









AGENDA FOR THE MEETING OF THE COUNCIL OF GOVERNORS


21 NOVEMBER 2019, 2.00PM – 4.30PM
Holiday Inn, Scotch Corner, Darlington, DL10 6NR








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





Agenda:


| No | | What we will talk about | Why are we talking about this | Lead Person | Supporting Paper / Spoken report |
|--------------------------------|---|---|--|------------------------|----------------------------------|
| 2.00pm – 2.20pm Standard Items | | | | | |
| 1. |   | Welcome and apologies for absence | <p>For information To make sure that we have enough Governors present to be quorate and introduce any new attendees</p> <p>To advise of housekeeping arrangements</p> | Miriam Harte, Chairman | Spoken |
| 2. |  | Minutes of the meetings of the Council of Governors held on 6 September and 18 September 2019 | <p>To agree To check and approve the minutes of these meetings</p> | Miriam Harte, Chairman | Attached |
| 3. |  | Public Council of Governors' Action Log | <p>To discuss To update on any action items</p> | Miriam Harte, Chairman | Attached |
| 4. |  | Declarations of Interest | <p>To agree The opportunity for Governors to declare any interests with regard to any matter being discussed today</p> | Miriam Harte, Chairman | Spoken |

| No | | What we will talk about | Why are we talking about this | Lead Person | Supporting Paper / Spoken report |
|---|--|---------------------------------|---|------------------------|----------------------------------|
| 5. |   | Chairman's activities | <p>For information To hear from the Chairman on what she has been doing since the last meeting.</p> <p>There will be an opportunity to ask any questions.</p> | Miriam Harte, Chairman | Spoken |
| 6. |  | <p>Questions from Governors</p> | <p>To discuss</p> <p>To consider any questions raised by Governors which are not covered elsewhere on the agenda. <i>(Governors are asked to provide the Trust Secretary with at least 24 hours written notice if they wish to receive a formal answer to their questions at the meeting.)</i></p> | Miriam Harte, Chairman | Spoken |
| <p>1. Dr Judy Hurst, Staff Governor Corporate</p> <p>Can I ask the Board of Directors to provide an update on the work done to date in response to a letter from NHS Improvement sent on 24 May 2019 on learning lessons to improve our people practices?</p> <p>2. Cliff Allison, Durham Public Governor</p> <p>A request to consider a letter and associated questions from a Durham Public Member.</p> <p><i>Dear Governor,</i> <i>I write to you all to express my concern over the resent press reports and treatment of patients at a variety of locations. Although these places are in the main in the private sector it will have a negative impact on the public sector and the staff who work in the public sector. It is within the area I wish you all to concentrate on.</i></p> <p><i>There have been several policy and planning documents published by the Department of Health and NHS England which are likely to influence the commissions intentions of CCGs and</i></p> | | | | | |

| No | | What we will talk about | Why are we talking about this | Lead Person | Supporting Paper / Spoken report |
|---|---|---|---|------------------------|----------------------------------|
| | | <p><i>NHS England Specialist Commissioners.</i> <i>These documents include:</i></p> <ul style="list-style-type: none"> • <i>Secretary of State's Mandate for the NHS;</i> • <i>No Health without Mental Health Strategy;</i> • <i>Closing the Gap; priorities for essential change in mental health policy;</i> • <i>Everyone Counts; Planning for Patients;</i> • <i>NHS England planning guidance for CQCs.</i> <ol style="list-style-type: none"> 1. <i>The plans highlighted above will have a considerable impact on the workforce in terms of skills and competencies that the organisation require of its staff. Therefore, can I suggest that you consider and review the roles of Ward and Team managers and that they are supported at every level in delivering the best possible service in the future.</i> 2. <i>Develop and implement a system that evaluates and governs standard work and embed it across the organisation</i> 3. <i>Implement an improved process for conducting the Trust training needs analysis thereby utilising the skills /competences included in the development of care pathways.</i> 4. <i>Look to the need of a new Occupational Health contract which has a greater focus on managing mental ill health and improving access to services throughout the Trust whilst also being clear about how you will monitor the impact and outcomes of the occupational health interventions.</i> 5. <i>Develop and commence implementation of a framework to support the staff and the extension of their working lives.</i> <p><i>The care of the staff should be paramount and when things go wrong whether that is in the public or private sector then this has an impact with the staff who not only work in the area but also live in the local communities.</i></p> <p>3. Christine Hodgson, Public Governor York</p> <p>Could you please show me the evidence of what is in place to ensure a smooth transition from the Children's Service CAMHS to the Adult Service for Children with Autism and Complex Needs?</p> | | | |
| <p>2.20pm – 2.30pm Governance Related Items</p> | | | | | |
| 7. |  | Board Round up | <p>For information An opportunity to read through the key areas discussed at recent meetings of the Board of Directors during July and September 2019</p> | Miriam Harte, Chairman | Attached |

| No | | What we will talk about | Why are we talking about this | Lead Person | Supporting Paper / Spoken report |
|---------------------------------------|---|--|--|--|----------------------------------|
| 2.30pm - 2.45pm Quality Related Items | | | | | |
| 8. |  | i. Compliance activity in relation to the Care Quality Commission ii. An update on any items of relevance following contact with the Care Quality Commission not contained in the report at i | For information To receive a report and a briefing on the latest information from the Care Quality Commission | Elizabeth Moody, Director of Nursing and Governance  | Attached |
| 9. |  | Service Changes Report | For information To receive a briefing on changes and improvements to services in the Trust | Ruth Hill, Chief Operating Officer  | Attached |
| 10. |  | Quality Account 2019/20 | For information To receive an update on the Trust's Quality Account for 2019/20 | Sharon Pickering, Director of Planning, Performance and Communications  | Attached |
| 11. |  | Action Plan | For agreement To approve the proposed action plan to implement the recommendations of the Task and Finish Group: Involvement of Service Users and Carers | Dr Hugh Griffiths, Non Executive Director | Attached |

| No | | What we will talk about | Why are we talking about this | Lead Person | Supporting Paper / Spoken report |
|--|---|--|---|---|----------------------------------|
| 2.45pm – 2.50pm Performance Related | | | | | |
| 12. |  | The Trust's Performance Dashboard as at end September 2019 | For information To review the performance of the Trust key indicators | Sharon Pickering, Director of Planning, Performance and Communications | Attached |
| 13. |  | The Trust's Finance report as at end September 2019 | For information To receive information and review the current financial position of the Trust | Patrick McGahon, Director of Finance and Information | Attached |
| 2.50pm – 2.55pm Standing Committees | | | | | |
| 14. |  | Involvement and Engagement Committee | For information To receive information on the work of this committee and approve any recommendations made | Graham Robinson, Chairman of Committee | Spoken |
| 2.55pm – 3.00pm Any Other Urgent Business | | | | | |
| 15. |  | To raise any additional matters of business | To discuss To consider any other business matters raised by Governors which are not covered elsewhere on the agenda <i>(All business to be taken under this item must be approved by the Chairman. Governors must therefore give the Trust Secretary at least 24 hours written notice of any matters they wish to raise. No decisions shall be taken unless they are matters of urgency agreed by the Chairman)</i> | Miriam Harte, Chairman | Spoken |

| No | | What we will talk about | Why are we talking about this | Lead Person | Supporting Paper / Spoken report |
|-------------------|---|--|---|-------------|----------------------------------|
| 3.05pm Procedural | | | | | |
| 16. |  | Confirmation of next meeting | 12 February 2020 2pm Holiday Inn, Scotch Corner, Darlington DL10 6NR | | Spoken |
| 17. | | <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>Information relating to any particular applicant for, or recipient or former recipient of, any service provided by the Trust.</i></p> <p><i>Information relating to the financial or business affairs of any particular person (other than the Trust).</i></p> <p><i>The amount of any expenditure proposed to be incurred by the Trust under any particular contract for the acquisition of property or the supply of goods or services.</i></p> <p><i>Any documents relating to the Trust’s forward plans prepared in accordance with paragraph 27 of schedule 7 of the National Health Service Act 2006.</i></p> <p><i>Information which, if published would, or be likely to, inhibit -</i> <i>the free and frank provision of advice, or</i> <i>the free and frank exchange of views for the purposes of deliberation, or</i> <i>would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.</i></p> <p><i>Any advice received or information obtained from legal or financial advisers appointed by the Trust or action to be taken in connection with that advice or information.”</i></p> | | | |

Miriam Harte
Chairman

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

13 November 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 COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 6 SEPTEMBER 2019, 2.00PM AT HOLIDAY INN SCOTCH CORNER, DARLINGTON

PRESENT:

Miriam Harte (Chairman)
Cliff Allison (Durham)
Rachel Booth (Staff - Teesside)
Phil Boyes (Staff - Durham and Darlington)
James Creer (Durham)
Mark Eltringham (Stockton on Tees)
Gary Emerson (Stockton on Tees)
Wendy Fleming-Smith (Selby)
Chris Gibson (Harrogate and Wetherby)
Glenda Goodwin (Staff - Forensic)
Sandra Grundy (Durham)
Anthony Heslop (Durham)
Joan Kirkbride (Darlington)
Cllr Ann McCoy (Stockton Borough Council)
Jacci McNulty (Durham)
Gillian Restall (Stockton on Tees)
Zoe Sherry (Hartlepool)
Alan Williams (Redcar and Cleveland)

IN ATTENDANCE:

Phil Bellas (Trust Secretary)
Angela Grant (Administrator)
Marcus Hawthorn (Non Executive Director)
Ruth Hill (Chief Operating Officer)
Dr Ahmad Khouja (Medical Director)
David Levy (Director of Human Resources and Organisational Development)
Patrick McGahon (Director of Finance and Information)
Colin Martin (Chief Executive)
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)
Sarah Paxton (Head of Communications)
Sharon Pickering (Director of Planning, Performance and Communications)
Shirley Richardson (Non Executive Director)
Beverley Reilly (Non Executive Director)

19/58 APOLOGIES

Lee Alexander (Durham County Council)
Mary Booth (Middlesbrough)
Mark Carter (Redcar and Cleveland)
Gemma Birchwood (Selby)
Marie Cunningham (Middlesbrough)

Stella Davison (York)
Dr Andrew Fairbairn (Appointed - Newcastle University)
Marion Grieves (Teesside University)
Hazel Griffiths (Harrogate and Wetherby)
Dr Hugh Griffiths (Non Executive Director)
Ian Hamilton (Appointed University of York)
Christine Hodgson (York)
Prof Pali Hungin (Non Executive Director)
Dr Judith Hurst (Staff - Corporate)
David Jennings (Non Executive Director)
Carol Jones (Rest of England)
Kevin Kelly (Darlington Borough Council)
Audrey Lax (Darlington)
Keith Marsden (Scarborough and Ryedale)
Prof Tom McGuffog MBE (York)
Lisa Pope (representative for North Yorkshire Clinical Commissioning Groups)
Graham Robinson (Durham)
Dr David Smart (CCG representative for Co Durham and Darlington)
Stan Stevenson (Hambleton & Richmondshire)
Cllr Helen Swiers (North Yorkshire County Council)
Sarah Talbot-Landon (Durham)
Cllr Derek Wann (Appointed - City of York Council)
Cllr Barbara Ward (Appointed - Hartlepool Borough Council)
Judith Webster (Scarborough & Ryedale)
Mac Williams JP (Durham)

19/59 WELCOME AND APOLOGIES

The Chairman welcomed all attendees to the meeting and advised that this was special meeting to receive an urgent update from the Chief Executive within the private element of the meeting. Apologies were noted from Governors as per the register of attendance records. Beverley Reilly was welcomed to her first meeting since her appointment as a Non Executive Director on 1 September 2019.

19/60 DECLARATIONS OF INTEREST

Mr Boyes, Staff Governor declared his position as a Trade Union representative within the Trust and as such had been involved in issues in relation to West Lane Hospital.

19/61 PROCEDURAL

The Chairman confirmed the next meeting would be held on 18 September 2019, at 6pm at the Holiday Inn, Scotch Corner, Darlington, DL10 6NR.

NOTE: this is not 2pm as quoted on the original agenda.

19/62 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 the financial or business affairs of any particular person (other than the Trust).

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

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

Any advice received or information obtained from legal or financial advisers appointed by the Trust or action to be taken in connection with that advice or information.

The Chairman closed the public session of the meeting at 2.08pm.

MINUTES OF THE COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 18 SEPTEMBER 2019, 6.00PM AT HOLIDAY INN SCOTCH CORNER, DARLINGTON

PRESENT:

Miriam Harte (Chairman)
Mary Booth (Middlesbrough)
Rachel Booth (Staff - Teesside)
Phil Boyes (Staff - Durham and Darlington)
Mark Carter (Redcar and Cleveland)
James Creer (Durham)
Stella Davison (York)
Gary Emerson (Stockton on Tees)
Dr Andrew Fairbairn (Appointed - Newcastle University)
Wendy Fleming-Smith (Selby)
Chris Gibson (Harrogate and Wetherby)
Glenda Goodwin (Staff - Forensic)
Ian Hamilton (Appointed University of York)
Anthony Heslop (Durham)
Christine Hodgson (York)
Carol Jones (Rest of England)
Joan Kirkbride (Darlington)
Audrey Lax (Darlington)
Keith Marsden (Scarborough and Ryedale)
Cllr Ann McCoy (Stockton Borough Council)
Prof Tom McGuffog MBE (York)
Jacci McNulty (Durham)
Gillian Restall (Stockton on Tees)
Graham Robinson (Durham)
Dr David Smart (CCG representative for Co Durham and Darlington)
Zoe Sherry (Hartlepool)
Stan Stevenson (Hambleton & Richmondshire)
Sarah Talbot-Landon (Durham)
Cllr Barbara Ward (Appointed - Hartlepool Borough Council)
Alan Williams (Redcar and Cleveland)
Mac Williams JP (Durham)

IN ATTENDANCE:

Angela Grant (Administrator)
Dr Hugh Griffiths (Non Executive Director)
Ruth Hill (Chief Operating Officer)
Prof Pali Hungin (Non Executive Director)
Jennifer Illingworth (Director of Quality Governance)
David Jennings (Non Executive Director)
Dr Ahmad Khouja (Medical Director)
Chris Lanigan (Head of Planning and Business Development)
David Levy (Director of Human Resources and Organisational Development)
Patrick McGahon (Director of Finance and Information)

Colin Martin (Chief Executive)
Paul Murphy (Non Executive Director)
Donna Oliver (Deputy Trust Secretary)
Kathryn Ord (Deputy Trust Secretary)
Sharon Pickering (Director of Planning, Performance and Communications)
Beverley Reilly (Non Executive Director)
Shirley Richardson (Non Executive Director)

19/63 APOLOGIES

Lee Alexander (Durham County Council)
Cliff Allison (Durham)
Phil Bellas (Trust Secretary)
Gemma Birchwood (Selby)
Marie Cunningham (Middlesbrough)
Mark Eltringham (Stockton on Tees)
Marion Grieves (Teesside University)
Hazel Griffiths (Harrogate and Wetherby)
Sandra Grundy (Durham)
Marcus Hawthorn (Non Executive Director)
Dr Judith Hurst (Staff - Corporate)
Kevin Kelly (Darlington Borough Council)
Elizabeth Moody (Deputy Chief Executive / Director of Nursing and Governance)
Lisa Pope (representative for North Yorkshire Clinical Commissioning Groups)
Cllr Helen Swiers (North Yorkshire County Council)
Cllr Derek Wann (Appointed - City of York Council)
Judith Webster (Scarborough & Ryedale)

19/64 WELCOME AND APOLOGIES

The Chairman welcomed all attendees to the meeting. Apologies were noted from Governors as per the register of attendance records. Prof Pali Hungin was welcomed to his first meeting since his appointment as a Non Executive Director on 1 September 2019.

