 26th June 2019. A communication to staff to raise awareness of the flu vaccination campaign, which was planned to be circulated during the next couple of weeks, would draw attention to the problems being experienced in Australia.

Nurse staffing report

The Board received and noted the exception report on nurse staffing for May 2019 as required to meet the commitments of “Hard Truths”, the Government’s response to the Public Inquiry into Mid Staffordshire NHS Foundation Trust (the “Francis Review”). The report included an assurance statement that the Trust was meeting its requirements for safe staffing within the current legislative framework.

Board Members recognised that the severity rating scale was beneficial, as it was both quantifiable and crystallised issues in one place, but considered that it might be an opportune time to refine the approach.

Elizabeth Moody advised that further discussions on this matter could be held as part of the consideration of the six monthly nurse staffing report which was due to be presented to the Board Meeting on 18th July 2019.

CQC action plan

The Board received and noted an exception report on the delivery of the ‘must do’ actions contained in the CQC action plan. Elizabeth Moody informed the Board that, following the receipt of a provider information request from the CQC, earlier in the day, it was expected that the next inspection of the Trust would be held during the next six months.

Agency reduction plan

The Board received and noted a progress report on the planned actions and outcomes to reduce the Trust’s current agency spend. Board Members welcomed the report.

Finance report (as at 31 May 2019)

The Board received and noted the Finance Report as at 31st May 2019. The Non-Executive Directors considered that, taking into account the explanations provided, the Trust was placed securely within the 3 rating and an early warning system was in place to highlight any deterioration in that position.

Performance dashboard

The Board received and noted the Performance Dashboard Report as at 31st May 2019.

Further to the discussions on the appropriateness of the trend lines on the graphs were welcomed.

The Board sought clarity on the views of the EMT on the position of the percentage of patients re-admitted to assessment and treatment wards within 30 days, in view of concerns that the position was at its highest level and was continuing to increase. As there were relatively few cases, a small increase in readmissions could distort the overall position and in the circumstances, actions which could be taken by the Trust, apart from reviewing the construction of the metric, were limited. EMT will continue to keep the matter under review. Hugh Griffiths requested that Board Members receive a refresh of the cases broken down by diagnosis as provided previously to the Quality Assurance Committee.

Board performance evaluation scheme

The focus of the discussions was on the level of direct interaction between the Board and service users and carers; the lowest scoring issue identified from the review of Board effectiveness. Colin Martin advised that the issue had been discussed at the regional meetings of the Chief Executives and, whilst service users and carers attended Board meetings at some trusts, this was not universal and there were differing views on its value. He considered that, at present, there were many opportunities for Board Members to engage with service users and carers and, as a first step, it would be worthwhile to map those interactions to provide visibility and to inform future discussions. This approach was welcomed.

CQC Compliance Update

Council of Governors – September 2019

Headlines

Following the outcome of the unannounced inspection of C&YPS core services at West Lane Hospital the decision has been made to cease service provision from this site until further notice. Services continue to function until such a time as alternative placements can be found for the young people who remain within the inpatient setting.

Key Issue: West Lane Hospital

The CQC have published their report into the findings of the inspection into the core services at West Lane Hospital. As a result of their findings, the CQC have issued a notice of decision against the Trust.

Under the CQC's Enforcement Policy, failure to comply with the notice could lead to prosecution or cancellation of the Trust's registration.

The CQC has rated our children and young people's inpatient services as 'Inadequate' overall, this is a drop from the 'Good' rating received following the inspection in June 2018.

The CQC looked at the five key areas and rated our Child and Adolescent Inpatient Services as follows:

- Are services safe? – Inadequate
- Are services effective? – Requires improvement
- Are services caring? – Requires improvement
- Are services responsive? – Inadequate
- Are services well-led? – Inadequate

The Trust continues to work closely with the CQC and NHS England to ensure identification of suitable specialist providers for all patients who require continued inpatient care.

Services provided by Holly Ward (West Park Hospital), and Baysdale Ward (Roseberry Park Hospital) have not been effected and will continue as normal.

