

**AGENDA FOR THE MEETING OF THE BOARD OF DIRECTORS
TUESDAY 28TH JANUARY 2020
VENUE: THE DURHAM CENTRE, BELMONT INDUSTRIAL
ESTATE, DURHAM, DH1 1TN
AT 9.30 A.M.**

Apologies for Absence

Standard Items (9.30 am)

Item 1	To approve the public minutes of the last ordinary meeting held on 26th November 2019 and the special meeting held on 17th December 2019 .		Attached
Item 2	Matters Arising.		-
Item 3	Public Board Action Log.		Attached
Item 4	Declarations of Interest.		-
Item 5	Chairman's Report.	Chairman	Verbal
Item 6	Chief Executive's Report.	CM	Attached
Item 7	To consider any issues raised by Governors.	Board	Verbal

Quality Items (9.50 am)

Item 8	To receive a briefing on key issues in the County Durham and Darlington Locality.	Jennifer Illingworth to attend	Presentation
Item 9	To receive and note an update on the work of the Guardian of Safe Working.	AK	Verbal
Item 10	To consider the six monthly "Hard Truths" Nurse Staffing Report.	EM	Attached
Item 11	To consider the report of the Quality Assurance Committee.	EM	Attached
Item 12	On the recommendation of the Resources Committee to approve the Equality and Diversity Strategy.	DL	Attached
Item 13	To consider an update report on agency usage.	RH	Attached

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| Item 14 | To consider the feedback from the public engagement with local people to help develop community mental health services for adults and older people in Harrogate and to make a recommendation to the CCG. | RH | Attached |
| Item 15 | To consider any matters of urgency arising from the meeting of the Mental Health Legislation Committee held on 22 nd January 2020. | PM/EM | Verbal |

Performance (11.40 am)

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| Item 16 | To consider the summary Finance Report as at 31 st December 2019. | PMc | Attached |
| Item 17 | To consider the Trust Performance Dashboard as at 31 st December 2019. | SP | Attached |

Governance (11.55 am)

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| Item 18 | To receive and note a report on the Trust's position under the NHS Oversight Framework. | PB/SP | Attached |
| Item 19 | To review the Non-Executive Director membership of the Board's Committees. | Chairman | Attached |
| Item 20 | To review the membership of the Council of Governors. | PB | Attached |

(Note: any changes to the Constitution are subject to joint agreement with the Council of Governors).

Items for Information (12.20 pm)

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| Item 21 | To receive and note a report on the use of the Trust's Seal. | CM | Attached |
| Item 23 | To note that the next meeting of the Board of Directors will be held on Tuesday 25th February 2020 in the Boardroom, West Park Hospital, Darlington at 9.30 am. | | |

Confidential Motion (12.25 pm)

Item 24 The Chairman to move:

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

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

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

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

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

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

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.

Information which is held by the Trust with a view to its publication, by the Trust or any other person, at some future date (whether determined or not), and it is considered reasonable, in all the circumstances, to withhold the information from disclosure until that date.

The meeting will adjourn for lunch

Miriam Harte
Chairman
22nd January 2020

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

**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON 26TH
NOVEMBER 2019 IN THE BOARDROOM, WEST PARK HOSPITAL, DARLINGTON
COMMENCING AT 9.30 AM**

Present:

Ms. M. Harte, Chairman
Mr. C. Martin, Chief Executive
Dr. H. Griffiths, Deputy Chairman
Mr. M. Hawthorn, Senior Independent Director
Mr. D. Jennings, Non-Executive Director
Mr. P. Murphy, Non-Executive Director
Mrs. B. Reilly, Non-Executive Director
Mrs. S. Richardson, Non-Executive Director
Dr. A. Khouja, Medical Director
Mr. P. McGahon, Director of Finance and Information
Mrs. E. Moody, Director of Nursing and Governance and Deputy Chief Executive
Mr. D. Levy, Director of HR and Organisational Development (non-voting)
Mrs. S. Pickering, Director of Planning, Performance and Communications (non-voting)

In Attendance:

Mrs. L. Taylor, Director of Operations for Forensic Services (minute 19/295)
Dr. J. Whaley, Guardian of Safe Working (minute 19/296)
Mr. D. Williams, Freedom to Speak Up Guardian (minute 19/297)
Mr. P. Bellas, Trust Secretary
Mrs. S. Paxton, Head of Communications
Dr. S. Hopper, Professional Lead for Psychology in the Tees Locality and Trustwide
Lead for MHSOP Psychology

19/288 APOLOGIES

Apologies for absence were received from Prof. P. Hungin, Non-Executive Director, and Mrs. R. Hill, Chief Operating Officer.

19/289 MINUTES

***Agreed** – that the minutes of the last meeting held on 29th October 2019 be approved as a correct record and signed by the Chairman.*

19/290 MATTERS ARISING AND PUBLIC BOARD ACTION LOG

The Board received and noted the Public Board Action Log.

Further to minute 19/165 (25/6/19), Mr. Martin advised that he would be introducing a cut-off point for the receipt of contributions to the review of engagement with service users and carers and, following this, the information would be collated and circulated to Board Members.

19/291 DECLARATIONS OF INTEREST

There were no declarations of interest.

19/292 CHAIRMAN'S REPORT

The Chairman:

- (1) Drew attention to the active involvement of Board Members in the recent well-led inspection undertaken by the CQC.

(See also minute 19/301 below)

- (2) Reported on her attendance at an event for new consultants which had been interesting and enjoyable.
- (3) Noted the discussions at the meeting of the Council of Governors held on 21st November 2019.

19/293 CHIEF EXECUTIVE'S REPORT

The Board received and noted the Chief Executive's Report.

Arising from the report:

- (1) Mr. Martin advised that, since its preparation, the response rate to the 2019 staff survey had increased to 49%.
- (2) Mr. Hawthorn, the Chairman of the Resources Committee, reported that the refresh of the Digital Transformation Strategy was due to be considered by the Committee in April 2020 and would support discussions at the Business Planning Workshop in October 2020.
- (3) Board Members sought clarity on the National Review into the Quality of Children's Inpatient Services and its relationship to the Trust's reviews arising from events at West Lane Hospital.

In response to questions, Mr. Martin advised that:

- (a) The review, which had been established by NHS England, had been prompted by concerns from the Children's Commissioner about the number of young people in hospital, particularly those with a learning disability or autism; the incidence of seclusion and segregation; the number of beds available and their distribution across the country; and lengths of stay.
- (b) The CQC would be involved in the review.
- (c) At present, the detailed scope of the review was not available and was only likely to be published once the purdah period for the forthcoming General Election ended.
- (d) The timeline was also not yet known but it was likely that the review would be conducted at pace.

19/294 GOVERNOR ISSUES

It was noted that:

- (1) The majority of Board Members had been in attendance at the meeting of the Council of Governors held in the previous week and had heard the issues raised first-hand.
- (2) The Chairman was giving thought to how and where meetings of, and with, Governors should be arranged to achieve a more appropriate balance between discussions on Locality issues and information (which were valued) and those Trustwide.

19/295 LOCALITY BRIEFING – FORENSIC SERVICES

Mrs. Taylor (Director of Operations) gave a presentation on the key issues facing Forensic Services.

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

As part of her presentation Mrs. Taylor highlighted the establishment of the Intensive Support Unit at Durham Prison and invited Board Members to visit the facility.

Board Members raised the following matters:

- (1) The external review of the service, following concerns about staff behaviour, which was due to commence on 29th November 2019 and to be completed in-year.

The Board noted that:

- (a) Although a number of issues had been cited in the concerns, including bullying, there were no consistent themes.
 - (b) In response to the feedback received, Mr. David Ashton, an independent organisational development consultant with a healthcare background, had been commissioned to undertake the review.
- (2) The impact of the review of social work provision undertaken by Middlesbrough Council.

The Board noted that:

- (a) Middlesbrough Council had had a longstanding arrangement, on behalf of other local authorities in the area, to provide social workers to support people with mental ill-health and learning disabilities.
 - (b) The Council had undertaken a review as, over the last couple of years, the arrangement had started to break down with other local authorities withdrawing from it.
 - (c) The outcome of the review was that the arrangement would be ceased and the contract terminated so that, in future, the Council would only be providing the service to Middlesbrough residents.

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- (d) Whilst the Council had a statutory duty to provide the service this could be at a minimum level and the Trust would need to make up any shortfall in provision.
 - (e) The proposals created significant issues for forensic services as, in view of patients coming from far afield and for long periods, it was sometimes difficult to identify their originating local authority.

Board Members recognised that the approach was contrary to integrated care but that, due to limited resources, it had been a difficult decision for the Council.

A question on whether safeguarding boards had been informed of the issue was also raised.

Mr. Martin advised that the safeguarding issues related to whether the services were provided and not how they were performed.

- (3) The barriers to concluding the reviews of occupational therapy and psychology within the Locality.

Mrs. Taylor considered that the services had not changed for a number of years and there were challenges in seeking to ensure staff understood that the reviews, which were aimed at increasing person centred care, did not reflect a negative view of their performance.

- (4) The Locality's response to the national drive to repatriate service users to their local areas.

The Board noted that forensic services were supporting repatriation and managing step downs from high secure services where appropriate.

Mrs. Pickering highlighted that repatriation was a core focus of the New Care Model (NCM) and the approach was being successful. One of the contributory factors to this was the development of community forensic services which had improved the flow through beds.

In response to a question, it was noted that a key challenge to the approach was the transforming care agenda, which was also an objective of the NCM.

- (5) The challenges arising from the high levels of activity at HMP Durham following its reclassification as a reception prison.

Mrs. Taylor explained that:

- (a) Referrals to mental health services had been expected to increase 10-fold as a result of the reclassification but had approximately tripled following the change. Risks of self-harm and suicide had also increased.
- (b) Although action had been taken to support the wellbeing of staff, retaining them was difficult with workload being cited as a reason for them leaving the service.

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- (c) The issues had been raised with Commissioners and a national call held to examine the risks.
 - (d) In response it had been agreed to review the model and to provide additional financial resources including the provision of additional staff in courts so that screening could take place before arrival at prison.

It was noted that the change to a reception prison was part of the national approach to offender management which was being rolled out elsewhere and there was no intention to change it.

Based on the report and previous discussions, the Non-Executive Directors considered that the Trust should be raising the potential increased risks of self-harm with the NHS and the Ministry of Justice as it might have privileged visibility on this matter.

Mr. Martin, reflecting on the risks to patient safety and the challenges of retaining staff, which had not previously been the case for the service, agreed that the Board's views needed to be placed on record and thought needed to be given on how best to take this forward.

Action: Mr. Martin

19/296 REPORT OF THE 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. I am satisfied that processes are in place to identify and rectify issues of safety.

The ongoing need for whole system engagement with these issues cannot be underestimated."

Board Members raised the following matters:

- (1) Whether there were any actions which the Trust could take to avoid fines as these were now considered to be more likely following the revisions to the Junior Doctors' Contract in 2018.

Dr Whaley advised that:

- (a) The Contract stated that changing rotas to avoid fines was not necessarily the appropriate approach.
- (b) Fines would be imposed in certain circumstances, for example, if junior doctors did not have five hours rest during an antisocial period or when their period of rest was below 8 hours in any 24 hour period.
- (c) It was not practicable, under present arrangements, to avoid fines in isolated areas.

The Board noted that, whilst most of the 2018 Contract revisions were already incorporated into current working practices, consideration, where practicable, would need to be given to:

- (a) Reducing the number of shifts from eight to seven per week so that junior doctors were required to work no more than 1 in 3 weekends or putting in place a process for agreement and review in the exceptional circumstances (e.g. in Scarborough) when the changes could not be made.
- (b) Moving from non-resident to a resident rotas to support adherence to the five hours continuous rest rule (e.g. in North Durham).

In response to a question it was noted that fines levied would be four times the national locum rate of pay and, of the total amount, 1.5x would be paid to the junior doctor concerned with the remainder allocated to the Junior Doctors' Forum for determination on how it should be spent.

- (2) The concerns raised about the lack of a switchboard or recording system.

Dr. Whaley explained that the Tees crisis team, in effect, acted as a switchboard for the organisation, out of hours, with one member of staff allocated to answer calls; however, the system broke down if the member of staff was called away and there was no arrangements for taking recorded messages in those circumstances.

The Board noted that the arrangements had been in place for a couple of years and there had been no recent changes to them. However, the system caused difficulties in tracking and providing assurance on response times from on-call doctors; a matter of interest to the CQC.

Concerns were also raised about the lack of information on the rota provided to the crisis team; an issue highlighted by Dr. Whaley in his introduction to the report.

Mr. Martin undertook to hold further discussions with the EMT on this matter.

Action: Mr. Martin

- (3) The high number of exception reports relating to forensic services, as highlighted in Appendix 2 to the report.

The Board noted that the rota covered both forensic services and the Tees Locality.

Dr. Whaley advised that he was concerned about the high number of exception reports from the Tees rota, which was mainly residential, and was due to hold a meeting later in the day to review the position.

Board Members considered that the data on exception reporting should be standardised to support comparisons to be made between rotas.

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- (4) The concerns about the operation of the rotas and the high number of exception reports in North Yorkshire.

Dr. Whaley explained that due to the geography of the area it was difficult to design rotas which were both safe and economical.

Mrs. Moody suggested that the advanced clinical practitioner roles could be used to reduce demand for on-call doctors e.g. in regard to the use of the MHA.

Dr. Whaley welcomed the opportunity to further discuss this matter.

- (5) The extent that the introduction of Night Co-ordinators had impacted on the calls to junior doctors out of hours.

It was noted that:

- (a) To date, the arrangements had not reduced the number of calls; however, they would not be expected to if the junior doctors were contacted appropriately.
- (b) The review of the use of seclusion in Teesside had highlighted a high volume of calls, above the levels elsewhere, which would need to be reviewed.

- (6) The operation of the “SkyGuard” system which was due to be piloted in Scarborough in response to concerns relating to lone working procedures.

Dr. Whaley explained that under the system, which was provided by an external agency, details of appointments were logged and escalation arrangements implemented if the person did not confirm that they had arrived at the designated location within a specific time.

The Chairman thanked Dr. Whaley for his report.

19/297 REPORT OF THE FREEDOM TO SPEAK UP GUARDIAN

The Board received and noted the Report of the Freedom to Speak Up Guardian (F2SUG).

Mr. Williams was congratulated on the presentation of an award which recognised the Trust as being one of the highest ranking in the country on the National Guardians Office Index.

Board Members raised the following matters:

- (1) The provision of training to staff.

It was noted that National Guardians Office had recently published guidance which recommended that training should be offered to all staff. The EMT had agreed, in principle, that freedom to speak up training should be mandatory for all staff from April 2020 and efforts were underway to develop specific proposals for its consideration prior to a final decision being made.

Mr. Levy advised that the potential introduction of a national training scheme had been raised but no information had been provided on the proposed timescale for its availability.

The Non-Executive Directors questioned the definition of “mandatory” as training sessions for band 7 and above staff in York and Scarborough had been cancelled due to lack of attendees.

Mr. Martin expressed his frustration about the position, which reflected attendance from the Locality at other events.

The Chairman also highlighted that, from her discussions with BAME staff, raising awareness amongst staff on how they could raise issues needed to be improved.

- (2) Their concerns about the increase in the proportion of staff contacting the F2SUG who wished to remain anonymous.

It was noted that:

- (a) The number of staff wishing to remain anonymous had increased from four, between October 2018 and March 2019, to 24 between April 2019 and September 2019.
- (b) The reason given by most staff for wishing to preserve their anonymity was that they were fearful of experiencing a negative consequence from raising the concern.

On this matter:

- (a) Board Members considered that the increase, together with that in the number of contacts with the F2SUG, could reflect that more staff were now willing to raise concerns which was positive.
- (b) Questions were raised about how the F2SUG could investigate concerns if their location was unknown.
- (c) Mr. Williams observed that the size of the team, and the potential for them to be identified, had a bearing on staff wishing to remain anonymous.

Board Members also highlighted that concerns being raised anonymously made it difficult for them to understand whether there were particular issues in Localities, wards, etc.

In response to a question, it was noted that information on concerns raised was provided to the Directors of Operations by the Organisational Development Department.

- (3) Their concerns about the managers reporting tool both in terms of its unreliability and, even when it was working, some managers choosing not to use it despite recognising its value during training.

In response to questions it was noted that:

- (a) The tool was available for approximately half of the time it was supposed to be.
- (b) The tool had not been developed by the Trust and there were no opportunities to put a different system in place.
- (c) Discussions on the potential development of a “work around” for the system were planned to be held during an ‘away day’ on 6th December 2019.

- (4) The comments in the report about concerns of perceived detriment and related to these:

- (a) The need for managers to demonstrate empathy rather than being too focussed on the application of policy which, as mentioned in the report, could result in staff feeling alienated.

The issue of whether managers had sufficient confidence to do this was highlighted.

- (b) The direct informal and confidential meetings held with staff by some senior managers which had proved more effective in ‘debunking’ rumours and ensuring clarity than other approaches.

Mr. Williams highlighted Mr. Martin’s discussions with staff at West Lane Hospital which had contributed to a change in their perceptions.

- (5) The capacity available to support staff speaking up in view of Mr. Williams only being employed on a part-time basis; the number and complexity of concerns raised by staff increasing; and the time taken to conclude investigations lengthening.

It was hoped that the Dignity in Work Champions would have a positive impact on the workload of the F2SUG; however, it was recognised that they would not be able to hold cases.

Mr. Martin considered that capacity would need to be kept under review taking into account the number of cases raised with the F2SUG.

- (6) Their concerns about the training of investigators, and the need for reviews and interviews to be conducted in a different way than those for disciplinary cases.

Mr. Williams considered that the planned ‘away day’ provided an opportune time to consider how these activities were undertaken.

19/298 REPORT OF THE QUALITY ASSURANCE COMMITTEE

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

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- (1) The confirmed minutes of its meetings held on 5th September and 3rd October 2019 (Annex 1 to the report).
 - (2) The key issues considered by the Committee at its meeting held on 7th November 2019.

Dr. Griffiths, the Chairman of the Committee, highlighted the following matters:

- (1) The two sets of minutes appended to the report.

It was noted that the approval of the minutes for the meeting held on 5th September 2019 had been deferred due to the need to make amendments.

- (2) The Committee's discussions on whether risks arising from the closure of wards at West Lane Hospital were adequately covered in the Board Assurance Framework; a matter which would be subject to further consideration at the next meeting of the Audit and Risk Committee.
- (3) The increase in the use of SPC charts which provided a greater level of information and analysis.

He also advised that a meeting was due to be held on 27th November 2019 to discuss the further development of the Committee.

Mrs. Pickering provided clarity that the admission of young people to adult mental health beds, a concern raised by the County Durham and Darlington LMGB, related to those between the ages of 16 and 18 only.

19/299 NURSE STAFFING REPORT

The Board received and noted the exception report on nurse staffing for October 2019 as required to meet the commitments of "Hard Truths", the Government's response to the Public Inquiry into Mid Staffordshire NHS Foundation Trust (the "Francis Review").

The report included an assurance statement that the Trust was meeting its requirements for safe staffing within the current legislative framework.

The focus of discussions was on the position on Elm Ward which featured across a range of the themes included in the report and had the highest year to date severity score of any ward.

Mrs. Moody advised that:

- (1) The ward, a female assessment and treatment ward, was an outlier in regard to self-harm and ligature use.
- (2) The ward had been discussed by the EMT and significant work was being undertaken.
- (3) Discussions were also being held on holding a safety summit in regard to self-harm.

The Non-Executive Directors:

- (1) Questioned whether there were other wards which were similar to Elm Ward.

It was noted that:

- (a) During the last couple of weeks there had been a couple of level 4 incidents reported to the EMT in regard to the use of ligatures on other female wards.
- (b) Nationally, the incidence of self-harm on female wards had been recognised as an issue and this had led to the discussions about holding a safety summit.

- (2) Sought clarity on whether the Trust was seeking any support for the proposed safety summit.

Mrs. Moody advised that a Governor, with service user experience, had offered her support in planning the event.

In response to questions about the staffing position on other wards the Board noted that:

- (1) The reduction in the number of beds on Jay Ward was a temporary measure in response to staffing issues.
- (2) The Eagle Enhanced Care Package had been extended for a period of six months and the Trust was seeking to regularise the staffing position.
- (3) Monthly calls were held with the Director of Operations for North Yorkshire and York and the HR Department about the staffing position on Cedar Ward (which had the highest level of agency use) in regard to sickness absence, etc. and to review the roster going forward.

19/300 RECRUITMENT AND RETENTION ACTION PLAN

Further to minute 19/208 (17/9/19), the Board received and noted a progress report on the implementation of the Recruitment and Retention Action Plan (Appendix 1 to the report) as at Quarter 2, 2019/20.

In response to questions it was noted that:

- (1) The number of healthcare staff had increased by the following over the last 12 months:
 - Registered nurses – 74
 - Healthcare assistants – 50
 - Bank workers - 185
- (2) Whilst the position appeared to be positive, the introduction of new services had resulted in vacancies in existing teams due to staff transferring into them.

The issue of the length of time taken from a vacancy being advertised to the staff member commencing their role, as discussed at a recent meeting of the QuAC, was raised.

Mr. Levy explained that:

- (1) Although the position had improved between July and September 2019, difficulties had been experienced since that time due to the recruitment team being depleted and a 27% increase in the number of vacancies during the quarter.
- (2) The capacity issues in the team had now been remedied but the backlog still needed to be worked through.
- (3) The team had been tasked with providing a clear timetable for this work and to consider the implications in the increase in vacancies if the present rate continued.

The Non-Executive Directors also highlighted the success of the targeted approach to the recruitment of HCAs for Springwood in North Yorkshire by which 29 new staff had been appointed, following a social media campaign, where none had been recruited following advertisement in the previous year.

The Chairman considered that this demonstrated the need for recruitment processes to be agile.

19/301 CQC 'WELL-LED' INSPECTION – INITIAL FEEDBACK

The Board received and noted a report on initial feedback received from the CQC following its well-led inspection of the Trust held on 5th and 6th November 2019.

A letter from the CQC, which confirmed verbal feedback received at the end of the inspection, was provided as Appendix 1 to the report.

Arising from the report it was noted that:

- (1) The EMT had approved measures to restore privacy following the removal of ensuite bathroom doors on acute wards on safety grounds and it was expected that the issue would be resolved by Christmas 2019.
- (2) Mrs. Moody would be raising the position on the inspection team's review of governance processes in relation to the Mental Health Act, as included in the CQC's letter, if nothing was heard by the time of a meeting with the regulator on 12th December 2019.

19/302 MENTAL HEALTH LEGISLATION COMMITTEE

Further to minute 19/268 (29/10/19), the Board received and noted the report of the Mental Health Legislation Committee including:

- (1) The confirmed minutes of its meeting held on 24th July 2019 (Annex 1 to the report).
- (2) The key issues considered by the Committee at its meeting held on 23rd October 2019.

Mr. Murphy, the Chairman of the Committee, advised that:

- (1) The introduction of SPC charts would support the Committee monitor the wide range of information within its remit.

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- (2) At present all those areas of potential concern were rated as 'green'; however, over the next few months the Committee had recognised the need for further assurance to be gained on:
- (a) AWOLs through a "deep dive" review.
 - (b) The use of seclusion including that reviews were undertaken in a timely manner.

In response to a question, clarity was provided that the longest completed seclusion; for those in excess of 24 hours, was 350 hours. This was higher than the longest completed seclusion in the last quarter of 328 hours.

19/303 SELF-ASSESSMENT REPORT IN RELATION TO MULTI-PROFESSIONAL EDUCATION AND TRAINING – HEALTH EDUCATION ENGLAND

Consideration was given to the Trust's response to the annual Health Education England assessment process for multi-professional education and training (appended to the covering report).

It was noted that, under Health Education England (HEE) governance processes, the assessment report was required to be signed off by an Executive Director and presented to the Board.

In response to questions:

- (1) Mrs. Moody confirmed that feedback on the Self-Assessment Report (SAR) was provided through the Annual Dean's Quality Meeting (ADQM) and that received in the previous year had been incorporated in the report.
- (2) It was noted, in regard to the statement "F1 trainees felt they were forced to cope with clinical problems beyond their competence or experience" in section 2.1.3 of the SAR, that:
 - (a) The GMC survey, from which the feedback was taken, did not identify the location of the relevant placement and it was assumed that it related to experience in the acute sector as F1 trainees did not undertake on-call duties within psychiatry.
 - (b) Whilst, previously, there had been instances of F1 trainees having to deal with situations beyond their competencies, the Trust now ensured that supervision was available to them when consultants were on long-term leave.

The Chairman asked for the caveat in (a) above to be moved to the beginning of the relevant section in the document.

Action: Mrs. Moody

- (3) It was noted that, although the SAR stated total funding from HEE in 2018/19 was £6,695,027 and the initial 2019/20 LDA value was £4,571,034, there was little change to the value of the contract/funding from the organisation.

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- (4) Dr. Khouja advised that:
- (a) The poor feedback from trainees at Foxrush House was being investigated.
 - (b) Environmental issues had contributed to 33% of consultants at Lanchester Road Hospital strongly disagreeing that they enjoyed their trainer role.
- On this matter:
- (c) It was noted that the feedback from the consultants would be further looked into through a 'deep dive'.
 - (d) The Chairman asked for further discussions with Dr. Khouja, outside the meeting, on this matter as it was understood that the Hospital had a good environment.
- (5) Dr. Khouja advised that the importance of managing the impact of the closure of wards at West Lane Hospital, to ensure that trainees were not lost to the Trust in the future, had been recognised and assured the Board that the core training post, together with the trainees, had been moved into community services.

19/304 FINANCE REPORT AS AT 31ST OCTOBER 2019

The Board received and noted the Finance Report as at 31st October 2019.

In response to questions it was noted that:

- (1) Further information on the waste reduction priority was provided in the Strategic Direction Performance report, by exception, and on the Strategic Programmes' Wall outside the Boardroom.
- (2) Breaching of the agency cap had an impact on the Trust's use of resources rating but there were no financial penalties, etc.

19/305 PERFORMANCE DASHBOARD AS AT 31ST OCTOBER 2019

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

Further to the discussions at the meeting of the Council of Governors held on 21st November 2019, the discussions focussed on the Trust's performance on the NHS Oversight Framework (NOF) indicator "IAPT- proportion of people completing treatment who move to recovery."

The Board noted that performance on the metric, at 46.65% for October 2019, was both lower than the target of 50% and that achieved in September 2019.

Mrs. Pickering advised that Commissioners had expressed significant concern about the position and were contemplating issuing a performance notice.

In response to questions it was noted that:

- (1) The issues raised by Governors, on the impact of restrictions on the number of sessions on performance against the indicator, were still under investigation.

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- (2) The restrictions on the number of sessions had been introduced as a temporary measure in response to the increase in waiting times (as a result of staffing issues) and taking into account the service model used elsewhere.
 - (3) There had been variation in performance and inconsistent achievement of the recovery target in all the CCG areas in County Durham.
 - (4) In North Yorkshire and York (the only other Locality where IAPT services were provided by the Trust) the target was being achieved but performance in Scarborough was volatile.
 - (5) The IAPT service in County Durham had gone through significant change with the abandonment of the procurement process in 2018/19 and a different approach being taken by the CCG including the introduction of a new service model. These changes had created uncertainty and anxiety amongst staff; impacted on sickness absence rates; increased staff turnover; and had reduced the ability of the service to deliver the level of activity required to achieve the national target.
 - (6) Although further work has been initiated with the Commissioners in terms of revisiting the action plan for the IAPT services, the scope for further actions to improve performance was limited.
 - (7) Whilst it was considered that the target was achievable, and the access standard was being met; the services needed to demonstrate improvement on both the waiting times and recovery indicators.
 - (8) The service had been asked to model the trajectory against the target, taking into account improvements in the staffing position, however, it was not expected that the target would be achieved in the short-term.
 - (9) If issued, the performance notice would require the Trust to put an action plan in place which would be kept under review by the Commissioners but there would be no financial penalties.

The Non-Executive Directors also raised the position against the NOF standard on the proportion of people discharged from a ward that were followed up which had not been achieved in the three North Yorkshire CCG areas and in the Hartlepool and Stockton CCG area.

Mrs. Pickering advised that:

- (1) The present position was unusual.
- (2) The importance of achieving the standard had been reiterated to services.
- (3) Although the target had not been achieved the services had attempted to undertake follow-ups.

19/306 STRATEGIC DIRECTION PERFORMANCE REPORT

Consideration was given to the Strategic Direction Performance Report for Quarter 2, 2019/20 including proposed changes to the Trust Business Plan (as set out in Appendix 1 to the report) which required Board approval.

The Chairman welcomed the qualitative intelligence included in the report which helped illustrate the Trust's position.

Clarity was provided that the CQC had closed three wards at West Lane Hospital and not the site.

Agreed – that the changes to the Trust Business Plan, as set out in Appendix 1 to the report, be approved.

Action: Mrs. Pickering

19/307 USE OF THE TRUST SEAL

The Board received and noted a report on the use of the Trust's seal in accordance with Standing Orders.

19/308 POLICIES AND PROCEDURES RATIFIED BY THE EXECUTIVE MANAGEMENT TEAM

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

19/309 DATE OF NEXT MEETING

It was noted that a special meeting of the Board of Directors was due to be held, in conjunction with a Seminar, at 9.30 am on **Tuesday 17th December 2019** in the Boardroom, West Park Hospital, Darlington.

19/310 CONFIDENTIAL MOTION

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

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

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

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 to 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 transaction of the confidential business the meeting concluded at 2.15 pm.

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



Forensic Services Trust Board Briefing

26th November 2019
Lisa Taylor
Director of Operations



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



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

- Inpatient Reconfiguration –Pathway 1 - Admission, Assessment, Treatment and Recovery
 - Pathway 2 - Male Recovery Autism
 - Pathway 3 – Women Recovery MHSOP
 - Development of a recovery lead
- Development of a recovery lead role
 - Recovery Conference
- Recovery awards – well established
- Co facilitated training for staff in relation to carer engagement
- Chime Fund – Co produced QIS event



To continuously improve the quality and value of our work

- Deep Dive – respect and dignity patient experience questionnaires
- Deep Dive – feeling safe - ongoing piece of work
- In development of service user led whistle blowing procedures – designed by them for them
- Restrictive Interventions – engaging with positive and safe lead and trust safeguarding teams to ensure the quality of seclusion reviews

making a

difference

together

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

- Significant staffing cover difficulties
- Ongoing recruitment initiatives – joint recruitment for inpatient services across localities
- Supporting apprenticeships – challenging
- Career pathway development – Nurse consultant
- Working across services for appropriate movement
- Review establishments across the inpatient services
- Restrictive duties – review of how to manage
- Culture workshops
- External review of the service
- Development of staff wellbeing information

making a

difference

together

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

- Consider further opportunities for new business in line with agreed H & J Business Strategy
- PD Pathway – Integral part of the pathway
- Recent NHSE NE prison procurement
- NW Prisons contract – HMP Haverigg contract extension
- Commencement of Liaison and Diversion Service – Durham, Cleveland & North Yorkshire
- New Care Models progression of service – Single point of referral, moving care closer to home
- Assess the future market position for Forensic Services and needs of the service
- Ongoing review of the Social Work provision by Middlesbrough LA

making a

difference

together

To be an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of the communities we serve

- CQC engagement events
- Review of OT and Psychology
- Utilisation of staff
- Development of ISU and the pathway to Jay ward
- SIS restructure – governance framework review

making a

difference

together

**MINUTES OF THE SPECIAL MEETING OF THE BOARD OF DIRECTORS HELD ON
17TH DECEMBER 2019 IN THE BOARDROOM, WEST PARK HOSPITAL,
DARLINGTON COMMENCING AT 9.30 AM**

Present:

Ms. M. Harte, Chairman
Mr. C. Martin, Chief Executive
Dr. H. Griffiths, Deputy Chairman
Mr. M. Hawthorn, Senior Independent Director
Prof. P. Hungin, Non-Executive Director
Mr. D. Jennings, Non-Executive Director
Mr. P. Murphy, Non-Executive Director
Mrs. S. Richardson, Non-Executive Director
Mrs. R. Hill, Chief Operating Officer
Dr. A. Khouja, Medical Director
Mr. P. McGahon, Director of Finance and Information
Mr. D. Levy, Director of HR and Organisational Development (non-voting)
Mrs. S. Pickering, Director of Planning, Performance and Communications (non-voting)

In Attendance:

Mrs. J. Rayment, Public Governor for Hartlepool
Mrs. G. Restall, Public Governor for Stockton on Tees
Mr. P. Bellas, Trust Secretary
Mrs. D. Gilderdale, Programme Director
Mrs. S. Paxton, Head of Communications
Mrs. A. Marshall, Deputy Director of Nursing (representing Mrs. Moody)
Mr. N. Ayre, Healthwatch North Yorkshire

19/323 APOLOGIES

Apologies for absence were received from Mrs. B. Reilly, Non-Executive Director, Mr. J. Maddison, Associate Non-Executive Director (Designate) and Mrs. E. Moody, Director of Nursing and Governance and Deputy Chief Executive.

19/324 DECLARATIONS OF INTEREST

There were no declarations of interest.

19/325 CHAIRMAN'S REPORT

On behalf of the Chairman, Mrs. Richardson reported on the successful Involvement Celebration Event held at Gisborough Hall on 3rd December 2019.

The Board noted that:

- (1) It had been a heart-warming and inspiring event.
- (2) The presentations, from a range of contributors including service users and carers, had showcased the phenomenal breadth and volume of involvement activities undertaken in the Trust.

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- (3) From discussions between attendees, it was evident that not all service users and carers understood how they could become involved in the range of opportunities available.

Mr. Martin advised that the collation of information on the engagement of Board Members with service users and carers should be completed shortly for circulation to colleagues by the end of January 2020.

Mrs. Richardson considered that it would be helpful to publicise the information to support wider involvement.

The Chairman reported on her attendance at one of the West Lane Hospital reconnection events with staff which had been held during the week commencing 9th December 2019.

Ms. Harte asked for a schedule of the events to be circulated as it was considered beneficial for her and the Non-Executive Directors to attend them to remind the staff that they remained in their thoughts and to support continuing engagement with them.

Action: Mr. Levy

19/326 STAFF FLU CAMPAIGN 2019-20

Consideration was given to a report on the progress of the Trust's 2019/20 staff flu vaccination campaign which took into account:

- (1) A letter from Senior NHS Leaders to the Chief Executives of NHS Trusts, dated 17th September 2019, which highlighted the importance of healthcare workers protecting themselves, their patients, colleagues and their families by being vaccinated against seasonal flu and set out their ambition that 100% of healthcare workers, with direct patient contact, would be vaccinated.
- (2) The position on the Trust's 2019-20 staff flu vaccination campaign assessed against the best practice management checklist (Appendix 2) produced by the NHS Senior Leaders.

In his introduction Mr. Levy advised that:

- (1) Since the preparation of the report, the Trust's vaccination rate had increased to approximately 63% which represented an increase of about 5%, at the same position, on the previous year.
- (2) The Trust had changed its approach with the present campaign being independent of the local occupational health provider; the number of vaccinators being doubled on the previous year to 115; and increased reporting of take up which had helped with targeting vaccinations.
- (3) The supply of vaccines had been staggered as a result of national issues, which had led to some staff not having access to a vaccination until November 2019.
- (4) As shown in Appendix 2, the Trust's campaign was in line with the best practice checklist; however, there were three amber rated elements:
 - (a) Whilst the Trust's flu group was multi-disciplinary, it did not include representatives from all Directorates.

-
- The Board noted that the flu team/group, this year, was the most effective to date.
- (b) The flu campaign was supported by e-communications but the Trust had not used a screen saver.

Mr. Levy considered that the Trust also needed to expand the use of non-electronic communications to support the campaign.

- (c) Vaccinations were not made available on a “24/7” basis as this could not be supported and the standard was more aimed at acute providers.

Overall, Mr. Levy considered that the Trust was on track to exceed the vaccination rate of 68% achieved in 2018/19.

Board Members:

- (1) Sought assurance that staff who received their flu vaccination from another provider (e.g. GPs, pharmacies) would be included in the Trust’s position against the national target.

Mr. Levy advised that staff were asked to notify the Trust if they received a flu vaccination from another provider so they could be registered.

- (2) In regard to the three standards rated ‘amber’ in the best practice checklist:
- (a) Supported the decision not to establish a formal and regular programme of vaccinations for staff who worked night shifts.

In response to a question, Mr. Levy:

- Explained that vaccinators were available when staff completed night duties and this was considered to be a more efficient way of making the vaccine available to them rather than by a “24/7” service as suggested in the checklist.
 - Advised that there was no evidence, to date, that vaccination rates varied between staff working day and night shifts but this would be kept under review.
- (b) Noted that the evidence base for the use of screen savers to promote flu vaccinations was not strong.

On this matter it was suggested that the use of screen savers might be helpful even if they only encouraged a slight increase in the number of vaccinations.

The Non-Executive Directors questioned whether the issue of staff not being aware that they should be vaccinated had featured in the analysis undertaken of the 2018/19 flu campaign.