She added that the public agenda had been condensed in view of a business planning workshop following the formal meeting with a number of reports listed for information; questions on any of those reports would be taken outside of the meeting. In addition, as a result of feedback, some of the reports were presented in a new style and any feedback would be welcomed.

19/65 MINUTES OF PREVIOUS MEETING

The Council of Governors considered the minutes from the public meeting held on 10 July 2019 and the minutes of the Annual General and Members Meeting held on 17 July 2019.

Mr Marsden requested an amendment to minute 19/44 (point 2.) in that:

- a. No reference had been included within the draft published minute that the response to his question from Mrs Moody quoted 'I' which was not the response of Mrs Moody but that of Mrs Ord.
- b. That the response to his follow up question as to whether Governors should be notified of actions such as this was not recorded within the minute.

Agreed

1. ***That the public minutes of the meeting held on 10 July 2019 be approved as a correct record subject to the inclusion of the two points below and signed by the Chairman.***
 - i. ***That the reference to 'I' in the response provided (In terms of advising Governors of this work happening, I previously advised that this is not something that would be communicated routinely to Governors), 'I' was in relation to Mrs Ord and not Mrs Moody.***
 - ii. ***Mrs Moody noted the request for Governors to be informed of operational actions that could affected the experience of patients in future.***
2. ***That the minutes of the Annual General and Members meeting held 17 July 2019 be approved as a correct record and signed by the Chairman.***

19/66 PUBLIC ACTION LOG

Consideration was given to the public action log.

Arising from the report:

- 1) Minute 19/34 – Self Assessment outcome

It was noted that this would form part of a wider workshop planned for 8 October 2019.

Action – Closed

- 2) Minute 19/44 – Reception areas

It was noted that further conversations had been held with Mr M Williams JP.

Action - Closed

19/67 DECLARATIONS OF INTEREST

None recorded.

19/68 REGISTER OF INTERESTS

The Council of Governors received and noted the Register of Interests of Governors as at September 2019.

Mrs Ord requested that any further amendments be submitted by Friday 20 September 2019. The register would then be made public.

Agreed - That the Council of Governors' Register of Interests be updated with further declarations received and uploaded to the Trust website after 21 September 2019.

19/69 FUTURE MEETING DATES

Consideration was given to the proposed meeting dates of the Council of Governors and Governor Development Days for 2020. The Chairman advised that the February date would require review and following a question, agreed that there was an error in relation to Governor Development Days.

Mrs Ord agreed to issue a full schedule outside of the meeting.

Action Item – Mrs Ord

19/70 ITEMS CIRCULATED FOR INFORMATION

As the agenda for the meeting had been truncated to enable a workshop to be held on the Trust's business plan priorities, the Chairman requested that any questions on the reports circulated for information be sent to Mrs Ord for responses outside of the meeting.

The following matters were raised by Governors:

- 1) Following a request from Cllr McCoy the Chairman agreed that discussion on Governor to Governor communication would be included for consideration at the Governor workshop due to be held on 8 October 2019.

Action Item – Mrs Ord

- 2) Ms Kirkbride requested information in relation to the consideration of the safe staffing report as referred to in the Board of Directors update on 25 June 2019. She was concerned that this was prior to the inspection of West Lane Hospital by the Care Quality Commission. The reported outcome of the Board of Directors was that this identified that the Trust was meeting its requirements around staffing.

The Chairman advised that a report on nurse staffing was considered by the Board of Directors at every meeting. The report which had been considered was in relation to the staffing position in May 2019.

Mrs Illingworth added that the report produced and submitted to the Board of Directors looked at the numbers of nurses on duty compared to the planned roster rather than the skill set of the staff which was the concern of the Care Quality Commission in relation to West Lane Hospital.

- 3) Mrs Gibson highlighted that she had been disappointed by the responses that she had been provided with in relation to her questions following the Annual General and Members Meeting. She had felt that these had been responses rather than answers and the assurances that she had requested had not been provided.

The Chairman confirmed that Mrs Moody had spoken to both individuals who had raised concerns and questions at the Annual General and Members Meeting, it

was very difficult to ascertain if they were satisfied, however both did appreciate the direct approach and the offer was made for further contact if required. Mrs Gibson accepted this response and confirmed that she now had the assurances she had sought.

- 4) Mrs Hodgson advised that she was pleased to see the delivery of autism training to staff but requested how this was being monitored.

Mrs Hill advised that the Board of Directors lead responsibility for Autism had transferred to Dr Khouja, Medical Director. The Chairman agreed to the submission of a regular update to the Council of Governors on the delivery of training.

Dr Khouja confirmed that as at 1 July 2019, 1200 staff had accessed training and nationally the Trust had been recognised as an exemplar in this provision.

Action Item – Dr Khouja

- 5) Mr Creer requested more information in relation to the reference of 're-audit of compliance' as referred to in the Mental Health Legislation Committee summary of the Board of Directors update report for 21 May 2019.

Mrs Illingworth advised that the audit was around internal assurances for where the records in relation to the Mental Health Act were held in clinical records.

- 6) Cllr McCoy requested that the Trust consider the value of joint training of staff with the Stockton Health and Wellbeing Board.

The Chairman noted this.

- 7) Mrs Talbot-Landon requested that consideration be given to the distress of patients in relation to the supply and availability of medication pre and post BREXIT. She thanks Mr McGahon for his response but stated that patients were very worried about the position which, in turn, created increased presentation of symptoms and impacted on overall wellbeing. She requested that staff should provide assurances and take any increased anxiety and worry into account during contact with patients.

Mr McGahon responded in that the Trust was awaiting further national guidance and the Chief Pharmacist was due to provide a full briefing pack to staff on the position of medication.

Cllr McCoy advised that Stockton's Benefit Advice Service had seen an increase of concerns from the public and was working to provide help and assistance where they were able.

- 8) Ms Fleming-Smith raised ongoing concern around the removal of bathroom doors within adult inpatient rooms in the Trust and the impact this had on the privacy and dignity of patients. She requested assurance on what was being undertaken to resolve the situation.

Mrs Talbot-Landon added that in her experience, staff did knock and walk in without awaiting a response, this should be addressed given the current position to aid patients to maintain their privacy and dignity.

Mrs Illingworth reconfirmed the position around the removal of the doors in that:

- i. Doors had been removed for safety reasons.
- ii. No suitable solution had yet been found, the use of curtains had been reviewed, however this would provide added risks of ligature.
- iii. Signs were made available for patients to put on doors stating 'in shower' etc.
- iv. Interim guidance had been provided to staff regarding being mindful of privacy.
- v. Discussions on the removal and current position had been held with the Care Quality Commission.
- vi. Patients had been informed why this had occurred.

She provided assurance that this was a priority in terms of the identification of a solution but the safety of patients was the foremost priority. The suggestion of the involvement of service users in identifying a solution was noted.

Agreed – The Council of Governors received and noted the content of:

- 1) The questions submitted by Governors for which responses from the Board of Directors had been provided.**
- 2) The Board of Directors feedback from the meetings held in May and June 2019.**
- 3) The update in relation to compliance with Care Quality Commission requirements.**
- 4) The update on the operational services provided by the Trust.**
- 5) The position of the Trust's Quality Account at the end of Quarter 1 2019/20.**
- 6) The position as at end July 2019 of the Trust's Performance.**
- 7) The position as at the end of July 2019 of the financial position of the Trust.**

19/71 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 6.35pm.

COUNCIL OF GOVERNORS

| | |
|--------------------|------------------------------|
| DATE: | 21 November 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> | ✓ |

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| Executive Summary: |
| This report allows the Council of Governors to track progress on agreed actions. |

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| 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 | |
| 18/09/2019 | 19/69 | To issue a full schedule of dates in support of the Governor meeting schedule | Kathryn Ord | October 2019 | Closed |
| 18/09/2019 | 19/70 | To include Governor to Governor communication within the discussions due to be held at the Governor workshop on 8/10/19 | Kathryn Ord | October 2019 | Closed |
| 18/09/2019 | 19/70 | To provide an update on the delivery of autism training | Ahmad Khouja | September 2020 | |

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

| | |
|-------------|--|
| DATE: | 21 November 2019 |
| TITLE: | Council of Governors' Questions – Summary of Responses |
| REPORT FOR: | Information |

COUNCIL OF GOVERNORS – GOVERNOR QUESTIONS

1. Dr Judy Hurst, Staff Governor Corporate received on 3/10/19

Question

Can I ask the Board of Directors to provide an update on the work done to date in response to a letter from NHS Improvement sent on 24 May 2019 on learning lessons to improve our people practices.

Extract of Letter

I am writing to share with you the outcomes of an important piece of work recently undertaken in response to a very tragic event that occurred at a London NHS trust three years ago.

In late 2015, Amin Abdullah was the subject of an investigation and disciplinary procedure. The protracted procedure culminated in Amin's summary dismissal on the grounds of gross misconduct. Tragically, in February 2016 just prior to an arranged appeal hearing, Amin took his own life. This triggered the commissioning of an independent inquiry undertaken by Verita Consulting, the findings of which were reported to the board of the employing Trust and to NHS Improvement in August 2018. The report concluded that, in addition to serious procedural errors having been made, throughout the investigation and disciplinary process Amin was treated very poorly, to the extent that his mental health was severely impacted. Verita's recommendations were accepted by the Trust, in full, and have largely been implemented.

Subsequently, NHS Improvement established a 'task and finish' Advisory Group to consider to what extent the failings identified in Amin's case are either unique to this Trust or more widespread across the NHS, and what learning can be applied. Comprising of multi-professional stakeholders and subject matter experts representing both the NHS and external bodies, together with an advocate for Amin's partner, the Group conducted an independent analysis of both the Verita findings and several historical disciplinary cases, the outcomes of which had attracted criticism in Employment Tribunal proceedings and judgements. HR directors of provider organisations were advised of the Group's activity and invited to share details of any local experiences and/or examples of measures being taken to improve the management of employment issues.

The analysis highlighted several key themes associated with the Verita inquiry which were also common to other historical cases considered. Principal among these were: poor framing of concerns and allegations; inconsistency in the fair and effective application of local policies and procedures; lack of adherence to best practice guidance; variation in the quality of investigations; shortcomings in the management of conflicts of interest; insufficient consideration and support of the health and

wellbeing of individuals; and an over-reliance on the immediate application of formal procedures, rather than consideration of alternative responses to concerns.

The NHS England and NHS Improvement People Committees in Common received a detailed report on the outcomes of the Advisory Group's activities, which included recommendations that aim to ensure the captured learning is used to best effect in informing positive changes across the NHS. The Committees recognised that, sadly, Amin's experiences are far from unique and acknowledged there needs to be greater consistency in the demonstration of an inclusive, compassionate and person-centred approach, underpinned by an overriding concern to safeguard people's health and wellbeing, whatever the circumstances. This view certainly echoed many of the comments we have received from across the NHS during our recent People Plan engagement.

Some of the proposed recommendations will require further discussion with key stakeholders, including regulatory and professional bodies (in particular, I am keen that consideration and assessment of the 'health' of organisational culture, including aspects relating to the management of workplace issues, is given more prominence in the 'well-led' assessment domain). The majority, though, can be immediately received and applied.

Enclosed with this letter is additional guidance relating to the management and oversight of local investigation and disciplinary procedures which has been prepared based on the Advisory Group's recommendations. You will recognise the guidance as representing actions characteristic of responsible and caring employers and which reflect our NHS values. I would ask that you, your HR team and your Board review them and assess your current procedures and processes in comparison and, importantly, make adjustments where required to bring your organisation in line with this best practice.

I would draw your attention to item 7 of the guidance and ask you to consider how your Board oversees investigations and disciplinary procedures. Further, with respect to any cases currently being considered and all future cases, I would ask you to review the following questions (and, where necessary, take corrective action in response):

- ★ Is there sufficient understanding of the issues or concerns, and the circumstances relating to them, to justify the initiation of formal action?*
- ★ Considering the circumstances, in the eyes of your organisation and others external to it, would the application of a formal procedure represent a proportionate and justifiable response (i.e. have other potential responses and remedies, short of formal intervention, been fully assessed before being discounted)?*
- ★ If formal action is being or has been taken, how will appropriate resources be allocated and maintained to ensure it is conducted fairly and efficiently; how are you ensuring that independence and objectivity is maintained at every stage of the process?*
- ★ What will be the likely impact on the health and wellbeing of the individual(s) concerned and on their respective teams and services, and what immediate and ongoing direct support will be provided to them? Further, how will you ensure the dignity of the individual(s) is respected at all times and in all communications, and that your duty of care is not compromised in any way, at any stage.*
- ★ For any current case that is concluding, where it is possible that a sanction will be applied, are similar questions being considered?*

In highlighting these issues, which I know will be important to you and your teams, I would like to thank all those colleagues who directly contributed to and informed the work completed by the Advisory Group. I would particularly like to acknowledge the endeavours of Amin's partner Terry Skitmore and his advocate Narinder Kapur, without whose dedication and sacrifices the Amin Abdullah inquiry and subsequent development work by NHS Improvement would not have taken place.

I know that we are all keen to ensure we treat our people fairly and protect their wellbeing. Implementing the attached guidance consistently well across the NHS will contribute to that goal. It is

tragic that we are learning these lessons after Amin's death, but we owe it to him and the others who have suffered in similar circumstances to act now.

Thank you for your attention to these vital issues.'

Response by David Levy, Director of Human Resources and Organisational Development

The national guidance concerning good management of disciplinary investigation and hearing practice provided by NHS Improvement has been reviewed by the Trust's Operational Human Resources Team and compared to disciplinary policy and practice within the Trust.

The comparison indicated that a good deal of the Trust's policy and practice is believed to be consistent with the national guidance though some differences were identified.