Key Issue: Full Well-Led Inspection

The Trust has received notification from the CQC of their intent to commence inspection of core services the week beginning 23rd September 2019. The CQC has made the decision to inform the Trust of the date of inspection given the number of services they wish to include. The core services that will be inspected are:

- Forensic Inpatient/Secure Wards
- Long stay/rehabilitation mental health wards for working age adults
- Child & Adolescent Mental Health Wards
- Acute wards for adults of working age and psychiatric intensive care units
- Wards for people with learning disabilities or autism
- Mental Health crisis services and health-based places of safety
- Community based Mental Health Services for Older People
- Specialist Community Mental Health services for children and young people
- Wards for older people with mental health problems
- Specialist Eating Disorder Services

CQC Compliance Update

Council of Governors – September 2019

Following the week of visits the CQC will return to the Trust for the Well-lead inspection on the 5th and 6th November 2019.

Key Issue: CQC Well-Led Inspection Action Plan 2018

All must do actions from the 2018 well-led visit are now complete.

Key Issue: CQC MHA Inspection Updates

The following CQC Mental Health Act inspections have taken place since the last meeting:

Locality/ Specialty	Ward/Team	Inspection Date
D&D (AMH)	Birch Ward	01/05/2019
Forensic (FMH)	Jay Ward	10/05/2019
NY/S (AMH)	The Orchards	15/05/2019
York (AMH)	Ebor Ward	30/05/2019
Tees (MHSOP)	Westerdale North	30/05/2019
Tees (AMH)	Bransdale Ward	06/06/2019
Tees (AMH)	Kirkdale Ward	12/06/2019
Tees (ALD)	Bankfields Court (units 3&4)	24/06/2019
Tees (ALD)	Bankfields Court (the flats)	26/06/2019
D&D (ALD)	Bek/Ramsey	16/07/2019

D&D (MHSOP)	Oak Ward	18/07/2019
NY&Y (MHSOP)	Rowan Lea Ward	26/07/2019
Forensic (SIS)	Mandarin Ward	08/08/2019
D&D (AMH)	Elm Ward	21/08/2019

Information on the findings of these reports is available the Trust Compliance Team.

Key Issue: Thematic Review of restrictive interventions

The CQC has now completed its inspections of all areas identified in Phases 1 of the thematic review into the use of restraint, prolonged seclusion and segregation of people who may have mental health problems, a learning disability and/or autism.

Services visited as part of phase 1 were Evergreen, Westwood (West Lane) and Bek/Ramsey (Lanchester Road).

The CQC have also commenced Phase 2 of the review. This focuses on restrictive interventions in adult social care services, mental health rehabilitation, low secure hospitals, and some children's residential services. The visits in phase two will go on until the end of October and the CQC will be visiting approximately 40 services.

No formal feedback will be provided until the final report is published. The full report is expected to be published by March 2020.

Service Development Update

Council of Governors – September 2019

Headlines

As previously reported, work is ongoing to minimise the impact of the closure of wards at West Lane Hospital on our patients and their families. We are committed to working closely with patients, families, staff and NHS England to work through timescales and to make sure we provide a smooth and safe transition for patients to alternative services

Following the shocking events at Whorlton Hall, exposed on BBC Panorama, ALD services have worked with Cygnet staff to ensure that people in the facility and other hospitals run locally by the company are being well supported and have plans to move to other provisions closer to home. Individual meetings with patients and families have been arranged to offer reassurance about our own services and to discuss any concerns they might have. Staff, distressed by the programme, have also been supported. The important lesson for us is to recognise that whole teams can be affected by individuals with the wrong values, attitudes and behaviours which, if unchallenged, can quickly lead to poor practice.