Mr. Levy responded that the issue had not been raised and the key matters identified from the analysis related to when and by whom vaccinations were delivered.

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- (3) Sought clarity on the likely level of CQUIN payment to be made to the Trust if it failed to achieve the 80% target take up rate for vaccinations.

The Board noted that if the Trust achieved a take up rate of between 60% (the minimum threshold) and 80% (the maximum threshold) it would receive a CQUIN payment of £180k (25% of the maximum available).

Mrs. Pickering explained that the amount of CQUIN paid by Commissioners might be increased through negotiation and discussion at year end if they were satisfied that the Trust had taken effective action to seek to achieve the target; however, this would not be to the maximum level available.

- (4) Questioned the impact of flu on staff sickness absence rates.

The Non-Executive Directors questioned the claim made in the letter from Senior NHS Leaders, that evidence suggested that a 10% increase in vaccinations might be associated with as much as a 10% fall in sickness absence.

It was noted that, as reporting of sickness absence on the ESR system was based on increasing levels of granularity, with staff being able to choose the extent of information provided, there was a lack of confidence that the data provided assurance on the actual levels of absence due to flu.

- (5) Sought clarity on the costs of the flu campaign against the CQUIN income received.

Mr. Levy advised that:

- (a) The only direct cost to the Trust related to the purchase of the vaccines.
- (b) No analysis had been undertaken on the opportunity costs of the campaign and it might be worthwhile to look into this matter.

Action: Mr. Levy

Mr. Levy commended the work of the vaccinators who were undertaking the role in addition to their usual duties.

Agreed -

- (1) *that the Senior NHS Leaders' ambition for 100% of healthcare workers with direct patient contact to receive a flu vaccination be endorsed; and*
- (2) *that the Staff Flu Campaign 2019-20– Healthcare workers flu vaccination best practice management checklist assessment (as set out in Appendix 2 to the report), be endorsed.*

19/327 DATE OF NEXT MEETING

It was noted that the next ordinary meeting of the Board of Directors was scheduled to be held at 9.30 am on Tuesday 28th January 2020 in The Durham Centre, Belmont Industrial Estate, Durham, DH1 1TN.

19/328 CONFIDENTIAL MOTION

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

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

Mrs. Restall and Mrs. Rayment, on behalf of the Council of Governors, wished the Board a happy Christmas.

Following the transaction of confidential business the meeting concluded at 1.57 pm.

FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	28 th January 2020
TITLE:	Board Action Log
REPORT OF:	Phil Bellas, Trust Secretary
REPORT FOR:	Information/Assurance

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

Executive Summary:

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

Recommendations:

The Board is asked to receive and note this report.

Board of Directors Action Log

RAG Ratings:

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

	Minute No.	Action	Owner(s)	Timescale	Status
26/03/2019	19/66	The response from the DWP to the letter highlighting concerns about the impact of benefit cuts on some vulnerable service users to be provided to Governors via the Governor Briefing	AK	-	Timing dependent on the receipt of the response from the DWP
25/06/2019	19/165	The opportunities for Board Members to engage with service users and carers to be mapped	CM	Nov-19 Jan-20	Completed
18/07/2019	19/185	Discussions on AHPs and their future role in delivering care to be included in a future nurse staffing report or as part of an update on the Right Staffing Programme to a Board Seminar	EM	Jan-20 Feb-20	This issue will now be included in the Staffing Establishment report which is due to be presented to the Board meeting to be held on 25/2/20
17/09/2019	19/208	Update reports on the Recruitment and Retention Action Plan (following review by the Resources Committee) and Agency Usage to be provided to the Board	DL/RH	Nov-19 & Dec-19 Jan-20	See agenda item 13 (The update report on the recruitment and retention plan was presented to the Board meeting held on 26/11/19)
24/09/2019	19/224	A detailed report on how local policy compares to the national guidance on learning lessons to improve people practices and next steps to be presented to the Resources Committee.	DL	Jan-20	Completed

	Minute No.	Action	Owner(s)	Timescale	Status
29/10/2019	19/266	The issue of whether the number of internal staff, considered to be "above the line" during recruitment exercises, has decreased is to be looked into	DL	Jan-20	Completed
29/10/2019	19/266	The report on the gender pay gap, to be presented to the Resources Committee, to include a further analysis of the statistics and details of actions planned by the Trust to close it	DL	Jan-20 Mar-20	
26/11/2019	19/295	Consideration to be given to the approach to taking forward the Board's concerns about the potential increase in risks of self-harm at HMP Durham with NHSE and the MoJ	CM	Jan-20	See agenda item 6
26/11/2019	19/296	The EMT to further consider the lack of: - Provision of an out of hours switchboard for on-call doctors - Information on the rota provided to the Tees crisis team who, at present, support the arrangements	CM	-	Completed
26/11/2019	19/303	Section 2.1.3 of the self-assessment report on multi-professional education and training to be reformatted to place the caveat, that the feedback from the GMC survey related to an acute provider, at the beginning of that section	EM	-	It was not practicable to amend the document; however, an update will be provided at the ADQM
26/11/2019	19/306	To note approval of the changes to the Business Plan as set out in Appendix 1 to the Strategic Direction Performance Report	SP	-	To note
26/11/2019	19/325	A schedule of the dates of the reconnection events with staff from West Lane Hospital is to be provided to the Chairman and Non-Executive Directors	DL	Jan-20	Completed
17/12/2019	19/326	To note the Board's endorsement of: - The Senior NHS Leaders' ambition for 100% of healthcare workers with direct patient contact to receive a flu vaccination - The Staff Flu Campaign 2019-20– Healthcare workers flu vaccination best practice management checklist assessment	DL	-	To note
17/12/2019	19/326	To consider undertaking an analysis of the opportunity costs relating to the flu campaign	DL	Apr-20	

PUBLIC

BOARD OF DIRECTORS

DATE:	Tuesday 28 January 2020
TITLE:	Chief Executive's Report
REPORT OF:	Colin Martin, Chief Executive
REPORT FOR:	Information

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

Executive Summary:

A briefing to the Board of important topical issues that are of concern to the Chief Executive.

Recommendations:

To receive and note the contents of this report.

MEETING OF:	Board of Directors
DATE:	Tuesday 28 January 2020
TITLE:	Chief Executive's Report

1. EU exit no-deal preparations update

The NHSE/I Provider Bulletin dated 9 January 2020 outlined that following the vote at second reading of the Withdrawal Agreement (Brexit) Bill on 20 December 2019, the Government has stepped down preparations for a no-deal exit from the European Union. The Department of Health and Social Care has informed NHS England and NHS Improvement that for the health and care system this means that no-deal preparations should cease. As a result, staff working on “no-deal preparations” are being redeployed and other health and care organisations should do the same. However, NHS organisations must retain a key point of contact (TEWV Director of Finance) in case there is a need to stand up an operational response in late 2020 and to support embedding agreed legacy items.

On the basis of the above the Trust has reduced its risk rating relating to Brexit to a green level. This will be kept under review in case there are delays to the agreement with the EU that could have operational impacts.

2. West Yorkshire & Harrogate Partnership Memorandum of Understanding

The West Yorkshire & Harrogate ICS MoU has a requirement that it is reviewed within its first year of operation to ensure it remains consistent with the evolving requirements of the Partnership as an Integrated Care System. Following that, it will be subject to an annual review by the ICS Partnership Board.

The MoU describes how WY&H Partnership organises itself at West Yorkshire & Harrogate level to provide the best health and care, ensuring that decisions are always taken in the interest of the patients and populations it serves.

The original Partnership MoU was signed off by all partners in December 2018 and was reviewed in December 2019. A full copy of the updated MoU will be circulated under separate cover in view of its size (100 pages). Overall, there has only been a few changes to the MoU and these included inclusion of revised governance arrangements, recognition of the establishment of primary care networks and the development of the long term plan. On that basis I would recommend that the Trust supports the revised MoU.

3. HMP Durham update

The Board of Directors has previously discussed some of the challenges facing the Health service team at HMP Durham following its designation as a Reception prison. The significant increase in prisoner flows has been recognised by Commissioners and a bid for £380,000 across the Primary (sub contracted to Rethink Mental Illness)

and Secondary mental health service has been successful. For TEWV this will enable increased clinical leadership and capacity to increase working hours until 9pm, providing a more flexible and proactive service.

4. New Senior Clinical Director for MHSOP

Dr Mani Krishnan has recently been appointed as the new Senior Clinical Director for MHSOP, succeeding Dr Tolu Olusoga.

5. Pensions Tax

Following receipt of the letter from Simon Stevens, Chief Executive, NHS England I wrote out to all relevant clinical staff on 20 December 2019 making them aware of the “Scheme pays” arrangements for 2019/20. The Government is reviewing options for 20/21 onwards, but as yet there is no indication of timescale for completion.

6. External recognitions and awards

- **Dr Sundar Gnanavel**, Senior Registrar, North End House, Durham, on winning the prestigious Royal College of Psychiatry’s Duncan Macmillan Award, for his essay on “The next big thing in psychiatry research”;
- **Talking Changes**, our Durham and Darlington Improving Access to Therapies (IAPT) service, who have been approved ‘bronze’ level in the North East Better Health at Work Award;
- **Dr Mani Krishnan**, Clinical Director MHSOP Teesside, who has been elected as the Chair of the Faculty of Old Age Psychiatry.

Colin Martin
Chief Executive

ITEM 10

FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	28 January 2020
TITLE:	To consider the “Hard Truths” 6 monthly Nurse Staffing Report
REPORT OF:	Elizabeth Moody, Director of Nursing and Governance
REPORT FOR:	Assurance/Information

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

Executive Summary:
<p>The purpose of the report is to advise the Board of a 6 monthly review (1st June to 30th November 2019) in relation to nurse staffing as required to meet the commitments of the ‘Hard Truths’ response to the Public Inquiry into Mid-Staffordshire Foundation Trust (Francis Review) and in line with the NQB Guidance and compliance with Developing Workforce Safeguards (NHSI, 2018).</p> <p>In summary, the report highlights the following:</p> <ul style="list-style-type: none"> Changes to numbers of staff in post can be observed as follows: <ul style="list-style-type: none"> Across all inpatient areas, this has resulted in a decrease of approximately 49.50 registered nurses and a decrease of 60.20 WTE unregistered nurses in post. In line with ‘NQB guidance for Right Skills’, the paper sets out a number of development programmes in place to enhance the skills of our workforce. Regarding staffing activity, the 6 month average shows: <ul style="list-style-type: none"> The actual hours worked exceeding the planned hours across all months. The recent establishment reviews will consider the gap further. All metrics are reporting above the 89.9% tolerance. Esk Ward (North Yorkshire & York, Adults) as having the lowest fill rate of 74% for registered nurses on days. The low fill rate is reported as vacancies. The second lowest fill rate utilising the 6 month average highlights Jay Ward (Forensic MH) with a fill rate of 74.2% for registered nurses on Days. This is linked to long and short term sickness. The ward has confirmed that a registered nurse has been allocated to each shift. The third lowest fill rate utilising the 6 month average highlights Acomb Garth (North Yorkshire & York) with a fill rate of 77.4% for unregistered nurses on Days. This is due to the vacancies prior to the merger of this ward with that of Meadowfields Sickness is the biggest factor impacting on staffing with 38 wards (this is a reduction of 2 when

- compared to the previous 6 month report). Agency usage (25 wards) and Bank Usage (15 wards) were cited as the second and third highest.
- 14,024 additional duties were created with a reason of 'enhanced observations'. This is an increase of 1,225 duties when compared to the previous 6 month report. The 14,024 additional duties created would equate to 12,568 12 hour shifts.
 - Westerdale South was cited as the highest user of additional duties with a reason of 'enhanced observations'. They have now commenced the 'zonal observation' pilot; early feedback is very positive.
 - Bank usage greater than 25% equated to 17 wards in 4 separate localities. Northdale (FLD) is the highest user with a bank fill rate of 43.2%.
 - Agency usage related to 25 wards in 4 separate localities. Cedar (NY) had the highest with an agency usage rate of 44.3%.
 - The majority of inpatient wards are using overtime to fill shifts however, those in excess of 4% equates to 8 wards. Teesside are using the most overtime whilst Durham & Darlington are using the least.
 - There are 38 wards from all localities that have utilised bank, agency and overtime within the reporting period.
- The Right Staffing programme has developed a ward dashboard of quality nursing indicators. An interim approach being utilised within the Trust is the use of 9 quality nursing indicators and the monthly performance report out at EMT. This is an interim measure pending development of the dashboard expected 2020.
 - Triangulation of quality data over the 6 month average:
 - 174 incidents were raised during the reporting period citing concerns with staffing levels. This is an increase of 26 when compared to the previous 6 month report.
 - Triangulation of SIs, level 4 incidents, level 3 self-harm, complaints and incidents control and restraint with bank usage and the fill rates did not highlight any direct correlations between these strands of data.
 - Triangulation of falls that have resulted in significant harm, pressure ulcers, medication errors, breaks not taken, with that of bank usage and the fill rate indicators. From this it is not possible to draw any meaningful conclusions from this data for the period of this report.
 - In terms of patient, staff and carer feedback an analysis of the data from complaints, friends and family test and compliments has been undertaken but there were no specific issues raised with regards to staffing levels.
 - The CHPPD across all inpatient areas was 10.7 (3.7 registered nurses; 6.7 healthcare assistants; 0.2 registered AHP, 0.1 unregistered AHP). Page 27 of the report breaks this down by locality and by the benchmarking groups. Attached at appendix 6 and 7 is the 6 month Care Hours per Patient Day data.
 - The Trust has been advised that its Monitor Risk rating has been impacted upon for 2018/19 by a breach of the Agency Cap. The Right Staffing Establishment Workstream Agency Project Group is working to reduce agency expenditure across the Trust for all staff groups i.e. nursing, medical AHP, and non-clinical roles such as admin and estates.

Recommendations:

That the Board of Directors are asked to note the outputs of the report and the issues raised for further investigation and development.

MEETING OF:	Board of Directors
DATE:	28 January 2020
TITLE:	To consider the “Hard Truths” 6 monthly Nurse Staffing Report

1. INTRODUCTION & PURPOSE:

- 1.1 To advise the Board of a 6 monthly review (1st June to 30th November 2019) in relation to nurse staffing as required to meet the commitments of the ‘Hard Truths’ response to the Public Inquiry into Mid-Staffordshire Foundation Trust (Francis Review) following the format of the new NQB 2016 Guidance and subsequent service specific guidance for Learning Disability and Mental Health (NQB, 2018), and the recommendations from Developing Workforce Safeguards (NHSI, 2018).

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 Further to the emergent lessons from the Francis review there were a number of issues raised about the impact of the nurse staffing arrangements upon the poor quality of care and increased patient mortality exposed in that organisation. It is well accepted that safe and sustainable staffing is fundamental to good quality care however this includes many variables beyond numbers of staff.
- 2.2 The commitments set by the DH response to the Francis Report (Hard Truths, November, 2013) are for NHS providers to address specific recommendations about nursing staff. The Trust has met these directives as required including the publication of this report and a dedicated web page on nurse staffing. ([Nurse staffing - Tees Esk and Wear Valleys NHS Foundation Trust](#)). The full monthly data set of day by day staffing for each of the 62 areas split in the same way is available by web link on the Trust Nurse Staffing webpage.
- 2.3 Right Staffing is one of the strategic business priorities for the Trust Board, accordingly the Executive Management Team have approved the Right Staffing Programme that will manage the implementation of the NQB guidance, NQB, 2016; NQB 2018) and Developing Workforce Safeguards guidance (NHSI, 2018) in addition to the broader aspects of the workforce identified in 2.4 of this report.
- 2.4 The Right Staffing programme board considers the broader multidisciplinary workforce for inpatient and community services whilst continuing to ensure the Trust has robust systems and processes in place to assure them that there is sufficient staffing capacity and capability to provide high quality care to patients on all wards / clinical areas day or night, every day of the week as appropriate. This is being led by the Director of Nursing and Governance, supported by the programme manager in adopting the new Trust programme approach, and reports to EMT and the Strategic Change Oversight Board.
- 2.5 The Right Staffing programme has four workstreams with associated projects and sub streams that considers developmental approaches alongside the task based aspects to ensure compliance with national guidelines, and are:
- Staffing Establishment Workstream
 - Temporary Staffing
 - E-Rosters

- Staffing Establishment Reviews
- Agency Project
- Recruitment and Retention Workstream
- Workforce Roles Workstream
- Training and Development Workstream

2.6 NHSE/I will be monitoring organisations from April 2019 against recommendations detailed in the document “Developing Workforce Safeguards - Supporting providers to deliver high quality care through safe and effective staffing” (NHSI, 2018), which builds upon existing safe staffing guidelines (NQB, 2016; NQB, 2018), where NHSE/I will be:

- Assessing Trusts’ compliance with a ‘triangulated approach’ to deciding staffing requirements, as described in NQB’s guidance. This combines evidence-based tools, professional judgement and outcomes to ensure the right staff with the right skills are in the right place at the right time
- Using information collected through the Single Oversight Framework (SOF) and also asking Trusts to include a specific workforce statement in their annual governance statement.

The Right Staffing programme work is closely aligned to these new recommendations and forms the framework and basis for the current work within the programme. The Right Staffing Programme Manager is a part of the national CNO Safe Staffing Faculty, which will be a vital resource in terms of networking and ensuring the Trust approach is up to date.

3. TRIANGULATED APPROACH TO STAFFING DECISIONS:

3.1 Right Staff

3.1.1 The NQB guidance places an expectation that Boards should ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients at all times, across all care settings. In addition Boards should ensure there is an annual strategic staffing review, with evidence that this is developed using a triangulated approach (i.e. the use of evidence based tools, professional judgement and comparison with peers), this should take account of all healthcare professional groups and is in line with financial plans. This should be followed with a comprehensive staffing report to the board after six months to ensure workforce plans are still appropriate. There should also be a review following any service change or where quality or workforce concerns are identified.

3.1.2 Staffing establishment reviews within the Trust have mostly been on an as required basis following forecast service changes, escalation of issues, and the continuing and ongoing process of local and trust wide governance and assurance reporting. A previous review of inpatient services using the Hurst evidence based tool (EBT) revealed key learning points, but nevertheless had proven a valuable exercise and resulted in significant investment from the Trust in key areas. Learning has been taken forward from this previous exercise, supported by the Developing Workforce Safeguards guidance (NHSI 2018) and the improvements to the EBT, the Mental Health Optimal Staffing Tool (MHOST) – now licensed to the Trust - into the recent establishment review process.

- 3.1.3 MHOST data collection was completed across the Trust in September 2019. All reports have been through the locality governance structures. A report will be presented to The Trust Board in February 2020.
- 3.1.4 As an interim approach the budgeted staffing establishments as at 1st June and the 30th November 2019 have been obtained from HealthRoster and have been used to compare the actual establishments in post. Attached at appendix 2 of this report is the full breakdown by ward and locality. The key points are as follows:
- Durham & Darlington – registered nurses in post has increased by 4.6 WTE and an increase of 6.4 WTE unregistered nurses can be observed. The increases in registered nurses pertain to Willow and Bek/Ramsey whilst the increases in unregistered nurses pertain to Elm and Bek/Ramsey.
 - Forensic Services – registered nurses in post has decreased by 13.5 WTE and a decrease of 16 WTE for unregistered nurses. The decreased in registered nurses relate to the closure of Langley, Swift and Mandarin. The decreases in unregistered nurses relate to Harrier/Hawk, closure of Langley, Kestrel/Kite, Sandpiper, Swift and Newtondale.
 - North Yorkshire and York – registered nurses in post has decreased by 54.4 WTE and a decrease of 88.6 WTE unregistered nurses. The decreases largely pertain to the closure of Acomb Garth with some reductions across the service.
 - Teesside – registered nurses in post has decreased by 39.6 WTE and 47.3 WTE less unregistered nurses. The reduction follows the closure of the West Lane Hospital.
 - Across all inpatient areas, this has resulted in a decrease of approximately 49.50 registered nurses and a decrease of 60.20 WTE unregistered nurses in post. These figures are reflective of those staff lost from the budgeted establishment of rostered units due to ward closures, rather than staff having left the Trust itself.
- 3.1.5 Since May 2018 the Trust has been participating in a national retention collaborative programme led by NHS Improvement. All mental health and learning disability trusts are participating in this programme and the Trust is in cohort three. We have recently received staff retention related data, up to September 2018, from NHS Improvement comparing the Trusts position with that of other mental health and learning disability trusts within the north east and Yorkshire region. The TEWV clinical staff labour turnover rate was lower than the average of other mental health and learning disability trusts within the region throughout 2018 though the TEWV rate increased from 9.7% to 10.5% during this time compared to an average rate of 11%.
- 3.1.6 The NHS Improvement data also included an analysis of the 2018 staff survey results of staff engagement levels, flexible working opportunities, the quality of appraisal and staff working extra hours. Each of these four issues is believed to impact upon staff retention. The TEWV results in the 2018 survey were better than in 2017 in respect of all four issues. When compared to the average scores of the comparator trusts TEWV scores were better with regard to three of the four issues, the exception being staff working extra hours. There is little difference between TEWV and its comparator trusts with regard to the reasons for leaving and the proportion of staff that are leaving for these reasons. The Trust submitted a retention action plan as required by NHS Improvement in July 2018 as part of the wider TEWV Recruitment and Retention Action Plan which described a number of key actions focused upon improving staff retention. It was agreed with NHS Improvement prior to

submitting the retention plan that there ought to be a particular focus upon the North Yorkshire and York locality given the higher than average labour turnover rates and the lower than average recruitment fill rates compared to other TEWV localities. A range of new processes have been consulted upon and agreed to improve retention and work is underway to embed these processes. Following feedback from the business planning event, the plans are being revisited through the recruitment and retention workstream to see what additional actions and approaches can be taken.

- 3.1.7 The Right Staffing establishment workstream group chaired by the Chief Operating Officer continues to lead the project substream regarding reducing the Trust's agency staffing expenditure. A board report will be delivered for January 2020 Board meeting detailing the current status of actions and their trajectories.

3.2 Right Skills

- 3.2.1 The NQB guidance states that Boards should ensure clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services, and there is a staffing resource that reflects a multi-professional team approach. Decisions about staffing should be based on delivering safe, sustainable and productive services. In addition clinical leaders should use the competencies of the existing workforce to the full, further developing and introducing new roles as appropriate to their skills and expertise, where there is an identified need or skills gap.
- 3.2.2 In November 2019 there were no wards who reported less than 75% compliance for mandatory training. The lowest level of compliance in November 2019 is reporting at 83.33% and related to Wingfield.
- 3.2.3 New education standards from the Nursing and Midwifery Council have begun to be implemented across the various Higher Education institutes which we work with. The new standards will potentially enable the Trust to support more nurse learners in practice which will assist with future recruitment however this, and the new course options which have become available in negotiation with the Universities, will continue to require senior management support in order to free up placement capacity. HEE are taking a close interest in the ability of Trusts to increase their training placements.
- 3.2.4 The Trust Professional Nurse Education team and service based colleagues have been working jointly with the various Universities over this period to support their re-approval events with the Nursing and Midwifery Council for the new programmes, all relevant courses including the new Registered Nurse and Nursing Associate developments have now been formally approved, with only few conditions required. The NMC have commented on the quality of the joint working evidenced at these events.
- 3.2.5 Within this approach, the Coventry University at Scarborough facility has recently been approved by the NMC at a joint event, to provide Mental Health and Learning Disability nurse training, this is a major development for the area and will raise the possibility of the Trust supporting staff as apprentices from the North Yorkshire area on to their registered nurse training, in addition to the extra numbers of students the University will recruit through normal routes. We envisage around 20 Mental Health students and a small number of learning disability students will emerge each year from the programmes in the future, which

could increase further once established, and will ultimately help to address the recruitment and bank and agency issues in the area. For the initial cohort, given the time constraints following approval, there is a cohort of nine students of which five are our own Apprentices, which as an approach should also assist with staff retention and widening access to training in future. It is hoped that a Learning Disability programme will be available from this September 2020.

- 3.2.6 In addition, the Trust has recently supported 25 learners onto the new Apprentice Degree programme for pre-registration at Sunderland University, and smaller group of four onto the Open University course. These programmes represent considerable investment by the organisation in terms of backfill cost and other support, and enable the organisation to make strong use of its Apprenticeship levy contribution. As these cohorts work through the pipeline they will ensure a much stronger position for the Trust in nurse recruitment in future years, but just as importantly they illustrate the Trust approach to supporting and developing its staff which will assist with retention in years to come.
- 3.2.7 The Trust continues to invest in the role of Nursing Associate, which is a new member of the nursing family to bridge the gap between registered nurses and HCA's and now regulated by the Nursing and Midwifery Council. New developments in York and North Yorkshire will enable the Nursing Associate programme to expand into other areas of the Trust, as previously this course has only been in Teesside and Durham focused owing to previous external funding and course approval arrangements.
- 3.2.8 Within the Right Staffing programme there is a workstream underway to establish the Trust position on advanced roles, such as Advanced Clinical Practice (ACP) and Approved Clinician (AC), and other supporting roles such as Physician Associate. There is a new national framework for the ACP role which we are working within as we review the Trust requirements for these roles. Several local Universities are providing, or working towards suitable preparation courses at Masters Level, with an Apprenticeship option, however there are also substantial in-service training and mentorship requirements for these roles which require careful planning. There is joint working with the Medical Development team in recognition that many of these roles are intended to support some of the issues in recruitment to traditional medical posts. These new roles will contribute to our development of strong cross professional clinical leadership as we move into collective models of leadership with our operational colleagues. QIAs will be in place for all these new roles in accordance with NHSI compliance requirements as stated in Developing Workforce Safeguards (NHSI, 2018).
- 3.2.9 In terms of new roles, the Advanced clinical practice role (band 8a) has been set up and is now being piloted in memory services and eating disorder services. We plan to move this to business as usual by the end of Q4 19/20. This has uncovered some issues with understanding of advanced practice roles at band 7 (within a single profession) and we are working across AHP and nursing groups to clarify this, including with job titles and job descriptions. The development of Approved clinicians are now in place across professions with clear oversight and support processes.
- 3.2.10 Recruitment has commenced towards the Physician Associate (PA) pilot, currently one PA has been appointed to date; an increased agile approach to recruitment processes is underway in response to the apparent competing employment opportunities.

3.2.11 Future work will prioritise helping the recovery team to ensure that the peer worker roles are incorporated safely into services as they expand and reviewing the social work provision in the trust as the Think Ahead partnership delivers increasing numbers of graduates. A workforce planning tool has been developed to ensure that all teams understand the core roles of each profession (including new roles) so that they can make better informed decisions about team composition.

3.3 Right place and right time

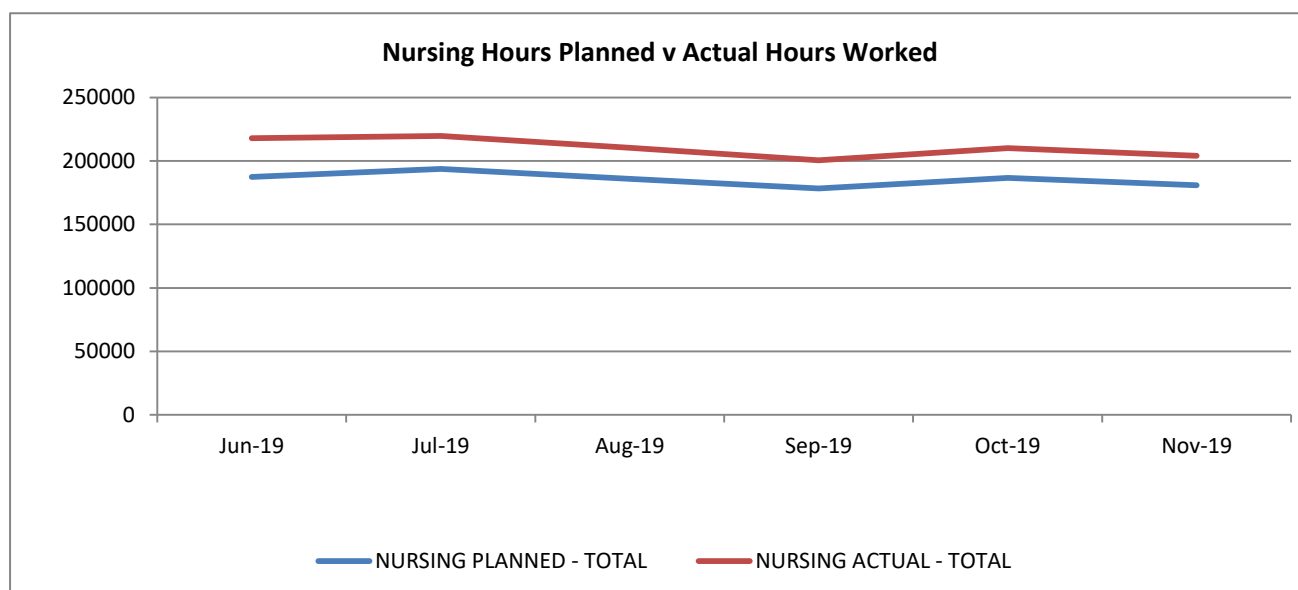
3.3.1 The NQB guidance states that Boards should ensure staff is deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at board, if concerns arise.

3.3.2 Within this domain, the Trust has developed a programme of annual reviews of the usage of the Health Roster system.

3.3.3 Issues highlighted from roster reviews and current data quality issues informed the decision by EMT to increase the central roster resource to lead the longer term solution of embedding the review process, and the ongoing support for the governance of data quality for rosters into Business as usual practice.

3.3.4 A re-procurement exercise for Health Roster has been approved at EMT to consider the options of achieving the right and cost effective software solution that meets the Trust requirements for e-rostering and e-job planning. Workshops are scheduled for January 2020 to begin the process with the 3rd party software vendors.

3.3.5 Moving on to look at the actual hours worked versus the planned staffing within the reporting period. The table below shows a line graph to articulate the Trust position across the reporting period:



- 3.3.6 It is important to highlight that at no point during the 6 month review did the actual hours match the planned, and that the actual hours were always in excess of planned hours rather than in deficit. The establishment reviews will begin to consider this gap between actual and planned hours in conjunction with the utilisation of temporary staffing. The programme will address this and will be further informed by new NHSI guidance for making effective use of staff banks.
- 3.3.7 Appendix 3 of the report shows the average fill rate (1st June to 30th November 2019) for both days and nights for both registered and non-registered staff. The 6 monthly position shows that there were 19 (29%) fill rates of less than 89.9% (shown as red) for registered nurses on daytime shifts. In terms of unregistered nurses this equated to 2 (3%) fill rates below 89.9%. This shows that although the trust usually meets its planned staffing numbers there is often a deficit of the planned skill mix from registered to non-registered. This presents risks in terms of CQC compliance and limits the quality and safety of interventions that can be offered from a registered nursing perspective. We are aiming to improve this with recent investment in registered nursing posts and the focus on recruitment and retention.
- 3.3.8 In terms of the night time shifts the 6 monthly position shows that there were 5 (8%) fill rates of less than 89.9% (shown as red) for registered nurses and unregistered nurses there were 0 (0%) fill rates ward who had a fill rate below 89.9%.

3.3.9 The month on month trend covering the reporting period is outlined below:

Month	Actual Submission							
	Day				Night			
	Average Fill Rate - Registered Nurses / Midwives (%)	Trend on Prev Month	Average Fill Rate - Care Staff (%)	Trend on Prev Month	Average Fill Rate - Registered Nurses / Midwives (%)	Trend on Prev Month	Average Fill Rate - Care Staff (%)	Trend on Prev Month
Jun-19	96.70	↑	121.70	↑	103.80	↑	138.80	↑
Jul-19	93.30	↓	117.20	↓	101.40	↓	137.80	↓
Aug-19	91.10	↓	118.80	↑	102.70	↑	137.00	↓
Sep-19	92.90	↑	118.60	↓	101.80	↓	129.00	↓
Oct-19	95.60	↑	121.00	↑	100.90	↓	135.70	↑
Nov-19	98.70	↑	117.50	↓	100.40	↓	130.30	↓

From the table it is important to highlight the following:

- All fill rate indicators are within the 89.9% tolerance.
- The average fill rate for health care assistants on night shifts has decreased from 138.8% in June 2019 when compared to 130.3% in November 2019 (8.5% decrease).

3.3.10 The overall total red rated occurrences utilising the average fill rate (i.e. less than 89.9%) was 26 occurrences. The table below shows the breakdown by locality:

Locality	Total Number of Red Occurrences	Trend on previous 6 months
Durham & Darlington	3	↔ (3)
Teesside	6	↓ (10)
North Yorkshire & York	4	↓ (9)
Forensic Services	13	↑ (6)

- Forensic Services have the highest number of red occurrences across the reporting period.

3.3.11 The 6 month average highlights Esk Ward (North Yorkshire & York, Adults) as having the lowest fill rate of 74% for registered nurses on days. The low fill rate is reported as vacancies.

3.3.12 The second lowest fill rate utilising the 6 month average highlights Jay Ward (Forensic MH) with a fill rate of 74.2% for registered nurses on Days. This is linked to long and short term sickness. The ward has confirmed that a registered nurse has been allocated to each shift.

3.3.13 The third lowest fill rate utilising the 6 month average highlights Acomb Garth (North Yorkshire & York) with a fill rate of 77.4% for unregistered nurses on Days. This is due to the vacancies prior to the merger of this ward with that of Meadowfields.

3.3.14 It is important to consider the workforce variances when looking at hours worked. Within the reporting period there were:

- 38 wards who had sickness absence rates greater than 5% loss of actual hours
- 25 wards who had agency usage greater than 4% of actual hours worked
- 17 wards who had bank usage greater than 25% of actual hours worked
- 14 wards who had maternity absence greater than 5% loss of the actual hours
- 3 wards who had vacancies greater than 10% loss of actual hours

3.3.15 This illustrates some of the factors cited as impacting on staffing availability with sickness and agency usage highlighted as having the biggest impact. The full ward breakdown is outlined in full in appendix 4 of this report.

3.3.16 In addition there were a number of duties created which were over and above the standard rosters (or budgeted establishment) with a reason of 'enhanced observations' which will have required the use of bank and or agency to backfill these:

Month	Number of duties	Number of Hours
June	2,556	27,786.00
July	2,850	30,816.00
August	2,501	27,163.83
September	1,906	20,242.47
October	2,103	22,428.03
November	2,108	22,380.00
TOTAL	14,024	150,815.33

- This table highlights that the number of additional duties being created with a reason of 'enhanced observations' within the trust is consistently high (ranging from 1,906 to 2,850 across the period)
- 14,024 additional duties/shifts were created within the reporting period this is a increase of 1,225 duties when compared to the previous 6 month period.
- The 14,024 additional duties/shifts created equated to 150,815.33 hours within the reporting period this is an increase of 11,267.33 hours when compared to the previous 6 month period. The additional 150,815.33 hours created would equate to 12,568 12 hour shifts.

3.3.17 The highest creators of additional duties with a reason of 'enhanced observations' were in the following areas:

Locality	Ward / Team	Number of Duties	Number of Hours
Teesside	Westerdale South	1,450	16,185
Teesside	Bedale Ward	925	10,586
Forensic	Kestrel/Kite.	663	5,956

Teesside	The Evergreen Centre	663	7,507
Forensic	Mallard Ward	549	6,010
Forensic	Linnet Ward	541	5,802
Durham & Darlington	Bek-Ramsey Ward	529	6,177
Forensic	Northdale Centre	524	4,077
Teesside	Westwood Centre	524	5,933
Teesside	Lustrum Vale	467	5,333
TOTAL		6,835	73,567

3.3.18 Following approval of a report at EMT regarding proposed use of the Zonal Engagement and Observation model for MHSOP organic inpatient wards, Westerdale South (Teesside) have commenced the pilot of this model in Q3 19/20. Feedback from those involved, patients, carers and staff alike has been positive to date and continues to be overseen by the Right Staffing Establishment Workstream and Programme Board.

3.3.19 Appendix 4 highlights the use of bank staffing as a proportion of actual hours worked averaged over the 6 month period. These are 'RAG' rated independently of the overall fill rate. Those wards using greater than 25% bank staffing to deliver their fill rates are identified below:

Ward Name	Locality	Speciality	Bank (Nursing)	
			Hours	% loss against Actual Hours
Northdale Centre	Forensics	Forensics LD	11987.5	43.2%
Kestrel / Kite.	Forensics	Forensics LD	10337.9	38.8%
Mandarin	Forensics	Forensics MH	7196.3	37.8%
Birch Ward	Durham & Darlington	Adults	8183.5	36.4%
Lustrum Vale	Teesside	Adults	8574.6	36.3%
Linnet Ward	Forensics	Forensics MH	8008.2	35.3%
Mallard	Forensics	Forensics MH	8237.4	33.6%
Rowan Lea	North Yorkshire & York	MHSOP	8608.8	32.4%
Clover / Ivy	Forensics	Forensics LD	7268.7	32.3%
Sandpiper Ward	Forensics	Forensics MH	6822.2	30.6%
Cedar	Durham & Darlington	Adults	7908.2	29.5%
Westerdale South	Teesside	MHSOP	10154.5	28.8%
Brambling	Forensics	Forensics MH	5478.5	28.1%
Elm Ward	Durham & Darlington	Adults	6410.4	27.7%
Merlin	Forensics	Forensics MH	5909.1	26.8%
Kirkdale	Teesside	Adults	5471.2	25.9%
Bedale Ward	Teesside	Adults	7953.3	25.2%

- This equates to 17 wards in 4 separate localities.