In addition to the comparison that has been undertaken by the Operational Human Resources Team it has been agreed with Trust staff representatives that their views about this matter will also be sought and captured prior to a report, that will include recommended actions, being presented to the Resources Committee in early 2020.

2. Cliff Allison, Public Governor Durham letter received for the attention of Governors on 11/10/19, put forward by Governor as question on 14/10/19

Question

A request to consider a letter and associated questions from a Durham Public Member to the Council of Governors.

Dear Governor,

I write to you all to express my concern over the resent press reports and treatment of patients at a variety of locations. Although these places are in the main in the private sector it will have a negative impact on the public sector and the staff who work in the public sector. It is within the area I wish you all to concentrate on.

There have been several policy and planning documents published by the Department of Health and NHS England which are likely to influence the commissions intentions of CCGs and NHS England Specialist Commissioners. These documents include:

- Secretary of State's Mandate for the NHS;*
 - No Health without Mental Health Strategy;*
 - Closing the Gap; priorities for essential change in mental health policy;*
 - Everyone Counts; Planning for Patients;*
 - NHS England planning guidance for CCGs.*
- i. The plans highlighted above will have a considerable impact on the workforce in terms of skills and competencies that the organisation require of its staff. Therefore, can I suggest that you consider and review the roles of Ward and Team managers and that they are supported at every level in delivering the best possible service in the future.*
- ii. Develop and implement a system that evaluates and governs standard work and embed it across the organisation*
- iii. Implement an improved process for conducting the Trust training needs analysis thereby utilising the skills /competences included in the development of care pathways.*
- iv. Look to the need of a new Occupational Health contract which has a greater focus on managing mental ill health and improving access to services throughout the Trust whilst also being clear about how you will monitor the impact and outcomes of the occupational health interventions.*
- v. Develop and commence implementation of a framework to support the staff and the extension of their working lives. The care of the staff should be paramount and when things go wrong whether that is in the public or private sector then this has an impact with the staff who not only work in the area but also live in the local communities.*

Two further areas have been raised via Mac Williams JP on 19/11/19, however more clarity is required on the questions.

Response

Due to the number of questions put forward a meeting has been offered with the public member to talk through questions in person.

3. Christine Hodgson, Public Governor York received on 5/11/19

Question

Could you please show me the evidence of what is in place to ensure a smooth transition from the Children's Service CAMHS to the Adult Service for Children with Autism and Complex Needs?

Response – Provided by Dr Ahmad Khouja, Medical Director

This is an important question, and in answering it I have consulted with both the Trust's Autism Project Lead (Kirsten White) and the Senior Clinical Director for CYPs (Kath Davies). Under the Autism Act (2009) and the revised Statutory Guidance (Think Autism - 2015) we have a responsibility to ensure that timely and appropriate mental health support is available for people with autism and that there is widespread use of tailored communication methods and a recognition of each person's sensory, communication and environmental needs. As a result the Trust must make reasonable adjustments for people with autism who access our services. These considerations are particularly important during the period of transition.

The Trust has developed a Transitions Protocol for Child and Adolescent to Adult Services or Primary Care, and Autism is cited within the policy as a specific condition that needs to be thought about and addressed in the transition period. All staff in Children Services and Adult services are aware of the protocol, and the importance of ensuring that a smooth transition takes place. In practical terms it means that a young person with autism who is receiving support from CAMHS services should have their needs in terms of any reasonable adjustments and specific support discussed and documented as part of the transition plan prior to the transfer in adult services. This may mean that a young person needs more meetings between CAMHS and the receiving provider prior to transition and the transition period maybe longer. This should ensure a smooth transition between services.

The work that the Autism Strategy project is doing rolling out the Level 2 Understanding Autism training in both children's and adult services should also support the smooth transition of the young person from CAMHS to Adult services through recognising how important it is for children on the spectrum (and their families) to get this right.

Across the Trust there is still work to be done to ensure that this happens consistently and Elspeth Webb (Consultant Clinical Psychologist/Systemic Family Psychotherapist and Clinical Lead in the Autism project) liaises with the Transitions subgroup in order to facilitate this process. Some areas in the Trust have designated meetings to discuss transitions between CAMHS and Adult services where other services do this on an individual basis.

The Trust has as a priority in the Quality Account to improve the clinical effectiveness and patient experience in times of transition from Child to Adult Services, and it is being proposed to continue this for 2020/21 given the importance

of getting this right for all children, but particularly those with autism and/or complex needs.

Furthermore, the Trust has recently put itself forward to be part of a national collaborative looking to improve transitions (led by Kath Davies). There has also been some recent training (September 2019) provided to the senior medical staff committee on autism, and hearing the story of a young person who has been through this (as told by her mother who is also a doctor) was very powerful.

If you would like to see a copy of the transitions protocol, it can be obtained via the Trust Secretaries department.

4. Mark Eltringham, Public Governor Stockton on Tees received on 13/11/19

Question

During a recent PLACE visit at West Park Hospital we noted that on one of the wards a female staff toilet had been taken out of use and 're-purposed' as a linen store. Where previously there had been 2 female staff toilets and one male there is now one of each.

I was personally uncomfortable about. I believe that there are good reasons why the toilet provision was as it was when the ward was built. I'm not convinced that the same rigour was behind the decision to change this.

While there was an obvious need for a linen store on the ward that shouldn't be at the expense of appropriate provision of staff facilities (and in fact other unused areas of the ward are being re-purposed and there is ample capacity there).

Can we be reassured there is equitable (this is not the same as equal) provision of toilets and that good practice is taken into account on both new building work and changes to the estate

Response provided by Ken Tench, Head of Estates

A toilet area within Elm Ward was converted into a linen store. The ward did not have a designated linen store and the linen was stored on a trolley in an accessible area, as a result a serious incident involving a patient occurred. This was deemed an unacceptable risk, therefore a secure storage was required as there was a significant risk that similar incidents could follow.

A suitable room was identified between the Ward Manager and Infection, Prevention and Control (IPC) and the toilet was altered to form the locked store room. There is already sufficient toilets on the ward, therefore this was deemed suitable and would not impact on service users care or staff well being.

The same risk was identified by the clinical teams on Maple and Cedar wards and again it was agreed with the Ward Manager and IPC for the same alteration to be undertaken.

5. Mark Eltringham, Public Governor Stockton on Tees, received on 13/11/19

Question

There are obvious societal, environmental, physical and mental health benefits to reducing our reliance on cars as 1st choice for transport. There are potential financial benefits to the Trust too.

I try to cycle to my places of work including some Governor business. I nearly always cycle and train when I represent the Trust at meetings at the University of York.

I'm interested in what steps (if any) the Trust is taking to encourage alternatives to driving for staff (including Governors) and the people who use our services.

I've recently noted locked bike storage at West park Hospital and Lanchester Road Hospital (how does one get to know the code?) and when I worked for the Trust one could (I did) use the cycle to work scheme to buy a bike but these are quite passive measures. If you're keen you'll find out about this stuff but there's no motivation to find out and become interested.

There are some easy things the Trust could do. A few obvious ones:

- A cycling buddy / champion scheme (including governors)
- Provision of cycle & walking maps at main Trust sites (the local cycle hubs will help)
- Look into the location of meetings such as CoG. If this meeting took place near to a mainline railway station (York, Darlington, Durham) would people get the train there?
- Information on the Trust website about provision of cycle parking / bus routes etc

Can we be advised if this is a priority for the Trust and if not can it be given some consideration?

Response provided by Patrick McGahon, Director of Finance and Information

The Trust has introduced a number of initiatives to reduce the carbon footprint of the Trust associated with travel – for example:

- Cycle to Work Scheme (as you have outlined) – this allows staff to purchase a bicycle at reduced cost due to a tax break and is organised via Human Resources
- Electric car charging points – the main sites have a range of charging points for electric cars and our staff car leasing scheme allow access to hybrid and electric cars

- Skype (video-conferencing) – the Trust implemented Skype for staff that has resulted in a significant reduction in travel costs associated with meetings as they have moved to virtual meetings avoiding the need for staff to travel to the meeting location

In addition we have instigated a number of estates related initiatives to reduce carbon including combined heat and energy plants on the main sites and we are signed-up to reducing the use of plastics as part of the wider NHS programme.

Access to the locked cycle sheds is via obtaining codes from reception areas, signage for this is in place.

Provision of hardcopy information on cycle maps etc is not currently being considered as we are trying to move to a digital approach to reduce the use of paper across the Trust due to the carbon impact, but could include the information and/or links on the Trust website.

The venue issue for meetings of the Council in relation to closeness to train stations is more challenging due to size of venue required, access to parking and facilities available. Work has been undertaken in the past with the Council of Governors in terms of venue options and mapping of travel distances, however if you have any specific ideas please discuss with Kathryn Ord.

6. Cllr Ann McCoy, Appointed Governor Stockton Borough Council received on 13/11/19

Question

I recently attended an event organised by the Trust. The event was attended by about 200 members of staff.

A number of questions were put forward and the responses recorded.

One question was:

- Do you have the emotional resilience to report concerns.

Only 30% responded YES which I believe is a concern.

Can the Board reassure the Council of Governors that this will be addressed and report back to a future COG meeting on what steps have been taken to improve the confidence of staff to report problems and concerns?

Response by Dr Ahmad Khouja, Medical Director and David Levy, Director of Human Resources and Organisational Development

The Recovery Conference held on 24 October 2019 was attended by a range of staff, service users, carers and governors.

Feedback was gathered from attendees to a number of statement and questions utilising Mentimeter which had to be accessed via a personal electronic device. Not all attendees participated in the survey questions.

In terms of the questions asked at the event around psychological safety the following two questions were asked:

Question 1

How important do you think psychological safety is?

Mentimeter



The response of the audience was a mean score of 9.6 (out of 10) for how important Psychological Safety. This relates to responses of 126 people.

Question 2



The score for how psychologically safe TEWV feels was 2.9 out of 5 (not 10 as shown on graph) – so above the halfway mark. This represents 58% of the respondents and not 30%.

When reviewing the outcome of the two questions above, it is also important to look at what the annual staff survey reports for which 2,000 staff members responded in which 75% of respondents quoted that they would feel secure about reporting concerns about unsafe clinical practice. Clearly we want all staff to be confident about reporting and we have established a number of roles and processes through which this can be done including the Freedom to Speak Up Guardian, the Guardian of Safe Working and Dignity at Work Champions. We recognise that more needs to be done and are currently reviewing our approach to how we follow up concerns that are raised.

The Making a Difference Together programme is providing a focus upon embedding values and behaviours and a Trustwide crowdsourcing conversation about how we ensure that the Trust has a just and fair culture is planned to take place in February 2020. The feedback received will generate new ideas to inform new actions.

In addition the Trust recently received national recognition about the efforts that it is making to ensure that staff can speak up safely. The Trust was recently highlighted by the National Freedom to Speak Up Guardian as being one of the top ten NHS Trusts based upon staff survey feedback about staff feeling able to speak up. Though we are pleased with this recognition there is no complacency and we certainly need to do more to improve the experiences of staff who do speak up as we know that improving their experience will encourage more to come forward, hence the actions being taken.

7. Jacci McNulty, Public Governor Durham, received on 15/11/19

Question

There were two welcome pieces of news at a recent 'CITO' presentation.

1. Although it may be time intensive in the beginning, it will free up time in the long run, (time for care-related activities, I assume).
2. People using our services will no longer feel they are being asked to tell their story repeatedly.

This is exactly what we were promised when PARIS was introduced. Yet the amount of time clinicians spent on record-keeping increased, so much so that sometimes the same questions were being asked and the same story being told because it was taking so long for the previous clinician to add the information to the record.

How will the expected improvements be measured? What has been learnt from the introduction of PARIS? How will service-users, stakeholders and governors be informed and involved?

Response provided by Bob Craig, Associate Director of Information

The move to PARIS was a move from paper records to electronic and it was the first time the Trust had attempted anything on that scale.

At that time the clinical services had little or no experience of using a system to record their main clinical activity. Since the 10 years of using PARIS, the clinical services have learnt a lot about what works well electronically and what doesn't and the clinicians involved in developing 'Cito' are using all of this experience to develop a better solution.

The information department is also much more experienced in large electronic system changes and is applying lessons learned to the 'Cito' project, including introducing an agile development methodology and having a working partnership with Civica, the system supplier. This new way of working is allowing the project to develop new ideas quickly and means that there is flexibility to react to any changes that maybe required in the future.

The Cito product itself, has a numerous technical advantages over PARIS which allows it to deliver against key challenges that PARIS could not. A key technology is persistent data which allows data to be collected over time which in turn means that documents can remain active throughout the patient's involvement with the Trust.

Currently this is not possible in PARIS which means that information has to be recaptured every time it is needed rather simply added to. This means that slick processes can now be developed which is what the clinical services have managed to do.

Once the new process have been developed, quality improvement methodologies will be used to measure the current way of working and the new way of working. This will baseline the old against the new. During the User Acceptance Testing (UAT) phase, clinicians from all specialties will be invited to use Cito and test out the new ways of working. Any issues, improvement etc will be reviewed and acted upon during this phase. All learning will go towards the development of training materials.

Throughout the whole process regular Cito communication updates to staff will continue.

8. Mary Booth, Public Governor Middlesbrough, received on 15/11/19

Following a recent suicide of an individual in our care. (I do not wish to discuss an individual case and I understand the Trust will be investigating the event referred to in due time.) However, I understand there is currently a delay. Obviously this is very distressing for the families involved.

- a. What is the standard or policy time allowed for investigations following suicide of people in our care?
- b. How long is the current wait?
- c. If this is longer than the policy/ standard time why is this?
- d. What is the delay and why is this?
- e. What action is the Trust taking to resolve the situation and appoint investigators timely?

Response provided by Elizabeth Moody, Director of Nursing and Governance

- a. What is the standard or policy time allowed for investigations following suicide of people in our care?

The NHS (2015) Serious Incident Framework gives a 60 working day timeframe for investigations of all serious incidents (Sir's) to be completed of which suicide is a known SI.

- b. How long is the current wait?

The current wait to start a SI investigation is difficult to predict as the Patient Safety team are prioritising SI's rather than allocating them from the date of the incident occurring. However, SI's that happened in August are still awaiting allocation. This indicates a current wait of approximately 90 working days.

As of 19/11/2019 the team have 35 ongoing (allocated cases) and 26 to be allocated.

c. If this is longer than the policy/ standard time why is this?

This is significantly longer than the standard time frame. The reason for this is four fold, the first relates to staffing in the patient safety team, Since February 2019 there has been 2 staff on long term sick leave (both back at work now and were managed in line with the sickness absence policy and had a staged return to), time to fill a vacancy, a member of staff on a secondment and most recently a member of staff on reduced duties due to their well-being.