Preparations for the CQC Inspection, which is due to be held between 23 September and 3 October, are also being made across all Localities

Key Developments: Durham and Darlington

Adult Mental Health Services

- Implementation of the new crisis hub and spoke model for Durham and Darlington has commenced.
- Funding bids have been successful:
 - Through the Crisis Care Transformation Fund to develop 111 option 2 which will enable people who contact 111 for support around mental health issues to be transferred to the crisis team
 - To develop the High Intensity element of the crisis pathway

MSHOP

- Hamsterley Ward will be piloting the outcome of improvement work focussed on suicide prevention and environmental risk assessments
- An improvement event will be held in September on embedding the nutrition clinical link pathway and supporting patients who have diabetes

Children and Young People's Services

- Following successful bids in the second wave of "Trailblazers" three mental health support teams will be set up in the coming months to support approximately 80 schools and further education colleges.
- A neurodevelopmental service redesign event is planned in September which will support the development of the ASD, ADHD and Learning Disability pathways

Learning Disability Service

- Competency based Positive Behaviour Support (PBS) training, to meet the PBS Academy's standards for training 2017, has commenced which includes representatives from the Learning Disability Reference Group
- The 13th Annual Learning Disability Conference will be held on 2 June 2020 at the Xcel Centre, Newton Aycliffe. Information will be circulated to Governors in due course

Key Developments: Tees

Management Changes

The following staff have now taken up post:

- Elspeth Devanney as Head of Service for Adult Mental Health Services
- Claire Abley as Head of Service for Tier 3 Children and Young People's Services.
- Sarah Gill as Head of Service for Adult Learning Disabilities

Adult Mental Health Services

- Inpatient Services at Roseberry Park have been shortlisted for the Royal College of Psychiatrists 'Team of the Year' award
- Plans are being finalised to remodel the delivery of crisis services alongside our external partners and the voluntary sector
- Funding has been awarded in partnership with MIND to develop a carers' facility at Roseberry Park

Service Development Update

Council of Governors – September 2019

MSHOP

- Agreement has been reached with CCGs and local GP partners to discharge stable dementia patients. This will bring memory services into line with current NICE guidance (NG97) and deliver a more equitable and consistent service for all patients with dementia

Children and Young People's Services

- Funding has been secured, via a "Trailblazer" bid to enable two teams, in partnership with Alliance Health Care, to work into dedicated schools in Hartlepool and Stockton

Learning Disability Service

- The North Tees Community Learning Disabilities team has been shortlisted for the Royal College of Psychiatrists Psychiatric team of The Year - Intellectual Disability Category

Key Developments: North Yorkshire and York

Harrogate Transformation

- Engagement sessions with patients, public, partners and staff are continuing on what needs to be taken into account in the re-provision of inpatient services in York and strengthening community and crisis services in Harrogate

Adult Mental Health and Substance Misuse

- Funding has been agreed:
 - To further invest in our crisis response overnight with the planned development of a virtual single point of access across the Locality
 - For the expansion of the crisis café offer in York and Scarborough, the development of crisis cafes in Harrogate and Northallerton; and the introduction of first aid response into Selby

Mental Health Services for Older People

- Work is currently being undertaken in York to provide MHSOP Crisis, Home treatment and Gatekeeping for Older People from April 2020
- Acomb Garth and Meadowfields wards successfully merged on 6th August 2019 to provide an 18 bed mixed dementia ward in Meadowfields ward. Staffing has been increased on a day to day basis to reduce reliance on agency staff

- Work has been undertaken with a GP practice in Pickering to develop a Dementia Care Coordinator post

Children and Young People's Services

- A joint bid with the NY CCGs for 2 Mental Health support team pilots, based in Selby and Scarborough/Ryedale, has been successful. These teams will focus on 15 – 19 year olds who disengage from education due to their emotional and mental health issues
- The ADHD contract to provide services for children within Scarborough and Ryedale transferred to TEWV as of 1st July 2019
- Work is being undertaken with NYCC to develop a new model for delivering PIPA (Psychologically Informed Partnership Approach) and LAC (Looked After Children) services as the present contract runs out in March 2020

Learning Disability Service

- The NHS England bid to trial a stepped model of care with the aim of preventing and reducing inpatient stays was successful

Key Developments: Forensic Services

Health and Justice Service

- Work with our partners, Spectrum and Humankind, continues on the mobilisation of the 3 Liaison and Diversion Services. The aim is to be fully operational across all areas in October
- Notification is being received in response to prison tenders submitted in June/July: NE Prisons – awarded; Wymott and Garth expect to be notified by 18 October
- A pilot service of Mental Health and Learning Disability nursing input into the management and progression unit at HMP Frankland commenced in July following successfully securing funding from NHS England

Secure Inpatient Service

- Trauma informed care is being rolled out to the last women's ward, Swift, later this month with plans for its implementation on Merlin (medium secure male admission ward) at the end of September.