3.3.20 As noted in previous reports there are risks in high use of bank staffing, these are mitigated by the use of regular bank staff who know the clinical areas, through previous regular bank work, being permanent staff working extra hours or previously employed staff/students.

3.3.21 For 2018/19 the Trust's (TEWV) ceiling (NHSI agency cap) was £5,789k (1.95% of pay budget); the actual spend was £9,541k, i.e. 65% above target and as such provided a Use of Resource Rating (UoRR) of 4 for agency expenditure. As a result of this rating, this means that the Trust's has an overall UoRR for 2018/19 that is now capped at a rating of 3 despite the good performance in all other indicators in the UoRR in the Single Oversight Framework. The trust has an agency action plan to address this which will be reported directly to the Board. Whilst the rate of agency use is slowing down, there remain pressures linked to recruitment and retention particularly in N.Yorkshire locality.

In terms of agency usage as a proportion of actual hours worked averaged over the 6 month period 'RAG' rated independently of the overall fill rate. Those wards using greater than 4% agency usage to deliver their fill rates are identified below:

Ward Name	Locality	Speciality	Agency (Nursing)	
			Hours	% loss against Actual Hours
Cedar (NY)	North Yorkshire & York	Adults	10004.3	44.3%
Acomb Garth	North Yorkshire & York	MHSOP	3942.0	37.7%
Rowan Ward	North Yorkshire & York	MHSOP	7767.7	35.6%
Meadowfields	North Yorkshire & York	MHSOP	6014.0	24.5%
Springwood	North Yorkshire & York	MHSOP	5931.0	24.1%
Westwood Centre	Teesside	CYPS	4358.5	18.5%
Bedale Ward	Teesside	Adults	5555.5	17.6%
Ebor Ward	North Yorkshire & York	Adults	2912.0	16.5%
Westerdale South	Teesside	MHSOP	5410.5	15.3%
Rowan Lea	North Yorkshire & York	MHSOP	3820.8	14.4%
Westerdale North	Teesside	MHSOP	3405.0	14.1%
Cherry Tree House	North Yorkshire & York	MHSOP	2936.8	13.2%
Minster Ward	North Yorkshire & York	Adults	2291.6	12.9%
Elm Ward	Durham & Darlington	Adults	2951.0	12.8%
The Evergreen	Teesside	CYPS	3221.3	10.9%
Bek-Ramsey Ward	Durham & Darlington	LD	3169.7	10.6%
Oak Rise	North Yorkshire & York	LD	2424.2	9.5%
Farnham Ward	Durham & Darlington	Adults	1604.4	7.3%
Birch Ward	Durham & Darlington	Adults	1537.6	6.8%
Stockdale	Teesside	Adults	1069.5	6.6%
Newberry Centre	Teesside	CYPS	333.5	5.9%
Overdale	Teesside	Adults	897.0	5.3%
Oak Ward	Durham & Darlington	MHSOP	791.8	4.4%

Cedar	Durham & Darlington	Adults	1126.8	4.2%
Bransdale	Teesside	Adults	651.5	4.1%

- This equates to 25 wards in 4 separate localities with noticeably higher use in the North Yorkshire and York locality, it is recognised that this is impacted on by the ability to recruit in that area as well as the limited availability of bank staff and higher staff turnover

3.3.22 It is important that overtime is also considered when reviewing right staffing indicators. Appendix 4 highlights the hours classified as 'overtime' as a percentage of total hours worked and are 'RAG' rated independently of the overall fill rate. The wards using in excess of 4% overtime are highlighted as follows:

Ward Name	Locality	Speciality	Overtime (inc AHPs)	
			Hours	% loss against Actual Hours
Thornaby Road	Teesside	Day Unit	932.76	7.8%
Holly	Durham & Darlington	CYPS	547.84	6.4%
Bankfields Court	Teesside	LD	2531.14	5.8%
Bankfields Unit 2	Teesside	LD	580.34	4.4%
Newtondale	Forensics	Forensics MH	967.25	4.3%
Lark	Forensics	Forensics MH	693.16	4.2%
Springwood	North Yorkshire & York	MHSOP	1045.33	4.1%
Harrier / Hawk	Forensics	Forensics LD	839.32	4.0%

- The majority of the inpatient wards across the trust are using overtime.
- Teesside are using the most overtime (10,385 hours) whilst Durham & Darlington are using the least (4,861).
- There are 38 wards who have utilised bank, agency and overtime within the reporting period as outlined below:

Ward Name	Locality	Speciality	Overtime	Agency	Bank
			usage Vs actual Hours	usage Vs actual Hours	usage Vs actual Hours
Danby Ward	North Yorkshire & York	Adults	3.2%	3.8%	19.6%
Esk Ward	North Yorkshire & York	Adults	0.6%	3.3%	11.4%
Bedale Ward	Teesside	Adults	1.0%	17.6%	25.2%
Bilsdale	Teesside	Adults	2.1%	3.3%	10.8%
Birch Ward	Durham & Darlington	Adults	1.2%	6.8%	36.4%
Bransdale	Teesside	Adults	2.5%	4.1%	14.4%

Cedar	Durham & Darlington	Adults	2.1%	4.2%	29.5%
Cedar (NY)	North Yorkshire & York	Adults	1.4%	44.3%	8.5%
Ebor Ward	North Yorkshire & York	Adults	1.5%	16.5%	18.9%
Elm Ward	Durham & Darlington	Adults	1.6%	12.8%	27.7%
Farnham Ward	Durham & Darlington	Adults	0.9%	7.3%	8.9%
Kirkdale	Teesside	Adults	2.4%	2.0%	25.9%
Lustrum Vale	Teesside	Adults	2.0%	3.3%	36.3%
Maple	Durham & Darlington	Adults	0.5%	2.6%	23.7%
Minster Ward	North Yorkshire & York	Adults	1.5%	12.9%	13.3%
Overdale	Teesside	Adults	2.5%	5.3%	9.4%
Primrose Lodge	Durham & Darlington	Adults	1.0%	0.1%	9.3%
Stockdale	Teesside	Adults	1.4%	6.6%	18.8%
Orchards (NY)	North Yorkshire & York	Adults	3.1%	1.9%	9.1%
Tunstall Ward	Durham & Darlington	Adults	0.9%	3.7%	17.2%
Willow Ward	Durham & Darlington	Adults	2.0%	1.2%	19.3%
Newberry Centre	Teesside	CYPS	2.6%	5.9%	4.8%
Evergreen Centre	Teesside	CYPS	1.9%	10.9%	18.1%
Westwood Centre	Teesside	CYPS	2.7%	18.5%	20.8%
Bek-Ramsey	Durham & Darlington	LD	3.0%	10.6%	17.7%
Oak Rise	North Yorkshire & York	LD	0.9%	9.5%	22.0%
Acomb Garth	North Yorkshire & York	MHSOP	0.4%	37.7%	16.9%
Ceddesfeld	Durham & Darlington	MHSOP	2.7%	1.9%	8.8%
Cherry Tree	North Yorkshire & York	MHSOP	2.4%	13.2%	16.6%
Hamsterley	Durham & Darlington	MHSOP	0.6%	3.5%	9.0%
Meadowfields	North Yorkshire & York	MHSOP	0.3%	24.5%	20.7%
Oak Ward	Durham & Darlington	MHSOP	1.0%	4.4%	10.9%
Roseberry Wards	Durham & Darlington	MHSOP	0.2%	0.2%	13.3%
Rowan Lea	North Yorkshire & York	MHSOP	2.3%	14.4%	32.4%
Rowan Ward	North Yorkshire & York	MHSOP	1.1%	35.6%	12.3%
Springwood	North Yorkshire & York	MHSOP	4.1%	24.1%	13.9%
Westerdale North	Teesside	MHSOP	2.8%	14.1%	17.3%
Westerdale South	Teesside	MHSOP	1.4%	15.3%	28.8%

- There are no wards that are appearing as 'red' across overtime, agency and bank.

3.4 Patient outcomes, people productivity and financial sustainability

3.4.1 The NQB guidance states that boards will need to collaborate across their local health and care system, with commissioners and other providers, to ensure delivery of the best possible care and value for patients and the public. This may require NHS provider boards to make difficult decisions about resourcing as local Sustainability and Transformation Plans are developed and agreed. It is critical that boards review workforce metrics, indicators of quality and outcomes, and measures of productivity on a monthly basis – as a

whole and not in isolation from each other – and that there is evidence of continuous improvements across all of these areas.

3.4.2 In turning to the triangulation of staffing data with other safety indicators. Appendix 5 provides an overview of all quality indicators for all inpatient wards. Firstly there were 17 SI's that occurred in in-patient areas within the 6 month period.

These are summarised below utilising the bank fill rate and staffing fill rates as comparative data:

No.of SIs	Ward Name	Bank Usage	Agency Usage	Staffing Fill Rate			
				RN Days	RN Nights	HCA Day	HCA Night
2	Esk Ward	11.4%	3.3%	74.0%	99.0%	139.6%	111.1%
1	Bedale Ward	25.2%	17.6%	89.1%	99.8%	164.4%	253.8%
1	Bilsdale	10.8%	3.3%	95.8%	99.5%	109.8%	106.0%
1	Ebor Ward	18.9%	16.5%	95.6%	104.0%	100.1%	116.5%
2	Elm Ward	27.7%	12.8%	94.0%	115.2%	123.5%	158.5%
1	Overdale	9.4%	5.3%	106.3%	100.5%	122.2%	119.6%
1	Newberry Centre	4.8%	5.9%	111.1%	114.6%	132.4%	136.2%
2	Westwood Centre	20.8%	18.5%	68.6%	60.9%	84.3%	117.0%
1	Kestrel / Kite.	38.8%	0.0%	80.5%	104.3%	125.3%	141.5%
1	Hamsterley	9.0%	3.5%	100.8%	99.5%	141.9%	144.0%
2	Oak Ward	10.9%	4.4%	100.5%	100.5%	116.9%	112.6%
1	Springwood	13.9%	24.1%	96.5%	101.9%	149.9%	221.4%
1	Westerdale South	28.8%	15.3%	98.8%	75.1%	193.4%	348.9%

- From those wards that did have an SI within the reporting period Esk, Bedale, Westwood and Kestrel/Kite, Westwood and Westerdale South reported a 'red' fill rate indicator. All other fill rates are reporting as either 'green' or 'blue'.
- Westwood and Kestrel/Kite reported as 'red' for their bank usage.
- All but 3 wards are reporting as 'red' for their agency usage.

The Patient Safety investigation team have been asked to specifically consider staffing levels and skill mix in relation to their investigation of inpatient SI's to support more robust triangulation of staffing data and aid root cause analysis. During the reporting period there was 1 case reviewed at Directors Panel which highlighted a contributory finding regarding staffing:

- 2019/6966 – The report highlights that there were issues of a comprehensive assessment not been recorded due to a colleague having to leave work early due to a family emergency.

3.4.3 There were a total of 27 Level 4 incidents that occurred within the reporting period. These are summarised below utilising the bank fill rate and staffing fill rates as comparative data:

No.of L4 incidents	Ward Name	Bank Usage	Agency Usage	Staffing Fill Rate			
				RN Days	RN Nights	HCA Day	HCA

							Night
1	Esk Ward	11.4%	3.3%	74.0%	99.0%	139.6%	111.1%
1	Bedale Ward	25.2%	17.6%	89.1%	99.8%	164.4%	253.8%
2	Bilsdale	10.8%	3.3%	95.8%	99.5%	109.8%	106.0%
1	Bransdale	14.4%	4.1%	100.7%	101.7%	106.6%	105.3%
2	Cedar (NY)	8.5%	44.3%	96.5%	145.5%	173.5%	118.9%
3	Elm Ward	27.7%	12.8%	94.0%	115.2%	123.5%	158.5%
1	Maple	23.7%	2.6%	88.2%	99.8%	155.4%	113.4%
1	Overdale	9.4%	5.3%	106.3%	100.5%	122.2%	119.6%
2	Stockdale	18.8%	6.6%	102.9%	103.4%	102.9%	109.0%
1	Tunstall Ward	17.2%	3.7%	97.6%	102.5%	109.2%	121.6%
1	Westwood Centre	20.8%	18.5%	68.6%	60.9%	84.3%	117.0%
1	Talbot Ward	12.2%	0.0%	78.4%	100.1%	96.6%	99.9%
1	Lark	23.5%	0.0%	96.1%	101.9%	93.0%	99.5%
1	Newtondale	11.3%	0.0%	98.2%	79.7%	101.7%	117.3%
1	Swift Ward	22.5%	0.0%	91.1%	103.8%	96.5%	122.2%
1	Bek-Ramsey	17.7%	10.6%	78.4%	101.7%	154.7%	150.9%
1	Ceddesfeld	8.8%	1.9%	99.8%	100.1%	136.7%	152.3%
1	Hamsterley	9.0%	3.5%	100.8%	99.5%	141.9%	144.0%
2	Oak Ward	10.9%	4.4%	100.5%	100.5%	116.9%	112.6%
1	Rowan Lea	32.4%	14.4%	84.8%	108.0%	152.4%	132.9%
1	Westerdale South	28.8%	15.3%	98.8%	75.1%	193.4%	348.9%

- From those wards that did have a L4 incident Esk, Bedale, Maple, Westwood, Talbot, Newtondale, Bek-Ramsey, Rowan Lea and Westerdale South reported a 'red' fill rate indicator. All other fill rates are reporting as either 'green' or 'blue'.
- Westwood and Lark reported as 'red' for their bank usage.
- 13 wards are reporting as 'red' for their agency usage.
- It is clear from the recent staffing establishment review (professional judgement approach) that whilst staffing levels may not have been seen to directly contribute to a patient safety incident that patient acuity, complexity and bed occupancy is felt to be a pressure in relation to clinical activity and the delivery of quality care across a number of units.

3.4.4 There were 34 level 3 self-harm incidents occurred within the reporting period. These are summarised below utilising the bank and staffing fill rates as comparative data:

No.of L3 incidents	Ward Name	Bank Usage	Agency Usage	Staffing Fill Rate			
				RN Days	RN Nights	HCA Day	HCA Night
1	Ayckbourn Danby Ward	19.6%	3.8%	97.5%	100.6%	123.8%	116.4%
1	Ayckbourn Esk Ward	11.4%	3.3%	74.0%	99.0%	139.6%	111.1%
2	Birch Ward	36.4%	6.8%	87.9%	101.4%	161.1%	156.5%
1	Cedar	29.5%	4.2%	100.9%	101.3%	157.8%	137.1%

2	Cedar (NY)	8.5%	44.3%	96.5%	145.5%	173.5%	118.9%
2	Ebor Ward	18.9%	16.5%	95.6%	104.0%	100.1%	116.5%
10	Elm Ward	27.7%	12.8%	94.0%	115.2%	123.5%	158.5%
1	Farnham Ward	8.9%	7.3%	101.3%	100.0%	183.0%	133.3%
2	Maple	23.7%	2.6%	88.2%	99.8%	155.4%	113.4%
1	Minster Ward	13.3%	12.9%	98.5%	101.5%	92.4%	116.8%
2	Overdale	9.4%	5.3%	106.3%	100.5%	122.2%	119.6%
1	Stockdale	18.8%	6.6%	102.9%	103.4%	102.9%	109.0%
1	The Orchards (NY)	9.1%	1.9%	92.7%	100.1%	105.2%	99.4%
2	Newberry Centre	4.8%	5.9%	111.1%	114.6%	132.4%	136.2%
1	Evergreen Centre	18.1%	10.9%	103.9%	97.8%	137.9%	201.1%
2	Westwood Centre	20.8%	18.5%	68.6%	60.9%	84.3%	117.0%
1	Swift Ward	22.5%	0.0%	91.1%	103.8%	96.5%	122.2%
1	Bek-Ramsey Ward	17.7%	10.6%	78.4%	101.7%	154.7%	150.9%

- From the 34 level 3 self-harm incidents this equated to 18 wards across 4 localities.
- Durham & Darlington had the highest number of level 3 incidents in the reporting period with 17 incidents in total.
- Elm Ward had the highest number of level 3 incidents across the reporting period with 10 incidents.
- 2 out of 18 wards reported as 'red' for their bank usage whilst all the others reported either as 'amber' or 'green'.
- 10 out of 19 wards reported as 'red' for their agency usage whilst all the others reported as either 'amber' or 'green'.
- Birch reported as 'red' for both their bank and agency usage.
- There were 7 fill rate indicators that reported as 'red' whilst the others all reported as either 'green' or 'blue'.
- A 'safety summit' is being held in February to explore and understand patterns of self harm and the Trusts zero suicide ambition plan within in-patient services and develop actions to take forward in relation to this.

3.4.5 There were 38 complaints raised during the reporting period. These are summarised below utilising the bank and staffing fill rates as comparative data:

No. of Complaints	Ward Name	Bank Usage	Agency Usage	Staffing Fill Rate			
				RN Days	RN Nights	HCA Day	HCA Night
1	Esk Ward	11.4%	3.3%	74.0%	99.0%	139.6%	111.1%
1	Bedale Ward	25.2%	17.6%	89.1%	99.8%	164.4%	253.8%
2	Bilsdale	10.8%	3.3%	95.8%	99.5%	109.8%	106.0%
1	Bransdale	14.4%	4.1%	100.7%	101.7%	106.6%	105.3%
3	Cedar (NY)	8.5%	44.3%	96.5%	145.5%	173.5%	118.9%
1	Ebor Ward	18.9%	16.5%	95.6%	104.0%	100.1%	116.5%
3	Elm Ward	27.7%	12.8%	94.0%	115.2%	123.5%	158.5%
2	Maple	23.7%	2.6%	88.2%	99.8%	155.4%	113.4%
1	Minster Ward	13.3%	12.9%	98.5%	101.5%	92.4%	116.8%

1	Overdale	9.4%	5.3%	106.3%	100.5%	122.2%	119.6%
1	Stockdale	18.8%	6.6%	102.9%	103.4%	102.9%	109.0%
2	Baysdale	15.3%	0.0%	174.8%	105.6%	99.7%	110.2%
4	Newberry Centre	4.8%	5.9%	111.1%	114.6%	132.4%	136.2%
2	Westwood Centre	20.8%	18.5%	68.6%	60.9%	84.3%	117.0%
1	Clover / Ivy	32.3%	0.0%	102.6%	102.5%	91.0%	146.9%
1	Harrier / Hawk	24.4%	0.0%	80.7%	100.2%	92.3%	115.8%
3	Kestrel / Kite.	38.8%	0.0%	80.5%	104.3%	125.3%	141.5%
1	Merlin	26.8%	0.0%	91.0%	89.1%	108.8%	134.3%
1	Swift Ward	22.5%	0.0%	91.1%	103.8%	96.5%	122.2%
1	Ceddesfeld	8.8%	1.9%	99.8%	100.1%	136.7%	152.3%
2	Hamsterley	9.0%	3.5%	100.8%	99.5%	141.9%	144.0%
1	Roseberry Wards	13.3%	0.2%	104.6%	104.3%	102.6%	104.1%
1	Rowan Ward	12.3%	35.6%	86.2%	142.2%	175.0%	155.8%
1	Westerdale North	17.3%	14.1%	94.3%	100.6%	157.7%	176.4%

- None of the complaints raised cited issues with staffing levels or skill mix. However, there were 3 complaints that did raise concerns with regards to staff attitude (Swift, Harrier and Cedar NY).
- Teesside locality had the highest number of complaints in the reporting period with 15 complaints raised.
- From those that had complaints raised 5 wards reported as 'red' for bank usage whilst the remaining wards reported either as 'amber' or 'green'
- From those wards that had complaints raised 15 wards reported as 'red' for their agency usage whilst the remaining wards reported as either 'amber' or 'green'.
- Rowan was the only ward that had complaints raised that reported as 'red' for both their bank and agency usage.
- 10 fill rate indicators were reporting as 'red' with 7 of these relating to registered nurses. All other metrics are reporting as either 'green' or 'blue'.
- Wider themes relating to complaint data are analysed further through the Patient Experience group and performance EMT.

3.4.6 The Trust's Positive and Safe team continues to focus on high users of control and restraint. A high proportion of the Trust usage of prone and other forms of restraint is related to a small number of wards, and individual patients within those wards, and the various factors which may be contributing to this form part of the positive and safe remit.

3.4.7 The top 10 highest reported users of such techniques are defined further in the following table:

Ward	Bank Usage	Agency Usage	Incidents of restraint			
			Incidents	PRO Used	Other	Restraint Total
Bankfields Court	11.4%	0.0%	821		950	951
Westwood Centre	20.8%	18.5%	651	2	846	860
Evergreen Centre	18.1%	10.9%	476		587	591
Sandpiper Ward	30.6%	0.0%	167	4	345	366

Cedar	29.5%	4.2%	136	2	170	180
Bedale Ward	25.2%	17.6%	128	1	167	176
Bek-Ramsey Ward	17.7%	10.6%	101	1	140	144
Newberry Centre	4.8%	5.9%	98		136	136
Clover / Ivy	32.3%	0.0%	98		163	163
Springwood	13.9%	24.1%	94		103	103
Thistle	21.6%	0.0%	90		116	126
Elm Ward	27.7%	12.8%	79	2	94	98
Swift Ward	22.5%	0.0%	77		125	126

- Data in relation to the West Lane Hospital has been incorporated into the table but due to the closure will be excluded from the narrative below.
- Bankfields Court had 821 incidents requiring the use of restraint during the reporting period. This equated to 951 restraints of which none were recorded as 'Prone'. This has coincided with an increase in acuity and complexity of the patient group in part related to closures of local care facilities.
- Clover/Ivy were the only ward who had a 'red' rating for their bank usage whilst the others reported as either 'amber' or 'green'.
- There were 6 wards that were identified within the top 10 users of restraint who reported as 'red' for their agency usage.
- There were no wards identified within the top 10 that reported 'red' for both their bank or agency usage.

3.4.8 This can be further correlated when looking at the 4 fill rate indicators as follows:

Ward	Staffing Fill Rate			
	RN Days	RN Nights	HCA Day	HCA Night
Bankfields Court	111.0%	169.2%	91.4%	103.4%
Westwood Centre	68.6%	60.9%	84.3%	117.0%
The Evergreen Centre	103.9%	97.8%	137.9%	201.1%
Sandpiper Ward	86.8%	77.1%	99.6%	129.2%
Cedar	100.9%	101.3%	157.8%	137.1%
Bedale Ward	89.1%	99.8%	164.4%	253.8%
Bek-Ramsey Ward	78.4%	101.7%	154.7%	150.9%
Newberry Centre	111.1%	114.6%	132.4%	136.2%
Clover / Ivy	102.6%	102.5%	91.0%	146.9%
Springwood	96.5%	101.9%	149.9%	221.4%
Thistle	86.4%	103.1%	111.2%	120.6%
Elm Ward	94.0%	115.2%	123.5%	158.5%
Swift Ward	91.1%	103.8%	96.5%	122.2%

3.4.9 The use of prone restraint will continue to be monitored within the Positive and Safe team; however, it is worth highlighting that during the reporting period there were 104 episodes of Prone used. This is an increase of 12 when compared to the previous 6 month report.

3.4.10 5 of the wards highlighted have low RN fill rates and are utilising HCA's to manage the skill mix. Higher levels of RN to HCA ratio are generally associated within research findings to equate to improved patient outcomes and quality of care. This issue will be further explored within the staffing establishment report.

3.4.11 Until the MH and LD TEWV safer staffing dashboard is created, NICE Guidance for Safe Staffing for nursing in adult inpatient wards in acute hospitals provides helpful indicators to support Right Staffing that has been used as below to provide indicative information on whether safe nursing care is being provided.

The 9 indicators include:

- Adequacy of meeting patients' nursing care needs
- Falls
- Pressure ulcers
- Medication administration errors
- Missed breaks
- Nursing overtime
- Planned, required and available nurses for each shift
- High levels and / or ongoing reliance on temporary nursing
- Compliance with any mandatory training

3.4.12 The Right Staffing programme and the Quality Data Team are developing a ward dashboard of safe nursing indicators for mental health which we can begin to report against. As an interim approach appendix 6 contains the 9 safe nursing indicators and presents this into a single dashboard. This section won't discuss all of these metrics but the ones that haven't been discussed to date within this report.

3.4.13 Falls that have resulted in significant harm for all inpatient services have been examined. Within the reporting period there have been a total of 5 incidents across 4 wards. The ward and teams that these each relate to are as follows:

Ward / Team	Locality	Speciality	Number of incidents
Hamsterley	Durham & Darlington	MHSOP	1
Oak Ward	Durham & Darlington	MHSOP	2
Rowan Lea	North Yorkshire & York	MHSOP	1
Westerdale South	Teesside	MHSOP	1

- All of the falls occurred within the older people's service. This is generally anticipated due to the other health problems that older people may encounter such as reduced vision, mobility and balance problems.
- In turning to the triangulation of data with the safe nursing indicators the following is of relevance:

- Rowan Lea and Westerdale South have a red fill rate indicator. All other fill rate indicators are reporting as either 'green' or 'blue'.
- All wards for their bank usage reported as either 'amber' or 'green'.
- All but one ward reported as either 'amber' or 'green' for their agency usage
- Hamsterley was the only ward to report as 'red' for overtime usage whilst the others reported either 'amber' or 'green'.
- Quality metrics are reporting falls as 'green' against target in all areas except N.Yorkshire.

3.4.14 Data in relation to pressure ulcers was obtained covering the reporting period. There were 4 incidents reported across 3 wards as follows:

Ward / Team	Locality	Speciality	Number of incidents
Westwood Centre	Teesside	CYPS	2
Sandpiper Ward	Forensics	Forensics MH	1
Springwood	North Yorkshire and York	MHSOP	1

- The incidents occurred within different specialities across the trust.
- In turning to the triangulation of staffing data:
 - Westwood and Sandpiper had 'red' fill rate indicators, all other fill rate indicators reported as either 'green' or 'blue'.
 - Westwood reported as 'red' whilst the others reported as either 'amber' or 'green' for bank usage.
 - Springwood reported as 'red' for their agency usage. All others reported as 'green'.
 - Westwood reported as 'red' for overtime usage.

3.4.15 It is not possible to draw any meaningful conclusions from this data however the data does support the need to further review levels of clinical activity and safe nursing indicators across areas within MHSOP. This may need to be picked up through the establishment review process.

3.4.16 There were 404 incidents of medication errors reported within the reporting period across 57 wards. The top 6 wards are shown as follows:

Ward / Team	Locality	Speciality	Number of incidents
Ebor Ward	North Yorkshire and York	Adults	18
Farnham Ward	Durham & Darlington	Adults	18
Maple	Durham & Darlington	Adults	18
Lustrum Vale	Teesside	Adults	15
Bedale Ward	Teesside	Adults	15
Minster Ward	North Yorkshire and York	Adults	13
Westerdale North	Teesside	MHSOP	13

- There are 2 fill rate indicators reporting as 'red' for Bedale and Maple. All other fill rate indicators are reporting as either 'green' or 'blue'.

- Lustrum Vale is reporting as 'red' for their bank usage. All others are reporting as either 'amber' or 'green'.
- All wards except Farnham are all reported as 'red' for their agency usage.
- Maple is the only ward to be reporting as 'red' for their overtime usage. All others are reporting as either 'amber' or 'green'.

3.4.17 In terms of shifts worked without a break there were 1,882 shifts worked within the reporting period where breaks were not given. The top 5 wards were as follows:

Ward	No of eligible shifts	No. of eligible shifts without breaks 1st Jun 19- 30th Nov 19	% of shifts without break	Days without breaks	Nights without break
Elm Ward	2053	147	7.16%	114	33
Northdale Centre	2498	66	2.64%	61	5
The Evergreen Centre	3124	158	5.06%	134	24
Westwood Centre	2341	77	3.29%	55	22
Danby Ward	2032	97	4.77%	63	34
Esk Ward	1690	78	4.62%	42	36
Springwood	2435	80	3.29%	59	21

- The majority of the shifts where breaks were not given occurred on day shifts.
- It is not possible to highlight the reasons as to why breaks are not given due to this not being reported within the HealthRoster system. An agreement has now been reached and will be reflected in the data in future reports.
- The absence of breaks is also being monitored on the report-out walls by localities and EMT. Verbal reasons given for those wards not achieving 98% of breaks is usually linked to high periods of clinical activity.

This can be further correlated when looking at the 4 fill rate indicators as follows:

Ward / Team	Bank Usage vs Actual Hours	Agency Usage vs Actual Hours	Staffing Fill Rate			
			RN Day	RN Night	HCA Day	HCA Night
Elm Ward	27.72%	12.76%	94.02%	115.23%	123.46%	158.51%
Northdale Centre	43.22%	0.00%	94.88%	101.74%	100.33%	103.94%
Evergreen Centre	18.10%	10.93%	103.87%	97.84%	137.94%	201.09%
Westwood Centre	20.82%	18.52%	68.59%	60.86%	84.29%	117.02%
Danby Ward	19.58%	3.76%	97.49%	100.65%	123.75%	116.37%
Esk Ward	11.38%	3.30%	74.03%	98.96%	139.64%	111.10%
Springwood	13.89%	24.10%	96.48%	101.89%	149.90%	221.41%

- There is 1 fill rate indicators' that is reporting as 'red'. All other indicators are reporting as either 'green' or 'blue'

- Northdale is reporting as 'red' for bank usage. All other areas are reporting as either 'amber' or 'green'.
- 3 wards who are reporting as 'red' for their agency usage.

3.5 Reporting, investigating and acting on incidents

3.5.1 The NQB guidance advises NHS providers to follow best practice guidance in the investigation of all patient safety incidents, including root cause analysis for serious incidents. As part of this systematic approach to investigating incidents, providers should consider staff capacity and capability, and act on any issues and contributing factors identified. In addition NHS providers should consider reports of the 'red flag' issues suggested in the NICE guidance, and any other incident where a patient was or could have been harmed, as part of the risk management of patient safety incidents. Incidents must be reviewed alongside other data sources, including local quality improvement data (e.g. for omitted medication) clinical audits or locally agreed monitoring information, such as delays or omissions of planned care. Furthermore, NHS providers should actively encourage all staff to report any occasion where a less than optimal level of suitably trained or experienced staff harmed or seems likely to harm a patient. These locally reported incidents should be considered patient safety incidents rather than solely staff safety incidents, and they should be routinely uploaded to the National Reporting and Learning System.

3.5.2 The patient safety investigation team have been asked specifically to consider staffing levels and skill mix in relation to their investigation of inpatient serious incidents to support more robust triangulation of staffing data and aid root cause analysis.

3.5.3 It is also important to look at the number of incidents that have been raised and categorised in relation to staffing levels. Within the reporting period there were 174 incidents raised citing issues with staffing. This is an increase of 26 when compared to the previous 6 month report. The incidents citing staffing problems were from across the following localities which may demonstrate the increased focus on appropriate escalation:

Locality	Number of incidents raised	Trend on previous 6 months
Durham & Darlington	26	↓ (32)
Forensics	68	↑ (15)
North Yorkshire & York	66	↑ (59)
Teesside	14	↓ (42)

The Datix incidents citing staffing issues can be summarised as follows:

- Of the total incidents reported 146 were in relation to day shift and 28 were reported in relation to night shifts from 48 teams or wards across the Trust.

Key themes:

- 39% (67) of all incidents reported involved the Forensic Wards at Roseberry Park

- 152 incidents were reported for inpatient areas while there were 22 in community services. This is a significant increase from the previous report.
- North Yorkshire & York reported 66 incidents, 35 of which were reported for Springwood in Malton

Themes include:

- Enhanced observations increasing staffing requirements
- Staff failed to attend for duty
- Wards not running on required staffing levels/ skill mix
- Staff long term sickness and short notice sickness
- Staff being moved from ward to ward
- High acuity
- Imbalance of agency/bank staff to permanent staff
- Lack of capacity to meet increasing demand of the service and service delivery

Issues reported:

- Breaks not being taken
- Staff and patient safety compromised
- Wards not running on required staffing levels
- Patient leave and activities being cancelled
- Unable to respond to alarms from other wards in difficulty
- Staff not knowing ward or patients because most are bank/agency staff.
- Unsettled patients due to new staff each day.
- Quality of service compromised
- Low staffing levels resulting in unsafe wards leaving staff and patients vulnerable
- Police called to assist
- No male nurses available

The Trust adopted an escalation process for both inpatient and community teams to ensure a standard approach was adopted across the organisation and a timely response to ensure patient safety is not compromised. Monthly monitoring of escalation incidents occurs within the monthly Safe Staffing reports and is highlighted to Heads of Nursing to ensure that appropriate actions were taken in response to issues being raised.

3.6 Patient, staff and carer feedback

- 3.6.1 The NQB guidance states that Boards must ensure that their organisations foster a culture of professionalism and responsiveness in healthcare professionals, so that staff feel able to use their professional judgement to raise concerns and make suggestions for change that improves care. This includes ensuring the organisation has policies to support clinical staff to uphold professional codes of practice. In addition trusts should proactively seek the views of patients, carers and staff and the board should routinely consider any feedback relevant to staffing capacity, capability and morale, such as national and local surveys, stories, complaints and compliments.

- 3.6.2 In addition to complaint data, analysis has been undertaken with regards to patient and carer feedback that has been submitted in relation to the friends and family test. In April 2017 the Trust introduced a new system (Meridian) to capture the friends and family test and a new question was introduced; is there anything we could do to make the service better? 211 comments were received that suggested improved staffing was required within our inpatient wards trust wide to support further activities including supporting leave, continuity of care and overall quality care and safety of patients.
- 3.6.3 The trust receives compliments and these are captured and published via the weekly e-Bulletin. A total of 203 compliments were received during the reporting period specifically in relation to highlighting a number of individuals and commend the work they have undertaken. These compliments cover all localities. From the total number of compliments there was nothing highlighted that was specific to actual staffing levels.
- 3.6.4 Future development of this particular aspect will be undertaken as part of the Right Staffing programme that will seek to triangulate specific comments against a range of care quality indicators and metrics ensuring that this is accessible in a single dashboard.

3.7 Care hours per Patient Day (CHPPD)

- 3.7.1 From April 2018, all MH trusts reported CHPPD for the first time to NHS Improvement. This is the first step in developing the methodology as a tool that can contribute to a review of staff deployment. This was further expanded to include other healthcare groups such as allied health professionals (AHP's) and more recently the Nursing Associates.
- 3.7.2 This metric tracks the total number of direct nursing care hours compared to the number of patients as a count at midnight. The CHPPD across all inpatient areas was 10.7 (3.7 registered nurses; 6.7 healthcare assistants; 0.2 registered AHP, 0.1 unregistered AHP). This can be broken down by locality as follows:

Locality	Care Hours per Patient Day					Trend on Previous 6 Months
	RN	HCA	Reg AHP	Un-reg AHP	Overall	
Durham & Darlington	3.6	5.6	0.2	0.1	9.5	↑ (9.3)
Forensics	3.4	6.7	0.0	0.0	10.1	↓ (10.4)
North Yorkshire & York	7.7	14.1	0.7	0.4	22.8	↓ (22.9)
Teesside	4.0	7.5	0.6	0.2	12.3	↑ (11.3)

This can be further examined by looking at the benchmarking groups as follows:

Speciality	RN	HCA	Reg AHP	Un-reg AHP	Overall	Trend on Previous 6 Months
Acute	2.9	4.1	0.2	0.1	7.3	↑ (7.0)

Adult LD	6.7	16.6	0.1	0.0	23.4	↑ (22.7)
Child LD	9.4	13.4	0.0	0.0	22.8	↑ (22.2)
Eating Disorders	3.9	6.2	0.8	0.3	11.0	↑ (9.7)
Forensic LD	4.1	9.1	0.0	0.0	13.3	↑ (13.0)
High Dependency Rehab	3.0	4.2	0.1	0.1	7.4	↓ (9.5)
Locked Rehab	2.9	6.2	0.4	0.3	9.8	↑ (8.4)
Long Term Complex Continuing Care	3.7	5.0	0.4	0.2	9.3	↑ (8.6)
Low Secure	2.9	5.5	0.0	0.0	8.4	↓ (8.7)
Medium Secure	3.2	5.8	0.0	0.0	9.0	↑ (9.8)
Older Adults Acute	3.4	6.6	0.4	0.2	10.6	↓ (10.8)
Other Specialist MH Beds	5.2	12.9	0.5	0.4	18.9	↑ (16.8)
PICU	7.6	12.7	0.0	0.0	20.3	↑ (19.4)
TIER 4	11.0	22.5	0.9	0.3	34.8	↑ (16.8)

3.7.3 Appendix 6 shows the CHPPD covering the reporting period and Appendix 7 shows this graphically.

3.7.4 It is important to highlight that the NQB guidance states that CHPPD should never be viewed in isolation but as part of a local quality dashboard that includes patient outcome measures alongside workforce and finance indicators. This will be further developed as part of the Right Staffing Programme and will be considered in more detail within the 6 monthly safe staffing reports.