The second relates to the number of SI's investigated in the last few years.

Thirdly, the complexity of some of these and the above staffing issues, puts a pressure on the staff and their resilience to be able sustain working with increased caseloads.

Fourthly, the contact we now have with bereaved families, in line with national best practice has increased significantly. This sometimes delays the timeframe of ongoing cases as we want to work at a pace that suits the family. This also has an effect on the capacity of the team to pick up and investigate new SI's that are awaiting allocation.

d. What is the delay and why is this?

Please see above for the response to this question.

e. What action is the Trust taking to resolve the situation and appoint investigators in a timely way?

The Trust has supported the appointment of 2 additional SI investigators who have been appointed. One is starting on the 02/12/2019 however another may not be released until February 2020. Both staff have completed SI's before but will require an induction and mentoring process to assure their competence is to the level needed for thorough investigations to be carried.

We are also regularly reviewing incidents on the allocation board to ensure that they meet the SI level of harm for example when cause of death is made known.

The newly appointed Family Liaison Officer is communicating with families where there is a delay and where we have family details

9. Mary Booth, Public Governor Middlesbrough, received on 15/11/19

I understand that the Trusts policy/ process for when the crisis team gets no response to an arranged home call is the same as any ordinary missed appointment.

This can be very distressing for family members who may go home to find a dead loved one.

Other Trusts have a different procedure for crisis teams.

Can the Trust review its policy / procedures?

Response provided by Helen Embleton, Urgent Care Pathways Lead

The teams are proactive in their approaches in terms of following up individuals active to Intensive Home Treatment Team (IHT), they have daily huddles, visual control boards and review those open to IHT along with their care/intervention plans and any crisis/safety plans.

Teams should have next of kin details, friends/carer contacts detailed and recorded at time of assessments and consent to involve those the individual wishes to as part of their care and treatment. If staff had arranged visits and these do not occur many options should and would be considered depending on risk factors/presentation etc. For example, telephone calls to persons home/mobile, next of kin/friends, re visits to property, requests for police to attend with crisis resolution home treatment staff.

There are occasions where people do disengage longer term or refuse to see the team - again depending on risks and further contact would determine plan, some may be discharged with follow up, some contact with general practitioner, community intervention team, etc or referral for mental health act assessment in some cases.

In terms of face to face assessment, detailed within the triage/assessment staff should ask a referrer what action they wish to happen if they cannot assess a person or they do not attend for arranged assessment. Has the person consented to see the team, provide contact details. If staff were struggling to attend at arranged appointment time they should communicate this with the person and also consider/explore a contingency plan.

The Trust has a Did Not Attend policy which was reviewed in July 2019 which would also be utilised in conjunction with clinical assessment/safety summary/judgement.

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

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|--------------------|-------------------------------|
| DATE: | 21 November 2019 |
| TITLE: | Board round-up |
| REPORT OF: | Miriam Harte, Chairman |
| 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.

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| MEETING OF: | COUNCIL OF GOVERNORS |
| DATE: | 21 November 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 July and September 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 July and September 2019 (as contained in the Board round-ups for those meetings) and raise any issues of concern, clarification or interest.

**Miriam Harte,
Chairman**

Background Papers:

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

Feedback from Board of Directors meeting held 18 July 2019

Chairman's report

Miriam Harte highlighted the following:

- Expressed her gratitude to all staff involved in arranging the Annual General Meeting held on 17th July 2019. It was noted that the event had been successful and had provided a great opportunity for people to meet staff and to find out more about services.
- She acknowledged the challenges at West Lane Hospital
- Reported that the Council of Governors had approved the appointment of two new Non-Executive Directors. Shirley Richardson and Paul Murphy were also reappointed for their second terms of office. Richard Simpson was thanked for his work for the Trust particularly on the development of the Mental Health Legislation Committee as this was his last board meeting.

Chief executive's report

Elizabeth Moody reported on the following:

- The review of capital spending plans for 2019/20, by each ICS in England, to ensure that the national Capital Delegated Expenditure Limit could be delivered.
- The publication of the "NHS Patient Safety Strategy: Safer Culture, Safer Systems, Safer Patients" in July 2019 and highlighted that the implications of the strategy would be reviewed by the Patient Safety Group.
- The Trust has been recognised by the National Freedom to Speak Up Guardian for having recorded the equal highest score for combined mental health and learning disability trusts on the relevant results of the most recent staff survey; a proxy measure for the Freedom to Speak Up culture in trusts.
- The publication of the implementation framework for the NHS Long Term Plan by NHS England and NHS Improvement

Teesside locality briefing

Dominic Gardner, director of operations for Teesside gave a presentation on the key issues facing the locality:

- The inclusion of Tier 4 CAMHS in the New Care Model (NCM) for C&YPS and whether this had led to a reduction in funding for services at West Lane Hospital. Assurance was provided that, as a result of the programme, funding to services at West Lane Hospital had increased and had been used to provide additional staffing.
- Benchmarking of restrictive interventions and if this would now be possible through the RRP Collaborative.
- Nursing Development Groups have been established to offer support to newly qualified nurses. Duty nurse co-ordinators have been introduced and have been beneficial. Coaching was also having an impact with leaders now more likely to step back and support staff rather than stepping in to deal with issues themselves.
- Teesside has taken a careful approach to the introduction of peer support workers for the benefit of both parties. Work had been undertaken to ensure services understood their role and were ready to receive them. Since their introduction, the experience of the peer support workers had been positive.
- The importance of ensuring the engagement of junior doctors in the preparation of the rectification plans for Roseberry Park. Assurance was provided that all specialties

were involved in the planning of the rectification works, including the planned transition to Sandwell Park, through the locality project group.

Guardian of safe working

The Board received and noted the Report of the Guardian of Safe Working (GoSW). In his report Dr. Whaley concluded that the organisation continues to fulfil requirements of the new 2016 Junior Doctor Contract and junior doctors are appropriately submitting exception reports which are being handled appropriately. He confirmed that he was satisfied that processes are in place to identify and rectify issues of safety.

Matters discussed included:

- Junior doctors having the right IT equipment to carry out some tasks remotely. This will be followed up by PM
- Junior doctors having access to the reports produced for the Board by the GoSW – they are now sent copied
- Progress being made on the development of the “hospital at night” system and whether it could be extended to cover all working hours – hoped to be trialled in August
- The development of the “hospital at night” system and whether it could be extended to cover all working hours
- A process was in place to assess and manage environmental improvements in line with the fatigue and facilities charter.
- Concerns that lone working procedures were rarely followed were being followed up. Dr. Whaley considered that a systematic solution was required for all staff

Nurse staffing report

The Board received and noted the six monthly review report, for the period 1st December 2018 to 31st May 2019, in relation to nurse staffing as required to meet the commitments of the ‘Hard Truths’ response to the Public Inquiry into Mid-Staffordshire NHS Foundation Trust (“Francis Review”) and in line with National Quality Board (NQB) guidance.

Discussions:

- The level of confidence that the different approaches being taken to training healthcare professionals would support the Trust meet its workforce needs in the future.
- Registered and non-registered nursing associates were now included in the Model Hospital and the care hours per patient day (CHPPD) metric
- The inclusion of OTs in the Mental Health Optimal Staffing (MHOST) tool
- The Trust’s position on enhanced observations and rostering.

At the conclusion of the debate, the Chairman considered that it would be beneficial for further discussions to be held on AHPs and their potential future role in delivering care.

Quality Assurance Committee report

The Board received and noted the report of the Quality Assurance Committee (QuAC). Dr Hugh Griffiths drew attention to:

- The intention to hold a special meeting of the Committee, in late August 2019, to further discuss the issues at West Lane Hospital.

- The review of the first iteration of the positive and safe dashboard; a weekly snapshot providing information on a number of key indicators relating to the use of restrictive interventions

Workforce race equality standard and disability equality standard

Consideration was given to a report on the Trust's latest information sets and associated action plans for the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). I

Community safe staffing dashboard

The Board received and noted a report which presented a set of metrics to be considered in the development of a community safe staffing dashboard which would serve as an early warning score or "team temperature" gauge, thus supporting managers with monitoring and oversight of community teams and enabling timely and proactive interventions and support.

Triangle of care stage 2

Consideration was given to a report which provided assurance that the aims and objectives of the Triangle of Care (ToC) stage 2 had been met prior to submission of a report to the Carers Trust.

Finance report (as at 30 June 2019)

The Board received and noted the summary Finance Report as at 30th June 2019.

Feedback from Board of Directors meeting held 17 September 2019

Quality items

The Board received and note the annual report of the Responsible Officer for the revalidation of medical staff and to approve the signing off of the statement of compliance with The Medical Profession (Responsible Officers) Regulations 2010.

The Trust remains in good standing and assurance is provided that the medical workforce can demonstrate its fitness to practice in accordance with regulations.

The Board was asked to support the following quality improvements for next year (2019-20):

- An annual Board report into the number of disciplinary cases/low level concerns, their type and outcome, as well as an analysis of the protected characteristics of the doctors.
- To simplify the SARD system for medical appraisal.
- Support appraisers to develop a coaching approach.
- Undertake the peer review of appraisal summaries in July 2019.

Finance

The Charitable Trust Fund (CTF) accounts and report was an agenda item at Audit committee in September. A verbal update will be provided to confirm that they were accepted and recommended to the Board for submission

Feedback from Board of Directors meeting held 24 September 2019

Chairman's report

Miriam Harte highlighted the following:

- Since the last meeting, the Board's main activities had focussed on West Lane Hospital including responding to the regulatory action taken by the CQC. There was ongoing work to support staff, providing reassurance to the remainder of the organisation and considering future options for the provision of the services. The Chairman recognised the tremendous work undertaken and progress made since the last CQC inspection. She also highlighted, ahead of the forthcoming CQC inspection, the importance of reminding staff not to be reticent about being proud of their services and highlighting areas of good practice.
- Her attendance at the Shadow QuAG in York which had been an inspiring event
- Her recent meetings with BAME staff, with three held to date and a further one planned. The Board noted that the meetings had been interesting but the feedback provided by the staff had been disappointing.

Chief executive's report

Colin Martin reported on the following:

- A brief update on West Lane Hospital, which has closed following the transfer of the last patient. NHS England (NHSE) had also commenced the commissioning of an independent investigation and was engaging with stakeholders, including families and staff, in preparing its terms of reference
- The receipt of a letter from Baroness Harding, Chair of NHS Improvement (NHSI), on learning lessons to improve people practices which included the outcomes of a recently completed piece of work, undertaken in response to a very tragic event at a London NHS Trust in 2016, together with national guidance relating to the management and oversight of local investigation and disciplinary procedures
- New guidance for Boards on Freedom to Speak Up which had been published by the National Freedom to Speak Up Guardian's Office and NHS Improvement.
- The commencement of the rectification works at Roseberry Park on 13th September 2019 following the appointment of Interserve Construction Ltd as the preferred contractor.
- The Trust's success, in partnership with Spectrum CIC and Humankind, in the tendering process for the provision of healthcare services to the seven North East prisons.
- The publication of the new NHS Oversight Framework by NHS England and NHS Improvement on 23rd August 2019.
- The seven teams and individuals shortlisted in the Royal College of Psychiatry Awards 2019.

Quality Assurance Committee

The Board received and noted the report. The key issues discussed were:

- The extraordinary meeting of the Committee held in August 2019 to discuss the issues at West Lane Hospital in detail.
- The significant improvements made to the Patient Experience Reports
- The draft strategy on sexual safety which had been tabled at the meeting of the Patient Safety Group and was due, following consultation, to be presented to the Committee at its meeting in October

Monthly nurse staffing report

The Board received and noted the exception report on nurse staffing for August 2019

Board members raised concerns about, and sought clarity on, the significant increase in missed breaks which appeared to be particularly attributable to day shifts. Elizabeth Moody (EM) explained that the reasons for the increase were not fully understood and needed to be reviewed.

Board members asked for an update on the merger of Meadowfields and Acomb Garth. EM advised that the merger, which had happened a couple of weeks previously, had gone well and there were no issues with bed capacity

Annual report on patient safety

The Board received and noted the Annual Report on Patient Safety.

Board Members welcomed the extensive range of the data provided in the report. A number of matters were discussed including:

- The confirmed method/cause of death in 56 cases
- The age profile of the service users involved in serious incidents becoming younger.
- How information on serious incidents was reflected back to staff so they were aware of risk
- As the increase in male suicides for ages 45 to 54 years for the Trust
- The emphasis on training, as part of learning
- Whether the Board gave the correct balance of attention to community services compared to inpatient services given the number of serious incidents in the community. It was suggested that the Board might wish to reflect on this matter at the forthcoming business planning event.
- The need for further understanding on how SPC charts were constructed particularly as they could be used to frame the Trust's risk appetite.
- If there were sufficient resources to ensure that processes could provide accurate and timely information

Full details on these matters are included in the [Board minutes](#)

Waiting times

The Board received and noted a report on the position against the waiting times indicators. The Non-Executive Directors sought clarity on the definition of a "unique referral" and the reason for the approach. Ruth Hill explained that people could be referred to a service in a number of ways e.g. by their GP, by crisis services, etc. The purpose of identifying unique referrals was to look at individual cases and how they were managed to gain a better understanding of the position. Work was being undertaken, through the Right Care Right Place Programme to understand the reasons for multiple referrals, as they could increase work, and to make the system easier to navigate.

The following matters were discussed:

- The arrangements in place, in the community, to safeguard patients who were waiting.
- The work undertaken with Commissioners to address waiting times
- The variation in waiting times between Localities and the approach being taken to tackling it.
- The significant increase in demand for children's services provided by local authorities and the impact of this on CAMHS.

Full details on these matters are included in the [Board minutes](#)

Annual report on Directors' visits

The Board received and noted the annual progress report on actions arising from Directors' visits undertaken during the period June 2018 to May 2019. Reports on each of the visits undertaken during the period had been provided on the Diligent system for information.

Report of the Mental Health Legislation Committee

The Board received and noted the report of the Mental Health Legislation Committee (MHLC).

MoU for the North East and North Cumbria Integrate Care System

The Board approved the latest version of the MoU for the North East and North Cumbria Integrate Care System

Trust performance dashboard

The board received and discussed the monthly performance report

Strategic direction performance report for Q1

Board's committee arrangements

The Board agreed this.

Board business cycle 2020

The Board agreed this.

Register of interests of the Board of Directors

The Board received and noted the revised Register of Interests of the Board of Directors.

CQC Compliance Update

Item 8

Council of Governors – November 2019

Headlines

On 23 August the CQC issued the Trust with a Notice of Decision to close the wards at West Lane Hospital. The Trust facilitated this, focusing on minimising the impact on patients and families and working closely with NHS England and other partners to ensure an effective discharge or safe transition of patients to alternative services. On 18 September the last patient was transferred and the wards closed. There will now be a period of effective planning by the Trust, stakeholders and other agencies to agree a model for the future CAMHS inpatient services.