COUNCIL OF GOVERNORS

DATE:	
TITLE:	Quality Account Quarter 1 2019/2020 Progress Report
REPORT OF:	Sharon Pickering, Director of Planning, Performance & Communications Elizabeth Moody, Director of Nursing & Governance
REPORT FOR:	Assurance

This report supports the achievement of the following Strategic Goals:	
<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>	✓

Executive Summary:

This progress report covers the period 1st April to 30th June 2019 (Quarter 1)

Progress on Quarter 1 actions has been good, with 53/56 (95%) either completed or on track for their planned completion date.

In terms of Quality Metrics, **3 of 9 (33%)** are reporting green. We are reporting red on **6 of 9 metrics (66%)**. Of those, the position is improving for 3 of the 4 patient reported figures (feeling safe on the ward, overall experience excellent or good, and respect from staff).

Recommendations:

CoG are asked to receive and comment on the progress made against the Quality Account as at Quarter 1 2019/2020

MEETING OF:	COUNCIL OF GOVERNORS
DATE:	
TITLE:	Quality Account 2019/2020 Quarter 1 Performance Report

1. INTRODUCTION AND PURPOSE

This is the first progress report for the TEWV Quality Account during 2019/2020 covering the period 1st April 2019 to 30th June 2019 (Quarter 1).

This report presents updates against each of the five key quality priorities for 2019/2020 identified in the current Quality Account as well as performance against the agreed quality metrics.

2. BACKGROUND INFORMATION AND CONTEXT

The Quality and Assurance Committee is responsible for providing assurance that appropriate structures, systems and processes are in place to deliver safe, high quality, effective care which is continuously improving. It is therefore an important part of its role to monitor progress on implementing the priorities and targets within the Trust's Quality Account so that it can provide assurance to the Trust Board that progress is as planned, or that so that mitigating actions are being put in place to tackle any issues.

3. KEY ISSUES

3.1 Progress on the five Quality Priorities for 2019/2020

3.1.1 Within the 2018/2019 Quality Account (and also within the Trust Business Plan) the Trust agreed the following five quality priorities for 2019/2020:

- 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
- Review our Urgent Care Services and identify a future model for delivery

3.1.2 There are a total of **56** actions set out in the Quality Account to deliver these priorities. **53 of these 56** quality improvement actions were **Green** at 30/06/2019 (**95%**)

3.1.3 Actions that were reporting red at 30/06/2019

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

<u>Priority</u>	<u>Green Actions</u>	<u>Red Actions</u>	<u>Grey Actions</u>	<u>Comment</u>
Further improve the clinical effectiveness and patient experience at times of transition from CYP to AMH Services	12	0	0	All actions due at the end of Q1 had been completed. Actions for the future are on track (for example the joint event for CYP and AMH services will be held on 25 th September. In addition, the Trust's application to be part of a Transitions Collaborative with NHSI has been successful.
Make Care Plans more Personal	11	0	1	The action reporting grey is related to ongoing Trust-wide work on transforming the Quality Impact Assessments (QIAs) which will be replaced by new forms bringing together QIAs and project / programme forms.
Reduce the number of Preventable Deaths	6	0	1	The action reporting grey is related to a policy review which needs to be aligned with national guidance; this guidance has not yet been released so local actions cannot commence as yet
Develop a Trust-wide approach to Dual Diagnosis which ensures that people with substance misuse issues can access appropriate and effective mental health services	16	0	0	All actions are reporting green
Review our urgent care services and identify a future model for delivery	8	1	0	The action reporting red is in relation to the changes to the Durham and Darlington Crisis Teams (merger into one team). This delay is due staffing issues and problems in finding a suitable team base; team base now confirmed and recruitment is underway – it is anticipated that this will be completed during Quarter 2 2019/2020