4. IMPLICATIONS:

4.1 Compliance with the CQC Fundamental Standards:

No direct risks to patient safety from the staffing data have been identified in this 6 monthly report however it does highlight potential quality of care issues related to the skill mix on day shifts due to deficits of registered nursing staff and high levels of bank/agency use in some ward areas. Systems are in place for escalation and operational management of staffing levels on a daily basis. There is a risk to CQC compliance if we fail to achieve our planned registered nursing levels on a regular basis. The CQC report once published will require actions to be considered relating to staffing in some areas of the Trust. This will need to be closely monitored through the monthly and 6 monthly staffing reports to Board; mitigation is being addressed through the initiatives set out in this report that will be delivered through the Right Staffing programme.

4.2 Financial/Value for Money:

It has been identified that there is little spare capacity in nursing establishments, initiatives such as central and over-recruitment across operational services and an increase in the Temporary Staffing Service infrastructure and recruitment of bank nurses have been put in place to reduce agency usage and improve continuity and therefore quality of care. The level of additional expenditure on temporary staffing for the reason of observation requires further exploration and will be a key consideration within the establishment review.

4.3 Legal and Constitutional (including the NHS Constitution):

The Care Quality Commission and NHS England have set regulatory and contractual requirements that the Trust ensures adequate and appropriate staffing levels and skill mix to deliver safe and effective care. Inadequate staffing can result in non-compliance action and contractual breach. The March 2013 NHS England and CQC directives set out specific requirements that will be checked through inspection and contractual monitoring as they are also included in standard commissioning contracts.

The Trust has complied with these directives to date.

4.4 Equality and Diversity:

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

4.5 Other implications:

There are no other implications identified

5.0 RISKS:

- 5.1 The trust recognises the current pressures in activity and acuity of in-patient services, recruitment issues and the risks of being unable to have the right staff in the right place at the right time across our services. EMT has supported the establishment of a Right Staffing programme board led by the Director of Nursing and Governance to build on the existing Right Staffing approach and mitigate the identified risks.
- 5.2 There are recognised risks to patient safety and quality of care linked to the use of unfamiliar staff through temporary staffing use. The agency action plan seeks to mitigate some of this risk as will the establishment review.

6.0 CONCLUSIONS:

- 6.1 The Trust continues to comply with the requirements of NHS England and the CQC in relation to the Hard Truths commitments and continues to develop the data collation and analysis to monitor the impact of nurse staffing on patient safety, clinical effectiveness and experience.
- 6.2 The Right Staffing programme and its workstreams will continue to review existing processes and prepare for the new requirements and any new guidance throughout the next two financial years. Data collection and analysis will be further developed and reported upon in future reports.
- 6.3 Extensive analysis of the available data in this report would suggest quality issues related to high bank or agency usage in some ward areas and the ability to meet planned staffing levels for registered nurses on day shifts.

- 6.4 It is clear that flexible staffing is being used on a regular basis to meet patient need and demand. Initiatives set out in this paper attempt to address having the right staff in the right place at the right time in order that staffing resources can be better planned and utilised.

7.0 RECOMMENDATIONS:

That the Board of Directors notes the outputs of the reports and raises any issues for further investigation and development.

Emma Haimes, Head of Quality Data and Patient Experience – December 2019

Ann Marshall, Deputy Director of Nursing

Joe Bergin, Right Staffing Programme Manager

Elizabeth Moody, Director of Nursing and Governance

Budgeted and Actual Staffing Establishments in WTE

Appendix 1

Locality	WARD	Speciality	Budgeted Establishment at 01/06/2019				Budgeted Establishment at 30/11/2019				Comparison to 01/06/2019 - 30/11/2019 Budget v Actual WTE hours			
			Registered		Unregistered		Registered		Unregistered		Registered Staff		Unregistered Staff	
			Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
D&D	Cedar Ward	Adults	14.30	13.80	15.30	13.40	14.30	13.80	15.30	12.80	0.00	0.00	0.00	-0.60
D&D	Birch Ward	Adults	14.67	14.70	14.30	9.30	13.40	14.00	11.40	9.20	-1.27	-0.70	-2.90	-0.10
D&D	Primrose Lodge	Adults	8.58	7.80	11.44	11.00	8.60	7.80	11.40	11.50	0.02	0.00	-0.04	0.50
D&D	Willow Ward	Adults	8.58	9.30	11.44	10.90	8.60	11.30	11.40	10.40	0.02	2.00	-0.04	-0.50
D&D	Maple Ward	Adults	11.44	11.00	11.44	11.20	11.40	10.80	11.40	11.40	-0.04	-0.20	-0.04	0.20
D&D	Elm Ward	Adults	11.44	8.70	11.44	8.60	11.40	7.70	11.40	10.70	-0.04	-1.00	-0.04	2.10
D&D	Farnham Ward	Adults	11.44	10.60	11.44	13.50	11.40	11.60	11.40	13.70	-0.04	1.00	-0.04	0.20
D&D	Tunstall Ward	Adults	11.44	11.40	11.44	10.60	11.40	10.40	11.40	10.60	-0.04	-1.00	-0.04	0.00
D&D	Holly Unit	CYPS	4.32	4.60	5.47	4.90	4.30	4.40	5.50	4.90	-0.02	-0.20	0.03	0.00
D&D	Bek, Ramsey	LD	8.58	8.90	20.02	21.80	8.60	11.60	20.00	28.00	0.02	2.70	-0.02	6.20
D&D	Ceddesfeld Ward	MHSOP	8.58	7.80	13.23	15.70	8.60	7.80	13.20	15.90	0.02	0.00	-0.03	0.20
D&D	Hamsterley Ward	MHSOP	8.58	9.00	13.23	23.70	8.60	10.00	13.20	22.70	0.02	1.00	-0.03	-1.00
D&D	Oak Ward	MHSOP	8.58	8.90	11.44	12.60	8.60	9.90	11.40	11.70	0.02	1.00	-0.04	-0.90
D&D	Roseberry Wards	MHSOP	8.58	8.60	10.52	11.50	8.60	8.60	10.90	11.60	0.02	0.00	0.38	0.10
Forensics	Clover/Ivy	FLD	8.10	8.70	20.20	16.40	8.10	8.70	20.20	17.90	0.00	0.00	0.00	1.50
Forensics	Thistle Ward	FLD	8.50	6.00	14.84	14.10	8.50	7.90	14.80	14.10	0.00	1.90	-0.04	0.00
Forensics	Northdale Centre	FLD	8.05	10.00	26.82	24.40	8.10	9.00	26.80	26.20	0.05	-1.00	-0.02	1.80
Forensics	Oakwood	FLD	8.05	8.40	14.85	7.00	8.10	7.50	6.60	7.00	0.05	-0.90	-8.25	0.00
Forensics	Harrier/Hawk	FLD	8.08	8.00	20.20	20.00	8.10	7.70	20.20	16.90	0.02	-0.30	0.00	-3.10
Forensics	Langley Ward	FLD	8.05	7.00	6.35	7.00					-8.05	-7.00	-6.35	-7.00
Forensics	Kestrel/Kite	FLD	8.05	9.70	22.05	19.60	8.10	8.70	22.10	16.50	0.05	-1.00	0.05	-3.10
Forensics	Brambling Ward	FMH	8.05	8.90	13.65	12.80	8.10	8.50	13.70	13.20	0.05	-0.40	0.05	0.40

Forensics	Jay Ward	FMH	8.05	7.90	13.15	12.40	8.10	8.20	13.20	13.40	0.05	0.30	0.05	1.00
Forensics	Sandpiper Ward	FMH	10.73	12.50	17.61	15.50	10.70	13.30	17.60	13.10	-0.03	0.80	-0.01	-2.40
Forensics	Merlin	FMH	10.73	10.40	15.32	14.20	10.70	10.40	15.30	13.20	-0.03	0.00	-0.02	-1.00
Forensics	Swift Ward	FMH	8.05	8.60	15.32	15.30	8.10	6.60	15.30	13.20	0.05	-2.00	-0.02	-2.10
Forensics	Lark	FMH	8.05	7.50	13.15	11.90	8.10	7.40	13.20	12.80	0.05	-0.10	0.05	0.90
Forensics	Kirkdale Ward	FMH	8.05	7.90	15.32	13.80	8.10	8.90	15.30	13.80	0.05	1.00	-0.02	0.00
Forensics	Mallard Ward	FMH	8.05	8.20	15.32	15.30	8.10	8.00	16.30	15.30	0.05	-0.20	0.98	0.00
Forensics	Mandarin	FMH	8.05	11.70	13.15	11.70	8.10	9.00	13.20	11.60	0.05	-2.70	0.05	-0.10
Forensics	Nightingale Ward	FMH	8.05	9.70	13.15	15.10	8.10	8.90	13.20	15.10	0.05	-0.80	0.05	0.00
Forensics	Linnet Ward	FMH	8.05	7.90	13.15	12.80	8.10	7.80	13.20	12.00	0.05	-0.10	0.05	-0.80
Forensics	Newtondale Ward	FMH	10.73	10.90	17.88	19.20	10.70	9.90	17.90	17.20	-0.03	-1.00	0.02	-2.00
NY & Y	The Orchards	Adults	8.80	8.60	8.10	8.10	8.10	8.20	8.10	8.10	-0.70	-0.40	0.00	0.00
NY & Y	Ayckbourn Unit Danby Ward	Adults	9.50	10.00	10.70	12.00	9.10	7.00	10.70	12.00	-0.40	-3.00	0.00	0.00
NY & Y	Ayckbourn Unit Esk Ward	Adults	9.60	6.40	10.70	11.80	9.10	8.20	10.70	11.20	-0.50	1.80	0.00	-0.60
NY & Y	Cedar Ward (NY)	Adults	10.10	4.40	13.40	11.60	9.10	5.30	13.40	11.60	-1.00	0.90	0.00	0.00
NY & Y	Rowan Ward	MHSOP	9.10	8.60	10.70	11.10	9.10	6.60	10.70	11.20	0.00	-2.00	0.00	0.10
NY & Y	Springwood Community Unit	MHSOP	8.10	7.80	12.50	12.40	8.10	7.60	12.50	10.40	0.00	-0.20	0.00	-2.00
NY & Y	Rowan Lea	MHSOP	8.60	7.60	17.90	18.30	8.60	8.60	17.90	19.20	0.00	1.00	0.00	0.90
NY & Y	Ebor Ward	Adults	8.70	6.70	11.00	10.00	8.20	9.00	11.00	11.00	-0.50	2.30	0.00	1.00
NY & Y	Minster Ward	Adults	8.20	7.50	11.00	10.80	8.20	8.90	11.00	10.80	0.00	1.40	0.00	0.00
NY & Y	Cherry Tree House	MHSOP	8.90	11.70	13.70	11.40	8.20	10.20	14.40	11.40	-0.70	-1.50	0.70	0.00
NY & Y	Oak Rise	ALD	8.20	7.50	18.80	14.50	8.20	8.50	18.80	14.60	0.00	1.00	0.00	0.10
NY & Y	Acomb Garth	MHSOP	11.40	7.20	16.50	12.40					-11.40	-7.20	-16.50	-12.40
NY & Y	Meadowfields	MHSOP	8.20	4.50	13.70	10.70	11.00	9.40	21.90	20.30	2.80	4.90	8.20	9.60
Teesside	Bedale Ward	Adults	13.70	14.00	13.70	12.90	13.70	13.00	13.70	11.90	0.00	-1.00	0.00	-1.00
Teesside	Bilsdale Ward	Adults	8.20	8.80	11.00	11.70	8.20	10.80	11.00	13.10	0.00	2.00	0.00	1.40
Teesside	Bransdale Ward	Adults	8.20	9.00	11.00	11.10	8.20	11.00	11.00	11.50	0.00	2.00	0.00	0.40
Teesside	Overdale Ward	Adults	8.20	8.60	11.00	10.50	8.20	10.20	11.00	10.70	0.00	1.60	0.00	0.20

Teesside	Stockdale Ward	Adults	8.20	9.40	11.00	9.00	8.20	10.40	11.00	12.00	0.00	1.00	0.00	3.00
Teesside	Lustrum Vale	Adults	11.10	9.30	11.00	10.50	10.60	9.70	11.00	10.70	-0.50	0.40	0.00	0.20
Teesside	Baysdale	CYPS	6.70	8.00	12.70	13.50	6.70	8.00	1.70	15.40	0.00	0.00	-11.00	1.90
Teesside	Newberry Centre	CYPS	15.00	15.30	15.20	18.00					-15.00	-15.30	-15.20	-18.00
Teesside	The Evergreen Centre	CYPS	16.20	14.80	18.70	19.60					-16.20	-14.80	-18.70	-19.60
Teesside	Westwood Centre	CYPS	17.10	17.10	16.50	23.90					-17.10	-17.10	-16.50	-23.90
Teesside	Thornaby Road	LD	3.60	3.80	11.90	9.70	3.60	3.80	11.90	9.20	0.00	0.00	0.00	-0.50
Teesside	Aysgarth	LD	6.50	6.50	11.50	9.30	6.50	4.40	11.50	9.90	0.00	-2.10	0.00	0.60
Teesside	Bankfield Court Flats	LD	10.40	17.90	42.70	43.30	10.40	14.30	42.70	32.60	0.00	-3.60	0.00	-10.70
Teesside	Bankfields Court Unit 2	LD	5.40	8.20	10.70	8.30	5.40	7.20	10.70	9.30	0.00	-1.00	0.00	1.00
Teesside	The Lodge	LD	2.50	0.00	2.50	0.00	11.40	5.80	11.40	10.60	8.90	5.80	8.90	10.60
Teesside	Westerdale South	MHSOP	14.40	12.70	14.50	16.80	14.40	12.60	14.50	22.60	0.00	-0.10	0.00	5.80
Teesside	Westerdale North	MHSOP	11.60	13.10	11.80	12.30	11.60	15.70	11.80	13.60	0.00	2.60	0.00	1.30
Trust Totals			585.03	580.00	879.73	852.70	523.90	530.50	803.40	792.50	-61.13	-49.50	-76.33	-60.20

Average fill rate covering the period of 1st June 2019 to 30th November 2019

Appendix 2

Ward Name	Locality	Speciality	Bed	6 Months - 1st June 2019 to 30th November 2019
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			Numbers (NOV)	Nursing Average %		Health Care Average %		Bank Usage vs Actual Hours		Agency Usage vs Actual Hours	
				Day	Night	Day	Night	Hours	% against Actual Hours	Hours	% against Actual Hours
Birch Ward	Durham & Darlington	Adults	15	87.9%	101.4%	161.1%	156.5%	8183.51	36.4%	1537.6	6.8%
Cedar	Durham & Darlington	Adults	10	100.9%	101.3%	157.8%	137.1%	7908.20	29.5%	1126.8	4.2%
Elm Ward	Durham & Darlington	Adults	18	94.0%	115.2%	123.5%	158.5%	6410.37	27.7%	2951.0	12.8%
Farnham Ward	Durham & Darlington	Adults	20	101.3%	100.0%	183.0%	133.3%	1954.51	8.9%	1604.4	7.3%
Harland AMH	Durham & Darlington	Adults	1	103.5%	99.5%	97.5%	100.8%	1013.00	11.5%	0.0	0.0%
Maple	Durham & Darlington	Adults	20	88.2%	99.8%	155.4%	113.4%	4705.58	23.7%	514.5	2.6%
Primrose Lodge	Durham & Darlington	Adults	15	95.5%	100.0%	103.0%	99.7%	1504.83	9.3%	24.0	0.1%
Tunstall Ward	Durham & Darlington	Adults	20	97.6%	102.5%	109.2%	121.6%	3389.00	17.2%	720.0	3.7%
Willow Ward	Durham & Darlington	Adults	15	111.4%	103.3%	133.2%	104.7%	3430.63	19.3%	216.0	1.2%
Holly	Durham & Darlington	CYPS	4	146.9%	107.5%	134.5%	186.6%	1385.51	16.1%	0.0	0.0%
Bek-Ramsey Ward	Durham & Darlington	LD	6	78.4%	101.7%	154.7%	150.9%	5278.32	17.7%	3169.7	10.6%
Ceddesfeld	Durham & Darlington	MHSOP	15	99.8%	100.1%	136.7%	152.3%	2015.82	8.8%	444.0	1.9%
Hamsterley	Durham & Darlington	MHSOP	15	100.8%	99.5%	141.9%	144.0%	1970.40	9.0%	764.5	3.5%
Oak Ward	Durham & Darlington	MHSOP	12	100.5%	100.5%	116.9%	112.6%	1974.67	10.9%	791.8	4.4%
Roseberry Wards	Durham & Darlington	MHSOP	15	104.6%	104.3%	102.6%	104.1%	2196.68	13.3%	36.0	0.2%
Clover / Ivy	Forensics	Forensics LD	10	102.6%	102.5%	91.0%	146.9%	7268.72	32.3%	0.0	0.0%
Harrier / Hawk	Forensics	Forensics LD	10	80.7%	100.2%	92.3%	115.8%	5169.24	24.4%	0.0	0.0%
Kestrel / Kite.	Forensics	Forensics LD	16	80.5%	104.3%	125.3%	141.5%	10337.86	38.8%	0.0	0.0%
Northdale Centre	Forensics	Forensics LD	12	94.9%	101.7%	100.3%	103.9%	11987.52	43.2%	0.0	0.0%
Oakwood	Forensics	Forensics LD	8	88.1%	100.9%	198.0%	101.8%	1654.50	13.4%	0.0	0.0%
Talbot Ward	Forensics	Forensics LD	5	78.4%	100.1%	96.6%	99.9%	1473.33	12.2%	0.0	0.0%
Thistle	Forensics	Forensics LD	5	86.4%	103.1%	111.2%	120.6%	4222.64	21.6%	0.0	0.0%
Brambling	Forensics	Forensics MH	14	87.1%	105.6%	129.4%	124.6%	5478.48	28.1%	0.0	0.0%
Jay Ward	Forensics	Forensics MH	5	74.2%	100.0%	92.8%	96.7%	1529.42	10.0%	0.0	0.0%

Lark	Forensics	Forensics MH	17	96.1%	101.9%	93.0%	99.5%	3896.98	23.5%	0.0	0.0%
Linnet Ward	Forensics	Forensics MH	17	87.1%	104.3%	156.0%	167.0%	8008.24	35.3%	0.0	0.0%
Mallard	Forensics	Forensics MH	14	92.0%	102.3%	134.6%	185.8%	8237.37	33.6%	0.0	0.0%
Mandarin	Forensics	Forensics MH	16	99.3%	128.6%	108.3%	121.8%	7196.32	37.8%	0.0	0.0%
Merlin	Forensics	Forensics MH	10	91.0%	89.1%	108.8%	134.3%	5909.06	26.8%	0.0	0.0%
Newtondale	Forensics	Forensics MH	20	98.2%	79.7%	101.7%	117.3%	2547.90	11.3%	0.0	0.0%
Nightingale	Forensics	Forensics MH	16	85.1%	100.3%	91.4%	94.0%	2173.83	13.9%	0.0	0.0%
Sandpiper Ward	Forensics	Forensics MH	7	86.8%	77.1%	99.6%	129.2%	6822.23	30.6%	0.0	0.0%
Swift Ward	Forensics	Forensics MH	10	91.1%	103.8%	96.5%	122.2%	4279.42	22.5%	0.0	0.0%
Ayckbourn Danby Ward	North Yorkshire and York	Adults	13	97.5%	100.6%	123.8%	116.4%	3430.00	19.6%	658.5	3.8%
Ayckbourn Esk Ward	North Yorkshire and York	Adults	13	74.0%	99.0%	139.6%	111.1%	1874.20	11.4%	542.7	3.3%
Cedar (NY)	North Yorkshire and York	Adults	14	96.5%	145.5%	173.5%	118.9%	1918.70	8.5%	10004.3	44.3%
The Orchards (NY)	North Yorkshire and York	Adults	10	92.7%	100.1%	105.2%	99.4%	1252.00	9.1%	264.0	1.9%
Rowan Lea	North Yorkshire and York	MHSOP	20	84.8%	108.0%	152.4%	132.9%	8608.80	32.4%	3820.8	14.4%
Rowan Ward	North Yorkshire and York	MHSOP	16	86.2%	142.2%	175.0%	155.8%	2688.00	12.3%	7767.7	35.6%
Springwood	North Yorkshire and York	MHSOP	14	96.5%	101.9%	149.9%	221.4%	3419.00	13.9%	5931.0	24.1%
Ebor Ward	York	Adults	12	95.6%	104.0%	100.1%	116.5%	3346.00	18.9%	2912.0	16.5%
Minster Ward	York	Adults	12	98.5%	101.5%	92.4%	116.8%	2369.00	13.3%	2291.6	12.9%
Oak Rise	York	LD	8	103.4%	100.1%	113.1%	120.9%	5580.92	22.0%	2424.2	9.5%
Acomb Garth	York	MHSOP	10	77.4%	90.2%	120.2%	159.5%	1770.50	16.9%	3942.0	37.7%
Cherry Tree House	York	MHSOP	18	105.9%	101.8%	118.6%	171.3%	3695.50	16.6%	2936.8	13.2%
Meadowfields	York	MHSOP	18	91.4%	116.8%	107.4%	140.8%	5088.50	20.7%	6014.0	24.5%
Bedale Ward	Teesside	Adults	10	89.1%	99.8%	164.4%	253.8%	7953.31	25.2%	5555.5	17.6%
Bilsdale	Teesside	Adults	18	95.8%	99.5%	109.8%	106.0%	1709.50	10.8%	513.5	3.3%
Bransdale	Teesside	Adults	14	100.7%	101.7%	106.6%	105.3%	2264.50	14.4%	651.5	4.1%
Kirkdale	Teesside	Adults	16	97.0%	101.7%	104.6%	156.1%	5471.23	25.9%	427.5	2.0%
Lustrum Vale	Teesside	Adults	20	96.8%	103.8%	190.7%	177.0%	8574.55	36.3%	768.5	3.3%

Overdale	Teesside	Adults	14	106.3%	100.5%	122.2%	119.6%	1599.25	9.4%	897.0	5.3%
Stockdale	Teesside	Adults	18	102.9%	103.4%	102.9%	109.0%	3022.50	18.8%	1069.5	6.6%
Baysdale	Teesside	CYPS	6	174.8%	105.6%	99.7%	110.2%	2536.16	15.3%	0.0	0.0%
Newberry Centre	Teesside	CYPS	14	111.1%	114.6%	132.4%	136.2%	268.25	4.8%	333.5	5.9%
The Evergreen Centre	Teesside	CYPS	16	103.9%	97.8%	137.9%	201.1%	5334.75	18.1%	3221.3	10.9%
Westwood Centre	Teesside	CYPS	12	68.6%	60.9%	84.3%	117.0%	4900.70	20.8%	4358.5	18.5%
Aysgarth	Teesside	LD	6	107.6%	103.1%	94.8%	105.0%	2685.59	21.5%	0.0	0.0%
Bankfields Court	Teesside	LD	18	111.0%	169.2%	91.4%	103.4%	5021.17	11.4%	0.0	0.0%
Bankfields Court Unit 2	Teesside	LD	5	109.9%	106.5%	89.8%	104.4%	1668.17	12.7%	0.0	0.0%
Westerdale North	Teesside	MHSOP	20	94.3%	100.6%	157.7%	176.4%	4183.00	17.3%	3405.0	14.1%
Westerdale South	Teesside	MHSOP	14	98.8%	75.1%	193.4%	348.9%	10154.47	28.8%	5410.5	15.3%
Kiltonview	Teesside	Day Unit	0	95.0%		94.8%		1327.91	12.0%	0.0	0.0%
The Orchard	Teesside	Day Unit	0	102.1%		89.1%		679.59	11.2%	0.0	0.0%
Thornaby Road	Teesside	Day Unit	5	98.5%		120.9%	99.8%	2160.37	18.0%	0.0	0.0%

KEY:

	Blue	Green	Red
Fill Rate	120% and over	90 - 119.9%	89.99% or less

	Green	Amber	Red
Bank Usage	0 - 10%	11 - 24.9%	25% and over

Absence Factors and Additional Staffing Usage

Appendix 3

Ward Name	Locality	Speciality	Bed Number (Nov)	Overtime (inc AHPs)		Agency (Nursing)		Bank (Nursing)		Maternity (inc AHPs)		Sickness (inc AHPs)		Vacancies (inc AHPs)	
				Hours	% loss against Actual Hours	Hours	% loss against Actual Hours	Hours	% loss against Actual Hours	Hours	% loss against Actual Hours	Hours	% loss against Actual Hours	Hours	% loss against Actual Hours

Danby Ward	NY&Y	Adults	13	616.42	3.2%	658.5	3.8%	3430.0	19.6%	487.5	2.5%	607.0	3.2%	510.0	2.7%
Esk Ward	NY&Y	Adults	13	96.5	0.6%	542.7	3.3%	1874.2	11.4%	772.5	4.4%	1445.0	8.3%	1095.0	6.3%
Bedale Ward	Teesside	Adults	10	310.93	1.0%	5555.5	17.6%	7953.3	25.2%	975.0	3.1%	1803.8	5.7%	671.3	2.1%
Bilsdale	Teesside	Adults	18	325.9	2.1%	513.5	3.3%	1709.5	10.8%	937.5	5.9%	1690.5	10.7%	258.8	1.6%
Birch Ward	Durham & Darlington	Adults	15	307.36	1.2%	1537.6	6.8%	8183.5	36.4%	2025.0	8.2%	1806.5	7.3%	1387.5	5.6%
Bransdale	Teesside	Adults	14	387.78	2.5%	651.5	4.1%	2264.5	14.4%	0.0	0.0%	2041.0	12.9%	577.5	3.7%
Cedar	Durham & Darlington	Adults	10	553.24	2.1%	1126.8	4.2%	7908.2	29.5%	12.0	0.0%	2071.6	7.7%	1413.8	5.3%
Cedar (NY)	NY&Y	Adults	14	325.17	1.4%	10004.3	44.3%	1918.7	8.5%	7.5	0.0%	783.5	3.4%	1845.0	8.0%
Ebor Ward	NY&Y	Adults	12	304.5	1.5%	2912.0	16.5%	3346.0	18.9%	11.0	0.1%	933.0	4.6%	1365.0	6.7%
Elm Ward	Durham & Darlington	Adults	18	376.5	1.6%	2951.0	12.8%	6410.4	27.7%	0.0	0.0%	405.5	1.8%	1473.8	6.4%
Farnham Ward	Durham & Darlington	Adults	20	201.5	0.9%	1604.4	7.3%	1954.5	8.9%	0.0	0.0%	1462.0	6.6%	607.5	2.8%
Harland AMH	Durham & Darlington	Adults	1	151.75	1.7%	0.0	0.0%	1013.0	11.5%	0.0	0.0%	330.0	3.7%	135.0	1.5%
Kirkdale	Teesside	Adults	16	544.95	2.4%	427.5	2.0%	5471.2	25.9%	798.8	3.5%	765.0	3.4%	843.8	3.7%
Lustrum Vale	Teesside	Adults	20	505.05	2.0%	768.5	3.3%	8574.6	36.3%	990.0	3.9%	1044.5	4.1%	1207.5	4.7%
Maple	Durham & Darlington	Adults	20	108.5	0.5%	514.5	2.6%	4705.6	23.7%	352.5	1.7%	1004.8	4.8%	716.3	3.5%
Minster Ward	NY&Y	Adults	12	291.3	1.5%	2291.6	12.9%	2369.0	13.3%	55.0	0.3%	1986.0	10.4%	547.5	2.9%
Overdale	Teesside	Adults	14	421.5	2.5%	897.0	5.3%	1599.3	9.4%	780.0	4.6%	1060.5	6.2%	435.0	2.5%
Primrose Lodge	Durham & Darlington	Adults	15	158.83	1.0%	24.0	0.1%	1504.8	9.3%	0.0	0.0%	1806.0	11.0%	405.0	2.5%
Stockdale	Teesside	Adults	18	232.85	1.4%	1069.5	6.6%	3022.5	18.8%	1759.5	10.9%	1412.0	8.8%	641.3	4.0%
The Orchards (NY)	NY&Y	Adults	10	485.25	3.1%	264.0	1.9%	1252.0	9.1%	571.5	3.7%	468.0	3.0%	618.8	4.0%
Tunstall Ward	Durham & Darlington	Adults	20	202	0.9%	720.0	3.7%	3389.0	17.2%	975.0	4.4%	1294.5	5.9%	802.5	3.6%
Willow Ward	Durham & Darlington	Adults	15	364.2	2.0%	216.0	1.2%	3430.6	19.3%	0.0	0.0%	945.0	5.2%	270.0	1.5%
Baysdale	Teesside	CYPS	6	579.92	3.5%	0.0	0.0%	2536.2	15.3%	0.0	0.0%	2274.7	13.7%	153.8	0.9%
Holly	Durham & Darlington	CYPS	4	547.84	6.4%	0.0	0.0%	1385.5	16.1%	0.0	0.0%	840.5	9.8%	258.8	3.0%
Newberry Centre	Teesside	CYPS	14	143.98	2.6%	333.5	5.9%	268.3	4.8%	975.0	17.3%	1427.0	25.3%	1957.5	34.7%

Evergreen Centre	Teesside	CYPS	16	598.32	1.9%	3221.3	10.9%	5334.8	18.1%	2393.0	7.7%	3831.0	12.3%	2591.3	8.3%
Westwood Centre	Teesside	CYPS	12	643.5	2.7%	4358.5	18.5%	4900.7	20.8%	0.0	0.0%	7574.3	31.7%	1886.3	7.9%
Clover / Ivy	Forensics	FLD	10	275	1.2%	0.0	0.0%	7268.7	32.3%	637.5	2.8%	2046.0	9.1%	1605.0	7.1%
Harrier / Hawk	Forensics	FLD	10	839.32	4.0%	0.0	0.0%	5169.2	24.4%	1221.8	5.8%	2224.8	10.5%	1436.3	6.8%
Kestrel / Kite.	Forensics	FLD	16	499.68	1.9%	0.0	0.0%	10337.9	38.8%	22.5	0.1%	2331.8	8.7%	1162.5	4.3%
Talbot Ward	Forensics	FLD	5	49.83	0.4%	0.0	0.0%	1473.3	12.2%	0.0	0.0%	0.0	0.0%	1207.5	10.0%
Northdale Centre	Forensics	FLD	12	541.73	2.0%	0.0	0.0%	11987.5	43.2%	810.0	2.9%	6212.0	22.4%	1113.8	4.0%
Oakwood	Forensics	FLD	8	178.75	1.4%	0.0	0.0%	1654.5	13.4%	364.0	2.9%	431.3	3.5%	127.5	1.0%
Thistle	Forensics	FLD	5	287.75	1.5%	0.0	0.0%	4222.6	21.6%	0.0	0.0%	555.0	2.8%	997.5	5.1%
Brambling	Forensics	FMH	14	210.58	1.1%	0.0	0.0%	5478.5	28.1%	1736.3	8.9%	1155.8	5.9%	161.3	0.8%
Jay Ward	Forensics	FMH	5	491.5	3.2%	0.0	0.0%	1529.4	10.0%	900.0	5.9%	575.0	3.7%	513.8	3.3%
Lark	Forensics	FMH	17	693.16	4.2%	0.0	0.0%	3897.0	23.5%	1252.5	7.6%	946.0	5.7%	1335.0	8.1%
Linnet Ward	Forensics	FMH	17	407.73	1.8%	0.0	0.0%	8008.2	35.3%	990.0	4.4%	958.0	4.2%	510.0	2.2%
Mallard	Forensics	FMH	14	670	2.7%	0.0	0.0%	8237.4	33.6%	682.5	2.8%	420.0	1.7%	521.3	2.1%
Mandarin	Forensics	FMH	16	386	2.0%	0.0	0.0%	7196.3	37.8%	0.0	0.0%	165.0	0.9%	1297.5	6.8%
Merlin	Forensics	FMH	10	534.67	2.4%	0.0	0.0%	5909.1	26.8%	506.3	2.3%	2776.3	12.6%	1338.8	6.1%
Newtondale	Forensics	FMH	20	967.25	4.3%	0.0	0.0%	2547.9	11.3%	975.0	4.3%	70.8	0.3%	506.3	2.2%
Nightingale	Forensics	FMH	16	521	3.3%	0.0	0.0%	2173.8	13.9%	0.0	0.0%	1959.0	12.5%	960.0	6.1%
Sandpiper Ward	Forensics	FMH	7	522.81	2.3%	0.0	0.0%	6822.2	30.6%	847.5	3.8%	3251.7	14.6%	765.0	3.4%
Swift Ward	Forensics	FMH	10	523.9	2.8%	0.0	0.0%	4279.4	22.5%	1271.3	6.7%	2309.0	12.2%	633.8	3.3%
Aysgarth	Teesside	LD	6	307.32	2.5%	0.0	0.0%	2685.6	21.5%	585.0	4.7%	1252.8	10.0%	708.8	5.7%
Bankfields Court	Teesside	LD	18	2531.14	5.8%	0.0	0.0%	5021.2	11.4%	3009.0	6.8%	3744.5	8.5%	821.3	1.9%
Bankfields Unit 2	Teesside	LD	5	580.34	4.4%	0.0	0.0%	1668.2	12.7%	0.0	0.0%	246.5	1.9%	641.3	4.9%
Bek-Ramsey	Durham & Darlington	LD	6	890.33	3.0%	3169.7	10.6%	5278.3	17.7%	0.0	0.0%	4121.5	13.8%	543.8	1.8%
Oak Rise	NY&Y	LD	8	237.74	0.9%	2424.2	9.5%	5580.9	22.0%	0.0	0.0%	664.2	2.6%	1027.5	4.0%
Acomb Garth	NY&Y	MHSOP	10	46.5	0.4%	3942.0	37.7%	1770.5	16.9%	0.0	0.0%	1028.0	9.5%	1417.5	13.1%

Ceddesfeld	Durham & Darlington	MHSOP	15	643.67	2.7%	444.0	1.9%	2015.8	8.8%	75.0	0.3%	905.6	3.7%	326.3	1.3%
Cherry Tree	NY&Y	MHSOP	18	607.8	2.4%	2936.8	13.2%	3695.5	16.6%	420.0	1.7%	117.5	0.5%	1338.8	5.3%
Hamsterley	Durham & Darlington	MHSOP	15	142	0.6%	764.5	3.5%	1970.4	9.0%	937.5	4.1%	1952.5	8.6%	82.5	0.4%
Meadowfields	NY&Y	MHSOP	18	75	0.3%	6014.0	24.5%	5088.5	20.7%	862.5	3.3%	3003.8	11.6%	2388.8	9.2%
Oak Ward	Durham & Darlington	MHSOP	12	179.01	1.0%	791.8	4.4%	1974.7	10.9%	0.0	0.0%	468.0	2.6%	375.0	2.1%
Roseberry	Durham & Darlington	MHSOP	15	35	0.2%	36.0	0.2%	2196.7	13.3%	375.0	2.3%	162.0	1.0%	532.5	3.2%
Rowan Lea	NY&Y	MHSOP	20	642.37	2.3%	3820.8	14.4%	8608.8	32.4%	2082.0	7.4%	1382.8	4.9%	2122.5	7.6%
Rowan Ward	NY&Y	MHSOP	16	271.84	1.1%	7767.7	35.6%	2688.0	12.3%	1297.5	5.2%	925.8	3.7%	967.5	3.9%
Springwood	NY&Y	MHSOP	14	1045.3 3	4.1%	5931.0	24.1%	3419.0	13.9%	0.0	0.0%	756.8	2.9%	1012.5	3.9%
Westerdale North	Teesside	MHSOP	20	716.5	2.8%	3405.0	14.1%	4183.0	17.3%	0.0	0.0%	3369.5	13.2%	1526.3	6.0%
Westerdale South	Teesside	MHSOP	14	501.35	1.4%	5410.5	15.3%	10154. 5	28.8%	1640.0	4.5%	1151.5	3.2%	1695.0	4.7%
Kiltonview	Teesside	Day Unit	0	81	0.7%	0.0	0.0%	1327.9	12.0%	585.0	5.3%	2017.5	18.3%	198.8	1.8%
The Orchard	Teesside	Day Unit	0	40.84	0.7%	0.0	0.0%	679.6	11.2%	0.0	0.0%	337.5	5.6%	105.0	1.7%
Thornaby Road	Teesside	Day Unit	5	932.76	7.8%	0.0	0.0%	2160.4	18.0%	397.5	3.3%	1779.7	14.8%	750.0	6.2%

	Green	Amber	Red
Overtime	0 - 2.9%	3- 3.9%	4% and over
Agency	0 - 2.9%	3- 3.9%	4% and over
Bank Usage	0 - 10%	11 - 24.9%	25% and over
Maternity	0 - 1.9%	2 - 4.9%	5% and over
Sickness	0 - 1.9%	2 - 4.9%	5% and over
Vacancies	0 - 4.9%	5 - 9.9%	10% and over