There are current restrictions and risks to the on-going registration of the children and young people's core service. In addition, there may be risks associated with the overall Trust ratings pending the outcome of recent inspections.

Key Issue: Core Service and Well-Led Inspections

Following the core service inspections completed 23 September – 03 October 2019, the following informal feedback was provided by the CQC:

Positive feedback:

- Welcoming and friendly teams
- CQC observed good interactions with patients and staff had good knowledge of patients' needs and care plans
- Well maintained and clean environments
- Improved personalisation of care plans in many areas

- Positive feedback from patients and carers
- Staff reported feeling well supported by Managers
- Appropriate use of blanket restrictions and least restrictive practices
- Excellent physical health monitoring of patients
- Some very good safety summaries/ risk management
- Strong MDT working
- Good relationships and involvement of multi-agency partners
- Good availability of activities on wards
- Some good examples of research and patient involvement in research

Issues identified:

- Still work to do in some services regarding the quality of person centred care plans
- Some inconsistencies in record keeping – with differences in where information is located on Paris
- Staffing levels in some areas
- Observations and engagements
- Consistency of recording in some areas
- Observation of patients using assisted bathrooms
- Use of Mental Capacity Act
- Knowledge of the 5 principles of the MCA and MCA assessments
- Privacy and dignity in Rowan Ward – partitions between bed bays
- Disposal of small amounts of medicines in sharps bins
- Flumazenil availability for use in resuscitation bags
- Use of e-BNF rather than older hard copies
- Limited ward based evidence of escalation for when clinic room temperatures exceed limits

The Trust has received initial feedback letters for each of the core services inspected. These

CQC Compliance Update

Council of Governors – November 2019

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were considered at the Trust Board held 29th October 2019.

As part of inspection activity, there have also been interviews of senior staff, focus groups, a review of documents and attendance of inspectors at relevant governance and Board meetings.

A Learning from Deaths Review was also undertaken by the CQC 22 October 2019, following which the Trust was provided with informal feedback that there were no immediate concerns raised. There will be no formal report provided.

The provider level inspection of ‘well led’ took place 05- 06 November 2019, which involved the CQC interviewing members of the Executive Management Team and the Board. This marked the end of the inspection activity.

Verbal informal feedback was provided to the Board following the interviews and it was felt that this was positive overall. A letter has also been received summarising this feedback.

The Trust was informed that it is likely that the draft report will be released for factual accuracy by the end of December 2019.

Key Issue: CQC Inspection Action Plan 2019/2020

There is no current action plan for the Trust. An action plan will be compiled following the publication of the 2019 CQC responsive inspection.

Key Issue: CQC Engagement Meetings and Focus Groups

The Compliance Team met with the CQC 10 September 2019 for the scheduled engagement meeting. The Trust inspection and West Lane Hospital were not discussed. It was agreed at this time that the engagement meetings would be postponed until January 2020. However, the CQC have now requested to recommence engagement meetings in December and the next meeting is scheduled for 12 December 2019.

Due to the movement of the Trust into the CQC Humber, Coast and Vale area and the secondment and promotion of current post-holders, the Trust will have a new Relationship Owner, Inspection Manager and Head of Inspection.

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 |
|------------------------|-----------------|-----------------|
| Forensic (SIS) | Mandarin Ward | 08/08/2019 |
| D&D (AMH) | Elm Ward | 21/08/2019 |
| D&D (AMH) | Harland Ward | 11/09/2019 |
| D&D (MHSOP) | Hamsterley Ward | 18/09/2019 |
| Forensic (SIS) | Lark Ward | 10/10/2019 |

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| | | |
|--------------|-------------|------------|
| D&D (AMH) | Willow Ward | 17/10/2019 |
|--------------|-------------|------------|

Information on the findings of these reports is available from the Trust Compliance Team. The detailed findings are also reported to QuAC and the Mental Health Legislation Committee and any themes are taken forward. Over the last two months, particular work has been undertaken on minimising blanket restrictions, provision of patient information /noticeboards, patient keys and lockable space on wards.

Service Development Update

Item 9

Council of Governors – November 2019

Headlines

Services have positively engaged with the CQC core services inspection. Initial feedback has identified a caring and compassionate workforce. The inspection outcome is expected to be available in the new year.

Adult learning disability services have continued to support Cygnet. There has been specific support at Newbus Grange by TEWW staff during Cygnet's planned closure programme. All patients were successfully moved to alternative placements at the end of October 2019.

There continues to be work ongoing with clinical services in CAMHS to minimise the impact of the closure of inpatient beds at West Lane Hospital.

Key Developments: Durham and Darlington (D&D)

Adult Mental Health Services

- D&D received a highly commended at the positive practice awards for its IAPT services.
- Additional recurrent funding has been confirmed from D&D CCGs to:
- Increase the GP aligned mental health practitioners to Darlington and Durham CCGs
- Increase community rehabilitation services into Darlington.
- Extend physical health care practitioners to all inpatients.

The service has also received non-recurrent funding to:

- Reduce waiting times into secondary services.
- Reduce waiting times for autistic spectrum disorder.

MHSOP

- Additional investment from D&D CCGs to expand and enhance the Persistent Physical Symptoms service (formerly MUPS).
- Transformational funding received to scope possibilities for crisis services for older people including those with dementia.

Children and Young People's Services

- Working in partnership with CNTW to develop an enhanced community service for Children &

Young People with a Learning Disability and/or Autism across Durham, Darlington & Tees.

- There has been further investment in D&D Autism assessment service which will improve the waiting times across Durham & Darlington.
- Implementation of the THRIVE model across community CAMHS.

Learning Disability Service

- The Health Facilitation team have been working with northern care alliance and the GAPS network, to develop a cancer screening pack. The aim of the document is to have all information and resources in one place to improve uptake/access for people with a learning disability for cancer screening.
- The Darlington community learning disability team have trained a nurse and a SALT worker to provide autism assessments – this has reduced waiting times. This includes parent support groups and training at Hundens Lane.

Key Developments: Teesside

Adult Mental Health Services

- Teesside rehabilitation services have received approval to implement the next stage of their redesign – this will involve consolidation to a single inpatient environment and a significantly enhanced community service.
- Adult mental health services in Hartlepool are no longer part of an integrated management structure. We continue to work closely with the Local Authority.
- An IAPT Partnership bid to provide the interface between steps 3 and 4 has been submitted.
- A programme manager has been appointed to support the crisis transformation plans. Work has commenced to scope opportunities for crisis alternatives in Teesside.
- In conjunction with Middlesbrough & Stockton MIND, a Carers service is being developed which will be located within Roseberry Park.

MHSOP

- Stockton MHSOP Community Mental Health Team has been shortlisted for the Royal College of Psychiatrists 'Team of the Year' award.
- The first patient participation quality assurance group (QuAG) has been held which will review

Service Development Update

Item 9

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Teesside MHSOP QuAG agendas and provide feedback.

- The innovative delirium video produced by the service is gaining an international profile.

Children and Young People's Services

- Stockton CAMHS - Footsteps Primary Care Initiative have developed a GP based pilot 'One Stop Shop'. It consists of GP and counsellors with agreed input from TEWV specialist CAMHS for low to moderate difficulties. The pilot was initially for 6 months but has now been extended.

Learning Disability Service

- Dr Tom Selmes has taken up the post of Clinical Director from the 1st October.
- A team has recently visited Amsterdam to learn about how they deliver learning disability services across a broad range of complex needs. The aim is to use the learning to inform future service developments and these will be incorporated in the service business plan.

Key Developments: North Yorkshire and York

Harrogate Transformation

- Engagement sessions with patients, public, partners and staff have been completed. The information is being collated to inform the re-provision of inpatient services in York and community and crisis responses needed across Harrogate services to help keep people at home and support the needs of carers.

Adult Mental Health Services

- A patient and carer have both been short-listed for their voluntary contributions to services for a Royal Colleges of Psychiatrists award.
- There has been agreement to align the North Yorkshire and York service user and carer groups into a joint AMH involvement forum. A joint development day has been held.
- There have been a number of positive consultant recruitments into the York community team, Harrogate crisis team, Northallerton community and crisis team.

Mental Health Services for Older People

- Investment agreed for Harrogate acute hospital liaison service which will become Core 24 / 7 days per week.
- Rowan Lea has successfully achieved AIMS re-accreditation.

Children and Young People's Services

- Future funding arrangements for PIPA/Looked After Children's services are yet to be confirmed. Service is contracted until end of March 2020. Discussions are ongoing.

Learning Disability Service

- The shadow quality group is starting their audit of all locality learning disability services. They are developing a service user training package about quality improvement.
- Dr Rebecca Jones has been appointed as Clinical Director and Bev Thorpe retires end of December.
- Recruitment has started for a pilot enhanced community team working 8-8 seven days per week across York and Harrogate.

Key Developments: Forensic Services

The service held its second Recovery conference, An '1' for Recovery. Themes included innovation, independence, involvement and links to secure care. Feedback was really positive. A further conference is planned next year.

Health and Justice Service

- The Trust successfully retendered to provide mental health provision into seven North East prisons.
- The tender for HMPS Wymott/Garth was unsuccessful.
- Haverigg Prison will now operate as a Category D open prison.

Secure Inpatient Service

- Building work has commenced on the Roseberry Park decant ward.
- Staffing remains challenging and daily reviews to minimise the impact are undertaken alongside longer term work to address the vacancies and other factors affecting staff wellbeing at work.

Quality Account Update (Quarter 2)

Council of Governors – November 2019

Headlines

Progress on the quality improvement actions has been good, with 49/56 (88%) either completed or on track. The most significant delays are around personalising care planning and the transitions priorities.

In terms of the Quality Metrics, **4 of 10 (40%)** are reporting green and **6 of 10 metrics (60%)** are red. However 3 of those red metrics saw significant improvement from Q1 to Q2 (% treated with respect, rates of physical restraint / intervention and MHSOP average length of stay). The other 3 metrics remain in a static position with small quarter to quarter fluctuations.

Key Issue: Quality Improvement Actions

The 7 actions that are behind schedule should be completed by Christmas (see Appendix 1). The delays are relatively minor, and progress is being made across the priorities of CYP-AMH transition, Personalising Care Plans; Dual Diagnosis; Urgent Care and Reducing Premature Deaths.

These minor delays include the opening of the new Durham and Darlington crisis team hub in Bishop Auckland, which should take place before Christmas now that estate issues have been resolved

Key Issue: Quality Improvement Metrics

There has been a significant improvement from Q1 to Q2 in the % of patients who report that they feel safe on our wards. It continues the trend noted during 18/19 of a decline over time in negative comments about this issue. This may reflect the focus put in this in recent months as operational services have reacted to the data,

including an improvement in practice in dealing with dual diagnosis.

The physical intervention rate fell significantly from Q1 to Q2. All three geographic Localities saw significant reductions in intervention and restraint.

The average length of stay for older people has been worse than target since quarter 3 2013/14. In quarter 2 it was 64.69 days which was 5 days better than in quarter 1. In this quarter there were 11 patients discharged who had a length of stay greater than 200 days. Most had complex needs, including physical health problems (3) and finding suitable placements for patients subsequent to discharge (6). In all cases, services worked with patients and family to provide appropriate care and support.

The patient experience related metrics remain in a static position with small quarter to quarter fluctuations. There are developments within TEWV's business plan which might lead to sustained future improvements in these two issues for example the Right Staffing programme continues to focus on establishment reviews, increasing the numbers of people training to be mental health professionals, and reducing agency staff usage.

Key Issue: Priorities for 20/21

The Board of Directors have agreed the following improvement priorities for the next Quality Account:

- Personalising care planning (existing)
- Reducing preventable deaths (existing)
- Improving Child to Adult service transitions (existing)
- Increasing the proportion of inpatients who feel safe on our wards (new)

Detailed planning for these priorities has commenced. Governors will be able to take part in the Quality Account task and finish group in Spring 2020.

Quality Account Update (Quarter 2)

Council of Governors – November 2019

Appendix 1 – Review of Progress on Actions in the current Quality Account 30/09/2019

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 | 10 | 2 | 0 | <ul style="list-style-type: none"> Due to competing priorities, the engagement event due to be held on 24th September 2019 has been postponed to Q3 19/20 It has not been possible as yet to produce the report on the improvement trajectories that were agreed during Q1 19/20; however a meeting in relation to this was held on 9th October 2019, and the report will be produced during Q3 19/20 |
| Make Care Plans more Personal | 9 | 2 | 1 | <ul style="list-style-type: none"> As at 30th September 2019, 180 members of staff have received training on the CPA process. This training will continue throughout 2019, so it is anticipated that the target of 500 will be achieved during Quarter 3 19/20 The work on DIALOG testing in a simulated live environment has been delayed due to Trust-wide issues with the implementation of DIALOG. It is anticipated that this will be completed during Quarter 3 2019/20 There was a delay in the release of the new Trust-wide Change Implementation Workbooks and so this will be completed during Quarter 3 2019/20 |
| Reduce the number of Preventable Deaths | 7 | 0 | 0 | <ul style="list-style-type: none"> Actions on track |
| Develop a Trust-wide approach to Dual Diagnosis which ensures that people with substance misuse issues can access appropriate and effective mental health services | 15 | 1 | 0 | <ul style="list-style-type: none"> The review of Dual Diagnosis networks is in progress; however as there were changes to staffing this is not yet complete. It is anticipated that this work will be completed in Quarter 3 19/20 |
| Review our urgent care services and identify a future model for delivery | 8 | 1 | 0 | <ul style="list-style-type: none"> There have been delays to the implementation of a new operational model for the Durham & Darlington Crisis Teams due to issues relating to the team base and car parking. The new model will commence in Quarter 3 19/20 |

Quality Account Update (Quarter 2)

Council of Governors – November 2019

Appendix 2: Performance against Quality Metrics at Quarter 2

| | Quarter 1 19/20 | | Quarter 2 19/20 | | Quarter 3 19/20 | | 18/19 | 17/18 | 16/17 |
|--|-----------------|-----------------|-----------------|--------|-----------------|--------|--------|--------|--------|
| | Target | Actual | Target | Actual | Target | Actual | | | |
| Patient Safety Measures | | | | | | | | | |
| <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% | 79.17% | 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 | 0.21 | 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 | 31.03 | 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% | 98.23% | >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% | 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 | 25.47 | <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 | 64.69 | <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% | 90.76% | 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% | 89.16% | 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% | 86.56% | 94.00% | | 86.9% | 87.20% | 86.58% |

Quality Account Update (Quarter 2)