3.2 Performance against Quality Metrics at Quarter 1

	Quarter 1 19/20		Quarter 2 19/20		Quarter 3 19/20		18/19	17/18	16/17
Patient Safety Measures	Target	Actual	Target	Actual	Target	Actual			
<i>Metric 1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'</i>	88.00%	65.59%	88.00%		88.00%		61.50 %	62.30 %	N/A
<i>Metric 2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients</i>	0.35	0.10	0.35		0.35		0.18	0.12	0.37
<i>Metric 3: Number of incidents of physical intervention/restraint per 1000 occupied bed days</i>	19.25	38.18	19.25		19.25		33.81	30.65	20.26
	Quarter 1 19/20		Quarter 2 19/20		Quarter 3 19/20		18/19	17/18	16/17
Clinical Effectiveness Measures	Target	Actual	Target	Actual	Target	Actual			
<i>Metric 4: Existing percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care</i>	>95%	95.5%	>95%		>95%		96.49 %	94.78 %	98.35 %
<i>Metric 5: Percentage of clinical audits of NICE Guidance completed</i>	100%	100%	100%		100%		100%	100%	100%
<i>Metric 6a: Average length of stay for patients in Adult Mental Health Assessment and Treatment Wards</i>	<30.2	23.25	<30.2		<30.2		24.70	27.64	30.08
<i>Metric 6b: Average length of stay for patients in Mental Health Services for Older People Assessment and Treatment wards</i>	<52	69.89	<52		<52		66.53	67.00	78.08
	Quarter 1 19/20		Quarter 2 19/20		Quarter 3 19/20		18/19	17/18	16/17
Patient Experience Measures	Target	Actual	Target	Actual	Target	Actual			
<i>Metric 7: Percentage of patients who reported their overall experience as excellent or good</i>	94.00%	92.12%	94.00%		94.00%		91.41 %	90.50 %	90.53 %
<i>Metric 8: Percentage of patients that report that staff treated them with dignity and respect</i>	94.00%	88.07%	94.00%		94.00%		85.70 %	85.90 %	N/A
<i>Metric 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment</i>	94.00%	86.60%	94.00%		94.00%		86.9%	87.20 %	86.58 %

(Further detail is provided in Appendix 1)

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

The delivery of the Dual Diagnosis, Preventable Deaths, Care Planning and Transitions Quality Account Priorities are on track, and only one action has been delayed in relation to the Urgent Care priority.

In terms of Quality Metrics, 3 of 9 (33%) are reporting green. We are reporting red on 6 of 9 (66%).

6. RECOMMENDATIONS

The Committee are asked to receive and comment on this report on the progress made against the Quality Account as at Quarter 1 2019/2020.

Laura Kirkbride
Planning and Business Development Manager

Appendix 1: Performance against Quality Metrics by Locality

Quality Metric	Trust	Durham & Darlington	Teesside	North Yorkshire & York	Forensic Services
Patient Safety Measures					
<i>Metric 1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'</i>	65.59%	73.88%	55.38%	68.29%	83.33%
<i>Metric 2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) - for inpatients</i>	0.10	0.06	0.24	0.10	0.00
<i>Metric 3: Number of incidents of physical intervention/restraint per 1000 occupied bed days</i>	38.18	22.15	82.69	29.41	15.86
Clinical Effectiveness Measures					
<i>Metric 4: Percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care:</i>	95.5%	95.4%	97.0%	93.4%	N/A
<i>Metric 5: Percentage of Clinical Audits of NICE Guidance completed:</i>	100%	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>	23.25	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>	69.89	N/A	N/A	N/A	N/A
Patient Experience Measures					
<i>Metric 7: Percentage of patients who reported their overall experience as 'excellent' or 'good'</i>	92.12%	92.79%	91.95%	92.13%	82.61%
<i>Metric 8: Percentage of patients that report that staff treated them with dignity and respect</i>	88.07%	88.57%	88.7%	88.63%	81.27%
<i>Metric 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment</i>	86.60%	87.52%	87.53%	84.61%	87.39%

Performance Update

Item 7vi

Council of Governors – September 2019

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Headlines

The attached Trust Dashboard shows that 53% of the KPIs within the Trust Dashboard are achieving target for the year to date, with only two indicators reporting red as at the end of July 2019.