Quality Indicators - 6 Month Total

Appendix 4

Ward Name	Locality	Speciality	Bank Usage vs Actual Hours		Agency Usage vs Actual Hours		Quality Indicators					Incidents of Restraints							Nursing Average %		Health Care Average %	
			Hours	Bank % against Actual Hours	Hours	Agency % against Actual Hours	Number of SUIs	Number of Level 4 Incidents	Number of Level 3 Incidents (Self-Harm)	Number of Complaints	Number of PALS	Number of Incidents	Number of PRO Restraints Used	Number of PNT Restraints Used	Number of PROIN Restraints Used	Number of PROINT Restraints Used	Number of Other Restraints Used	Total Number of Restraints Used	Day	Night	Day	Night
Danby Ward	NY&Y	Adults	3430.0	19.6%	658.5	3.8%			1		2	15				1	15	16	97.5%	100.6%	123.8%	116.4%
Esk Ward	NY&Y	Adults	1874.2	11.4%	542.7	3.3%	2	1	1	1	14	14	1		1		12	14	74.0%	99.0%	139.6%	111.1%
Bedale Ward	Teesside	Adults	7953.3	25.2%	5555.5	17.6%	1	1		1	1	12	1		3	5	16	17	89.1%	99.8%	164.4%	253.8%

Bilsdale	Teesside	Adults	1709.5	10.8%	513.5	3.3%	1	2		2	4	15				2	16	18	95.8%	99.5%	109.8%	106.0%
Birch Ward	Durham & Darlington	Adults	8183.5	36.4%	1537.6	6.8%			2		2	19					31	31	87.9%	101.4%	161.1%	156.5%
Bransdale	Teesside	Adults	2264.5	14.4%	651.5	4.1%		1		1	11	16					17	17	100.7%	101.7%	106.6%	105.3%
Cedar	Durham & Darlington	Adults	7908.2	29.5%	1126.8	4.2%			1		5	13 6	2		8		17 0	18 0	100.9%	101.3%	157.8%	137.1%
Cedar (NY)	NY&Y	Adults	1918.7	8.5%	10004. 3	44.3%		2	2	3	1	19			1		22	23	96.5%	145.5%	173.5%	118.9%
Ebor Ward	NY&Y	Adults	3346.0	18.9%	2912.0	16.5%	1		2	1	3	42			2	3	49	54	95.6%	104.0%	100.1%	116.5%
Elm Ward	Durham & Darlington	Adults	6410.4	27.7%	2951.0	12.8%	2	3	1 0	3	12	79	2		2		94	98	94.0%	115.2%	123.5%	158.5%
Farnham Ward	Durham & Darlington	Adults	1954.5	8.9%	1604.4	7.3%			1		7	18			3	1	21	25	101.3%	100.0%	183.0%	133.3%
Harland AMH	Durham & Darlington	Adults	1013.0	11.5%	0.0	0.0%						1					1	1	103.5%	99.5%	97.5%	100.8%
Kirkdale	Teesside	Adults	5471.2	25.9%	427.5	2.0%					5	1					1	1	97.0%	101.7%	104.6%	156.1%
Lustrum Vale	Teesside	Adults	8574.6	36.3%	768.5	3.3%					2	12					19	19	96.8%	103.8%	190.7%	177.0%
Maple	Durham & Darlington	Adults	4705.6	23.7%	514.5	2.6%		1	2	2	4	11					15	15	88.2%	99.8%	155.4%	113.4%
Minster Ward	NY&Y	Adults	2369.0	13.3%	2291.6	12.9%			1	1	5	19			1	1	20	22	98.5%	101.5%	92.4%	116.8%
Overdale	Teesside	Adults	1599.3	9.4%	897.0	5.3%	1	1	2	1	16	16					19	19	106.3%	100.5%	122.2%	119.6%
Primrose Lodge	Durham & Darlington	Adults	1504.8	9.3%	24.0	0.1%						3					3	3	95.5%	100.0%	103.0%	99.7%
Stockdale	Teesside	Adults	3022.5	18.8%	1069.5	6.6%		2	1	1	6	31			1		41	42	102.9%	103.4%	102.9%	109.0%
The Orchards (NY)	NY&Y	Adults	1252.0	9.1%	264.0	1.9%			1										92.7%	100.1%	105.2%	99.4%
Tunstall Ward	Durham & Darlington	Adults	3389.0	17.2%	720.0	3.7%		1			13	13			1		12	13	97.6%	102.5%	109.2%	121.6%
Willow Ward	Durham & Darlington	Adults	3430.6	19.3%	216.0	1.2%					4	5					9	9	111.4%	103.3%	133.2%	104.7%
Baysdale	Teesside	CYPS	2536.2	15.3%	0.0	0.0%				2	1								174.8%	105.6%	99.7%	110.2%
Holly	Durham & Darlington	CYPS	1385.5	16.1%	0.0	0.0%					1	25					41	41	146.9%	107.5%	134.5%	186.6%
Newberry Centre	Teesside	CYPS	268.3	4.8%	333.5	5.9%	1		2	4	1	98					13 6	13 6	111.1%	114.6%	132.4%	136.2%
Evergreen Centre	Teesside	CYPS	5334.8	18.1%	3221.3	10.9%			1		3	47 6		1	2	1	58 7	59 1	103.9%	97.8%	137.9%	201.1%
Westwood Centre	Teesside	CYPS	4900.7	20.8%	4358.5	18.5%	2	1	2	2	3	65 1	2	1	5	6	84 6	86 0	68.6%	60.9%	84.3%	117.0%
Clover / Ivy	Forensics	FLD	7268.7	32.3%	0.0	0.0%				1	2	98					16 3	16 3	102.6%	102.5%	91.0%	146.9%
Harrier / Hawk	Forensics	FLD	5169.2	24.4%	0.0	0.0%				1	21								80.7%	100.2%	92.3%	115.8%
Kestrel / Kite.	Forensics	FLD	10337. 9	38.8%	0.0	0.0%	1			3	6	4					4	4	80.5%	104.3%	125.3%	141.5%

Talbot Ward	Forensics	FLD	1473.3	12.2%	0.0	0.0%	1											78.4%	100.1%	96.6%	99.9%
Northdale Centre	Forensics	FLD	11987.5	43.2%	0.0	0.0%				11	21				1	35	36	94.9%	101.7%	100.3%	103.9%
Oakwood	Forensics	FLD	1654.5	13.4%	0.0	0.0%				5								88.1%	100.9%	198.0%	101.8%
Thistle	Forensics	FLD	4222.6	21.6%	0.0	0.0%					90			5	5	11	12	86.4%	103.1%	111.2%	120.6%
Brambling	Forensics	FMH	5478.5	28.1%	0.0	0.0%				1	61					74	74	87.1%	105.6%	129.4%	124.6%
Jay Ward	Forensics	FMH	1529.4	10.0%	0.0	0.0%				4	10				1	10	11	74.2%	100.0%	92.8%	96.7%
Lark	Forensics	FMH	3897.0	23.5%	0.0	0.0%	1			2	1					1	1	96.1%	101.9%	93.0%	99.5%
Linnet Ward	Forensics	FMH	8008.2	35.3%	0.0	0.0%				8	71			1		88	89	87.1%	104.3%	156.0%	167.0%
Mallard	Forensics	FMH	8237.4	33.6%	0.0	0.0%					8					12	12	92.0%	102.3%	134.6%	185.8%
Mandarin	Forensics	FMH	7196.3	37.8%	0.0	0.0%					10					10	10	99.3%	128.6%	108.3%	121.8%
Merlin	Forensics	FMH	5909.1	26.8%	0.0	0.0%			1	15	50			2	2	65	69	91.0%	89.1%	108.8%	134.3%
Newtondale	Forensics	FMH	2547.9	11.3%	0.0	0.0%	1			4	1					1	1	98.2%	79.7%	101.7%	117.3%
Nightingale	Forensics	FMH	2173.8	13.9%	0.0	0.0%				3								85.1%	100.3%	91.4%	94.0%
Sandpiper Ward	Forensics	FMH	6822.2	30.6%	0.0	0.0%				2	16	4	1	1	5	34	36	86.8%	77.1%	99.6%	129.2%
Swift Ward	Forensics	FMH	4279.4	22.5%	0.0	0.0%	1	1	1	5	77		1			12	12	91.1%	103.8%	96.5%	122.2%
Aysgarth	Teesside	LD	2685.6	21.5%	0.0	0.0%				2								107.6%	103.1%	94.8%	105.0%
Bankfields Court	Teesside	LD	5021.2	11.4%	0.0	0.0%				1	82				1	95	95	111.0%	169.2%	91.4%	103.4%
Bankfields Unit 2	Teesside	LD	1668.2	12.7%	0.0	0.0%												109.9%	106.5%	89.8%	104.4%
Bek-Ramsey Ward	Durham & Darlington	LD	5278.3	17.7%	3169.7	10.6%	1	1		3	10	1		2	1	14	14	78.4%	101.7%	154.7%	150.9%
Oak Rise	NY&Y	LD	5580.9	22.0%	2424.2	9.5%					59					83	83	103.4%	100.1%	113.1%	120.9%
Acomb Garth	NY&Y	MHSOP	1770.5	16.9%	3942.0	37.7%					7					9	9	77.4%	90.2%	120.2%	159.5%
Ceddesfeld	Durham & Darlington	MHSOP	2015.8	8.8%	444.0	1.9%	1		1	1	21					23	23	99.8%	100.1%	136.7%	152.3%
Cherry Tree House	NY&Y	MHSOP	3695.5	16.6%	2936.8	13.2%				4	23					29	29	105.9%	101.8%	118.6%	171.3%
Hamsterley	Durham & Darlington	MHSOP	1970.4	9.0%	764.5	3.5%	1	1		2	1	13				16	16	100.8%	99.5%	141.9%	144.0%
Meadowfields	NY&Y	MHSOP	5088.5	20.7%	6014.0	24.5%				1	37					38	38	91.4%	116.8%	107.4%	140.8%
Oak Ward	Durham & Darlington	MHSOP	1974.7	10.9%	791.8	4.4%	2	2		4	8					8	8	100.5%	100.5%	116.9%	112.6%
Roseberry Wards	Durham & Darlington	MHSOP	2196.7	13.3%	36.0	0.2%				1	2	3				4	4	104.6%	104.3%	102.6%	104.1%

Rowan Lea	NY&Y	MHSOP	8608.8	32.4%	3820.8	14.4%		1			2	31				41	41	84.8%	108.0%	152.4%	132.9%
Rowan Ward	NY&Y	MHSOP	2688.0	12.3%	7767.7	35.6%				1	3	27				28	28	86.2%	142.2%	175.0%	155.8%
Springwood	NY&Y	MHSOP	3419.0	13.9%	5931.0	24.1%	1					94				10 3	10 3	96.5%	101.9%	149.9%	221.4%
Westerdale North	Teesside	MHSOP	4183.0	17.3%	3405.0	14.1%				1	1	16				16	16	94.3%	100.6%	157.7%	176.4%
Westerdale South	Teesside	MHSOP	10154.5	28.8%	5410.5	15.3%	1	1				22				28	28	98.8%	75.1%	193.4%	348.9%
Kiltonview	Teesside	Day Unit	1327.9	12.0%	0.0	0.0%												95.0%		94.8%	
The Orchard	Teesside	Day Unit	679.6	11.2%	0.0	0.0%												102.1%		89.1%	
Thornaby Road	Teesside	Day Unit	2160.4	18.0%	0.0	0.0%												98.5%		120.9%	99.8%

Quality Indicators - 6 Month Total

Appendix 5

Ward Name	Locality	Speciality	Bed Number s (NOV)	Safe Nursing Indicators												Mandator y Training (Nov 19)
				Falls resulting in significant harm	Pressure Ulcers	Medication Errors	Missed Breaks	Staffing Fill Rate - Day - Registere d Nurses	Staffing Fill Rate - Night - Registere d Nurses	Staffing Fill Rate - Day - Unregistere d Nurses	Staffing Fill Rate - Night - Unregistere d Nurses	Bank Usag e vs Actual Hours	Agenc y Usage vs Actual Hours	Locu m Usage vs Actual Hours	Overtim e Usage vs Actual Hours (inc AHPs)	
Danby Ward	North Yorkshire & York	Adults	13			6	97	97.5%	100.6%	123.8%	116.4%	19.6%	3.8%	7.5%	3.2%	93.72%
Esk Ward	North Yorkshire & York	Adults	13			6	78	74.0%	99.0%	139.6%	111.1%	11.4%	3.3%	7.4%	0.6%	94.85%
Bedale Ward	Teesside	Adults	10			15	26	89.1%	99.8%	164.4%	253.8%	25.2%	17.6%	31.6%	1.0%	95.15%
Bilsdale	Teesside	Adults	18			5	5	95.8%	99.5%	109.8%	106.0%	10.8%	3.3%	6.0%	2.1%	94.31%
Birch Ward	Durham & Darlington	Adults	15			10	16	87.9%	101.4%	161.1%	156.5%	36.4%	6.8%	8.3%	1.2%	93.10%
Bransdale	Teesside	Adults	14			3	3	100.7%	101.7%	106.6%	105.3%	14.4%	4.1%	8.8%	2.5%	97.30%
Cedar	Durham & Darlington	Adults	10			4	32	100.9%	101.3%	157.8%	137.1%	29.5%	4.2%	6.4%	2.1%	93.55%
Cedar (NY)	North Yorkshire & York	Adults	14			11	50	96.5%	145.5%	173.5%	118.9%	8.5%	44.3%	56.5%	1.4%	88.33%

Ebor Ward	North Yorkshire & York	Adults	12			18	10	95.6%	104.0%	100.1%	116.5%	18.9%	16.5%	15.1%	1.5%	96.42%
Elm Ward	Durham & Darlington	Adults	18			11	147	94.0%	115.2%	123.5%	158.5%	27.7%	12.8%	21.7%	1.6%	96.23%
Farnham Ward	Durham & Darlington	Adults	20			18	9	101.3%	100.0%	183.0%	133.3%	8.9%	7.3%	21.3%	0.9%	91.40%
Harland AMH	Durham & Darlington	Adults	1				1	103.5%	99.5%	97.5%	100.8%	11.5%	0.0%	0.0%	1.7%	97.13%
Kirkdale	Teesside	Adults	16			2	17	97.0%	101.7%	104.6%	156.1%	25.9%	2.0%	4.4%	2.4%	96.21%
Lustrum Vale	Teesside	Adults	20			15	15	96.8%	103.8%	190.7%	177.0%	36.3%	3.3%	5.0%	2.0%	95.00%
Maple	Durham & Darlington	Adults	20			18	17	88.2%	99.8%	155.4%	113.4%	23.7%	2.6%	6.1%	0.5%	92.33%
Minster Ward	North Yorkshire & York	Adults	12			13	53	98.5%	101.5%	92.4%	116.8%	13.3%	12.9%	16.5%	1.5%	96.74%
Overdale	Teesside	Adults	14			10	6	106.3%	100.5%	122.2%	119.6%	9.4%	5.3%	10.4%	2.5%	99.26%
Primrose Lodge	Durham & Darlington	Adults	15				0	95.5%	100.0%	103.0%	99.7%	9.3%	0.1%	0.5%	1.0%	96.59%
Stockdale	Teesside	Adults	18			8	14	102.9%	103.4%	102.9%	109.0%	18.8%	6.6%	12.9%	1.4%	92.33%
The Orchards (NY)	North Yorkshire & York	Adults	10				8	92.7%	100.1%	105.2%	99.4%	9.1%	1.9%	2.2%	3.1%	95.47%
Tunstall Ward	Durham & Darlington	Adults	20			2	7	97.6%	102.5%	109.2%	121.6%	17.2%	3.7%	9.7%	0.9%	97.53%
Willow Ward	Durham & Darlington	Adults	15			2	9	111.4%	103.3%	133.2%	104.7%	19.3%	1.2%	1.6%	2.0%	96.46%
Baysdale	Teesside	CYPS	6			5	31	174.8%	105.6%	99.7%	110.2%	15.3%	0.0%	0.0%	3.5%	95.32%
Holly	Durham & Darlington	CYPS	4				8	146.9%	107.5%	134.5%	186.6%	16.1%	0.0%	0.0%	6.4%	88.00%
Newberry Centre	Teesside	CYPS	14				52	111.1%	114.6%	132.4%	136.2%	4.8%	5.9%	12.9%	2.6%	94.87%
The Evergreen Centre	Teesside	CYPS	16			7	158	103.9%	97.8%	137.9%	201.1%	18.1%	10.9%	20.0%	1.9%	91.57%
Westwood Centre	Teesside	CYPS	12		2	9	77	68.6%	60.9%	84.3%	117.0%	20.8%	18.5%	33.5%	2.7%	92.97%
Clover / Ivy	Forensics	Forensics LD	10			3	17	102.6%	102.5%	91.0%	146.9%	32.3%	0.0%	0.0%	1.2%	95.12%
Harrier / Hawk	Forensics	Forensics LD	10			9	5	80.7%	100.2%	92.3%	115.8%	24.4%	0.0%	0.0%	4.0%	98.30%
Kestrel / Kite	Forensics	Forensics LD	16			3	23	80.5%	104.3%	125.3%	141.5%	38.8%	0.0%	0.0%	1.9%	99.19%
Talbot Ward	Forensics	Forensics LD	5			9		78.4%	100.1%	96.6%	99.9%	12.2%	0.0%	0.0%	0.4%	
Northdale Centre	Forensics	Forensics LD	12			12	66	94.9%	101.7%	100.3%	103.9%	43.2%	0.0%	0.0%	2.0%	93.89%
Oakwood	Forensics	Forensics LD	8			10	15	88.1%	100.9%	198.0%	101.8%	13.4%	0.0%	0.0%	1.4%	98.69%
Thistle	Forensics	Forensics LD	5			3	25	86.4%	103.1%	111.2%	120.6%	21.6%	0.0%	0.0%	1.5%	97.71%
Brambling	Forensics	Forensics MH	14			2	33	87.1%	105.6%	129.4%	124.6%	28.1%	0.0%	0.0%	1.1%	96.58%
Jay Ward	Forensics	Forensics MH	5			4	11	74.2%	100.0%	92.8%	96.7%	10.0%	0.0%	0.0%	3.2%	98.09%

Lark	Forensics	Forensics MH	17			6	23	96.1%	101.9%	93.0%	99.5%	23.5%	0.0%	0.0%	3.0%	98.45%
Linnet Ward	Forensics	Forensics MH	17			8	9	87.1%	104.3%	156.0%	167.0%	35.3%	0.0%	0.0%	1.8%	96.52%
Mallard	Forensics	Forensics MH	14			8	35	92.0%	102.3%	134.6%	185.8%	33.6%	0.0%	0.0%	2.7%	95.99%
Mandarin	Forensics	Forensics MH	16			7	27	99.3%	128.6%	108.3%	121.8%	37.8%	0.0%	0.0%	2.0%	96.36%
Merlin	Forensics	Forensics MH	10			2	23	91.0%	89.1%	108.8%	134.3%	26.8%	0.0%	0.0%	2.4%	99.37%
Newtondale	Forensics	Forensics MH	20			1	36	98.2%	79.7%	101.7%	117.3%	11.3%	0.0%	0.0%	4.3%	99.80%
Nightingale	Forensics	Forensics MH	16			4	21	85.1%	100.3%	91.4%	94.0%	13.9%	0.0%	0.0%	3.3%	96.96%
Sandpiper Ward	Forensics	Forensics MH	7		1	4	62	86.8%	77.1%	99.6%	129.2%	30.6%	0.0%	0.0%	2.3%	92.02%
Swift Ward	Forensics	Forensics MH	10			4	21	91.1%	103.8%	96.5%	122.2%	22.5%	0.0%	0.0%	2.8%	97.58%
Aysgarth	Teesside	LD	6			4	8	107.6%	103.1%	94.8%	105.0%	21.5%	0.0%	0.0%	2.5%	97.22%
Bankfields Court	Teesside	LD	18			10	40	111.0%	169.2%	91.4%	103.4%	11.4%	0.0%	0.0%	5.8%	93.08%
Bankfields Court Unit 2	Teesside	LD	5			10	29	109.9%	106.5%	89.8%	104.4%	12.7%	0.0%	0.0%	4.4%	92.34%
Bek-Ramsey Ward	Durham & Darlington	LD	6				24	78.4%	101.7%	154.7%	150.9%	17.7%	10.6%	14.1%	3.0%	94.18%
Oak Rise	North Yorkshire & York	LD	8			10	22	103.4%	100.1%	113.1%	120.9%	22.0%	9.5%	17.5%	0.9%	93.42%
Acomb Garth	North Yorkshire & York	MHSOP	10			2	14	77.4%	90.2%	120.2%	159.5%	12.0%	37.7%	50.6%	0.4%	
Ceddesfeld	Durham & Darlington	MHSOP	15			7	2	99.8%	100.1%	136.7%	152.3%	8.8%	1.9%	5.6%	2.7%	94.95%
Cherry Tree House	North Yorkshire & York	MHSOP	18			4	13	105.9%	101.8%	118.6%	171.3%	16.6%	13.2%	26.2%	2.4%	97.33%
Hamsterley	Durham & Darlington	MHSOP	15	1		6	4	100.8%	99.5%	141.9%	144.0%	9.0%	3.5%	7.0%	0.6%	94.24%
Meadowfields	North Yorkshire & York	MHSOP	18			8	16	91.4%	116.8%	107.4%	140.8%	20.7%	24.5%	38.2%	0.3%	93.25%
Oak Ward	Durham & Darlington	MHSOP	12	2		10	6	100.5%	100.5%	116.9%	112.6%	10.9%	4.4%	6.1%	1.0%	93.39%
Roseberry Wards	Durham & Darlington	MHSOP	15			3	11	104.6%	104.3%	102.6%	104.1%	13.3%	0.2%	0.8%	0.2%	97.93%
Rowan Lea	North Yorkshire & York	MHSOP	20	1		1	18	84.8%	108.0%	152.4%	132.9%	32.4%	14.4%	25.5%	2.3%	91.25%
Rowan Ward	North Yorkshire & York	MHSOP	16			2	13	86.2%	142.2%	175.0%	155.8%	12.3%	35.6%	37.1%	1.1%	86.44%
Springwood	North Yorkshire & York	MHSOP	14		1	6	80	96.5%	101.9%	149.9%	221.4%	13.9%	24.1%	43.6%	4.1%	93.85%
Westerdale North	Teesside	MHSOP	20			13	49	94.3%	100.6%	157.7%	176.4%	17.3%	14.1%	31.5%	2.8%	88.14%
Westerdale South	Teesside	MHSOP	14	1		10	37	98.8%	75.1%	193.4%	348.9%	28.8%	15.3%	22.1%	1.4%	93.12%
Kiltonview	Teesside	Day Unit	0				4	95.0%		94.8%		12.0%	0.0%		0.7%	

The Orchard	Teesside	Day Unit	0				0	102.1%		89.1%		11.2%	0.0%		0.7%	
Thornaby Road	Teesside	Day Unit	5			1	63	98.5%		120.9%	99.8%	18.0%	#N/A	0.0%	7.8%	93.66

Care Hours per Patient Day

APPENDIX 6

Ward Name	Locality	Speciality	Occupied Bed at Midnight							RN Hours	HCA Hours	AHP REG Hours	AHP NON-REG Hours	Care Hours per Patient Day				
			Jun	Jul	Aug	Sept	Oct	Nov	TOTAL					RN	HC A	AHP REG	AHP NON REG	Over all
Elm Ward	Durham & Darlington	ACUTE	576	590	539	526	524	499	3254	9432.60	13692.00	0.00	0.00	2.9	4.2	0.0	0.0	7.1
Farnham Ward	Durham & Darlington	ACUTE	561	603	569	488	604	494	3319	9180.93	12725.08	112.50	0.00	2.8	3.8	0.0	0.0	6.6
Maple	Durham & Darlington	ACUTE	538	527	551	560	579	551	3306	8471.42	11377.42	907.50	0.00	2.6	3.4	0.3	0.0	6.3
Tunstall Ward	Durham & Darlington	ACUTE	489	501	549	520	538	585	3182	9594.63	10109.67	1678.50	727.50	3.0	3.2	0.5	0.2	6.9
Danby Ward	North Yorkshire & York	ACUTE	384	400	395	379	409	382	2349	7405.00	10116.00	442.50	1234.00	3.2	4.3	0.2	0.5	8.2
Esk Ward	North Yorkshire & York	ACUTE	340	371	372	365	357	328	2133	5899.25	10569.53	322.50	667.50	2.8	5.0	0.2	0.3	8.2
Cedar (NY)	North Yorkshire & York	ACUTE	408	429	415	376	384	403	2415	8024.80	14559.07	303.00	317.00	3.3	6.0	0.1	0.1	9.6
Bilsdale	Teesside	ACUTE	475	535	481	479	524	474	2968	6764.20	9033.50	0.00	0.00	2.3	3.0	0.0	0.0	5.3
Bransdale	Teesside	ACUTE	409	435	444	419	433	447	2587	6808.50	8967.70	0.00	0.00	2.6	3.5	0.0	0.0	6.1
Overdale	Teesside	ACUTE	485	471	471	413	426	478	2744	6982.88	10079.77	0.00	0.00	2.5	3.7	0.0	0.0	6.2
Stockdale	Teesside	ACUTE	567	602	546	508	545	529	3297	7263.00	8821.58	0.00	0.00	2.2	2.7	0.0	0.0	4.9
Ebor Ward	North Yorkshire & York	ACUTE	356	358	322	379	366	350	2131	6971.25	10692.00	1754.0	813.00	3.3	5.0	0.8	0.4	9.5

											50	0						
Minster Ward	York	ACUTE	318	314	376	304	366	329	2007	7228.67	10585.92	754.00	555.50	3.6	5.3	0.4	0.3	9.5
Harland AMH	North Yorkshire & York	ACUTE	29	31	30	29	31	30	180	4459.50	4348.00	0.00	0.00	24.8	24.2	0.0	0.0	48.9
Bek-Ramsey Ward	Durham & Darlington	ALD	178	169	155	150	155	177	984	6430.33	23442.83	0.00	0.00	6.5	23.8	0.0	0.0	30.4
Aysgarth	Teesside	ALD	128	125	120	138	133	135	779	4883.92	7626.92	0.00	0.00	6.3	9.8	0.0	0.0	16.1
Bankfields Court	Teesside	ALD	301	331	366	322	333	263	1916	10982.70	33029.72	0.00	0.00	5.7	17.2	0.0	0.0	23.0
Bankfields Unit 2	Teesside	ALD	122	122	128	132	126	131	761	5743.42	7365.00	0.00	0.00	7.5	9.7	0.0	0.0	17.2
Oak Rise	North Yorkshire & York	ALD	160	155	155	150	155	150	925	7707.73	17685.00	494.00	0.00	8.3	19.1	0.5	0.0	28.0
Holly	Durham & Darlington	CLD	58	60	44	32	41	56	291	3855.58	4735.25	0.00	0.00	13.2	16.3	0.0	0.0	29.5
Baysdale	Teesside	CLD	132	154	150	126	120	131	813	6547.46	10005.46	0.00	0.00	8.1	12.3	0.0	0.0	20.4
Birch Ward	Durham & Darlington	EATING DISORDERS	372	355	382	388	375	372	2244	8641.77	13822.78	1740.00	570.00	3.9	6.2	0.8	0.3	11.0
Clover / Ivy	Forensics	FLD	240	263	279	269	273	270	1594	6261.30	16228.00	0.00	0.00	3.9	10.2	0.0	0.0	14.1
Harrier / Hawk	Forensics	FLD	282	307	283	270	279	270	1691	6065.92	15154.57	0.00	0.00	3.6	9.0	0.0	0.0	12.5
Kestrel / Kite.	Forensics	FLD	447	435	434	413	378	360	2467	6239.25	20376.67	0.00	150.00	2.5	8.3	0.0	0.1	10.8
Talbot Ward	Forensics	FLD	150	155	150	120	149	150	874	6045.37	6029.17	0.00	0.00	6.9	6.9	0.0	0.0	13.8
Northdale Centre	Forensics	FLD	300	283	279	296	311	310	1779	6905.70	20831.28	0.00	0.00	3.9	11.7	0.0	0.0	15.6
Oakwood	Forensics	FLD	220	217	244	240	248	214	1383	6319.08	6024.25	0.00	0.00	4.6	4.4	0.0	0.0	8.9
Thistle	Forensics	FLD	150	155	155	150	155	150	915	6493.62	13058.98	0.00	0.00	7.1	14.3	0.0	0.0	21.4
Willow Ward	Durham & Darlington	HIGH DEPENDENCY REHABILITATION	388	433	451	356	404	421	2453	7429.38	10357.42	225.00	241.00	3.0	4.2	0.1	0.1	7.4
Kirkdale	Teesside	LOCKED REHAB	356	405	404	386	403	371	2325	6840.88	14311.30	870.00	795.00	2.9	6.2	0.4	0.3	9.8
Primrose Lodge	Durham & Darlington	LONGER TERM COMPLEX / CONTINUING CARE	304	341	337	326	360	309	1977	7302.33	8863.83	127.50	142.50	3.7	4.5	0.1	0.1	8.3
The Orchards (NY)	North Yorkshire & York	LONGER TERM COMPLEX / CONTINUING CARE	206	271	270	251	216	172	1386	7151.00	6648.50	1222.08	394.20	5.2	4.8	0.9	0.3	11.1
Lustrum Vale	Teesside	LONGER TERM	375	498	524	511	459	451	2818	8322.45	15271.1	1297.5	577.50	3.0	5.4	0.5	0.2	9.0

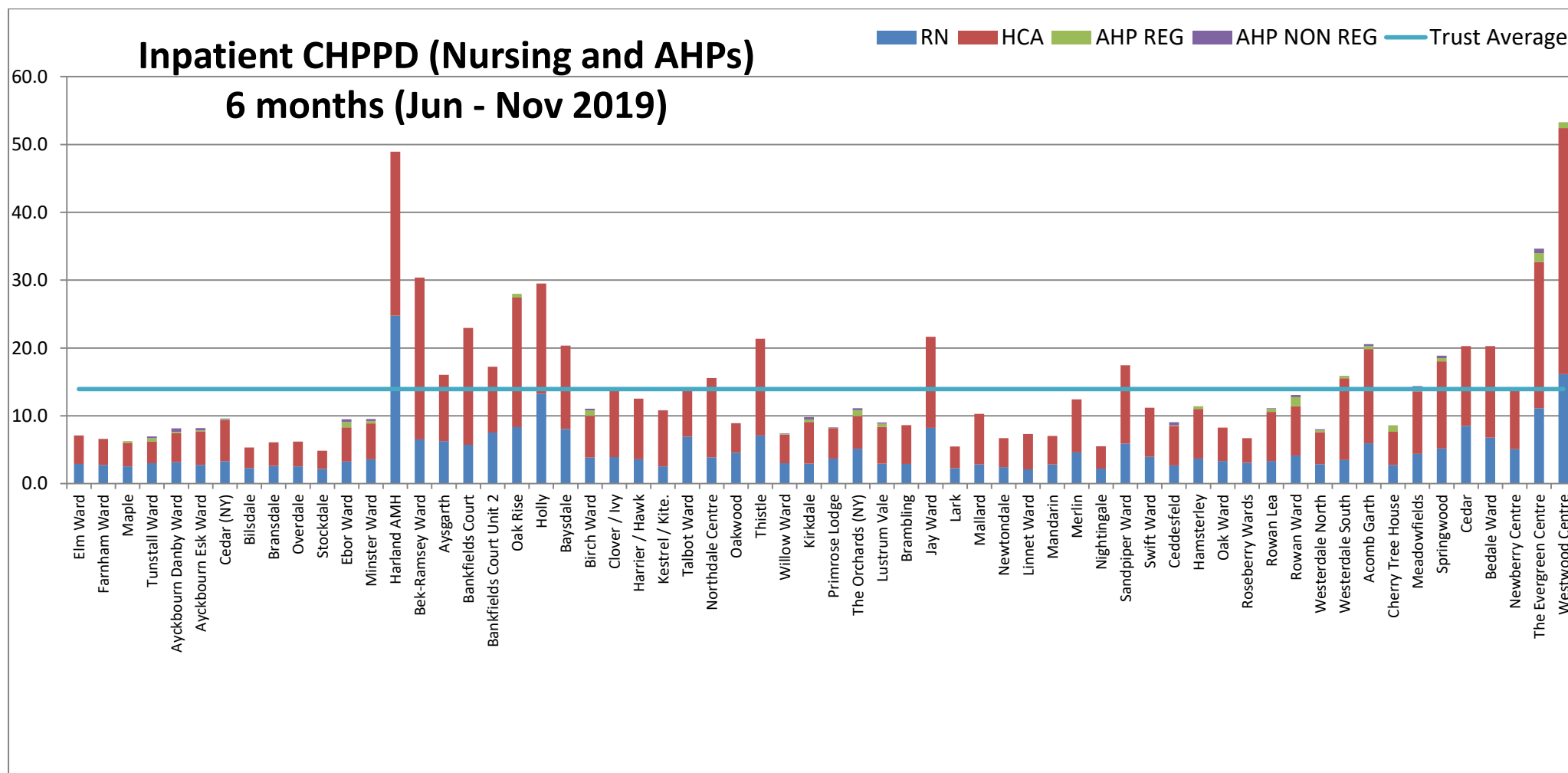
		COMPLEX / CONTINUING CARE									55	0						
Brambling	Forensics	LOW SECURE	360	395	380	364	400	358	2257	6603.97	12873.32	0.00	0.00	2.9	5.7	0.0	0.0	8.6
Jay Ward	Forensics	LOW SECURE	137	133	97	107	118	117	709	5835.23	9512.50	0.00	0.00	8.2	13.4	0.0	0.0	21.6
Lark	Forensics	LOW SECURE	480	491	514	510	527	510	3032	6962.52	9607.80	0.00	0.00	2.3	3.2	0.0	0.0	5.5
Mallard	Forensics	LOW SECURE	390	403	403	390	403	387	2376	6734.85	17745.42	0.00	0.00	2.8	7.5	0.0	0.0	10.3
Newtondale	Forensics	LOW SECURE	550	543	572	559	582	560	3366	8178.35	14432.25	0.00	0.00	2.4	4.3	0.0	0.0	6.7
Linnet Ward	Forensics	MEDIUM SECURE	510	527	527	510	527	505	3106	6573.83	16130.42	0.00	0.00	2.1	5.2	0.0	0.0	7.3
Mandarin	Forensics	MEDIUM SECURE	469	465	447	439	461	425	2706	7651.53	11371.05	0.00	0.00	2.8	4.2	0.0	0.0	7.0
Merlin	Forensics	MEDIUM SECURE	300	309	280	285	304	292	1770	8185.73	13829.25	0.00	0.00	4.6	7.8	0.0	0.0	12.4
Nightingale	Forensics	MEDIUM SECURE	480	483	493	455	476	462	2849	6346.50	9320.33	0.00	0.00	2.2	3.3	0.0	0.0	5.5
Sandpiper Ward	Forensics	MEDIUM SECURE	224	237	186	186	217	227	1277	7539.72	14743.73	0.00	0.00	5.9	11.5	0.0	0.0	17.4
Swift Ward	Forensics	MEDIUM SECURE	279	287	310	296	253	270	1695	6698.92	12293.67	0.00	0.00	4.0	7.3	0.0	0.0	11.2
Ceddesfeld	Durham & Darlington	OLDER ADULTS - ACUTE	422	486	436	440	440	456	2680	7180.92	15650.42	202.50	1237.50	2.7	5.8	0.1	0.5	9.1
Hamsterley	Durham & Darlington	OLDER ADULTS - ACUTE	362	360	278	405	320	275	2000	7411.67	14588.52	826.50	0.00	3.7	7.3	0.4	0.0	11.4
Oak Ward	Durham & Darlington	OLDER ADULTS - ACUTE	358	384	379	346	373	348	2188	7279.17	10827.80	0.00	0.00	3.3	4.9	0.0	0.0	8.3
Roseberry Wards	Durham & Darlington	OLDER ADULTS - ACUTE	408	435	441	356	423	394	2457	7571.92	8890.07	0.00	0.00	3.1	3.6	0.0	0.0	6.7
Rowan Lea	North Yorkshire	OLDER ADULTS - ACUTE	294	393	464	407	481	471	2510	8372.33	18174.83	1059.50	351.40	3.3	7.2	0.4	0.1	11.1
Rowan Ward	North Yorkshire	OLDER ADULTS - ACUTE	352	272	351	305	318	311	1909	7905.50	13914.50	2525.00	645.00	4.1	7.3	1.3	0.3	13.1
Westerdale North	Teesside	OLDER ADULTS - ACUTE	496	536	577	545	496	537	3187	9182.00	14936.00	993.50	427.50	2.9	4.7	0.3	0.1	8.0
Westerdale South	Teesside	OLDER ADULTS - ACUTE	328	440	442	365	338	358	2271	7925.25	27372.22	811.50	0.00	3.5	12.1	0.4	0.0	15.9
Acomb Garth	North Yorkshire & York	OLDER ADULTS - ACUTE	239	241	46	0			526	3127.78	7318.25	217.00	150.00	5.9	13.9	0.4	0.3	20.6
Cherry Tree House	North Yorkshire & York	OLDER ADULTS - ACUTE	403	491	523	497	519	491	2924	8070.58	14245.50	2685.75	103.50	2.8	4.9	0.9	0.0	8.6
Meadowfields	North Yorkshire & York	OLDER ADULTS - ACUTE	134	107	387	429	428	322	1807	7940.58	16639.00	503.00	877.00	4.4	9.2	0.3	0.5	14.4

Springwood	North Yorkshire & York	OTHER SPECIALIST MENTAL HEALTH BEDS	192	201	221	240	249	261	1364	7067.33	17539. 42	653.25	495.50	5.2	12. 9	0.5	0.4	18.9
Cedar	Durham & Darlington	PICU	234	242	176	211	252	209	1324	11271.10	15560. 95	0.00	0.00	8.5	11. 8	0.0	0.0	20.3
Bedale Ward	Teesside	PICU	284	312	225	259	281	195	1556	10565.98	20993. 82	0.00	0.00	6.8	13. 5	0.0	0.0	20.3
Newberry Centre	Teesside	TIER 4	288	110	0	0			398	2016.92	3627.4 0	0.00	0.00	5.1	9.1	0.0	0.0	14.2
The Evergreen Centre	Teesside	TIER 4	308	328	214	51	0	0	901	10024.87	19441. 02	1152.5 0	590.50	11. 1	21. 6	1.3	0.7	34.6
Westwood Centre	Teesside	TIER 4	158	150	119	22	0	0	449	7251.00	16282. 78	385.00	0.00	16. 1	36. 3	0.9	0.0	53.3

Care Hours per Patient Day

Appendix 7

Inpatient CHPPD (Nursing and AHPs) 6 months (Jun - Nov 2019)



ITEM NO 11

FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	Tuesday 28 January 2020
TITLE:	Assurance report of the Quality Assurance Committee
REPORT OF:	Dr Hugh Griffiths, Chairman, Quality Assurance Committee
REPORT FOR:	Assurance

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

Executive Summary:
<p>The purpose of this report is to update the Board of Directors on any current areas of concern in relation to quality and to provide assurance on the systems and processes in place. <u>Assurance statement pertaining to the QuAC formal meeting held on 05 December 2019</u></p> <p>The Quality Assurance Committee has consistently reviewed all relevant Trust quality related processes, in line with the Committee's Terms of Reference. Key matters considered by the Committee were:</p> <ul style="list-style-type: none"> • The top concerns for Forensic Services • Compliance with CQC • Research Governance • Patient Safety • Infection, Prevention and Control • Tier 4 Deep dive • Positive and Safe • Safeguarding & Public Protection • Health & Safety • Drug & Therapeutics • Clinical Re-audit of emergency response bags • Equality & Diversity update • Clinical Audit & Effectiveness

Recommendations:
<p>That the Board of Directors:</p> <ul style="list-style-type: none"> • Receive and note the report of the Quality Assurance Committee from its meeting held on 05 December 2019. • Note that the confirmed minutes of the meeting held on 07 November 2019, due to being deferred, will be presented in the 26 February 2020 Board report.