Council of Governors – November 2019

Appendix 3: Performance against Quality Metrics at Quarter 2- Locality Breakdown

| 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> | 79.17% | 85.59% | 64.52% | 77.27% | 25.00% |
| <i>Metric 2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) - for inpatients</i> | 0.21 | 0.12 | 0.12 | 0.64 | 0.06 |
| <i>Metric 3: Number of incidents of physical intervention/restraint per 1000 occupied bed days</i> | 31.03 | 11.15 | 79.87 | 16.79 | 15.56 |
| 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> | 98.23% | N/A | N/A | N/A | N/A |
| <i>Metric 5: Percentage of Clinical Audits of NICE Guidance completed:</i> | 100.00% | 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: 30.2</i> | 25.47 | 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> | 64.69 | 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> | 90.76% | 89.96% | 91.67% | 91.32% | 88.43% |
| <i>Metric 8: Percentage of patients that report that staff treated them with dignity and respect</i> | 89.16% | 91.21% | 89.96% | 89.02% | 82.48% |
| <i>Metric 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment</i> | 86.56% | 88.11% | 85.76% | 86.49% | 85.99% |

ITEM NO 11

COUNCIL OF GOVERNORS

| | |
|--------------------|--|
| DATE: | 21 November 2019 |
| TITLE: | Action Plan Task and Finish Group – Involvement |
| REPORT OF: | Hugh Griffiths, Non Executive Director |
| 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> | ✓ |

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| Executive Summary: |
| <p>The Council of Governors is asked to approve the action plan produced as a result of recommendations made and subsequently approved by the Council following a Governor Task and Finish group on ‘Involvement of Service Users and Carers’.</p> <p>As there has been a delay in the submission of the action plan for approval a number of actions have superseded some of the recommendations approved by the Council. These are documented within the proposed action plan for consideration.</p> |

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| Recommendations: |
| <p>The Council of Governors is asked to</p> <ol style="list-style-type: none"> 1. Approve the action plan attached as Annex 1 to this report. 2. Agree that progress against the action plan should be monitored through the Council of Governors Involvement and Engagement Committee. |

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| MEETING OF: | COUNCIL OF GOVERNORS |
| DATE: | 21 November 2019 |
| TITLE: | Action Plan Task and Finish Group – Involvement |

1. INTRODUCTION & PURPOSE:

- 1.1 The purpose of this report is to seek the Council of Governors’ approval of the action plan to implement the recommendations arising from the Task and Finish Group report on Involvement of service users and carers.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 The Council of Governors approved the recommendations of its Task and Finish Group on “Involvement of Service Users and Carers” at its meeting held on 29 November 2018 (Appendix 2 and minute18/91 refers).
- 2.2 There has been a delay in submitting the associated action plan following the agreement of recommendations due to a number of factors which have included an organisational change within the Trust Secretary’s Department (Involvement and Engagement Team), a Kaizen improvement event focussing on service user and carer involvement in the governance of the Trust and a significantly reduced team resource.

3. KEY ISSUES:

- 3.1 A number of the recommendations have been superseded since the time of approval and the development of the proposed action plan. Where appropriate, through the operation of business, a number of the actions have already been embedded or are currently being considered for implementation.
- 3.2 A Kaizen improvement event has also been held in April 2019 for which the focus was involvement of service users and carers particularly in the Governance of the Trust, again the actions from this event have been considered in the development of this action plan.

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:** The Involvement and Engagement Committee provide assurance on the demographics of those individuals undertaking

involvement – no concerns raised in regard to the membership of the involvement register.

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

5. CONCLUSIONS:

5.1 This report supports the implementation of the recommendations of the Task and Finish group on “Involvement of Service Users and Carers” where other actions have not superseded the recommendation made.

6. RECOMMENDATIONS:

6.1 The Council of Governors is asked to approve the action plan attached as Annex 1 to this report.

6.2 Agree that progress against the action plan should be monitored through the Council of Governors Involvement and Engagement Committee.

Hugh Griffiths,
Non Executive Director/
Chair of the Task and Finish Group ‘Involvement of Service Users and Carers’

Background Papers:

Report of Task and Finish Group on ‘Involvement of Service Users and Carers’.

(Appendix 2)

Minutes of the Council of Governors meeting held on 29 November 2018.

ACTION PLAN

Involvement of Service Users and Carers Task Group Recommendations

PLAN LOCATION: Council of Governors

PLAN DEVELOPED BY: Kathryn Ord, D. Trust Secretary

DATE PLAN AGREED: tbc

| NO. | RECOMMENDATION/ FINDING | INTENDED OUTCOME/ RESULT | ACTION | ACTION OWNER | TARGET DATE FOR ACTION COMPLETION | EVIDENCE (TO BE RETAINED BY ACTION OWNER) | PROGRESS UPDATE |
|-----|---|---|--|------------------------|--|---|--------------------|
| 1 | That care and treatment information should be reviewed to better encourage co-production and service user involvement within their own care (eg care plan development) and more awareness given to staff around co-production and what this means in terms of care and treatment. | <ul style="list-style-type: none"> • Greater awareness of both staff and service users about co-production and how this can be achieved. | <ul style="list-style-type: none"> • To advise the Trust communications team to consider wording when patient information and leaflets are due to be reviewed. • To highlight this recommendation to the Recovery Programme in terms of its work stream on co-production. • To highlight this recommendation to the Right Care Right Place. | Deputy Trust Secretary | October 2019 | Emails and record of discussions held advising departments of recommendations | Completed |

| NO. | RECOMMENDATION/ FINDING | INTENDED OUTCOME/ RESULT | ACTION | ACTION OWNER | TARGET DATE FOR ACTION COMPLETION | EVIDENCE (TO BE RETAINED BY ACTION OWNER) | PROGRESS UPDATE |
|-----|--|--|--|--|--|---|--------------------|
| 2 | To refresh and re-publicise the roles of recovery experts by experience and that of general involvement of service users and carers to allow better signposting and awareness for staff. | <ul style="list-style-type: none"> Staff better informed as to which role(s) are appropriate for individual involvement activities. | <ul style="list-style-type: none"> To review the information available to staff on intouch in terms of the different roles undertaken by service users and carers and the services / departments responsible. | Deputy Trust Secretary / Recovery Team | August 2019 | Information published on intouch for staff | Completed |
| 3 | To review the inequality of involvement and engagement officer establishment across the Trust. | <ul style="list-style-type: none"> Involvement and Engagement officer roles better aligned to the localities within the organisation taking into account business changes planned for the future. | <ul style="list-style-type: none"> An organisational change process was undertaken which superseded the recommendation of the Task and Finish Group. This was to meet a requirement to service a merged locality area and make departmental efficiency savings. An additional administrative role has been created to enable the | Deputy Trust Secretary | May 2019 | Conclusion of organisational change process | Completed |

| NO. | RECOMMENDATION/ FINDING | INTENDED OUTCOME/ RESULT | ACTION | ACTION OWNER | TARGET DATE FOR ACTION COMPLETION | EVIDENCE (TO BE RETAINED BY ACTION OWNER) | PROGRESS UPDATE |
|-----|---|--|---|---|--|--|--|
| | | | Involvement and Engagement Officers to have a greater focus on supporting and advising service users, carers and staff. | | | | |
| 4 | To undertake more awareness raising with staff around what involvement of service users and carers is, what it means, and how to undertake and support involvement. | <ul style="list-style-type: none"> • Staff advised and supported in the variety of ways of how to involve service users and carers and the requirements to be considered. • Staff understanding where it is appropriate to involve service users and carers. • Staff educated as to what processes and support requirements are needed when involving service users and carers. | <ul style="list-style-type: none"> • To refresh the roles and responsibilities between the different types of involvement. • To convene a Kaizen service design event around involvement of service users and carers in the Governance of the Trust. • To utilise the ladder of participation when coordinating involvement. | Deputy Trust Secretary/ I&E Officers | August 2019 | <p>Outputs from Kaizen event held in April 2019</p> <p>Publicised information for staff around involvement roles</p> <p>Involvement opportunities issued including details of the level of participation</p> | Part completed Implementation of Kaizen agreement still underway and will be fully completed by March 2020. |

| NO. | RECOMMENDATION/ FINDING | INTENDED OUTCOME/ RESULT | ACTION | ACTION OWNER | TARGET DATE FOR ACTION COMPLETION | EVIDENCE (TO BE RETAINED BY ACTION OWNER) | PROGRESS UPDATE |
|-----|--|---|--|------------------------|--|---|--------------------|
| 5 | To produce a glossary of terminology linked to Quality Improvement which is issued to service users and carers prior to participation in improvement events. | <ul style="list-style-type: none"> Those individuals participating in service improvement events are more aware of the meaning of terminology which will allow them to participate at a more informed level. | <ul style="list-style-type: none"> Glossary to be made available. Training delivery for service users and carers who will participate in service improvement activities. | KPO team | June 2019 | Glossary Training programme Register of service users and carers trained in service improvement | Completed |
| 6 | For the Trust to review how services utilise social media platforms to engage with service users and carers. | <ul style="list-style-type: none"> Consideration of what the most appropriate platforms and resources are utilised when seeking feedback and informing service users and carers. | <ul style="list-style-type: none"> To advise the communications team of the recommendation. To recommend to the crowdsourcing project team consideration of the roll out of the implementation of crowdsourcing platforms to the general public – currently piloted with staff in the Trust. | Deputy Trust Secretary | September 2019 | Weekly reports on use of social media issued to governors Evidence of discussions and decisions at Crowdsourcing project group Team members trained in the Crowdsourcing platform | Completed |

| NO. | RECOMMENDATION/ FINDING | INTENDED OUTCOME/ RESULT | ACTION | ACTION OWNER | TARGET DATE FOR ACTION COMPLETION | EVIDENCE (TO BE RETAINED BY ACTION OWNER) | PROGRESS UPDATE |
|-----|---|---|---|-----------------|--|---|--|
| 7 | To fund and deliver an annual celebration of involvement to demonstrate how much takes place and to thank those that undertake this work. | <ul style="list-style-type: none"> Individuals who undertake involvement activities feel recognised and valued. Awareness raising of the range of involvement activities and developmental opportunities. | <ul style="list-style-type: none"> To deliver a conference which is co-produced and co-delivered with governors, service users and carers. | I&E Team | December 2019 | Conference agenda and feedback | Event planned for 3 December which is co-produced /delivered by Governors |

ITEM NO. 16

**FOR GENERAL RELEASE
COUNCIL OF GOVERNORS**

| | |
|--------------------|--|
| DATE: | 29 NOVEMBER 2018 |
| TITLE: | Involvement of Service Users and Carers |
| REPORT OF: | Task and Finish Group – Involvement of Service Users and Carers |
| REPORT FOR: | Approval |

| | |
|--|---|
| 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 presents the findings and recommendations of the Task and Finish Group – Involvement of Service Users and Carers.

This review was prompted by issues raised by Governors when looking at how the Trust demonstrated meaningful service user and carer involvement and the perceived inconsistencies.

The review considered what involvement was underway in terms of meeting / governance and involvement groups and identified a number of gaps. Research was conducted through the interviewing of a range of individuals including those coordinating and undertaking involvement activities and senior management. It was concluded that there was a significant amount of involvement underway within the Trust but there was clear inconsistencies and lack of awareness of roles of different staff and the different routes used to coordinate involvement.

It was considered that there was no single solution to the issues that were identified but there were a number of areas of best practice that demonstrated greater input into service design and delivery and a more valued and meaningful experience of those service users and carers participating. The Group has therefore identified a number of recommendations which the Trust could take to support and develop meaningful involvement of service users and carers in Trust activities and services.

Recommendations:

To approve the recommendations that are contained within the summary report of the Task and Finish Group which can be found at Appendix 1 to this report.

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| MEETING OF: | Council of Governors |
| DATE: | 29 November 2018 |
| TITLE: | Involvement of Service Users and Carers |

1. INTRODUCTION & PURPOSE:

1.1 The purpose of this report is to:

- a) Report the findings of the Task and Finish Group: Involvement of Service Users and Carers.
- b) Seek the Council of Governors' support for the recommendations made by the Task and Finish Group.

2. BACKGROUND INFORMATION AND CONTEXT:

2.1 Service user and carer involvement within health and social care is a key element of a number of national policies and strategies:

- *NHS England* sets out its “ambition of strengthening participation in all of our work” and pledges to “work in partnership with patients and the public, to improve patient safety, patient experience and health outcomes; supporting people to live healthier lives.”
- The *NHS Constitution for England*, outlines a number of patient rights and responsibilities.
- NHS England's *Five Year Forward View* advocates involving communities and citizens “directly in decisions about the future of health care services”.
- Health and Social Care Act 2012

2.2 Within Tees, Esk and Wear Valleys NHS Foundation Trust, there are a number of Frameworks and Strategies that seek to be inclusive in terms of the involvement and engagement of service users and carers:

- Involvement and Engagement Framework
- Recovery Strategy
- Research and Development
- Quality Strategy
- Volunteer Strategy
- Medical Development and Education
- Compliance through inspection processes
- Public Membership

2.3 The ongoing requirement to improve services and move to a more co-production model is high on the agenda for the Trust and this has been recognised by Governors through consideration of the Ladder of Participation. The views, feedback and experiences of Governors, service users, carers and staff in relation to service user and carer involvement in a variety of different types of activities demonstrated clear inconsistencies and experiences.

- 2.4 Examples of differences with service user and carer involvement include those around major developments – York inpatient services versus Harrogate hospital and how different the involvement of service users and carers was undertaken. This was one of the key factors in driving this review to be undertaken in terms of major service re-design.
- 2.5 Inconsistency around the involvement of service users and carers within interview panels was also a consideration to take forward this review.
- 2.6 The Council of Governors, at its meeting on 17 November 2016, agreed to the establishment of a Task and Finish Group to review service user and carer involvement in the Trust (minute 16/92 refers).

- 2.7 The membership of the Task and Finish Group consisted of:

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| Chair | Dr Hugh Griffiths, Non Executive Director |
| Sponsor | Catherine Haigh (tenure now ended) |
| Members | Cllr Ann McCoy, Mary Booth, Gary Matfin (tenure now ended), Dr Lakkur Murthy (tenure now ended), Dr Martin Combs (tenure now ended), Lisa Pope, Sarah Talbot-Landon |

Mr Phil Bellas, Trust Secretary and Mrs Kathryn Ord, Deputy Trust Secretary supported and contributed to the work of the Group.

- 2.8 Meetings of the Group were held between April 2017 and June 2018.
- 2.9 In reviewing the involvement of service users and carers in the Trust the following methodology was undertaken:
- A review conducted of the current routes of involvement for service users and carers within the Trust
 - An understanding where the ‘gaps’ were around involvement (data taken from Involvement and Engagement Team and appointments to governance groups)
 - A number of expert interviews held with:
 - Recovery Experts by Experience
 - Service Users
 - Carers
 - Directors of Operations
 - Involvement and Engagement Officers
- 2.10 The agreed scoping document is attached at Appendix 2 of this report.