The indicators where performance is rated red are:

- Percentage of patients seen within 4 weeks for a first appointment following an external referral
- Vacancy Rate (Healthcare Professionals)

All targets in the NHSI Single Oversight Framework were achieved.

The following sections set out the key issues within each of the four elements of the Dashboard.

Quality: Key Issues

Waiting times:

This KPI is important as seeing people quickly enables the level of risk, and appropriate plans, to be identified in a timely manner.

In percentage terms we are not seeing as many people for their first appointment within 4 weeks as we would like and the position has

deteriorated compared to previous years.

There are two areas of concern which are County Durham and Darlington and North Yorkshire and York and work to improve performance in these two localities is ongoing.

Patients reporting their overall experience as ‘excellent’ or ‘good’:

In July there was deterioration in performance which reversed the improving trend that had been seen since the start of the year.

Forensic services are furthest from target and work is ongoing within the service to try and improve the completion of patient surveys in order to understand the actions that are needed to improve the position.

Activity: Key Issues

Although none of the indicators are red in June or Year to Date, the Board have raised concerns about the percentage of people that are readmitted to an assessment and treatment bed within 30 days.

The Board have asked for a further analysis into the patients that were readmitted, including their diagnosis and whether there were any factors in their care that led to the readmission. This will go to Board in September.

Performance Update

Council of Governors – September 2019

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Workforce Key Issues

Vacancy Rate:

The vacancy rate for healthcare professionals was worse than the target and deteriorated in June.

The Council of Governors is aware that there have been concerns about recruitment and retention in the Trust.

This issue is being addressed by the Right Staffing Programme which has recently developed a new dashboard that enables the number of vacancies by Locality, and the progress being made in recruiting to them, to be scrutinised.

In addition EMT agreed to undertake a 'deep dive' to review the recruitment process within both inpatient and community services in August.

Money Key Issues

Income and Expenditure:

Whilst the position for June was worse than target the Year to Date position is better than target and is green.


Further information on the Trust's financial performance is included in the Financial Update.

Copies of the monthly Trust Dashboard Reports to the Board are available at: www.tewv.nhs.uk/about-us/board-of-directors/board-meetings




Trust Dashboard Summary for TRUST

Appendix A







Quality

	July 2019				April 2019 To July 2019			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
1) Percentage of patients seen within 4 weeks for a 1st appointment following an external referral	90.00%	83.33%			90.00%	84.25%		90.00%
2) Percentage of patients starting treatment within 6 weeks of an external referral	60.00%	58.70%			60.00%	55.67%		60.00%
3) The total number of inappropriate OAP days over the reporting period (rolling 3 months)	2,188.00	1,483.00			2,188.00	1,483.00		2,188.00
4) Percentage of patients surveyed reporting their overall experience as excellent or good	94.00%	90.95%			94.00%	91.79%		94.00%
5) The percentage of Serious Incidents which are found to have a root cause or contributory finding	32.00%	42.86%			32.00%	26.67%		32.00%
6) The percentage of in scope teams achieving the agreed improvement benchmarks for HoNOS total score (AMH and MHSOP) - month behind	60.00%	67.37%			67.25%	63.71%		60.00%
7) The percentage of in scope teams achieving the agreed improvement benchmarks for SWEMWBS total score (AMH and MHSOP) - month behind	65.00%	69.89%			65.00%	68.83%		65.00%













Activity

	July 2019				April 2019 To July 2019			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
8) Number of new unique patients referred		7,541.00				28,770.00		
9) The number of new unique patients referred with an assessment completed		4,190.00				16,808.00		
10) Number of new unique patients referred and taken on for treatment		1,801.00				6,227.00		
11) Number unique patients referred who received treatment and were discharged		2,628.00				9,576.00		
12) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	90.00%	92.19%			90.00%	89.68%		90.00%










Trust Dashboard Summary for TRUST

	July 2019				April 2019 To July 2019			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
13) No. of patients occupying a bed with a LoS from admission > 90 days (AMH & MHSOP A&T Wards)-Snapshot	61.00	49.00			61.00	49.00		61.00
14) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP) - in reporting month	23.00%	25.84%			23.00%	26.34%		23.00%