MEETING OF:	Board of Directors
DATE:	Tuesday 28 January 2019
TITLE:	Assurance report of the Quality Assurance Committee

1. INTRODUCTION & PURPOSE

The purpose of this report is to advise the Board of Directors of any concerns and exceptions, together with levels of assurance in meeting the CQC fundamental high quality questions.

2. BACKGROUND INFORMATION AND CONTEXT

This report makes reference to the regular assurance and exception reports from the working groups of the Quality Assurance Committee, the localities and compliance with the Care Quality Commission regulatory standards.

3. KEY ISSUES

4 ARE OUR SERVICES WELL LED? *How do we gain assurance from each locality that they have effective systems and processes in place to ensure standards of care, compliance with relevant standards, quality, risk and assurance arrangements?*

4.1 Forensic Locality

The key concerns highlighted from the locality included:

- Substance misuse was causing problems on low secure ward Newtondale and a patient had required acute hospital admission. Police had been involved due to the suspicion that non-prescribed medication was being supplied.
- Staffing continued to cause concern with pressures in all teams.
- There was a serious incident resulting in an unexpected patient death that highlighted gaps in the consistency of the monitoring of restricted items. This findings of the serious incident review have been addressed including the implementation of hourly care rounds.
- There were 10 uses of soft restraint devices and 20 uses of tear proof clothing over a two month period. One episode of use of the emergency response belt and cuffs was to transfer a patient to seclusion, the other nine uses were cuffs only.
- Members discussed the contract with HMP Durham prison and the potential for some additional funding for more staff, which could potentially lead to secondment opportunities.
- Members considered the external review of Forensic Services (four wards – Merlin, Jay, kestrel and Kite), which is being commissioned following some concerns raised through the freedom to speak up guardian.

4.3 Compliance with CQC Requirements

The Committee received the monthly update on compliance with CQC registration requirements.

The Board is to note the Committee discussed the themes and trends from MHA inspections which continue to cause frustration with repeated points around care plans and section 17 leave forms as top issues of concern. Getting to the bottom of these will be part of the CQC action plan to tackle this year.

4.4 Research Governance Update

The Committee discussed the six monthly update on Research and Governance.
The Board is to note:

- The data breaches around out of range fridge temperature and the release of personal information linked to a research study were discussed by the Committee and assurance was provided that the appropriate actions had been taken to prevent such instances happening again.
- Professor David Ekers has taken over the role of Clinical Director for Research and Development with other changes to roles in the team and assurance was given that the governance arrangements around the Trust research studies were robust.

5 ARE OUR SERVICES SAFE? *Are lessons learned and improvements made when things go wrong?*

5.1 Patient Safety Group

The Committee received a verbal update that due to unforeseen circumstances the Patient Safety Group could not meet and a report and a report would go to the 06 February 2020 QuAC meeting.

5.2 Infection, Prevention and Control Quarter 2

The Board is to note there were no exceptions raised to QuAC.

There will be a further mattress audit undertaken Trustwide, which will include pillows, duvets and Forensic Services who were not part of the last audit.

5.3 Tier 4 Deep Dive – Self Harm

The Board is to note:

- This report was requested at the 03 October 2019 QuAC meeting (action 19/138 refers) and provided information to the Committee around the increased numbers of self-harm incidents.
- A new dashboard is being developed using SPC charts that will include all self-harm incidents in the future which will help to identify any statistically significant trends.
- Members did acknowledge however the importance of soft intelligence since hard data could often look unremarkable.

5.4 Safeguarding and Public Protection

The Committee received an exception report and the six monthly report for safeguarding.

The Board is to note:

- There are no exceptions to raise from the 11 serious case reviews, five waiting publication, five serious adult reviews, including one for NY, six domestic homicide reviews and one MAPPA serious case review.
- New safeguarding partnership arrangements could mean that TEWV may be limited in their influence on decision that will impact on multi-agency working and keeping children safe. The Board can be assured that these arrangements will be monitored closely.
- There has been a 25% increase in the number of contacts with the Children's safeguarding team in a six month period and an increase of 8% in contact with the Adult team.

- Safeguarding level 3 training compliance has improved by 4% from the last six monthly report with all services above 90%.
- All safeguarding requirements are currently being met as set out in the Care Act 2014 and Working Together 2018.

5.5 Health, Safety, Security and Fire

From the six monthly update provided the Board is to be aware:

- Whilst there has been a significant increase in the reported numbers of violence and aggression from Q1 and 2 in 2018/19 to 2019/20 this is thought to be to changes in practice around reporting where one incident is being reported multiple times. Members were interested in receiving more detail around physical assaults against staff which will be in the next report.
- Incidents reported to the police have declined (19 in Q1 to 6 in Q2) and the Committee considered whether it would be worthwhile creating a new post "Police Liaison Officer" to support service users, this is currently being explored.
- Further details were also sought on the detail behind lone working incidents as there had been 16 reported incidents in Q1 and 2 in 2019/20.

5.6 Drug & Therapeutics

The Board is to note delays occurred in the procurement process for the new IT dispensing system and with obtaining medicines from wholesalers in the first two weeks, despite forward planning. These problems were in a more manageable position by the time of reporting to QuAC in December 2019.

5.7 Clinical re-audit of emergency response bags

The Board is to note that the audit found significant improvement across the Trust since the 2017 audit, however in order to maintain 100% compliance consideration will be given to making a change to the emergency response bags by having them sealed to prevent staff using one off items. Members agreed that the audit should be repeated in December 2020.

6 ARE OUR SERVICES RESPONSIVE? Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care

6.1 Equality & Diversity

The Board is to note that from the six monthly update the key matters discussed were:

- The number of incidents of discriminatory behaviour had gone up in the first quarter of 2019/20, however dropped in Q2.
- Following a meeting held by the Chair of the Trust and 28 BAME staff some network meetings will be trialled following a number of themes emerging with and an action around addressing verbal aggression.
- The Operational Management Team will be asked to discuss making a change to the standard appointment letters following a wheelchair user being unable to attend an appointment as the building was not accessible.

7 ARE OUR SERVICES EFFECTIVE? – Outcomes for people who use services are consistently better than expected when compared with other similar services

7.1 Clinical Audit & Effectiveness

The Board is to note that the clinical audit programme for 2019/20 was progressing very well at 41% and this is a 3.8% improvement on completion rates compared to the same time last year. There was an exception around the National Clinical Audit of Anxiety and Depression (NCAAD) standard 13 and 9 which relates to evidence of HonOS completion and data collection and Paris fields are being reviewed and further training provided.

7.2 Trust Risks

The Committee discussed the risks set out on the Board Assurance Framework (BAF) and there was nothing pertaining to the meeting that would affect the current status of the Trust's strategic or key operational risks.

7.3 Quality Assurance Committee Coaching Day

A meeting was held on 27 November 2019 to discuss taking forward some areas for potential improvement for standardisation of reporting to the Committee as well as levels of assurance. It was agreed to hold a coaching day on 20 February 2020 to take this forward and Directors of Operations would be invited to attend.

8 IMPLICATIONS

9 Quality

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

10 CONCLUSIONS

The Quality Assurance Committee considered the corporate assurance and performance reports during the meeting.

11 RECOMMENDATIONS

That the Board of Directors is asked to:

- (i) *Note the issues raised at the Quality Assurance Committee meeting on 05 December 2019.*
- (ii) *Note that the confirmed minutes of the meeting held on 07 November 2019, due to being deferred, will be presented in the Board report in February 2019.*

Dr Hugh Griffiths
Chairman of Quality Assurance Committee
28 January 2020

FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	28 th January 2020
TITLE:	EQUALITY , DIVERSITY AND HUMAN RIGHTS STRATEGY
REPORT OF:	DIRECTOR OF HUMAN RESOURCES AND ORGANISATIONAL DEVELOPMENT
REPORT FOR:	DECISION

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

Executive Summary:

The proposed TEWV Equality, Diversity and Human Rights Strategy has been developed based upon feedback received from widespread consultation during 2019 and has been endorsed by the Resources Committee. The proposed strategy seeks to strike the right balance between tackling service user and staff equality and diversity issues and provides a greater focus upon TEWV-wide objectives and actions than the current strategy.

Recommendations:

- 1) That in line with the Resources Committee recommendation the Board of Directors approves the proposed Equality, Diversity and Human Rights Strategy.

MEETING OF:	Board of Directors
DATE:	28th January 2020
TITLE:	Equality, Diversity and Human Rights Strategy

1. INTRODUCTION & PURPOSE:

- 1.1 The purpose of this report is to share with the Board of Directors the proposed Equality, Diversity and Human Rights Strategy 2020 -2023 and to seek Directors approval of the strategy.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 The current TEWV Equality and Diversity Strategy was developed and approved in 2013. The current strategy does not include a scorecard and the structure of the strategy differs from that of more recently approved TEWV strategies.
- 2.2 As part of the development of this strategy a consultation was held with service users, carers, and staff and partner organisations during 2019. There was an encouraging level of engagement in the consultation exercise. A number of very clear themes emerged from this consultation and these themes have helped to shape the strategy:

Disability

Work needs to be done to ensure managers understand disability fully and are aware of how to support staff with disabilities.

Trans

Staff overwhelmingly asked for Tran's awareness training

Race and ethnicity

Staff requested more training on managing verbal aggression from patients, carers and relatives towards staff (this applies more widely than race and ethnicity).

Data completeness

There was strong agreement that demographic data on both ESR and PARIS needed to be improved.

Community Engagement

More work needs to be undertaken with hard to reach service user and carer groups to improve their access to and experienced of services

- 2.3 The Resources Committee considered drafts of the strategy at its meetings in November 2019 and in January 2020. The committee agreed at its meeting in January 2020 to recommend to the Board of Directors that the proposed strategy be approved and published.

3. KEY ISSUES:

- 3.1 Striking the right balance between addressing patient and workforce equality and diversity issues within the new strategy is important. It is believed that this balance is reflected by the five objectives that are included within the proposed strategy.
- 3.2 In recent years there has been and increasing focus upon tackling NHS workforce equality and diversity issues as evidenced by the creation of the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). The introduction of Gender Pay Gap reporting and an increased focus upon equality and diversity issues as part of the Care Quality Commission Well Led Domain inspections have further focused attention upon these important issues.
- 3.3 The trust intends to publish metric data on its LGB staff that mirrors the metrics in the WRES and WDES. An action plan will be developed on the basis of the measurements which will allow the trust to demonstrate progress against the indicators of LGBT equality. ESR does not currently allow for information to be gathered about Trans staff. The trust is exploring ways to generate more information about Trans staff through the National NHS staff survey and the staff Friends and Family test to help ensure that the experiences of Trans staff can be captured and can inform action planning.
- 3.4 Advice has been sought from planning and performance about the scorecard and actions related to the objectives and amendments made accordingly. The Resources Committee will receive regular reports about progress made with achievement of the strategy objectives as will the Equality, Diversity and Human Rights Steering Group and other TEWV groups.

4. IMPLICATIONS:

- 4.1 **Compliance with the CQC Fundamental Standards:** The oversight and management of equality and diversity issues is becoming an increasingly important part of CQC Well Led Domain inspections.
- 4.2 **Financial/Value for Money:** None identified.
- 4.3 **Legal and Constitutional (including the NHS Constitution):** The revised strategy will support TEWVs efforts to meet its Public Sector Equality Duty.
- 4.4 **Equality and Diversity:** A revised strategy provides an opportunity to refocus the approach of TEWV to equality, diversity and human rights issues.
- 4.4 **Other implications:** None identified.

5. **RISKS:** That equality, diversity and human rights issues are not given proper consideration within an ever more pressured service delivery environment.

6. **CONCLUSIONS:**

6.1 The strategy has been through an extensive consultation process and it is believed that the strategy strikes a good balance between addressing patient and workforce equality and diversity issues.

6.2 The need to do more to address equality and diversity issues throughout TEWV is acknowledged and the proposed strategy will assist these efforts.

6.2 The Resources Committee agreed at its January meeting to recommend to the Board of Directors that the proposed Equality, Diversity and Human Rights strategy is approved.

7. **RECOMMENDATIONS:**

7.1 That in line with the Resources Committee recommendation the Board of Directors approves the proposed Equality, Diversity and Human Rights Strategy.

Sarah Jay
Equality Diversity and Human Rights Lead

David Levy
Director of Human Resources and Organisational Development

Background Papers:

Equality, Diversity and Human Rights Strategy

2020-2023

Strategy Sponsor:

David Levy Director of Human Resources and Organisational Development

Strategy Lead:

Sarah Jay, Equality, Diversity and Human Rights lead

Version:

STRAT-00XX-
v1(issued by
tewv.policies@nhs.net)

Date approved

MMM YYYY
(XXXXXX Committee)

Date of Next Review:

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Executive Summary

TEWV requires a revised Equality, Diversity and Human Rights Strategy for 2020 – 2023 in order to more fully realise the vision, mission and strategic goals of the Trust. In an increasingly challenging environment a focus on equality and diversity for service users, carers and staff is key for the delivery of the Trust's strategic goals and in particular strategic goals:

1. To improve the quality of life of service users and their carers by working with them to provide excellent services';
2. To continuously improve the quality and value of our work';
3. To recruit, develop and retain a skilled, compassionate and motivated workforce'; and
4. To have effective partnerships with local, national and international organisations for the benefit of the communities we serve.'

TEWV's strengths are senior level commitment to the equality, diversity and human rights agenda; a number of internal initiatives which support the equality diversity and human rights agenda including the autism project, right care, right place and making a difference together; new initiatives to address conflict at work; a successful Black, Asian and Minority Ethnic (BAME) leadership programme; expertise in community engagement and spirituality.

Our challenges include: poorer outcomes and experiences in some areas for BAME and disabled staff; incomplete data on sexual orientation and disability for both staff and service users; staff lacking confidence in working with service users who identify as Trans; proportionately lower levels of access to and satisfaction with services for some protected groups; difficulties engaging BAME, lesbian, gay, bisexual and trans (LGBT) and disabled staff to understand the issues they face; and challenges engaging staff who do not identify as from these groups in the equality, diversity and human rights agenda.

The environmental analysis highlights the increasing national focus on improving outcomes and experiences for people from protected groups. The agenda around staff has gained momentum and importance with the introduction of the Workforce Race Equality Standard, the Workforce Disability Equality Standard, Project Choice and the publication of the gender pay gap. National initiatives to address inequalities such as EDS2 and the Accessible Information Standard have increased the focus on service users. These new standards encourage NHS organisations to pay greater attention to the Public Sector Equality duties in the Equality Act.

The ideal future state would be that TEWV is an inclusive employer and service provider in which diversity is welcomed and valued, where all staff are able to achieve their full potential and where service users are able to access person-centred care which supports them to lead meaningful and satisfying lives.

However it is accepted that there are societal and other barriers which mean that this cannot be fully achieved by 2023.

However, in order to move closer to this future state a number of targeted, focussed actions have been identified. It is recognised that these are not the only gaps that need to be addressed for the trust to achieve the future state outlined above, but they do address the key gaps identified in the stakeholder consultation. The strategy includes some short to medium term objectives which will make a significant impact on both staff and service users. These are:

1. Ensure that where it is agreed, staff that require a reasonable adjustment have these in place.

2. To ensure we support and respond to staff who experience verbal aggression and that we take actions that reduce the number of incidents of verbal aggression towards staff.
3. To ensure we have a suitably trained and skilled workforce to address the needs of Trans patients and staff
4. To increase the recording of disability and sexual orientation on Paris and ESR of patients and staff
5. To increase the number of BAME service users who access services within the trust and report a positive experience.

David Levy, Director of Human Resources and Organisational Development.

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Introduction

The Trust's mission is

To improve people's lives by minimising the impact of mental ill- health or a learning disability.

The Trust's vision is

To be a recognised centre of excellence with high quality staff providing high quality services that exceed people's expectations.

Implementing this strategy will support achievement of the Trust's strategic goals:

The relevant strategic goals, and "this means that" statements are shown below

SG1: To improve the quality of life of service users and their carers by working with them to provide excellent services

This means that we work in partnership with service users, and their carers to make a positive difference by:

- a. Supporting individuals to identify and achieve their personal recovery goals
- b. Fully involving service users and their carers in the development and delivery of their care plan
- c. Providing personalised care and treatment
- d. Delivering accessible, effective and safe care
- e. Ensuring service users, and their carers have a positive experience of our services
- f. Providing accessible, high quality information

SG2: To continuously improve the quality and value of our work

This means that we only do things that add value to our stakeholders by:

- a. Always involving and empowering service users and their families in quality improvement and planning
- b. Learning from and responding to service user, family and other stakeholder' feedback
- c. Analysing data so that we can see the impact of the changes we make
- d. Learning from other organisations

SG3: To recruit, develop and retain a skilled, compassionate and motivated workforce

This means that we are an excellent employer by

- a. Developing a culture where all our staff feel valued
- b. Checking that all of our staff work in line with Trust values, expected behaviours and the compact
- c. Ensuring we have the right staff, in the right place at the right time so that we have safe, effective, recovery focussed services
- d. Providing appropriate education, training, development and leadership opportunities for all trainees, staff and volunteers
- e. Ensuring we have effective leadership and management throughout the organisation
- f. Supporting staff health and wellbeing

SG4: To have effective partnerships with local, national and international organisations for the benefit of the communities we serve

This means that we actively engage partners to improve the health and wellbeing of the people we serve, by:

- a. Influencing the development of regional and national strategies and plans
- b. Supporting commissioners and other system partners to produce sustainable plans that improve the meet the mental health and learning disability related needs of the communities we serve
- c. Working closely with GPs, local authorities, the voluntary sector and other service providers to provide effective prevention and personalised care for people with a mental illness or learning disability
- d. Working with partners, including higher education to develop and test innovations

This strategy sets out our commitment to taking equality, inclusion, diversity and human rights into account in everything we do, whether that is through our aspiration to deliver high quality services that exceed people's expectations for our patients and service users to employing a diverse workforce with high quality staff providing high quality services who feel that TEWV is a great place to work.

This matters because we know that if we can't meet the needs of our diverse population, or don't address the needs of all of our staff, then we won't be fully achieving our vision and mission

There is a lot of evidence that current NHS mental health and learning disability services do not equally meet the needs of all people, and that there are higher barriers for non-white staff to provider excellent services.

A focus on Equality, Diversity, Inclusion and Human Rights (EDHR) is key to addressing these health inequalities and inequalities in the workplace.

Nationally suicide rates amongst South Asian females are relatively high, black people are three times more likely to be detained than white people and instances of psychosis amongst black Caribbean males is higher than other groups. Survey and other evidence shows that TEWV's BAME staff has worse outcomes and experiences compared to our white staff.

A Stonewall report in 2017 on LGBT people stated that 52% of lesbian, gay and bisexual (LGB) people experienced depression, 61 % have experienced anxiety, and 48% have deliberately harmed themselves. The same report identified that 41% of Trans men and Trans women responding have experienced a hate crime or incident because of their gender identity in the last 12 months and 25% of Trans people had experienced homelessness at some point in their lives, Deaf people are more likely to experience mental ill health and there are issues with the accessibility of some of our buildings. Our disabled staff report lower outcomes and worse experiences compared to our non-disabled staff.

We believe that inclusive, values led leadership is a personal responsibility for us all regardless of role. We acknowledge that we each contribute to, and are accountable for the environment that we collectively create and the impact that this has on both the people who receive our care and on those who provide it.

Our aspirations to deliver high quality services that exceed people's expectations can only be achieved if we focus towards becoming an inclusive employer and service provider which recognises, values and respects people's individuality and differences and harnesses these differences to deliver high quality care and enables our staff to be the best they can be.

An extensive consultation took place amongst service users, carers, staff, statutory and third sector partners which resulted in consensus on 5 clear themes which form the objectives of this strategy.

1. Current State

The trust covers a large a large geographical area of 10,000 Km² (3860 square miles). Our main towns and cities are Durham, Darlington, Middlesbrough, Scarborough, Whitby, Harrogate, Ripon, York and Selby and there are numerous smaller seaside and market towns scattered throughout our patch. There are big differences in the diversity of our localities. For example in Middlesbrough and Stockton the BAME population is approximately 10% (2011 census) whereas in Redcar and Cleveland it is 1.4%. We know that these percentages will have increased since the census due to immigration, including the placement of asylum seekers in Teesside.

Of our service user population we know that 2.39% are BAME, compared to 3.85% in the 2011 Census. 60% are 44 or younger, compared to 53% in the 2011 Census. 50% are female compared to 51% in the 2011 Census. Of the data we have on religion 40% are Christian compared to 68% in the 2011 Census and 0.7 % are Muslim compared to 1% in the 2011 Census. This suggests that there may be barriers to seeking help and entering services for some BAME and / or religious communities.

It is important that we understand and work with our service users diversity. Nationally suicide rates amongst South Asian females are relatively high, black people are three times more likely to be detained than white people and instances of psychosis amongst black Caribbean males is higher than other groups. Evidence highlights the increased level of mental health problems such as anxiety, depression and stress, particularly for LGBT (lesbian, gay, bisexual, trans)

The negative impacts of discrimination and marginalisation on the mental health and wellbeing of individuals from protected groups is well established. Although existing data is not complete there is no reason to believe that the situation in TEWV is any different to the national picture described above.

TEWV employs approximately 6,700 staff of whom 60% are 41 or older, 5% have declared that they have a disability, 78% are female, 5% are from Black, Asian or Minority Ethnic (BAME) backgrounds and 3% have declared that they are lesbian, gay or bisexual. This means that men, and people from BAME backgrounds are under-represented in our workforce. Disabled and LGB people may also be underrepresented, but we believe there is under-reporting of this in people's declarations on ESR, as our staff survey data suggests that around 28% of the workforce have a disability and 3.4% may be LGB. ESR does not currently allow for information on trans staff to be gathered. The Trust's 2019 gender pay gap showed that women were paid 14.65 % less (mean) than males. This equates to £2.64 per hour less, however action is being taken to address this issue and the trust has increased the representation of women in senior positions with 6 out of the 14 members of the Trust's Board of Directors being women.

As part of the development of this strategy we engaged with service users, carers, and staff and partner organisations. A number of very clear themes emerged from this consultation:

Disability

Work needs to be done to ensure managers understand disability fully and are aware of how to support staff with disabilities.

Trans

Staff overwhelmingly asked for Trans awareness training

Race and ethnicity

Staff requested more training on managing verbal aggression from patients, carers and relatives towards staff (this applies more widely than race and ethnicity).

Data completeness

There was strong agreement that demographic data on both ESR and PARIS needed to be improved.

Community Engagement

More work needs to be undertaken with hard to reach service user and carer groups to improve their access to and experience of services

Our strengths include:

- Senior level commitment to tackling equality and diversity issues within TEWV and a willingness amongst both executive and non- executive members of Board of Directors to championing the issues faced by protected groups
- The introduction of new ways of tackling conflict at work and of enabling staff to speak up safely and addressing bullying and harassment including the development of a network of Dignity at Work champions
- Work to enhance access to mediation, including training 7 BAME mediators who have been involved in successful meditations. An ability to work with local communities to improve awareness of and access to services which also raises awareness within the trust of the challenges faced by those communities. For example the Older Persons service pilot in Middlesbrough has successfully increased awareness of dementia amongst the South Asian community in Teesside.
- A diverse chaplaincy team and a well embedded approach to meeting service users' spiritual needs and to raising awareness within and outside TEWV of the importance of spirituality in mental health recovery.
- A robust and professional interpreting service that can be accessed by staff on behalf of service users and carers throughout the trust
- A range of staff health and wellbeing services although more to be done to improve access in some localities.
- The national staff survey tells us that engagement scores for BAME staff are 7.7 out of 10 compared to 7.2 for White staff.
- The autism strategy project team has worked with staff, service users and carers to develop and deliver understanding autism training trust wide to increase staff awareness and the need to make reasonable adjustments to ensure autistic people have equal access to our services.
In addition the team has co-produced a Clinical Link Pathway (CLiP) for reasonable adjustments in autism which supports staff in adult mental health community services to work with autistic people and their families to develop and implement reasonable adjustments to the care provided by the trust. The team were recognised for this work by the national autistic society; receiving autism professional award 2019 for outstanding health service.
- Right care right place is a Trust wide programme which aims to provide a more integrated and seamless approach to care, improving the experience for services users, our staff and our partners. With a recovery approach at its heart this programme will engage with communities and health and social care partners across the whole system. This work includes engagement with hard to reach groups to improve their access to services
- A successful BAME staff development programme. Following the first course there were 5 promotions and a second course has just been run
- The Making a difference together programme, which focuses the trust on how we embed the trust's values and behaviours in everything we do for the benefit of service users, carers and staff. Equality, Diversity and Human Rights plays a key role in this.

Our challenges & issues include:

- The Trust is not representative throughout its workforce of BAME population. Including medics 4.2 % of the Trust staff identifies as BAME and excluding the medics this figures drops to 2.7%.
- This is compared to 3.85% BAME population for the whole trust area in the 2011 census. There are differences in the size of the local BAME population throughout the Trust.
- BAME staff report worse experiences and outcomes in some respects when compared to white staff. There are significant differences in the experiences of BAME staff compared to white staff with White staff 1.7 times more likely to be appointed from shortlisting compared to BAME staff and BAME staff 1.62 times more likely to enter formal disciplinary processes compared to white staff. BAME staff are more likely than white staff to experience bullying, harassment or abuse from patients, relatives, members of the public and other staff. BAME staff feel less convinced than White staff that the trust offers equal opportunities for career progression and promotion.
- Disabled staff are 1.7 times more likely than non- disabled staff to enter the formal capability process, they are more likely to experience bullying, harassment and abuse from patients, relatives, members of the public, managers and other colleagues compared to non- disabled staff. More disabled than non- disabled staff say that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. 11 % fewer disabled staff say that they are satisfied with the extent to which their organisation values their work.
- There are proportionately lower levels of access to TEWV services by some protected groups. In the trust as a whole 1.74% of our population are Asian whereas 0.76 % of our service users identify as Asian; 0.11% of our population are from the Gypsy/ traveller community compared to 0.09% of our service users
- There are historically lower levels of satisfaction with TEWV services on the part of some groups. In the patient Friends and Family test (2018 – 19) 94% of white British service users provided excellent or good responses to the survey questions, compared to 89% of those who identified as White other and 89% of those who identified as mixed race. 91% of those who identified as heterosexual provided good or excellent responses compared to 82% of those who identified as lesbian and 77% of those who identified as bisexual. Those aged 65 and over were more satisfied with services with 96% answering excellent or good to questions compared to 91% of those aged under 18 and 18 -29.
- A lack of confidence on the part of TEWV managers staff to take positive action where it could be appropriate
- Low levels of data completeness regarding protected characteristics. Of our electronic record system for service users 86% of information on disability is incomplete, and 90.5% of service users' records do not contain information on sexual orientation. On our Electronic Staff Record 28% of staff have not declared whether or not they are disabled and 15% of staff have not declared their sexual orientation.
- Difficulty in engaging with and gaining feedback from statutory and voluntary organisations on access to and experiences of TEWV services.
- Understanding the issues for our hard to reach communities and what barriers they experience in engaging with our services in a timely manner. Working with these communities to improve their access to services.
- Difficulties in engaging BAME, disabled and Lesbian, Gay, Bisexual and Trans (LGBT) staff to understand and raise the profile of the issues of discrimination they experience due to the small numbers of staff in these groups and their reluctance to come forward because of fear of discrimination
- Difficulty in engaging staff who do not fall into the protected groups above in the Equality and Diversity agenda due to competing demands on their time and

variation in their level of awareness of the issues faced by their BAME, disabled and LGBT colleagues

2. Future State/ Aim

This strategy sets out an ambition that TEWV is an inclusive employer and service provider in which diversity is welcomed and valued, where all staff are able to achieve their full potential and where service users are able to access person-centred care which supports them to lead meaningful and satisfying lives.

3. Environmental Analysis and the drivers for change

Nationally there is an increasing focus on improving outcomes and experiences for people from protected groups. The NHS Long Term Plan states that the NHS will set out specific, measurable goals for narrowing inequalities, including those relating to protected groups. All local health systems will be expected to set out during 2019 how they will reduce health inequalities by 2023/24 and by 2028/29. The NHS Equality and Diversity Council are currently considering a number of interventions to help support achievement of this aim.

The national agenda around staff has also gained momentum and importance with the introduction of the Workforce Race Equality Standard, the Workforce Disability Equality Standard, Project Choice and the publication of the gender pay gap. National initiatives to address inequalities such as EDS2 and the Accessible Information Standard have increased the focus on service users. Equality, Diversity and Human Rights are given a more prominent role in CQC inspections. These new standards act as drivers for NHS organisation to publish more information and to monitor and act on the inequalities in experience and outcomes revealed by the data thus encouraging greater attention to be paid to the Public Sector Equality duties in the Equality Act.

Equality Act 2010

The Equality Act makes it unlawful to discriminate against someone because of one or more protected characteristics. The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. A public authority must, in the exercise of its functions, have due regard (take seriously) to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.
- Foster good relations between people who share a relevant protected characteristic and those who do not share it.

Human Rights Act 1998

The Act sets out the fundamental rights and freedoms that individuals in the UK have access to and embodies the principles of fairness, respect, equality, dignity and autonomy (FREDAs). The Act includes the right to:

- Liberty
- Not to be tortured, or treated in an inhuman or degrading way
- Respect for private and family life, home and correspondence.
- Life
- Non – discrimination

Equality Delivery System (EDS2)

The NHS Equality Delivery System (EDS2) is a framework relating to all 9 protected characteristics that enables Trusts, in discussion with local people, review and improve their performance for people with protected characteristics protected by the Equality Act 2010. EDS2 has 4 goals, 2 related to patients; better health outcomes and improved patient access and experience. 2 goals are related to staff: fair NHS recruitment and selection processes lead to a more representative workforce at all levels and Boards and senior leader routinely demonstrate their commitment to promoting equality within and beyond their organisation. These goals are supported by 18 outcomes.

Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (Metrics) that will enable NHS organisations to compare the experiences of Disabled and non-disabled staff. NHS organisations will use the Metrics data and local data to develop a local action plan which is agreed by the Board of Directors and which enables them to demonstrate progress against the indicators of disability equality

The Workforce Race Equality Standard

The Workforce Race Equality Standard was developed to ensure employees from black and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It is a set of 9 specific metrics which allow NHS organisations to compare outcomes and experiences for BAME and white staff and to use the information to action plan at Trust Board and to show improvement in equality for BAME staff.

Lesbian, Gay, Bisexual and Trans (LGBT) Staff

The Trust recognises that more work needs to promote equality for LGBT staff. To this end the trust intends to publish metric data on its LGB staff that mirrors the WRES and WDES. An action plan will be developed on the basis of the measurements which will allow the trust to demonstrate progress against the indicators of LGB equality. The trust is exploring ways to generate more information about trans staff.

Care Quality Commission

The Care Quality Commission has published its equality objectives for 2019- 2021 which include those that affect providers are:

- Objective 1 Confident with Difference- assuring service users that they will experience frontline care delivery across all sectors that is confident with difference
- Objective 2 Accessible information and communication
- Objective 3 Equality and the well led provider highlights the links between equality for health and care staff and providing good quality care. It emphasises the link between patient satisfaction and the results of the NHS staff survey on issues such as workplace discrimination.
- Objective 4 Equal access to care and equity of outcomes in local areas.

Gender Pay Gap Reporting

All organisations with 250 or more employees have been obliged to publish details of their gender pay gap from March 2018..

The gender pay gap shows the differences in the average pay between men and women.

Accessible Information Standard (AIS)

The AIS seeks to embed within the NHS the legal requirements of the Equality Act 2010 in relation to the communication with disabled people. The standard aims to make sure that people who have a disability or sensory loss, can access information in ways which make understanding the information easier and that any communication support they require is provided. Organisations are obliged to meet the 5 key elements of the

standard by: obtaining information from the patient, carer or relative; recording the information in a set way; ensuring that the information is flagged / highlighted within the patient notes; sharing the information; at point of discharge, transfer or handover; taking steps to ensure that people receive information which they can access and understand and receive communication support if needed.

Project choice

Project Choice is a supported internship programme for people with learning disabilities, difficulties or autism (LDDA). NHS Health Education England, support NHS Trusts to deliver the programme nationally. The focus is 'work readiness' and matching skills to employment it is important that people with autism or a Learning Disability who have the skills to do roles in the Trust are supported to do so and not discriminated against in selection processes.

Integrated Care System

Given the complexity of equality issues and the multiple factors that can affect an individual's experiences and life chances and the importance of the particular place that people live within it is important to recognise that actions to address equality issues at an individual, organisational and Integrated Care System level are likely to have greater impact than taking organisation specific actions alone.

4. Gap Analysis and Objectives

From analysis of the internal and external environments summarised above it has been identified that there are 5 key gaps that the organisation needs to address if we are to make progress against our Strategic Direction and in particular Strategic Goals 1, 2, 3 and 4. It is recognised that these are not the only gaps that need to be addressed for the trust to achieve the future state outlined above. These were the key gaps identified in the stakeholder consultation and some short to medium term targeted actions have been developed which it is believed will make a significant impact on both staff and service users. These are:

- That there is variation in managers' understanding of disability and how to support staff with disabilities sufficiently to ensure that all staff with disabilities have a positive experience of employment.
- There is variation in staff's knowledge and confidence of working with and support service users and staff who identify as Trans.
- There is variation in staff's knowledge of how to address verbal aggression from patients, carers and relative.
- There are gaps on the trust's electronic record systems in the demographic data on sexual orientation and disability for both staff and service users
- There is a need for services to engage more with hard to reach groups to understand why they are not accessing our services and what need to be done to address this and improve their experiences.

To achieve our ambition the following objectives have been set (please note that relevant baselines and targets are included in section 5 of this documents)

1. Ensure that where agreed, staff that require a reasonable adjustment have this/these in place

We will achieve this by:

The HR Operations and EDHR teams will develop a trust wide system for capturing all formal reasonable adjustment requests and the outcome of these by Q4 20/21.