3. KEY ISSUES:

- 3.1 The report of the Group including its recommendations is attached as Appendix 1 to this report.

- 3.2 During the time duration of the conclusion of the meetings of the Task and Finish Group and the agreement of the recommendations to be put forward to the Council of Governors the Trust has:
- Taken the decision to merge the localities of North Yorkshire and York and Selby
 - Requested that all departments consider how they can make Cash Releasing Efficiency Savings (CRES)
- 3.3 As a result of 3.2 above, the Trust Secretary's Department is required to consider how the merged locality can be supported by Involvement and Engagement Officer establishment in the future, whilst at the same time reducing its costs.
- 3.4 The Council of Governors is asked to approve the recommendations arising from the review taking into account that the operational locality structure has now changed since the recommendations were agreed by the Task and Finish Group.

4. **IMPLICATIONS:**

- 4.1 **Compliance with the CQC Fundamental Standards:** No risks identified, demonstrable involvement of service users and carers is undertaken by the Trust.
- 4.2 **Financial/Value for Money:** The recommendation to provide an annual event of celebration would require investment from the Trust.

The inequality of the involvement and engagement officer establishment across the Trust would need to await the outcome of organisational change linked to the merger of North Yorkshire and York and Selby locality and CRES outcomes.

- 4.3 **Legal and Constitutional (including the NHS Constitution):** No risks identified.
- 4.4 **Equality and Diversity:** No risks identified.
- 4.4 **Other implications:** Detailed at 4.2 above.

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

6. **CONCLUSIONS:**

- 6.1 It is considered that the Group has met its objectives and that its findings and recommendations will improve the involvement of service users and carers within the Trust.

7. RECOMMENDATIONS:

- a) Approve the recommendations arising from the review as contained in Appendix 1 to this report.

Dr Hugh Griffiths
Non Executive Director

Background Papers:
Recommendations and Findings of the Task and Finish Group – Appendix 1
Research papers as contained in the Scoping Document – Appendix 2
Meeting papers and notes of Task and Finish Group : Involvement of service users and carers
SWOT analysis of findings Appendix 1, Annex 1)

Summary Report and Recommendations

Council of Governors' Task and Finish Group - Involvement

1 Introduction

This report sets out the findings and recommendations of a Task and Finish group review of service user and carer involvement within the Trust.

This review was prompted by issues raised by Governors when looking at how the Trust demonstrates service user and carer involvement which is a key element of a number of national policies and strategies.

2. Scope and Terms of Reference of the Review

The Council of Governors established the Task and Finish group to present a report recommending actions that the Trust could consider to improve how it involves service users and carers. The specific tasks were set out as below:

- 1) Research how the Trust seeks to involve service users and carers.
- 2) Identify any reporting mechanisms of the involvement of service users and carers.
- 3) Review how service users and carers are selected for involvement activities and where these are drawn from.
- 4) Review how service users and carers are involved in major developments within the Trust.
- 5) Review how service users and carers are involved in recruitment of staff within the Trust.
- 6) Review how service users and carers are involved in service improvements within the Trust.
- 7) Identify and recommend best practice for the meaningful involvement of service users in 3, 4, 5 and 6 above.
- 8) Recommend appropriate monitoring and reporting processes for the involvement of service users and carers.

3. Membership of the Task and Finish Group

The review was undertaken by:

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|---------|---|
| Chair | Dr Hugh Griffiths, Non Executive Director |
| Sponsor | Catherine Haigh (tenure now ended) |
| Members | Cllr Ann McCoy, Mary Booth, Gary Matfin (tenure now ended), Dr Lakkur Murthy (tenure now ended), Dr Martin Combs (tenure now ended), Lisa Pope, Sarah Talbot-Landon |

Mr Phil Bellas, Trust Secretary and Mrs Kathryn Ord, Deputy Trust Secretary supported and contributed to the work of the Group.

Meetings of the group were held between April 2017 and June 2018.

4. Methodology

The review comprised of the following:

- Review of the current routes of involvement for service users and carers within the Trust
- Understanding where the 'gaps' were around involvement (data taken from Involvement and Engagement Team and appointments to governance groups)
- Expert interviews with Recovery Experts by Experience, Service Users, Carers, Directors of Operations and Involvement and Engagement Officers

5. Key Findings and Recommendations

In putting forward the recommendations below to the Council of Governors, if approved the Trust would be required to develop a subsequent action plan which would be monitored via the Council of Governors.

What is classed as involvement?

There are generally considered to be two models involvement: involvement within personal care and treatment and general involvement in the business of the Trust. This review has focussed more on the involvement of service users and carers in the business and provision of services within the Trust.

Recommendation 1

That care and treatment information should be reviewed to better encourage co-production and service user involvement within their own care (eg care plan development) and more awareness given to staff around co-production and what this means in terms of care and treatment.

In respect of personal care and treatment, the group came to the conclusion that there was a range of initiatives within the Trust to take forward the co-production model to enable service users to have a greater say in their own care and treatment.

However, it was found that there was still a long way to go to ensure that everyone's understanding of this was the same. As the Recovery Programme had not concluded its work and co-production was one of the key deliverables it was felt that at this point in time the only recommendation that could be put forward by the Group was for the strengthening of communication in relation to co-production where referenced in patient care information/leaflets etc.

The Group therefore recommend that all care and treatment related information should be reviewed to ensure that clear, concise information is available to patients. The Recovery programme delivery should better describe how staff can engage with

patients on a more co-production level and ensure that the service user choice is included within care plans for example.

Recommendation 2

To refresh and re-publicise the roles of Recovery Experts by Experience and that of general involvement of service users and carers to allow better signposting and awareness for staff.

Throughout the interview and research process it was very clear to the Group that there was a mixed understanding around terminology with the main area around roles and titles of service users and carers and those that have been trained as a Recovery Expert by Experience. The Group felt that any service user or carer was an expert by experience in their own right and feedback evidenced that they often felt they were lesser valued and did not have the same prestige as those service users who had undertaken the Recovery Expert by Experience Programme.

Research evidenced that staff are confused about which service users should undertake involvement roles and participate in development activity. Often only those service users who had participated in the Recovery Expert by Experience programme are utilised as a first port of call. This results in a negative impact on other service users who have a significant amount of experience and important insightful views to offer.

Not all specialities can be represented by the Recovery Experts by Experience, often resulting in those from Adult Mental Health contributing and participating in roles that are for other client groups eg Older People's services. It was also noted that the Recovery Experts by Experience roles only have service user representation and no representation of carers.

The research undertaken by the Group showed further roles were being developed in the Trust such as Involvement Peers, Peer Trainers, Lived Experience Roles etc and providing greater clarification on each of the roles and how they should be utilised would help educate staff and give greater clarity as to which route/team to work with to achieve involvement.

The Group therefore felt that strengthening the information available including clarity on each of the roles with examples of what activities these lead on would be beneficial to all involved.

Recommendation 3

To review the inequality of involvement and engagement officer establishment across the Trust.

Throughout the evidence gathering and discussions it was very clear to the Group that there was a very different way of working and support provided to locality areas and service users and carers within the Trust.

The outlying area was York and Selby who had the benefit of an Involvement and Engagement Officer employed full time. The service provision and impact of this resource was a significant increase in the amount of involvement being undertaken within the locality with significantly more co-production around and engagement around the provision of services, quality improvement and the work to provide a new hospital for the area.

The role has the benefit of being co-located within the management suite of the York and Selby locality which resulted in more dialogue, discussions, planning, sharing of information and advice to ensure more appropriate involvement of service users and carers.

The role also allows more time for the officer to work with, support and develop service users and carers in their involvement journey and lead on the delivery of an involvement group. The Group noted that within the full time resource allocation, the post did also lead on some Trust wide initiatives alongside other members of the Involvement and Engagement Team.

In other localities the allocation of Involvement and Engagement Officer time is 18.45 hours. This time allocation has to support the locality and its staff through organising, advising and supporting involvement of service users and carers as well as recruiting, working with and developing service users and carers to undertake involvement activities. In addition there are lead areas of Trustwide work that each officer undertakes.

The Group therefore recognise that for meaningful involvement within a locality, where its projects, services and staff are truly supported to carry out involvement and for meaningful support, development and mentoring of service users it is recommended that a full time officer is available for each locality.

Recommendation 4

Locality management to strengthen the work they do with their locality involvement and engagement officer (York and Selby locality seen as the exemplar of working).

As referred to under Recommendation 3, there is a significant difference in the integration of Involvement and Engagement Officers within locality management structures and governance.

The evidence has shown that resource available from the Involvement and Engagement Officer is not fully utilised within the localities with the skills, experience and advisory role not fully valued (York and Selby excluded).

The model of working within York and Selby has shown that where staff within the locality liaise and seek support of the Involvement and Engagement Officer, the experience of the service user/carer is often much improved and better outcomes are seen for the Trust.

If the Involvement and Engagement Officers are aware of key work plans within the locality, better planning can be undertaken to coordinate the involvement of service users and carers and assist in the preparation required to ensure meaningful involvement for both parties.

Recommendation 5

To undertake more awareness raising with staff around what involvement of service users and carers is, what it means and how to undertake it.

The findings of the group confirmed what is already known within the Trust regarding the general confusion of staff as to who to contact when a service user or carer is required to assist with a piece of work.

Recommendation 2 above refers in terms of greater identification of the roles; however it was felt that more work could be undertaken by Involvement and Engagement Officers to help staff understand better about what involvement means, how it can be undertaken and what their own roles are in supporting service users and carers who are working with them.

The Group would like to recommend that, to enable staff to have greater knowledge of the different teams supporting involvement in the Trust work is undertaken by the Involvement and Engagement Officers to link into teams and services and work with staff to raise greater awareness of the Ladder of Participation and how this is applied to involvement

Recommendation 6

To produce and provide a glossary of terminology linked to Quality Improvement which is issued to service users and carers prior to participation.

Through the interviewing process, a number of service users and carers who had been involved in Quality Improvement Processes identified that they struggled with the amount of acronyms used that were linked to the processes.

When identifying service users and/or carers to participate in any Quality Improvement event, the Group recommend that a glossary is developed and provided prior to the event that would better aid understanding of what is being discussed and in turn enable the person to contribute more meaningfully.

Recommendation 7

For the Trust to review how services utilise social media platforms to engage with service users and carers.

Throughout the evidence gathering process and the experiences the Group felt that the Trust did not utilise the social media platforms available to engage with service users and carers in a way that allowed 2 way dialogue or in a way to seek feedback, views on services.

There is a vast number of Trust service users and carers who are unable to contribute through the standard ways of involvement for a variety of reasons but they still have a voice and an opinion which the Trust should harness more.

This recommendation therefore is to ask the Trust to consider how it could use the power of social media better particular around service re-design, consultations and general engagement.

Recommendation 8

To fund and deliver an annual celebration of involvement to demonstrate how much takes place and to thank those that undertake this work.

The Group identified that there was a significant amount of involvement taking place within the organisation which has shown demonstrable changes in the lives of people undertaking involvement as well as improving the services that the Trust offers.

It was felt that this was not fully known or recognised by the Trust in terms of value but also the recognition to the service users and carers could be improved.

Success has been seen at a previous Volunteer Celebration events and the Group would like to recommend that that the Trust fund an annual celebration to firstly, recognise the range and amount of involvement work that has been undertaken, secondly the difference that this has made to services and thirdly the beneficial impact that involvement has made to people's lives.

Conclusion

The Group believe that by undertaking this review they have gained a well-rounded perspective of how the involvement of service users and carers is undertaken and coordinated within the Trust.

It considers that the pragmatic recommendations that have been developed should enable greater support and more meaningful involvement of service users and carers which would not only benefit them but also the staff and services within the Trust.

Valuing the people that undertake involvement work should not be underestimated, it is recognised that involvement payments and reimbursement of expenses are offered but personal recognition and celebration would provide so much more pride and encouragement.

Background Papers

SWOT Analysis (attached Annex 1)

Notes of meetings

Interviews with staff, service users, carers and Recovery Experts by Experience

Supporting papers for meetings

| STRENGTH | WEAKNESS |
|--|---|
| <p>Process</p> <ul style="list-style-type: none"> • Large range of involvement activities available • Involvement Opportunity flyers contain a lot of information that is needed to enable service user and carers to self-select against • Linking involvement to key business priorities demonstrates meaningful involvement and adds value • Involvement is seen as a business priority within the Trust • Level of training provided to Recovery Experts by Experience is welcomed <p>Resource</p> <ul style="list-style-type: none"> • Having a local contact such as an Involvement and Engagement Officer is valuable • Vale of York having a full time Involvement and Engagement Officer has aided the amount involvement and the level people get involved in • Where there is an Involvement and Engagement Officer linked into local management and works in partnership with that management – this demonstrates increased involvement in Trust business and major service changes • Durham has an excellent support network for young people and a carer group for their families • Significant amount of time must be dedicated by Involvement and Engagement Officers to support and building networks alongside supporting service users and carers to develop their own experiences in involvement <p>Experience</p> <ul style="list-style-type: none"> • Those who undertake involvement generally feel valued • Involvement can be life changing for individuals and there are many instances where this can be evidenced <p>General</p> | <p>Process</p> <ul style="list-style-type: none"> • Often insufficient notice given by staff for involvement activities resulting in poor planning and support and the ability to match the right person to the right role • Involvement often requested at short notice creating more pressure on Involvement and Engagement Officers • Lack of pre information / briefings - lack of preparation results in service users and carers not having time to prepare and thus feel undervalued and tokenistic • Events often cancelled and not communicated well to those that have offered to take part • Not enough investment in training and support for those undertaking involvement • The way service users and carers are involved in recruitment – varying ways and experiences. No clear consistency • Recovery Experts by Experience seen as the group to go to for views, regardless of actual requirements. It is a recovery view/approach essential • Not all areas have service users or carers involved in governance, very inconsistent in how appoint to, role undertaken and no clear support mechanisms • Training / knowledge/ skill base of staff is lacking in some areas around involvement and how to support service users and carers in these activities <p>Resource</p> <ul style="list-style-type: none"> • Part time working of Involvement and Engagement Officers impacts the amount of support that can be provided to services and staff and also the service users and carers. • Lack of knowledge and awareness of staff around what involvement of service users should look like, how this can be applied to the Ladder of Participation including what their roles are in supporting |