Workforce

	July 2019				April 2019 To July 2019			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
15) Vacancy Rate (Healthcare Professionals only)	6.50%	13.34%			6.50%	9.10%		6.50%
16) Percentage of staff in post more than 12 months with a current appraisal (snapshot)	95.00%	92.55%			95.00%	92.55%		95.00%
17) Percentage compliance with ALL mandatory and statutory training (snapshot)	92.00%	93.79%			92.00%	93.79%		92.00%
18) Percentage Sickness Absence Rate (month behind)	4.50%	4.95%			4.50%	4.93%		4.50%

Money

	July 2019				April 2019 To July 2019			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
19) Delivery of our financial plan (I and E)	-557,000.00	-492,279.00			-1,758,000.00	-1,759,671.00		-5,485,000.00
20) CRES delivery	824,916.00	1,017,266.00			3,299,664.00	3,886,275.00		9,898,992.00
21) Cash against plan	85,017,000.00	94,766,096.00			85,017,000.00	94,766,096.00		54,409,000.00

Finance Update

Council of Governors – September 2019

Headlines

The Trust remains on course to deliver its financial plan.

- ↑ The Trust is currently £2k ahead of its year to date financial plan.

This represents a surplus of £1,760k.

- ↑ CRES delivery is expected to exceed plan by year end

CRES schemes for the financial year are forecast to be £1,760k ahead of financial plan.

- ↓ The Use of Resources (UoR) risk rating is on track to achieve a 2 at the financial year end, against a planned 1.

The Board is continuing to focus on the following areas:

- Agency costs
- Capital
- CRES delivery over the medium term.

Key issue: Agency Expenditure

Agency expenditure continues to be high in July across all localities.

As at July 2019 the Trust is £675k (31%) in excess of its agency cap.

If the position does not improve the Trust will not achieve its planned rating of 1 on the UoR risk rating.

The majority of agency expenditure continues to be used to support vacancies and enhanced observations with complex clients.

The Board recognises that the high use of agency staff not only has financial implications but also impacts on the quality and consistency of care provided to our service users.

Following diagnostic work with NHS Improvement, an agency reduction plan was reviewed at the Board Meeting held on 25th June 2019. The key actions being taken include:

- Increased recruitment of nurses to both substantive posts and the bank
- Service changes such as ward mergers in York
- The implementation of zonal care
- The progression of issues in tier 4 children's services.
- Over-recruit Trust Doctors
- The development of new roles e.g. Nursing and Physician Associates
- A trial of a medical bank
- Work to redesign the medical on-call rota
- The implementation of a monthly visual control board

(A full copy of the report, including the plan, is available on the Trust's website).

Whilst agency expenditure is expected to fall in the second half of 2019/20 it is anticipated that the Trust will not achieve its cap during the current financial year, but will be well placed to achieve in 2020/21.

Progress against the plan will be kept under review with an update due to be provided to the Board in September 2019

Finance Update

Council of Governors – September 2019

Key issue: Capital

Capital expenditure is £283k ahead of plan.

The main reasons for the variations are:

- The development of Foss Park (the new inpatient facility in York) being ahead its expenditure profile
- A delay in purchasing land for the replacement of Worsley Court in York

Progress against the capital plan will continue to be monitored by the Board's Resources Committee.

The Trust has revised its capital plan for 2019/20 reflecting the delay to the start of the rectification programme for Roseberry Park that started in September 2019.

Key issue: CRES Delivery

Work is continuing to identify schemes to ensure full delivery of CRES requirements for the 3 year rolling programme.

The Board aims to ensure that the programme

is based on recurrent, sustainable schemes.

This issue will be further considered as part of the development of the Trust Business Plan which will involve discussions with the Council of Governors.

Use of Resources Rating

The Use of Resources Rating, as part of its single oversight framework, is used by NHSI to oversee and support providers in improving financial sustainability, efficiency and value for money.

The Trust has planned to achieve a rating of 1 in 2019/20 and anticipates achieving a 2 rating.

The position against each element of the rating as at July 2019 was as follows:

	Actual	YTD Plan	Rag Rating
Capital Serving Capacity	3	3	
Liquidity	1	1	
I&E Margin	1	1	
I&E Distance from plan	1	1	
Agency expenditure	3	1	