Using the National Staff Survey to seek feedback from staff that have requested a formal reasonable adjustment on how effective the adjustments have or have not been by Q1 2021.

Using data collected by the HR Operations team during 2018/19, measure if the time taken to implement access to IT equipment as a formal reasonable adjustment has reduced

The HR Operations and EDHR teams will develop a health passport for staff that outlines any formal reasonable adjustments required which will move with the staff member into other roles within the trust and a system that enables the passport to be reviewed annually by Q3, 20/21.

The HR Operations team will promote and review the reasonable adjustment packs to staff and managers by Q3, 20/21.

The Organisational Development and EDHR teams will include information about reasonable adjustment in all leadership and management training by Q3, 20/21.

We will know that we are achieving this by measuring and reporting the:-

The average time taken to implement IT equipment adjustments for staff who require a reasonable adjustment.

The percentage of staff stating that their employer has made adequate adjustment(s) to enable them to carry out their work.

2. Ensure we support and respond to staff that experience verbal aggression and to proactively reduce the number of incidents of verbal aggression towards staff.

We will achieve this by:

EDHR team to develop and implement a zero tolerance campaign in year 20/21, which will include a poster campaign to highlight the issue of verbal abuse to staff from service users, relatives, carers and the general public. This will be reviewed in year 2 and a decision made about further action. The campaign will be reviewed using the level of Datix incidents relating to verbal abuse to staff in 21/22 and a decision made about further action will then take place.

Subject to annual capacity and demand analysis the Workforce Development Team will increase Verbal Aggression Training sessions for staff from 60 to 600 annually which addresses how to implement the procedure for addressing verbal aggression towards staff by patients, carers, relatives and members of the public by Q4, 20/21.

The EDHR team will develop a process where additional supporting information, including the procedure for addressing verbal aggression, is sent to line managers and staff members when a Datix involving verbal aggression towards a staff member with protected characteristic(s) are received. Contact will be made with individual staff members following a Datix incident to measure if the procedure for addressing verbal aggression has been implemented, what the outcome was and to ensure action is taken where necessary. This will be completed by Q4, 19/20.

The EDHR team will develop, establish and promote 3 geographically based support networks for BAME staff to encourage people to raise issues and provide peer support. These networks will meet quarterly. This work will be completed by Q1 2020/21.

We will know that we are achieving this by measuring and reporting the:

Number of staff that have attended training on how to address verbal aggression.

Number of incidents reported on Datix involving verbal aggression towards staff from protected characteristics. We expect an initial increase as awareness improves and then a longer term decrease.

A reduction in the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months as reported in the NHS national staff survey.

A reduction in the percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months as reported in the NHS national staff survey.

A reduction in the percentage of disabled staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months as reported in the NHS national staff survey.

A reduction in the percentage of LGB staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months as reported in the NHS national staff survey.

3. Ensure we have a suitably trained and skilled workforce to address the needs of Trans patients and staff

We will achieve this by:

The EDHR team will develop and deliver a range of training for staff to improve the understanding of Trans equality issues, improve confidence and improve patient experience by Q4, 19/20.

The Organisational Development team will embed Trans training into leadership and management programmes for staff by Q1, 20/21.

The EDHR team will develop guidance for staff supporting Trans service users including information on recording and the law regarding Trans. This will include frequently asked questions which can be readily available via the intranet with links to relevant policies by Q2, 20/21.

The HR Operations team will review relevant HR policies to ensure that the needs of Trans staff are included by Q2, 20/21.

The EDHR team will engage the Diversity Engagement Group to increase awareness and focus on a communication campaign on Trans issues to raise awareness throughout the trust. A campaign will be run in Q4, 20/21 and then reviewed to see if further action is needed.

The Patient Experience team will review the demographics on patient satisfaction surveys (friends and family test) in April 2020 to identify if it is possible to develop a question that will identify Trans patients and their feedback. Outcome of this review to be gained by Q2, 20/21 to enable the capture of feedback and development of a baseline in Q4 20/21.

A review of the demographics on staff Friends and Family test and National Staff survey to identify if it is possible to develop a question that will identify Trans staff and their feedback. The outcome of this review will be available by Q4 20/21.

We will know we are achieving this by reporting and improving the:

Percentage of staff who have passed the competency test following trans awareness.

Percentage of positive responses from trans patients in the Patient Friends and Family Test.

Number of staff that have attended trans awareness training.

4. To Increase the recording of disability and sexual orientation on Paris (clinical record system) and ESR (Electronic Staff Record system) of patients and staff

We will achieve this by:

The EDHR team will explore with Paris/CITO teams how and where this information is recorded and which areas are mandatory for staff to complete by Q2, 20/21 and look to include the recording of disability and sexual orientation as mandatory.

The EDHR team will explore with the IIC team if there are areas within the trust where the recording of patient information on Paris is lower than in other areas of the trust by Q4, 20/21

The EDHR team will consult with a variety of clinical and non-clinical teams to gain a better understanding of why staff do not record disability and sexual orientation on ESR and consult with some of the teams identified by IIC who do not record these details on PARIS. This will be completed by Q4, 20/21.

The EDHR team will look at the national research outcomes carried out by Leeds University which will look at why staff do not complete sexual orientation fields on patient records. This will be carried out during 20/21.

The EDHR team, with the involvement of the Diversity and Engagement Group, will develop a campaign which will include a review process to ensure that staff know the importance of why data is collected on ESR and PARIS. This will take place during 20/21.

We will know we are achieving this by reporting and improving the:

Percentage of patients that have their disability recorded on PARIS. A 100% increase year on year is anticipated.

Percentage of patients that have their sexual orientation recorded on PARIS. A 100% increase year on year is anticipated.

Percentage of staff that have their sexual orientation recorded on ESR. A 5% increase year on year is anticipated.

Percentage of staff that have their disability recorded on ESR. A 10% increase year on year is anticipated.

5. Increase the number of BAME service users who access services within the trust and report a positive experience .

We will do this by:-

The EDHR team will explore and establish a baseline with IIC of the current number of BAME service users in each locality and compare this to the population census of 2011. This will be carried out by Q4, 19/20.

The EDHR team along with locality services will develop action plans which will outline how work will take place with under represented BAME communities in the 4 localities across the trust. The action plans will be completed by Q1, 20/21. It is envisaged that this will include an understanding of why communities are under represented in mental health services, mental health promotion and to gain an understanding of what improvement need to be made. This will also lead to making sustainable links with BAME communities.

We will know we are achieving this by reporting and improving the

Percentage of BAME patients assessed by the Trust

Percentage of positive responses from BAME patients in the patient FFT.

5. Outcomes Scorecard

Objective	Metric	Frequency of reporting	Latest baseline available	20/21	21/22	22/23	Data Source	Comments
1.Ensure that where it is agreed, staff that require a reasonable adjustment have these in place	1.1 The average time taken to implement IT equipment adjustments for staff who require a reasonable adjustment.	Quarterly	13 weeks	<11 weeks	<10 weeks	<9 weeks	IT	
	1.2 The percentage of staff stating that their employer has made adequate adjustment(s) to enable them to carry out their work.	Annually	76% 2019 Staff Survey	87.15%	91.51%	96.08%	National Staff Survey	5% improvement each year
2. Ensure we support and respond to staff that experience verbal aggression and to proactively reduce the number of incidents of verbal aggression towards staff.	2.1 Number of staff that have attended training on how to address verbal aggression.	Quarterly	60 31.12.19	600	600	600	ESR	This is the number of staff to be trained
	2.2 Number of incidents recorded on Datix involving verbal aggression towards staff from protected characteristics	Quarterly	40.5 (the average number for Q1 & 2 19/20)	+25%	To be confirmed	To be confirmed	Datix	The initial focus is to increase the recording of incidents
	2.3 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Annually	30% 2019 Staff Survey	27%	24.3%	21.87%	National Staff Survey	10% improvement each year

Objective	Metric	Frequency of reporting	Latest baseline available	20/21	21/22	22/23	Data Source	Comments
	2.4 Percentage of disabled staff experiencing harassment/bullying or abuse from: Patients/service users, their relatives or other members of the public	Annually	34% 2019 Staff Survey	30.6%	27.54%	24.79%	National Staff Survey	10% improvement each year
	2.5 Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	Annually	32% 2019 Staff Survey	28.8%	25.92%	23.33%	National Staff Survey	10% improvement each year
	2.6 Percentage of LGB staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	Annually	Bisexual 27% Gay man 38% Gay woman 33% 2019 Staff Survey	Bisexual 24.3% Gay man 34.2% Gay woman 29.7%	Bisexual 21.87% Gay man 30.78% Gay woman 26.73%	Bisexual 19.68% Gay man 27.70% Gay woman 24.06%	National Staff Survey	10% improvement each year
3 To ensure we have a suitably trained and skilled workforce to address the needs of trans patients and staff	3.1 Percentage of staff who have passed the competency test following trans awareness	Quarterly	Not applicable	To collect baseline	To be confirmed	To be confirmed	Competency assessment	
	3.2 Percentage of positive responses from trans patients.	Annually	Not applicable	To collect baseline	To be confirmed	To be confirmed	Patient FFT	
	3.3 Number of staff that have attended trans awareness training	Quarterly	Not applicable	To collect baseline	To be confirmed	To be confirmed	Training Records	

Objective	Metric	Frequency of reporting	Latest baseline available	20/21	21/22	22/23	Data Source	Comments
4 To Increase the recording of disability and sexual orientation on Paris and ESR of patients and staff	4.1 Percentage of patients that have their disability recorded on PARIS	Quarterly	13% Publication of information January 2020	26%	52%	100%	PARIS	100% improvement each year
	4.2 Percentage of patients that have their sexual orientation recorded on PARIS	Quarterly	81.45% Publication of information January 2020	89.6%	98.56%	100%	PARIS	10% improvement each year
	4.3 Percentage of staff that have their sexual orientation recorded on ESR	Quarterly	84% January 2020	88.2%	92.61%	97.24%	ESR	5% improvement each year
	4.4 Percentage of staff that have their disability recorded on ESR	Quarterly	75% January 2020	82.5%%	90.75%	99.83%	ESR	10% improvement each year
5 Increase the number of BAME service users who access services within the trust and report a positive experience	5.1 Percentage of BAME patients assessed by the Trust	Quarterly	3.94% January 2020	To be confirmed	To be confirmed	To be confirmed	PARIS	(Trust population 6.3%).figures will be reviewed after publication of 2021 census
	5.2 Percentage of positive responses from BAME patients	Annually	White other 90.8% Black/ black British 81.8% Asian/ Asian British	White other 91.8% Black/ black British 85.8% Asian/ Asian British	White other 92.8% Black/ black British 89.8% Asian/ Asian British	White other 93.8% Black/ black British 93.8% Asian/ Asian British	Patient FFT	All Trust Patients to reach 93.8% (2019 rate for White British) Difference between latest baseline and target has been equally divided between the 3 years

Objective	Metric	Frequency of reporting	Latest baseline available	20/21	21/22	22/23	Data Source	Comments
			88.2%	90.07%	91.94%	93.8%		
			Mixed Race 89.4%	Mixed Race 90.87%	Mixed Race 92.34%	Mixed Race 93.8%		
			Patient FFT 2019					

6. Implementation Route

The proposed implementation route is for the strategy lead supported by the Equality, Diversity and Human Rights steering group to seek to continually influence managers to bring about change. An action plan will be developed covering the five objectives which together with the scorecard will be monitored quarterly by the steering group with quarterly reports to Resources Committee and bi annual reports to QAC.

7. Glossary

Term	Description
BAME	Black, Asian and Minority Ethnic
DEG	Diversity Engagement Group. Black, Asian and Minority Ethnic; Disabled; and Lesbian Gay and Bisexual staff Networks.
LGBT	Lesbian, Gay, Bisexual and Trans
Trans	An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth

Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Equality, Diversity and Human Rights	
Name of responsible person and job title	Sarah Jay EDHR Lead	
Name of working party, to include any other individuals, agencies or groups involved in this analysis	EDHR Team and Director of HR and OD	
Policy (document/service) name	Equality, Diversity and Human Rights Strategy	
Is the area being assessed a...	Policy/Strategy	x Service/Business plan
	Procedure/Guidance	Project
		Code of practice
	Other – Please state	

Geographical area covered	All TEWV Trust
Aims and objectives	This strategy sets out an aim that TEWV becomes an inclusive employer and service provider in which diversity is welcomed and valued, where all staff are able to achieve their full potential and where service users are able to access person- centred care which supports them to lead meaningful and satisfying lives.
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	31.10.19.
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	1.11.19

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay 0191 3336267

Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Patients – better access to their data, and more accurate/complete					
Staff – aim to reduce time in data entry					
Commissioners/Partner organisations – more timely accurate data and removing barriers to information sharing					
1. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	No	Disability (includes physical, learning, mental health, sensory and medical disabilities)	No	Sex (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	Age (includes, young people, older people – people of all ages)	No

Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners)	No
<p>Yes – Please describe anticipated negative impact/s</p> <p>No – Please describe any positive impacts/s</p> <p>The objectives in this strategy drive and support positive organisational change which contributes towards better patient care, patient experience and better health outcomes. This can only be achieved by working together to eliminate inequality wherever it exists and to promote fairness and inclusion in everything we do. The strategy focuses on issues that were identified during the consultation on the strategy.</p>					
2. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?				Yes	x
Sources of Information may include: <ul style="list-style-type: none"> Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. Investigation findings Trust Strategic Direction Data collection/analysis National Guidance/Reports 		<ul style="list-style-type: none"> Staff grievances Media Community Consultation/Consultation Groups Internal Consultation Research Other (Please state below) 			
3. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership.					
Yes – Please describe the engagement and involvement that has taken place					
<ul style="list-style-type: none"> All 3 leadership and management network meetings Senior leadership and management network Governors meeting Carers Conference 					

- JCC
- HR and OD directorate away day
- Consultation stands at West Park Hospital, Roseberry Park Hospital and Huntingdon House
- A link to a survey for staff has gone out in e- bulletin
- Emails with a link to a survey have gone to statutory and third sector partners. This has included Health Watch.
- Meetings have been held with Deaf service users
- The EDHR steering group
- Conversations have taken place with those of the 14 staff throughout the trust who expressed an interest in a formal focus group who wanted to have a 1:1 conversation

No – Please describe future plans that you may have to engage and involve people from different groups

4. As part of this equality analysis have any training needs/service needs been identified?

Yes

Please describe the identified training needs/service needs below

On working with Trans service users and staff.
On addressing verbal aggression to staff from patients, relatives and members of the public.

A training need has been identified for;

Trust staff	Yes	Service users	Yes/No	Contractors or other outside agencies	Yes/No
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Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so	
<p>The completed EA has been signed off by: You the Policy owner/manager: Type name: Sarah Jay</p>	<p>Date: 31/10/19</p>
<p>Your reporting (line) manager: David Levy</p>	<p>Date: 01/11/19</p>
<p>If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046</p>	

ITEM NO. 13

FOR GENERAL RELEASE

TRUST BOARD

DATE:	28th January 2020
TITLE:	Agency Update
REPORT OF:	Ruth Hill
REPORT FOR:	Information

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

Executive Summary:
<p>This paper provides the Board with an update of the ongoing work to reduce the Trust's agency expenditure during 2019/20.</p> <p>The forecast outturn is estimated as £8,012K which will be above the agency cap of £6,623K. There is a recognition that there remain a number of service challenges relating to workforce and this will impact on the year end projection.</p> <p>However, the service plans are anticipated to take full effect in 2020/21. This paper outlines the ongoing actions to meet these plans.</p>

Recommendations:
<p>To consider the report and note the actions that are being undertaken to achieve the target for agency expenditure reduction by 2020/21.</p>

MEETING OF:	Trust Board
DATE:	28 January 2020
TITLE:	Agency Update

1. INTRODUCTION & PURPOSE:

The purpose of this report is to update on the actions to reduce the Trust's agency expenditure within the 'agency cap' set by NHS Improvement (NHSI).

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1. The cost of temporary staffing, in particular nursing and medical staff, presents a challenge to the NHS, and is a significant factor in deteriorating NHS finances.
- 2.2. For 2018/19 the Trust's agency cap was £5,789k (1.95% of pay budget); agency expenditure was £9,541k, 65% above cap and rated a 4 Use of Resource Rating (UoRR). The Trust agency cap was increased for 2019/20 to £6,623k and the target is to achieve a (UoRR) of 1 where agency expenditure is below cap.
- 2.3. The Trust carried out a review of agency staffing expenditure using a nationally approved diagnostic tool and framework and at that time developed a plan to address the issues identified as causing high agency use for the Trust:
- 2.4. The plan and actions are monitored by the Right Staffing Establishment Group within the Right Staffing Programme and Locality management are required to report out their progress against actions to reduce agency usage.
- 2.5. During this time the Trust has continued to engage with NHSI to provide an external perspective and challenge to our efforts to reduce agency usage and have received positive feedback on the current and ongoing actions. (Appendix 1)

3. KEY ISSUES

- 3.1. The agency action plan has been in place since April 2019. At 30 November 2019 agency expenditure was £5,763k against agency cap of £4,414k, (31% above target rated 3 UoRR). This is shown by locality in Table 1.

TABLE 1: YEAR TO DATE AGENCY EXPENDITURE

Locality	2019/20 YTD Expenditure £000's	YTD Agency Cap £000's	Variance From Cap £000's
NORTH YORKSHIRE AND YORK	3,510	1,035	2,475
DURHAM AND DARLINGTON	1,313	989	324
TEESSIDE	896	1,040	-144
ESTATES AND FACILITIES MANAGEMENT	87	195	-108
FORENSIC SERVICES	10	544	-534
OTHER COO AND CORPORATE	-53	611	-664
Grand Total	5,763	4,414	1,349

- 3.2 Appendix 2 shows agency expenditure by workforce group by month for 2019/20 year to date and highlights progress made to reduce this expenditure.
- 3.3 A comparison of the prior year, year to date and full year forecast for expenditure by workforce group for 2019/20 is shown in table 2 below. Whilst the forecast expenditure for 2019/20 will not be under the agency cap of £6,623k a reduction is anticipated for all categories except medical.

TABLE 2: AGENCY EXPENDITURE 2018/19

YEAR TO DATE AND FORECAST OUTTURN 2019/20 & 2020/21 – at 30 November 2019

CATEGORY	2018/19 Expenditure £000's	2019/20 Expenditure Year to date £000's	2019/20 Forecast Outturn £000's	2020/21 Forecast Outturn £000's
ADMIN AND CLERICAL	764	524	558	0
MEDICAL AND DENTAL	2,723	2,053	3,227	2,781
OTHER AGENCY STAFF	822	308	401	277
QUALIFIED NURSING	1,543	919	1,257	836
UNQUALIFIED NURSING (HCA)	3,689	1,959	2,569	952
Grand Total	9,541	5,763	8,012	4,846

Current and planned actions will continue to address the agency expenditure position of the Trust. Key actions implemented during the course of 2019/20 will

deliver for the full year in 2020/21 meaning that the Trust should be able to reduce expenditure to a level within the agency cap in 2020/21.

An update of actions undertaken by each category is outlined below / overleaf.

3.4. Administrative and Clerical and Estates

There has been significant improvement in the Admin and Clerical and Estate line with a reduction of 27% compared to previous year.

There has been a revised approach to use of agency which includes a sign off process and there is an escalation to authorise agency admin which ensures line of sight regarding admin agency use. At December 2019 there were only 3 administrator agency arrangements in place for clinical services (North Yorkshire and York), procured through approved framework, agreed as exceptional circumstances and with end dates agreed.

A review of service needs for 2020/21 has indicated there should be no instances anticipated that would require agency use except in exceptional circumstances or specific short term projects.

An admin bank pilot went live from 25 November 2019, initially resourced from internal staff (67) on part-time contracts, prepared to offer bank availability and managed by the 'Right Staffing Programme.' Whilst it cannot at present provide for full-time hours requests, consideration towards advertising externally will be dependent on the evaluation of the pilot phase and management of the admin bank will be provided from the Temporary Staffing Service from April 2020.

The directive from NHSI (REF 2019) equally applies to other admin and clerical non-clinical resource and there are currently three arrangements in place in the Information Directorate which are utilised under the agreement for specialist skills are required for specific short term projects.

3.5. Medical workforce

Medical agency spend has increased since last financial year with a forecast for 2019/20 of £3,227k. Whilst the monthly figure is not static, the overall picture over the last 2 years remains reasonably stable (Appendix 3) and the forecast for 2020/21 is anticipated to be similar to prior years and needs to be considered in the context of the national picture for medical workforce.

Costs have risen due to an increase in the hourly rate demanded and the number of locums in place. The current average hourly rate of £108.78 for consultants is 41% above the national capped rate of £77.07 per hour and all are paid above the cap. This is indicative of the competitive market for this role and the difficulties experienced both locally and nationally to recruit to vacancies.

All agency medical workers provide 10 sessions of clinical work to this Trust whereas substantive medical consultant staff are generally contracted to provide 7.5 clinical sessions and 2.5 sessions to support professional activities (SPA). The 2.5 additional clinical sessions are equivalent to a 33% reduction in the average agency hourly rate to £81.59 per hour, 6% above cap.

At 30 November 2019 medical agency staffing costs accounted for 36% of the Trust agency expenditure to date despite significant efforts to reduce the reliance on agency spend.

There continue to be a number of medical vacancies Trustwide which are closely monitored by Medical Staffing. Agency doctor (consultant and specialty doctor) numbers and Mind the Gap frameworks are in place to address some of these gaps. Work is ongoing to utilise effective IT solutions alongside recruitment and retention strategies.

A previous paper to this Board described the arrangements put in place to maintain and improve recruitment and retention:

- To over-recruit trust doctors
- To introduce physician associates into the workforce
- To trial use of a medical bank for junior, SAS and consultant doctors
- Agreed funding for retired and returning doctors fulfilling Trust-wide or non-clinical roles
- Create research fellows and educational fellows posts
- Redesign the on-call rota, and explore possibility of a middle grade rota
- Agency procurement – change to another provider
- Overseas Certificate of eligibility for specialist registration (CESR) recruitment (leading to substantive consultant appointment)
- Increased number of non-medical approved clinicians

3.6 Other agency

The 'other agency' category includes professional and technical, scientific and therapeutic workforce. There has been a marked reduction in the use of agency compared to 2018/19 notably for Estates and Facilities Management (step in for Roseberry Park) with all arrangements ceased and only IAPT (Improving Access to Psychological Therapies) North Yorkshire and York continuing in the current year and anticipated for 2020/21 which is to address workforce challenges regarding recruitment for hard to fill posts and to ensure the services work to meet contractual requirements.

3.7 Qualified nursing and unqualified health care assistant agency

Bank staffing

- 3.7.1. There has been a focus on increasing the bank pool to reduce the reliance on agency.

Against a plan to increase nurse bank numbers by 188 over a 12 month period from June 2019, 245 additional workers have been recruited to date. Durham & Darlington and Teesside (including Secure Inpatient Services) have exceeded their nurse bank recruitment targets. North Yorkshire and York have recruited 42 posts but efforts to meet the target of 100 workers are ongoing.

- 3.7.2 These further efforts include planned 'open days' targeting key locations, advertising campaigns, postal drops, leaflets in local retail centres and businesses, open days and utilisation of social media to optimise the take-up of ongoing planned and 5 additional recruitment events. It is noted that registered nurse recruitment continues to present challenges.
- 3.7.3 Work is underway to consider solutions to reduce the average lead time from offer of post to clearance, similarly for clearance to commencing duties on the ward.
- 3.7.4 The Trust has developed a temporary staffing protocol which supports effective and appropriate use of bank and agency staff. This has significantly reduced off framework agency usage. Since 8 July 2019 there have been just 3 instances across all staff groups. These instances were in early August, and the nursing shifts were authorised in accordance with the temporary staffing protocol.
- 3.7.5 The temporary service is exploring widening its delivery offer beyond inpatient services and the potential of crisis bank and allied health care professional bank is being considered. Plans will be developed during Q4 building on the learning of the current bank model and temporary admin bank.

3.8 Agency nurse staffing

- 3.8.1 In line with NHSE/I recommendations, the Trust has successfully transitioned nurse agency procurement from 'Retinue' to an in-house solution, in the first month:-

- 1300 number of shifts filled in the month of October, all below price cap.
- No reduction in supply following transition from Retinue.
- Increased supply of Registered Nurses into Harrogate, Scarborough and Darlington, on framework and below cap.

Areas of focus include

- Continue to increase Scarborough, Harrogate & Darlington Registered Nurses.
- Increase supply of Health Care Assistants into Rowan Lea & Springwood.

3.8.2 The Trust is working collaboratively with neighbouring mental health and learning disability Trusts across the north east geographical patch including Yorkshire and Humber, to manage and to standardise pay rates in order to achieve competitive “cluster rates” with cluster rates for Health Care Assistants in place with effect from 6th Jan 2020.

3.9 Additional Actions

- The Staffing Establishment Group continues to oversee the locality report out around agency and staffing issues. This has helped focus on operational plans which may need additional support. North Yorkshire and York locality has been a particular focus.
- The vacancy census has helped identify actions which need to be taken to address recruitment plans in a timely manner.
- Recognising that effective rostering for inpatient areas will reduce the potential for agency use, a modern matron has been recently appointed to focus on addressing best roster practice.
- Zonal care has been piloted to address known service issues arising from patient acuity on Westerdale South. This has led to additional staffing requirements, including agency. Recruitment to 16 WTE Health Care Assistants has been undertaken and initial feedback from the pilot is positive. A formal evaluation of this initiative is scheduled.
- Establishment reviews are being undertaken, which will be an opportunity to reassess staffing levels on wards. The Board will receive a further update on this issue in February 2020.
- The realisation of the transformation plans across Harrogate and York will have a subsequent impact on agency reliance in 2020/21. The proposed changes in bed configuration and associated staffing requirements should reduce the North Yorkshire & York requirements for agency.

4 IMPLICATIONS:

4.1 Compliance with the CQC Fundamental Standards:

Working to standards outlined within ‘Developing Workforce Safeguards’ and the NQB guidelines will enhance compliance with the CQC well led framework.

4.2 Financial/Value for Money:

Actions described in section 3 support the aim to have the 'right staff with the right skills in the right place at the right time' and will provide value for money.

4.3 Legal and Constitutional (including the NHS Constitution):

None identified.

4.4 Equality and Diversity:

None identified.

5 RISKS:

Identified risks to achieving the reduction of agency expenditure include:-

- Challenges to recruitment, substantive and bank particularly in North Yorkshire and York
- Medical establishment
 - Reduced quality of clinical care – risk to patient safety / experience
 - Reduced operational efficiency leading to pressures elsewhere e.g. longer LOS leads to bed pressures in other localities
 - Reduced capacity to fill on-call rota – compounded by increased number of non-medical ACs who are not part of the on-call rota
 - Reduced medical teaching capacity– risking Trust's excellent rating / reputation and income (£5.5m)
- Reduced staff wellbeing and negative impacts to patient outcomes from high temporary staffing use.
- Not achieving roster improvements for staff availability (annual leave, training days, and sickness and utilisation of unused hours).

6 CONCLUSION:

The focus on reducing reliance on agency work will continue. There has been good progress made across a number of elements. However, emphasis on addressing the recruitment challenges in North Yorkshire and York and the medical workforce will continue to be a high priority to address.

7 RECOMMENDATIONS:

To consider the report and note the actions that are being undertaken to achieve the target for agency expenditure reduction by 2020/21.

Joe Bergin

Right Staffing Senior Programme Manager

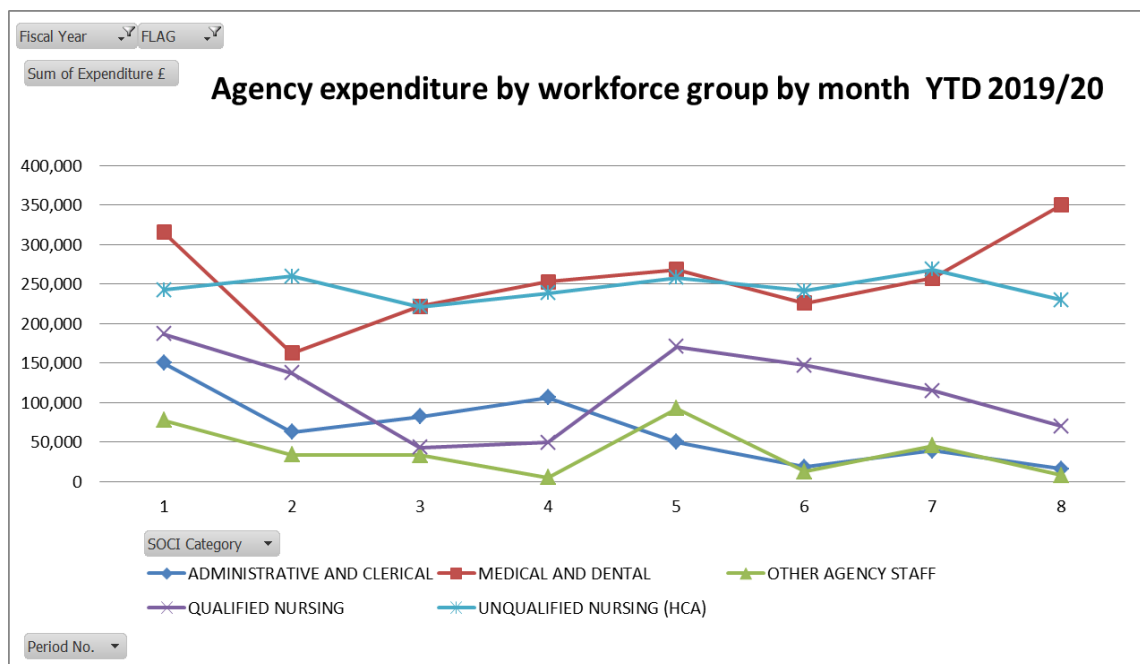
Appendix 1

Recent feedback from NHSI from collaborative and supportive meetings both highlights and supports the work being done in the Trust to achieve its goals:

“We were very impressed with the progress the trust made since our meeting in early 2019. You conducted a genuine assessment of your neutral vendor arrangement and upon concluding it was not offering value for money, immediately empowered your temporary staffing team to move forward with an in house operation. The trust rightly took its time to ensure the setup of its tiering system and cascade ensured agency supply will not be impacted and more importantly has a clear bank first approach. We are also pleased at the efforts to collaborate with neighbouring trusts in the region as this can only increase TEWV’s profile and ensure it benefits from the increased transparency and bargaining power that collaborations can provide.”

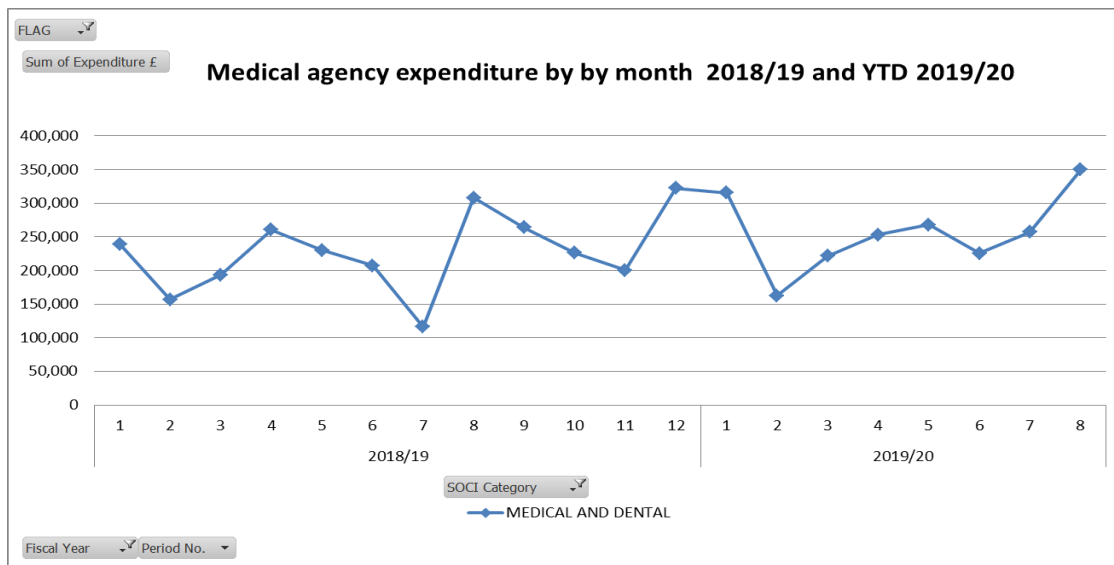
Appendix 2

YEAR TO DATE AGENCY EXPENDITURE BY WORKFORCE GROUP BY MONTH 2019/20



Appendix 3

YEAR TO DATE AGENCY EXPENDITURE MEDICAL WORKFORCE BY MONTH 2018/19 YTD 2019/20



FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	28 January 2020
TITLE:	Engagement report and engagement response action plan for developing mental health services for adults and older people in Harrogate and Rural District and Wetherby and its surrounding areas
REPORT OF:	Ruth Hill, Chief operating officer
REPORT FOR:	Board of Directors

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

Executive Summary:
The purpose of this report is to provide feedback received from the public engagement for the development of mental health services for adults and older people in Harrogate and Rural District and Wetherby and its surrounding areas. The engagement was undertaken by Harrogate and Rural District CCG, Leeds CCG and Tees, Esk and Wear Valleys NHS Foundation Trust.

Recommendations:
The Board is asked to approve the engagement report and the engagement response action plan.

MEETING OF:	Board of Directors
DATE:	28 January 2020
TITLE:	Engagement report and engagement response action plan for developing mental health services for adults and older people in Harrogate and Rural District and Wetherby and its surrounding areas

1. INTRODUCTION & PURPOSE:

- 1.1 The purpose of this report is to present the feedback received via the public engagement for the development of mental health services for adults and older people in Harrogate and Rural District and Wetherby and its surrounding areas
- 1.2 The board is asked to approve the engagement report and the engagement response action plan.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 On 6 December 2018 NHS Harrogate and Rural District Clinical Commissioning Group approved proposals for the future development of mental health services for adults and older people. The services cover Harrogate and Rural District and Wetherby and its surrounding areas.

The agreed model was developed by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and NHS Harrogate and Rural District Clinical Commissioning Group (HaRD). It enables us to reinvest money in community services to focus on supporting people at home whenever possible. It also ensures that when someone needs inpatient care they will receive it in a safe, high quality environment.

- 2.2 Over a 12 week period, from 24 June 2019 to 13 September 2019, the CCGs and TEWV invited people across the communities in Harrogate and Rural District and Wetherby and the surrounding areas, along with partners and stakeholders, to local engagement events. This gave people the opportunity to have conversations about the plans and to give their thoughts, ideas and feedback on the proposals. As part of this engagement the CCGs and TEWV also attended existing meetings with organisations across the area to get feedback from their members and to ensure we engaged with key partner organisations. There was also a survey that people could complete online or send to us via freepost.
- 2.3 During the engagement we asked people the following questions
 - Adult mental health services - Do you think these proposals will help you and/or your loved one stay well/recover at home?

- Adult mental health services - Is there anything we have missed that would help support you and/or your loved one at home?
- Mental health services for older people - Do you think these proposals will help you and/or your loved one stay well/recover at home?
- Mental health services for older people - Is there anything we have missed that would help support you and/or your loved one at home?
- Do you have any other comments or suggestions about our proposals?
- Do you have any other comments or suggestions about accessing mental health services?

2.4 In the 12 week period **368** people engaged and shared their thoughts and feedback. This included face to face meetings and events and responses to the survey.

There were a wide range of people in attendance at these meetings and events including service users, carers and families of service users, the voluntary sector, and a range of partners including local authorities, the police, and NHS staff. As a result of attending these meetings and events we were able to speak, in depth, to **228** people about the proposed plans.

There were also **140** responses to the survey, with the majority of surveys completed online. The results showed that:

- 79.37% of respondents said that they thought that proposals for adult mental health services will help them and/or their loved one stay well / recover at home
- 79.65% of respondents said that they thought that proposals for mental health services for older people will help them and/or their loved one stay well / recover at home.

2.5 The key themes throughout the engagement were:

- Services closer to home
- Access to services
- Joined up working
- Carer support
- Prevention and support
- LD and autism
- Resource - staff/funding
- Inpatient care

3. KEY ISSUES:

- 3.1 The attached report (Annex 1) provides detailed information on the engagement process, feedback received and issues raised by local people and staff, along with responses to the main issues.

All of the comments captured from the events and meetings attended are available in appendix 1. All of the responses from the survey are available in appendix 2.

4. IMPLICATIONS:

4.1 Compliance with the CQC Fundamental Standards:

The proposal will help address a number of estate issues identified via CQC.

4.2 Financial/Value for Money:

The engagement response action plan will result in better use of tax-payers money and deliver cost savings.

4.3 Legal and Constitutional (including the NHS Constitution):

The public engagement process was discussed and agreed with the OSCs. Feedback to North Yorkshire OSC was provided on 13th December 2019 and Leeds OSC on 7th January 2020. However, they will need to be assured that the actions agreed have been implemented and be provided with updates on progress of the transformation.