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| <ul style="list-style-type: none"> • Having a group of peers (eg Recovery Experts by Experience) is seen as valuable support for those undertaking involvement • The Expert by Experience Programme has challenged some of the tokenism of involvement that has previously been identified • Triangle of Care has re-energised groups of carers | <p>Experience</p> <ul style="list-style-type: none"> • Lack of up to date knowledge on the skill mix, interest area of service users and carers can impact the support provided to them and the activities that they are invited to undertake • Current methods of involvement do not capture the ‘quiet voice’ or those who struggle to attend meetings. There are other ways to involve service users and carers that are not being explored. <p>General</p> <ul style="list-style-type: none"> • Lack of networking peer support for involvement service users and carers compared to the Recovery Expert by Experience programme • Involvement of service users within Durham and Darlington has been difficult to progress within specifically within the locality and business priorities |
| <p>OPPORTUNITY</p> | <p>THREAT</p> |
| <p>Process</p> <ul style="list-style-type: none"> • Durham and Darlington locality will be testing out a new model of involvement in governance – need to await the outcome of this • Utilising different methods including social media platforms to gather views and experiences from a wider range of service users and carers and also the ‘quiet voice’ • How do the FFT scores be utilised better to inform and enhance involvement of service users and carers • Utilising quality improvement processes better for involvement <p>Resource</p> <ul style="list-style-type: none"> • None <p>Experience</p> <ul style="list-style-type: none"> • Service users and carers being involved in inspections provides a vehicle for fresh eyes and allows people to see the changes in services and understand how those who are inpatients to see what it is really like • There is demonstrable evidence when service users and carers are | <p>Process</p> <ul style="list-style-type: none"> • Where short notice involvement – obvious last minute thought – feeling of meaningless and tokenistic to service users and carers • Perception of a tick box exercise from those undertaking involvement • Confusion of roles of Recovery Experts by Experience and involvement and who to contact for what type of involvement required <p>Resource</p> <ul style="list-style-type: none"> • Business as usual for the Recovery Expert by Experience programme without funding is challenging • Limited resource of Involvement and Engagement officer support can hinder the amount of involvement coordinated and undertaken. This also affects how much support can be given to staff and also the service users and carers • Not being directly linked with the locality management can hinder the amount of involvement undertaken and the advice and support provided by Involvement and Engagement Officers |

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| <p>involved right from the onset of a process/activity – this can and does impact the quality of services</p> <p>General</p> <ul style="list-style-type: none">• Desire to see an annual celebration of work – link to volunteers• Should extend the Recovery Experts by Experience Programme to other specialities | <p>Experience</p> <ul style="list-style-type: none">• Strong voices in groups can overpower those less strong• The Trust expects a lot from service users and carers <p>General</p> <ul style="list-style-type: none">• Terminology – Recovery Expert by Experience. Everyone is an expert in their own right. This can offend some service users• The involvement payments cause individuals problems with DWP especially if they don't understand their benefits and circumstances• People are out of pocket through involvement for 'other expenses' phone calls, printing buying clothes to attend meetings• Impact of payments/benefits and lack of understanding and support• Unless linked to the Trust and know the right people, often people don't know about involvement activities that people can get involved in• Some people when first get involved it is a personal campaign through personal experience |
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Council of Governors

Task and Finish Group Scoping Paper

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| Title of Review: | Involvement of Service Users and Carers in TEWV |
| Governor Sponsor | Catherine Haigh |
| Background: | <p>Service user and carer involvement within health and social care is a key element of a number of national policies and strategies:</p> <p><i>NHS England</i> sets out its “ambition of strengthening participation in all of our work” and pledges to “work in partnership with patients and the public, to improve patient safety, patient experience and health outcomes; supporting people to live healthier lives.”</p> <p>The <i>NHS Constitution for England</i>, outlines a number of patient rights and responsibilities.</p> <p>NHS England’s <i>Five Year Forward View</i> advocates involving communities and citizens “directly in decisions about the future of health care services”.</p> <p>Health and Social Care Act 2012 Within this Trust, there is also a number of Frameworks and Strategies that seek to be inclusive in terms of the involvement and engagement of patients and carers:</p> <ul style="list-style-type: none"> • Involvement and Engagement Framework • Recovery Strategy • Research and Development • Draft revised Quality Strategy • Volunteer Strategy • Medical Development and Education • Inspections • Public Membership <p>TEWV supports the involvement of service users and carers in all of its work and improvement work.</p> |
| Terms of Reference: | <p>Taking into account a clear directive that NHS providers should seek to ‘involve’ its patients and carers the task group should seek to:</p> <ol style="list-style-type: none"> 1) Research how TEWV seeks to involve service users and carers. 2) Identify any reporting mechanisms of the involvement of service users and carers. 3) Review how service users and carers are selected for involvement activities and where these are drawn from. 4) Review how service users and carers are involved in major |

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| | <p>developments within the Trust.</p> <ol style="list-style-type: none"> 5) Review how service users and carers are involved in recruitment of staff within the Trust. 6) Review how service users and carers are involved in service improvements within the Trust. 7) Identify and recommend best practice for the meaningful involvement of service users in 3, 4 and 5 above. 8) Recommend appropriate monitoring and reporting processes for the involvement of service users and carers. |
| <p>Group Membership:</p> | <p>Trust Secretary Deputy Trust Secretary / Involvement and Engagement lead Non Executive Director - Chair Governor Sponsor A minimum of four Members of the Council of Governors including a staff governor</p> |
| <p>Research Methodology:</p> | <ol style="list-style-type: none"> 1. Explore the different ways service users and carers are involved within the Trust. 2. Interview key personnel linked with involved. 3. Understand processes used within other Mental Health Foundation Trusts 4. Understanding the statutory requirement for involvement. 5. Identification of what is meant by meaningful involvement of service users and carers and why it is necessary. 6. Identification of what the Governor role is for the monitoring of involvement of service users and carers 7. Identification of the options for improvement 8. Formulation of preferred options and reporting. <p>Key documents for research (internal and external)</p> <p>https://www.england.nhs.uk/wp-content/uploads/2015/11/ppp-policy.pdf</p> <p>https://www.gov.uk/government/publications/the-nhs-constitution-for-england</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213823/dh_117794.pdf</p> <p>http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted</p> <p>http://www.nsun.org.uk/about-us/our-work/survivor-researcher-network/</p> <p>Involvement and Engagement Framework/ Volunteer Strategy</p> <p>http://www.tewv.nhs.uk/site/get-involved/Being-a-volunteer-patient</p> <p>http://www.tewv.nhs.uk/site/get-involved/PLACE</p> |

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| | <p>http://www.tewv.nhs.uk/site/get-involved/members/become-a-member</p> <p>http://www.tewv.nhs.uk/site/get-involved/volunteer</p> <p>http://www.tewv.nhs.uk/site/get-involved/research-and-development/get-involved</p> <p>Report commissioned by the Trust on service user involvement within Adult Mental Health for Durham, Darlington and Teesside. (hard copy only)</p> |
| Budget: | Meeting costs of the review can be contained within current budgets. |
| Resource Implications: | Four meetings of the Group (3 hours per meeting). Administrative and research support from the Trust Secretary's Department (up to 10 days). |
| Review Overview: | To be determined by the Group; however, the report and recommendations of the review to be provided to the Council of Governors for consideration within 18 months. |
| Expected Outcomes: | <ul style="list-style-type: none"> ▪ A clear understanding as to how the Trust involves service users and carers across its services. ▪ Clear processes to involve service users and carers within the following areas: <ul style="list-style-type: none"> ○ Recruitment and selection of staff ○ Major developments ○ Process/service improvement |

Performance Update as at 30th September 2019

www.tevv.nhs.uk



@TEVV



Council of Governors – November 2019

Headlines

The attached Trust Dashboard shows that 53% of the KPIs within the Trust Dashboard are achieving target for the year to date, with three indicators reporting red as at the end of September 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)
- Percentage Sickness Absence Rate

There are two areas of concern within the NHSI Single Oversight Framework. Standards have not been met in the following areas:

- IAPT- proportion of people completing treatment who move to recovery (at Q2). The main area of concern is within Durham and Darlington and an action plan has been agreed with commissioners
- Data Quality Maturity Index (at Q1). Actions have been put in place which will improve the position

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 continued to deteriorate 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.

A detailed report on waiting times was discussed at the Board meeting in September, 2019.

Patients reporting their overall experience as 'excellent' or 'good':

The feedback we are receiving is not as positive as we would like it to be. However we have seen an improvement in Forensic services that has historically been a particular area of concern. This reflects some specific work that was undertaken in July and August to improve completion rates in order to improve the understanding of what action can be taken to improve

the experience of our service users. Similar work is now taking place in NY&Y which is the locality furthest away from the standard

Number of Inappropriate Out of Area Placement Days

Whilst still achieving the required standard the position has deteriorated each month since June, 2019.

Activity: Key Issues

There are no key issues to report as at 30th September, 2019.

Workforce: Key Issues

Vacancy Rate:

The vacancy rate for healthcare professionals is worse than the standard; however some improvement has been seen in August and September. **It should be noted that a number of these vacancies will still have staff in post working their notice.**

The Council of Governors is aware that there have been concerns about recruitment and retention in the Trust. The ability to recruit to posts in a timely way impacts on the quality of care we can deliver and the financial position of the Trust as we use other ways to cover the vacancies, such as overtime and agency staff.

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. We have seen a reduction in agency usage in September 2019

Percentage Sickness Absence Rate:

The Trust continues to have a greater amount of sickness than it would wish, which clearly impacts on service users, the member of staff and also the other staff in the team. The position in September did improve although it is still higher than the same period last year.

Money: Key Issues

Income and Expenditure:






















All three financial targets were achieved in September, and for the Year to Date. Further information on the Trust's financial performance is included in the Finance 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

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Quality

| | September 2019 | | | | April 2019 To September 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% | 82.13% |  |  | 90.00% | 83.88% |  | 90.00% |
| 2) Percentage of patients starting treatment within 6 weeks of an external referral | 60.00% | 59.58% |  |  | 60.00% | 57.41% |  | 60.00% |
| 3) The total number of inappropriate OAP days over the reporting period (rolling 3 months) | 2,150.00 | 1,770.00 |  |  | 2,150.00 | 1,770.00 |  | 2,150.00 |
| 4) Percentage of patients surveyed reporting their overall experience as excellent or good | 94.00% | 91.48% |  |  | 94.00% | 91.58% |  | 94.00% |
| 5) The percentage of Serious Incidents which are found to have a root cause or contributory finding | 32.00% | 27.27% |  |  | 32.00% | 33.82% |  | 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% | 68.42% |  |  | 60.00% | 64.52% |  | 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% | 63.74% |  |  | 65.00% | 68.72% |  | 65.00% |













Activity

| | September 2019 | | | | April 2019 To September 2019 | | | Annual |
|--|----------------|----------|---|---|------------------------------|-----------|---|--------|
| | Target | Month | Status | Trend Arrow (3 Months) | Target | YTD | Status | Target |
| 8) Number of new unique patients referred | | 6,906.00 | | | | 42,182.00 | | |
| 9) The number of new unique patients referred with an assessment completed | | 3,883.00 | | | | 24,628.00 | | |
| 10) Number of new unique patients referred and taken on for treatment | | 1,610.00 | | | | 9,499.00 | | |
| 11) Number unique patients referred who received treatment and were discharged | | 2,936.00 | | | | 15,423.00 | | |
| 12) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards) | 90.00% | 90.91% |  |  | 90.00% | 90.48% |  | 90.00% |


Trust Dashboard Summary for TRUST

| | September 2019 | | | | April 2019 To September 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 | 52.00 |  |  | 61.00 | 52.00 |  | 61.00 |
| 14) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP) - in reporting month | 23.00% | 23.16% |  |  | 23.00% | 25.31% |  | 23.00% |

Workforce

| | September 2019 | | | | April 2019 To September 2019 | | | Annual |
|---|----------------|--------|---|---|------------------------------|--------|---|--------|
| | Target | Month | Status | Trend Arrow (3 Months) | Target | YTD | Status | Target |
| 15) Vacancy Rate (Healthcare Professionals only) | 6.50% | 11.69% |  |  | 6.50% | 10.04% |  | 6.50% |
| 16) Percentage of staff in post more than 12 months with a current appraisal (snapshot) | 95.00% | 91.63% |  |  | 95.00% | 91.63% |  | 95.00% |
| 17) Percentage compliance with ALL mandatory and statutory training (snapshot) | 92.00% | 93.92% |  |  | 92.00% | 93.92% |  | 92.00% |
| 18) Percentage Sickness Absence Rate (month behind) | 4.40% | 5.39% |  |  | 4.40% | 5.16% |  | 4.40% |

Money

| | September 2019 | | | | April 2019 To September 2019 | | | Annual |
|--|----------------|---------------|---|---|------------------------------|---------------|---|---------------|
| | Target | Month | Status | Trend Arrow (3 Months) | Target | YTD | Status | Target |
| 19) Delivery of our financial plan (I and E) | -600,000.00 | -747,455.00 |  |  | -3,007,000.00 | -3,237,965.00 |  | -5,610,000.00 |
| 20) CRES delivery | 824,916.00 | 964,907.00 |  |  | 4,949,496.00 | 5,830,526.17 |  | 9,898,992.00 |
| 21) Cash against plan | 80,071,000.00 | 88,125,787.00 |  |  | 80,071,000.00 | 88,125,787.00 |  | 54,409,000.00 |

Finance Update

Council of Governors – November 2019

Headlines

The Trust remains on course to deliver its financial plan.

- ↑ The Trust is currently £11k ahead of its year to date financial plan. This represents a surplus of £3,018k.
- ↑ CRES delivery is expected to exceed plan by year end
- ↑ CRES schemes for the financial year are forecast to be £1,762k ahead of financial plan.
- ▼ Use of Resources (UoR) risk rating is behind plan and is also forecast to be behind the planned rating of 1 at year end.

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 September across all localities.

As at September 2019 the Trust is £1,057k (32%) in excess of its agency cap, which is an

improvement from June's reported position of 35%.

If this position does not improve further the Trust will not be able to achieve its originally planned UoR risk rating of 1.

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

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.

The key actions being taken as part of the agency reduction plan 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
- Bringing agency management in-house as part of the Temporary Staffing team

(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 forecast that the Trust will not achieve its cap during the year.

Finance Update

Council of Governors – November 2019

Key issue: Capital

Capital expenditure is £568k behind plan.

The main reasons for the variations are:

- The development of Foss Park (the new inpatient facility in York) being behind its expenditure profile but not expected completion date
- The rectification of Roseberry Park being marginally behind its expenditure profile due to a delayed start of a few weeks

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

This will not impact on delivery of the Foss Park development in York or plans to address the defects at Roseberry Park.

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, though achievement of this is dependent on a reduction in agency expenditure as mentioned earlier.

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

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

Key issue: CRES Delivery