4.4 Equality and Diversity:

An impact assessment was carried out as part of the business case.

4.4 Other implications:

5. RISKS:

If it is felt that the engagement has not been robust, this could result in delays to implementing engagement response action plan. However, the engagement report has been shared with both Overview and Scrutiny Committees and at the Harrogate Steering Group and Service User Group in Harrogate and no challenges have been raised in relation to the engagement process or report. Leeds CCG is prepared to invest in services to meet the transport needs of Wetherby residents, however, this may not be reciprocated for Harrogate and Rural District residents.

The ongoing sustainability of inpatient services in Harrogate may be a challenge if there are delays to the implementation of service plans. There are a number of current estate issues around inpatient care which CQC have indicated need to be addressed. This can only be rectified by the proposed changes to the bed base. The potential development of enhanced community services has been predicated on changes to inpatient services to enable investment into these community models.

6. CONCLUSIONS:

During the engagement there were several key themes which have been addressed within the engagement response action plan.

The governing bodies of the three CCGs will agree the engagement response action plan. Once approved they will work in partnership to deliver the actions.

7. RECOMMENDATIONS:

The Board is asked to approve the engagement report and the proposed engagement response action plan.

Author, Ruth Hill
Title, Chief Operating Officer

Background Papers:



Developing mental health services for adults and older people in Harrogate and Rural District and Wetherby and its surrounding areas

Engagement report

December 2019

In partnership with

Tees, Esk and Wear Valleys NHS Foundation Trust
NHS Harrogate and Rural District Clinical Commissioning Group
NHS Leeds Clinical Commissioning Group

The background

On 6 December 2018 NHS Harrogate and Rural District Clinical Commissioning Group approved proposals for the future development of mental health services for adults and older people. The services cover Harrogate and Rural District and Wetherby and its surrounding areas.

The agreed model was developed by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and NHS Harrogate and Rural District Clinical Commissioning Group (HaRD). It enables us to reinvest money in community services to focus on supporting people at home whenever possible. It also ensures that when someone needs inpatient care they will receive it in a safe, high quality environment.

By investing in community services we aim to reduce the number of inpatient admissions as well as the length of time individuals need to spend in hospital (this is what people told us they wanted). When people need to spend time in hospital these services will be provided in a specialist facility in York where TEWV is already building a new mental health hospital.

We appreciate that a number of people felt it was important to have an inpatient unit in Harrogate and we explored a range of options for doing this. However, we concluded that the approved model was the only option that will allow us to maximise patient safety and provide the best possible patient experience, whilst remaining true to our commitment to providing care as close to home as possible.

We now want to ensure that we continue to work with local people to develop community services that will support more people to remain in their home environment. We anticipate implementing these developments by spring 2020.

To ensure that we involve as many people as possible in the development of our plans, we carried out a 12 week engagement. This took place from 24 June 2019 to 13 September 2019 and was led by Tees, Esk and Wear Valleys NHS Foundation Trust, NHS Harrogate and Rural District Clinical Commissioning Group and NHS Leeds Clinical Commissioning Group.

Objectives

- Explain clearly and coherently the outcomes of our review of mental health services for Harrogate and Rural District and Wetherby and its surrounding areas.
- Explain clearly and coherently the proposals we have developed to date for developing community mental health services
- Ensure all stakeholders with an interest have the opportunity to help us shape the future community mental health services offer. This will include making use of a variety of communication channels and platforms to reach out to all audiences and making sure information is available which can be understood by all audiences
- Make focused efforts to reach people with lived experience of mental health conditions, their carers and families, as well as other hard to reach groups

Audiences

- Service users, their carers and families
- Local communities and the interested public
- Health and social care providers and professionals
- TEWV governors and members
- The voluntary and community services sectors
- Patient participation groups (linked to GP practices)

- Healthwatch
- Local authority leaders and decision makers
- Local and regional media
- MPs
- Partner organisations such as the police and ambulance service

Key messages

- We engaged widely with local people over the last two years to understand the priorities of local people to help us shape the best model for delivery of future services.
- People told us that they wanted to be supported to stay at home wherever possible.
- By investing in community services we will reduce the number of inpatient admissions as well as the length of time individuals need to spend in hospital
- People who need to spend time in hospital will receive their care and treatment in a high quality environment
- The approved model will release £500,000 to invest in community services. In addition, we are already looking at how we can improve the way we work to give people the support they need.
- We have started to develop proposals aimed at making sure people receive the right care, at the right time in the right place
- We want to involve as many people as possible in finalising our plans and are keen to hear the views of the local community on our proposals

How we communicated and engaged

Over a 12 week period, the CCGs and TEWV invited people across the communities in Harrogate and Rural District and Wetherby and the surrounding areas, along with partners and stakeholders, to local engagement events. This gave people the opportunity to have conversations about the plans and to give their thoughts, ideas and feedback on the proposals. As part of this engagement the CCGs and TEWV also attended existing meetings with organisations across the area to get feedback from their members and to ensure we engaged with key partner organisations. There was also a survey that people could complete online or send to us via freepost.

A project team was mobilised to support the engagement. This included staff from the CCGs, staff from TEWV and service user and carer representatives.

To support the engagement activity we produced a range of information to make people aware of our plans and to let them know about the different ways that they could get involved and share their thoughts and views. This included:

- A full narrative document. This was shared via:
 - Emailed to a range of partners including local authorities, local community groups and voluntary sector organisations.
 - Copies were left in key public areas such as GP surgeries, libraries, community centres etc.
 - Copies were shared with people who attended the engagement events
 - The documents was promoted and was available on the CCGs and TEWV's website
- A summary narrative document
- An easy read version of the narrative
- Dedicated pages on the CCGs and TEWV's website

- Two short videos focusing on the proposed plans
- A letter which was sent to stakeholders including local authorities, councillors, voluntary sector organisations, Trust members
- Posters detailing the open events and how people could get involved
- Media releases to raise awareness of the engagement events
- Event listings in key publications and online
- Social media – to raise awareness of the engagement event. This included posts on Facebook (47,384 impressions, a reach of 29,986 and 362 engagements) twitter (33,412 impressions with 286 engagements) and Instagram. Facebook events were also used to promote. Targeted updates were also shared in Facebook community groups which included Blow Your Horn Ripon (11k members), Harrogate District Network (13k member), This is Ripon (3.2k members), Wetherby Grapevine (999 members), Northallerton! (2k members), Knaresborough events (1.1k members) and Harrogate and Knaresborough Community (2.3k members)

The ask

We wanted to make sure that the proposals reflected what people wanted and to see and to also use this as an opportunity to find out if there was anything else that people felt we should include.

During the engagement we asked people the following questions:

- Adult mental health services - Do you think these proposals will help you and/or your loved one stay well/recover at home?
- Adult mental health services - Is there anything we have missed that would help support you and/or your loved one at home?
- Mental health services for older people - Do you think these proposals will help you and/or your loved one stay well/recover at home?
- Mental health services for older people - Is there anything we have missed that would help support you and/or your loved one at home?
- Do you have any other comments or suggestions about our proposals?
- Do you have any other comments or suggestions about accessing mental health services?

Whilst it is difficult to compare like for like against previous online surveys and engagement, these results are relatively comparable to an online survey conducted by Harrogate and Rural District CCG in 2018 as part of a review of mental health service for adults and older people. This survey generated 145 responses.

Impact of the engagement

In the 12 week engagement period we spoke to **368** people. This included face to face meetings and events and responses to the survey.

Face to face events and meetings

We held four drop in events in key locations – Ripon, Harrogate, Knaresborough and Wetherby - and attended a number of established meetings, held by community groups and

key partners to ensure we engaged with those audiences. Representatives from the CCGs and TEWV attended each of the events.

There were a wide range of people in attendance at these meetings and events including service users, carers and families of service users, the voluntary sector, and a range of partners including local authorities, the police, and NHS staff. As a result of attending these meetings and events we were able to speak, in depth, to **228** people about the proposed plans.

Below is an overview of the events and meetings:

Event	Date	Venue	Who attended	No. of attendees
Citizens Advice - Harrogate	09.07.19	Harrogate	TEWV and HaRD CCG	16
Dementia Forward	11.07.19	Christchurch on the Stray, Harrogate	TEWV and HaRD CCG	30
Harrogate service users group	16.07.19	Community House, Harrogate	TEWV and HaRD CCG	11
Over 50s Forum, Harrogate	25.07.19	St Paul's Church, Harrogate	TEWV and HaRD CCG	34
OPEN EVENT - Ripon	25.07.19	Ripon Rugby Club	TEWV and HaRD CCG	7
Claro/Orb/Harrogate Mind/Wellspring	30.07.19	Mind, Harrogate	TEWV and HaRD CCG	12
HaRD CCG Patient Participation Group	30.07.19	Harrogate Golf Club	TEWV and HaRD CCG	12
OPEN EVENT – Harrogate	02.08.19	Fairfax Community Centre	TEWV and HaRD CCG	8
Harrogate Mental Health and Wellbeing Network	05.08.19	Chain Lane, Knaresborough	TEWV and HaRD CCG	12
Drop in - Boston Spa	05.08.19	Spa Surgery, Boston Spa	Leeds CCG	31
Drop in - Collingham	12.08.19	Collingham Memorial Hall,	Leeds CCG	3
Drop in - Thorner	14.08.19	Thorner Victory Hall	Leeds CCG	1
Drop in - Bramham	19.08.19	Bramham Medical Centre	Leeds CCG	20
Drop in - Harewood	22.08.19	Harewood Village Hall	Leeds CCG	4
OPEN EVENT – Knaresborough	02.09.19	Chain Lane Community Hub, Knaresborough	TEWV and HaRD CCG	12
OPEN EVENT – Wetherby	05.09.19	Wetherby Town Hall	TEWV Leeds CCG	15
Total				228

Survey

We also produced a survey for people to complete. This was sent to key partner organisations to share and circulate, available on the CCGs and TEWV's websites and it was shared via social media and through key media channels. Copies of the summary document, including a copy of the survey, were also placed in key locations including libraries, community centres, churches etc.

In total there were **140** responses to the survey, with the majority of surveys completed online. The results showed that:

- 79.37% of respondents said that they thought that proposals for adult mental health services will help them and/or their loved one stay well / recover at home.
- 79.65% of respondents said that they thought that proposals for mental health services for older people will help them and/or their loved one stay well / recover at home.

The open questions (which asked people if there is there anything we have missed, any other comments or suggestions about our proposals and any other comments or suggestions about accessing mental health services) generated a total of 264 responses. A copy of these responses is in appendix 2 and these are also included in the themes and summary of responses later in this report.

Feedback

We have worked through the feedback from all of the events and meetings attended, along with the responses and comments submitted via the survey. As expected there have been a number of key themes:

Themes

- Services closer to home
- Access to services
- Joined up working
- Carer support
- Prevention and support
- LD and autism
- Resource - staff/funding
- Inpatient care

Below are some examples of the comments and feedback we received, categorised into the key themes.

Services closer to home

There was a lot of feedback which confirmed what we were told in the previous phase of engagement that people was to be able to access services closer to home.

- *"Locally based services are better to cut down on travel, suits patients and also the environment."*
- *"It is vital that access to care is close to home."*

- *“Acknowledge that sometimes the home environment is part of the problem and not always a safe place to get well. Sometimes short admissions can be effective and are not always detrimental.”*
- *“I believe it is hugely important to ensure people who struggle to maintain their mental health are supported to stay well in their own environments.”*
- *“Being in a depressed or anxiety filled state it would help to have someone coming to speak with you in your home, as it is often difficult to go out when you are feeling in an anxious state of mind.”*
- *“I think the proposals would help if there is somewhere local or someone to come into your home to see you.”*
- *“Physical access to services needs to be considered - we live in a rural community with poor public transport links. Travel training schemes and additional funding may be required to support service users to attend groups thereby reducing social isolation and increasing confidence.”*
- *“A great deal seems to be happening in Harrogate Town. Must make sure that we are also thinking about how we will deliver quality services to the more rural areas to avoid creating a two-tiered care system.”*
- *“Instead of inpatient beds could crisis teams support in the home? When in a crisis I'd rather be in my own bed and have someone there to support me.”*

Access to services

We asked people for their comments or suggestions about accessing mental health services so we expected that this would be a key theme. There were some clear sub themes within these responses, primarily focused on a single point of contact, out of hours support, potential access via 111 and crisis cafes:

Single point of access:

- *“Often we hear about how difficult it has been for someone to access and speak to the person they need straight away. It would be less stressful for people if they could speak directly to someone instead of having to go through a number of people first.”*
- *“The single point of access is key and will need to be excellent with the capability of supporting patients, carers, GPs Ambulance and Police.”*
- *“The single point of access would be useful for all ages not just older.”*
- *“Would ideally want that one person at the end of the phone to deal with your concern directly. Not passed from person to person. Early intervention needs to be quicker process.”*
- *“Having attended one of the forums, and not being a health professional, the whole process comes over as complicated when compared to `conventional` health problems. With the latter one can go to see a GP, or dial one of the emergency numbers. With mental health one should have a similar setup, otherwise people could get lost.”*

Out of hours support:

- *“People do not become ill solely in office hours. Practical home support needs to be available 24 hours a day, particularly for people who do not have family who can step in at these times. I do not think enough weight is given to providing help with such matters.”*
- *“I feel the crucial time when older people need care and support is through the night and increasing the hours of the older person's crisis and home treatment team from 8am to 8pm, to 8am to 8pm, will make little difference.”*
- *“24 hour on call service (support line).”*
- *“One on one care particularly with dementia clients. Regular care calls.”*

The 111 service:

- *“Possibly access via 111. Needs to be as simple and accessible as possible to help people who may be in a fragile state. Work with emergency services so they can signpost.”*

Crisis Cafes:

- *“Crisis Café - Safe place, peer support, experienced support workers. Police can bring people to them and meet with MH professionals – or street triage, Crisis team - meet in an informal welcoming environment.”*
- *“Crisis cafes – where would they be? Harrogate and York are too far for me.”*

Joined up working

There was a lot of discussion about joined up working. In particular there was a focus on how we could work closer with GPs, the voluntary sector and useful conversations around places of safety:

- *“We need to ensure that we are dotting the lines with what is already going on locally with third sector services and link with existing provision, for instance loneliness, prevention and car services.”*
- *“Please remember North Yorkshire is a vast geographical area and consider the complications for those of us in the outlying rural communities. The different sections of health and social care really need to be joined up services. Both are vital for patients to come through an admission, crisis and recover.”*
- *“Let's get the new process going as soon as possible and ensure that everything is joined up and not so reliant on the 3rd sector to fill the gaps the NHS currently has.”*
- *“Ensure that all your new proposals are connected and work well with each other, it's easy to throw loads of new ideas out but unless they're cohesive and work well together it could be confusing for people.”*
- *“Mutual support from CMHT & partner agencies such as Substance Misuse rather than only having one or the other.”*

Working with GPs:

- *“There seems to be little liaison between mental health services and GPs and I feel more could only help patients.”*
- *“I would like to receive mental health treatment from my GP surgery.”*
- *“Closer liaison with GP practices Drop in sessions in local area, for example weekends if things have escalated.”*
- *“A drop in arrangement at your GP practice to see a regular support worker who can get to know you and help with managing symptoms supported by a nominated GP with an interest in Mental Health who can intervene when required.”*
- *“As a GP I have experience of accessing mental health services. I find the services fragmented, difficult to assess on behalf of my patients and often not responsive enough. I think general practice can find itself 'propping up' specialist mental health services in providing timely and effective care. Also-the communication between general practice and mental health services could be much better.”*
- *“Can GP practices play a bigger role? Could there be someone based in a GP surgery? Could have drop in coffee mornings etc. to support people.”*

The voluntary sector:

- *“Consider how voluntary sector can be better equipped to support and signpost about mental health to prevent issues escalating. For example sports clubs being mental health friendly.”*
- *“Peer support groups are very good, giving us confidence and enabling us to take more control of our lives and mental health conditions. Initially, support from a charity to set up and get under way would be needed until the group was running smoothly. Then the charity could step back somewhat but remain in touch in a supporting role.”*
- *“Fully integrating Third Sector into the model – social prescribing attached to GP surgeries. Triaging within third sector building on alliance work.”*

Places of safety:

- *“Need to work with the police to ensure the right people receive the right care.”*
- *“Crisis beds (such as those at Station View) are a good idea. As long as people don't get 'stuck' there”*
- *“We'd welcome alternatives to section 136. When things get difficult it's the police that are called – if this can be avoided, fantastic. But will it work? We get to the scene and then what? What does it look like? Police would want reassurance that alternatives would work.”*
- *“More use of technology – virtual triage? Put people on calls in appropriate situations as police are not MH experts.”*

- *“Investment needed in alternative places of safety”*

Support for carers

Support for carers was mentioned throughout the engagement. It was a common theme at the open events and comments from the survey responses echoed this feedback:

- *“A great deal of focus is directed to the patient, but there needs to be support of parents and/or loved ones also. Whilst they may not be carers in the sense that it applies to dementia, they often have to cope with situations that they are unfamiliar with. Experience has shown that there is a huge gap here, with supporters having very few avenues where they can get professional help and support. If the parent or loved one ‘goes under’ then the adult suffering mental health problems could also lose ground.”*
- *“Community support will not relieve carer strain. Often patients with dementia are being cared for at home by elderly frail spouses.”*
- *“I feel more weight should be given to the views of family members about the mental state of their relative so that help and support can be provided before their condition deteriorates too much.”*
- *“What overall carers support is there? Will the home treatment team be able to provide respite so that a carer can take some time to themselves or shop etc.?”*
- *“What is missing is relief from the everyday responsibility! And again the possibility of a chance to meet with another wife carer of Dementia. I am finding the ‘carer’ roll excessively demanding on my strength and stress and emotional levels. My life is diminishing under it. I thought I would receive so much more help.”*
- *“Little recognition for the role of families to help recovery.”*

Prevention and support

Preventative support was another theme that came up in discussions and also came through in some of the survey comments:

- *“Improve community engagement and consider social prescribing to organisations that help to stimulate creativeness and social engagement.”*
- *“Self-referral to on-going groups, drop-in facilities, courses (short 6 weeks) on mental health such as coping strategies, self-esteem improvement etc. Also leisure, art, craft groups, specifically for health and wellbeing. So much money is spent on WISE activities yet nobody under 65 can attend.”*
- *“Support groups focusing on physical wellbeing as well as mental health e.g. running and/ or occupational activity e.g. Crafts would also benefit both those with mental health issues and the local communities.”*
- *“A befriending service would be ideal for those who find it hard to socialise or leave the house.”*

Learning Disabilities and Autism

Learning Disabilities and Autism were highlighted, particularly in response to the questions asking 'is there anything we have missed?':

- *"What currently happens if a patient has autism and what will be in place going forward? What reasonable adjustments are been planned? Urgent need for staff to understand and accept autism, to avoid misdiagnosing and misinterpreting presentation. What support will be available for my carer?"*
- *"I haven't seen any detail in your proposals about how you will support people who have additional needs, such as learning disabilities or autism as I understand it is the mental health trust's remit to do so. Quite often the impact of these conditions causes mental health conditions as a result of their difficulties (a lot of people with autism are diagnosed with depression and anxiety). Will the staff be trained to understand the impact of these conditions and not assume them to be something else (such as a personality disorder) as this can have HUGE implications to someone's care and pathway if what that person needs or is going through is misunderstood (especially the crisis team)."*

Resource - staff / funding

This was also a common thread throughout discussions and from the feedback received:

- *"£500,000 is nothing to provide services lost with the Harrogate closure."*
- *"Will there be enough support for those needing it in their own home and where will the resources come from? Demand is high and currently there is not enough provision so the concern is that waiting lists get longer and people won't get a good service."*
- *"There needs to be more investment in the mental health staff - I have had 4 different community mental health nurses in the space of 2 years which is upsetting, disruptive and causes a delay in my recovery as I have to 'start all over again' with a new nurse. This change of staff was due to nurses going off on sick with stress or leaving the profession due to workload and pressure!"*
- *"In my experience, people who would benefit from additional support do not always receive it in a timely way as the current services are under staffed. This is not a criticism, simply a statement of fact. I'm pleased to hear the new proposals also include the potential to recruit 14 new MH workers."*
- *"Community support will only work if patient is well enough/service is funded adequately."*
- *"It takes too long to get an assessment and a referral for assessment, ongoing care is a gamble you're either lucky and you get it but more often you don't for a very long time often by the time a person is severely ill."*
- *"More staff needed to counteract the growing numbers of patients."*
- *"Will the plans just place more pressure on community teams? Not the same flexibility? What about workloads, availability, structure and already limited time with patients."*
- *"How do we address the workforce challenges? Alternative workforce roles?"*

Inpatient services

Although these plans focus on mental health services in the community, a lot of the conversations that took place references inpatient care. There were a lot of comments around the decision that there will not be a mental health hospital in Harrogate. Whilst the conversations did evolve from that to focus on the future provision, there were consistently comments particularly about the travel (and distance) to York, as well as bed provision and where people would have to go if there were no beds in York.

- *“Haxby in York is a very difficult place to visit relatives and friends for none drivers and expensive on public transport, it also has to be considered that some of these people would be elderly as well as possibly infirm physically, so would there be any help available with transport for visiting relative as well as patients having to go on a daily basis.”*
- *“There will be a need to consider transport arrangements for carers/visitors of those who have to be admitted in York. Non car users will have difficulty getting to York from the Harrogate area owing to poor bus and train services.”*
- *“How do people from Harrogate and rural area who need inpatient care get good family contact? It’s no longer closer to home and there is a distinct lack of affordable public transportation. This goes against the view that people should be treated closer to home.”*
- *“How have you considered the impact on people who have to travel further to visit and care for those who have been admitted to hospital and have we considered offsetting the extra cost?”*
- *Voluntary drivers to hospital in York.”*

There were some specific comments from people in Wetherby about where they would go if they required inpatient services:

- *“If there was no place in York due to shortages of beds where would patient go next, Middlesbrough, Darlington? It makes sense to go to Leeds inpatient care.”*
- *“Travel to York is ridiculous is you can’t drive.”*
- *“The Wetherby area gets forgotten about with these things.”*

All of the comments captured from the events and meetings attended are available in appendix 1. All of the responses from the survey are available in appendix 2.



Developing mental health services for adults and older people in Harrogate and Rural District and Wetherby and its surrounding areas

Summary of feedback from engagement events

July-Sept 2019

In partnership with

Tees, Esk and Wear Valleys NHS Foundation Trust

NHS Harrogate and Rural District Clinical Commissioning Group

NHS Leeds Clinical Commissioning Group

Event	Citizens Advice Harrogate
Date	09.07.19
Venue	Harrogate
Number of attendees	16
Attended by	Andrew Know (TEWV) Adam Gowland (HaRD) Rachael Durrett (HaRD)
Key themes	<ul style="list-style-type: none"> • Inpatient care – bed numbers/travel • Access to services • Waiting times
Comments <p>Q How many inpatient beds will there be in the new model?</p> <p>A: There are 72 beds in total for the populations of York and Harrogate and Rural District (including Wetherby). These 72 beds are split as follows: 18 male and 18 female Adult beds and 18 Organic and 18 Functional beds for MHSOP</p> <p>Q: How will the anticipated single point of access work?</p> <p>A: Under the old model GPs had to make a judgement about what service to refer a person into. Now all referrals will be considered in a daily process which brings a number of TEWV specialists together to consider all of a person's needs to determine which services they need. This happens with 24 hours of receiving a referral. Letters or phone calls when appropriate follow within a day. Crisis referrals are considered immediately.</p> <p>Q: How long does it take between referral and actually seeing a patient?</p> <p>A: TEWV internal targets are four weeks. We do not always deliver this. The new model should help close the gap as more early intervention and community based services will be available.</p> <p>Q: How have we considered the impact on people who have to travel further to visit and care for those who have been admitted to hospital and have we considered offsetting the extra cost?</p> <p>A: We understand that the changes will have an impact, particularly on those who may have to travel further. We did consider this as part of the decision making process and it is a trade off. The increase investment in community services will enable us to treat more people for longer out of hospital – there will be fewer admissions and these are expected to last for a shorter period of time (this is what we have seen in Hambleton, Richmonshire and Whitby CCG where we have implemented a similar model). We also know that the existing inpatient facilities in Harrogate are not fit for purpose. Under the new model people who do need inpatient care will receive this in modern, purpose build, specialist facilities.</p> <p>Q: How will the proposed merger of the three North Yorkshire Clinical Commissioning Groups (CCGs) impact access to the new York facility?</p> <p>A: There will be no impact as the York facility is being built to serve York and Harrogate populations. The other North Yorkshire CCGs receive inpatient treatment at other facilities currently and this will not change.</p> <p>Q: Is there any provision for dual diagnosis (substance abuse and mental health)?</p> <p>A: Substance abuse is commissioned separately from mental health, however TEWV work in partnership with providers and weekly meetings are in place.</p>	

Event	Dementia Forward
Date	11.07.19
Venue	Christchurch on the Stray, Harrogate
Number of attendees	30
Attended by	Andrew Knox (TEWV) Paul Hogarth (TEWV) Paula Middlebrook (HaRD)
Key themes	
Comments	
Details to follow	

Event	Harrogate service users group
Date	16.07.19
Venue	Community House, Harrogate
Number of attendees	12
Attended by	Andrew Knox (TEWV) Kirsty Kitching (HaRD)
Key themes	<ul style="list-style-type: none"> • Access to services - crisis • Joined up working - places of safety • Inpatient services - travel
Comments	<ul style="list-style-type: none"> • Support in community, supporting family members and carers of service users. Adding skills and providing a wider range of interventions, for example higher psychology assistants added to team. Not just nurses, occupational therapists etc. This will provide a broader offer and access to services in a timely way. • Looking at extending working hours. Looking at Monday to Friday initially, will look at weekend later. Crisis team cover 24 hours. • Key posts/gaps – promote recruitment of 2 peer support workers, one into each integrated community team. • Increase support worker time from health perspective both in crisis and community teams. Addition of psychologist to crisis team. Deliver psychological therapies in short space of time. • Reviewing home treatment offer of Crisis Team – flexible enough to deliver support at home to reduce hospital stays. • Single point of access from general practice – since January 2019 GP e-referrals. Dealt with same day. Process with group of professionals – integrated team. Representatives from different teams to consider the needs of person referred in to ensure goes to right team straight away to reduce delays of accessing support. • Crisis team – significant investment end of this year. Looking at all age perspective. Younger and older people and CAMHS crisis team. So always provision no matter what age.

-
- Relationship with police and North Yorkshire ambulance. Number of joint projects / reviews of pathways over last couple of years. If someone accesses services via police/ambulance taken to A&E. (Guidance changed re. taking to cells 2018)
- Looking at placing mental health workers in force control rooms and ambulance control rooms. Direct line of communication to prevent people going to the wrong place - right place at the right time.
- Closing 136 Suite at the Briary Wing. Around 70% of people that come in do not get detained under the Mental Health Act following assessment. Alternative place of safety. People not under S.136, everything in place by April so can meet person's needs there and then. Reduce number of admissions and length of stay.

Older people

- Reviewed all processes within community teams recently. Noticing reduction in length of stay.
- Investment in crisis team – RRICE Team (Rapid Response Intermediate Care Team). Extending operating hours from 8 am to 6 pm 7 days a week to 8 am to 8 pm 7 days a week. This will help free up time for adult services as they back up when the other teams finished. Developing a single point of access where referrals come through GPs.
- Nursing/residential – team already go in and provide support either for person or teams where they live.

Event	Over 50s Forum, Harrogate
Date	25.07.19
Venue	St Paul's Church, Harrogate
Number of attendees	34
Attended by	Paul Hogarth (TEWV) Adam Gowland (HaRD) Rachael Durrett (HaRD)
Key themes	<ul style="list-style-type: none"> • Inpatient services – bed numbers / travel • Resource - staffing
Comments	
<p>Q: How is this engagement different from the engagement that happened three years ago?</p> <p>A: It is right that this has been an extended process. Three years ago we were assessing all options and asking people to tell us their priorities for mental health services. Once we had views we were able to consider them and develop proposals. We are now towards the end of the process and are asking for people's thoughts on the proposals we have developed.</p> <p>Q: What if people are unable to travel to York once that becomes the location for inpatient services?</p> <p>A: We absolutely understand that travel to York may be an issue for some people. There will be extended visiting hours at the new facility and TEWV are also looking at what additional support they may be able to provide, for instance through recruiting volunteer drivers.</p> <p>Q: Will patients have to go to Durham or Darlington with these changes?</p> <p>A: As now, there are peaks and troughs in demand. However it is in very very rare</p>	

circumstances that patients have to travel out of area. TEWV do as much as they can to mitigate against this and the new model should help by enabling greater investment in community services which should help keep people from needed acute services. When people do need to travel out of area TEWV provides support, such as taxis to enable visits, and work to repatriate people closer to home as soon as possible.

Q: When will these changes take place?

A: The new hospital is due to open in April 2020. New admissions will be to the new facility once it is open. TEWV has already begun enabling work, such as developing staff and increasing staff skills.

Q: Where will the new hospital in York be located?

A: Haxby Rd.

Q: Will there be enough beds in the new facility for Harrogate patients?

A: The beds in the new facility are collectively for the patients of Harrogate and York – there is not a set number of beds for each population. Admissions are assessed on clinical need not geographic origins. In addition, the new model will reduce the need for beds, with the focus on keeping people in and close to their own homes and out of hospital.

Q: With the increased prevalence of mental health generally, is the service going to be able to cope?

A: We understand there are stresses on services and the new facilities should help. There will be a number of new services, for instance occupational therapy and physiotherapy. In addition, the new facilities are designed to enable visits from children, which is not allowed in the current facility, and there is lots of outdoor space for patients and their visitors, as well as access to sports facilities.

Q: What support is there for people who are 'sectioned'?

A: TEWV work intensely with local authority colleagues to ensure that dedicated aftercare plans are in place for people who have been 'sectioned'.

Q: Will the current staff stay in Harrogate, and where will Harrogate staff be based?

A: All staff will have the option of staying in Harrogate. Some staff will be based at Alexander House and there will be expanded bases in GP practices. Those located in Windsor House may move to a new Harrogate Hub and TEWV is currently looking into this.

Q: How does staff working in care homes work?

A: Currently people are seen by GPs first so some patients are already within the existing TEWV caseload. In the future there will be 'care home champions' who will work in a revised way with care home staff.

Q: Where are additional staff going to come from as recruitment can be a challenge?

A: We understand that this can be a challenge. TEWV is continuing to invest in staff, for instance supporting nursing assistants in becoming nurses and investing in recent nurse graduates. TEWV also uses a variety of recruiting approaches, for instance social media is a good way of attracting candidate.

Q: What happened to plans to build a mental health hospital in Harrogate?

A: A facility was proposed for Cardale Park but this was paused in 2017 to give the health and care system the opportunity to consider how to use our collective resources in the best way for local people. In addition there were changes in Care Quality Commission best practice standards which would have made the Cardale Park plans out of date. The new standards require single sex wards separated for organic (e.g dementia) and functional (e.g. schizophrenia) conditions. The new York facility will deliver this.

Q: What will happen to the Briary Unit?

A: This is a decision for the landlord, Harrogate District Foundation Trust.

Event	OPEN EVENT - Ripon
Date	25.07.19
Venue	Ripon Rugby Club
Number of attendees	7
Attended by	Andrew Knox (TEWV) Liz Herring (TEWV) Dr Peter Billingsley (HaRD) Kate Birkett (HaRD) Kathryn Ord (TEWV) Sarah Paxton (TEWV)
Key themes	<ul style="list-style-type: none"> • Joined up working – places of safety / working with GPs • Prevention • Carer support • Inpatient services - travel
Comments <p>Table 1</p> <ul style="list-style-type: none"> • Ability to recognise need at the point of need to prevent crisis and deterioration of mental health and social care packages of care. • Need to complete the mapping at 3rd sector for NY Connect to help open doors • What is the carer support offer in this way of working • How do we address the workforce challenges? Alternative workforce roles. • Gap – staff trained to deliver care? • For all of people including Autism / Learning Disability – currently not getting it right. • Limited number of people lived experience / carers in attendance need more of their views. • Support workers link with STRs HASC – Where are we? • Sign Posting – in line with the Right Time Right Place including one story for all agencies. • Carer Nurses? • Station View Beds – could the L/A use this as a supported living environment. • More awareness of Social Care Act – prevent, delay, Response • Confidentiality concerns – young people <p>Table 2</p> <ul style="list-style-type: none"> • Alternatives to section 136 (discussion with police). When things get difficult it's the police that are called – if this can be avoided, fantastic. But will it work? We get to the scene and then what? What does it look like? • Police would want reassurance that alternatives would work • Street triage – need conversations around what this would look like • Voluntary sector doesn't have enough funding – need to involve them in plans more • Crisis cafes – where would they be? Harrogate and York are too far for me • Will the plans just place more pressure on community teams? Not the same flexibility? What about workloads, availability, structure and already limited time with patients • Need more focus on rural – not just harrogate • Targets do effect the way service is delivered and effects staff too • More use of technology – virtual triage? Put people on calls in appropriate situations as police are not MH experts • Access for friends and relatives for inpatients in York – visits are vital for some people's recovery – phones for carers? 	

- Instead of inpatient beds could crisis teams support in the home? When in a crisis I'd rather be in my own bed and have someone there to support me
- Voluntary drivers to hospital in York
- What if beds are full in York?
- Inpatient length of stay reducing – is that difficult for families and carers?
- Gap between crisis and recovery is too big
- Access to support such as art therapy – you achieve something, meet different people, share experiences, trust people
- Mixed functional and organic beds did not work
- Can GP practices play a bigger role? Could there be someone based in a GP surgery? Could have drop in coffee mornings etc to support people.
- A service user in the group said at the end of the conversation that she felt reassured

Event	Claro/Orb/Harrogate Mind/ Wellspring
Date	30.07.19
Venue	Mind, Harrogate
Number of attendees	12
Attended by	Andrew Knox (TEWV) Paul Hogarth (TEWV) Kirsty Kitching (HaRD) Rachael Durrett (HaRD) Heather Simpson (TEWV)
Key themes	<ul style="list-style-type: none"> • Resource – funding • Access to services – crisis • Inpatient services - travel
Comments	
<ul style="list-style-type: none"> • We need to ensure that we are dotting the lines with what is already going on locally with third sector services and link with existing provision, for instance loneliness, prevention and car services. • More could be done to help people transition from patient to volunteer to paid positions (Noted there was a role for Mind and Orb to help with this) • Request that TEWV look at how it works with the volunteer and community services sector to enhance working relationships. • Really supportive of drop in café. • Can we make sure carers are included in the conversation about services. • Staff turnover can have an impact on service users, particularly with an impact on developing trust. <p>Q & As</p> <p>Q: How sustainable is mental health funding?</p> <p>A: There is ring fenced funding for mental health which is the existing funding + a percentage increase. There are also a number of national initiatives with dedicated MH funding which TEWV is bidding for e.g. crisis café.</p> <p>Q: How are people going to get the York, which will be particularly difficult for those who are vulnerable?</p> <p>A: Part of this engagement is to capture these concerns and there are some things we can do to help. For instance, look at individual cases to see what support can be given, extend</p>	

opening hours.

Q: Why is there so much less investment in North Yorkshire than in, say, London?

A: Nationally there is the largest investment in years, this provides an opportunity to update services locally.

Q: What advice would TEWV give to people who want to transition from patient to volunteer?

A: This is something that TEWV is working on. For instance there are two peer support workers in new model. There are also service user and carer involvement groups, and service users work with TEWV on both service development and recruitment.

Q: could TEWV work with DWP to ensure people are supported as they transition back to the work place?

A: TEWV has spent some time with Citizens Advice to help them understand anticipated developments. There is also some work going on between NYCC and DWP to increase their local understanding.

Q: What would happen to local patients if York beds not accessible (e.g. weather or full)?

A: TEWV would look at all options on a case by case basis and make a decision. There may be extra resources available that would enable them to meet a person's needs safely at home or access by 4x4 to hard to reach places could be an option.

Q: What happens if there is no crisis support available?

A: There is currently funding in which would enable telephone crisis support to be available 24/7.

Q: Will counselling be included?

A: Counselling services are delivered differently these days. IAPT is referred through GPs or is self-referred. This model has grown and replaced previous models where services were provided through specialist mental health providers. £300k extra was spent on IAPT services last year through the CCG. There is also an NYCC helpline available 24/7.

Event	HaRD CCG Patient Participation Group
Date	30.07.19
Venue	Harrogate Golf Club
Number of attendees	12
Attended by	Paul Hogarth (TEWV) Kirsty Kitching (HaRD) Rachael Durrett (HaRD)
Key themes	<ul style="list-style-type: none">Resource – staffing / recruitment challengesInpatient services - beds
Comments	
<p>Comment: Concern that York patients would have priority access to inpatient services.</p> <p>Response: That won't be the case, beds will be allocated dependent on clinical need, not origin of patient.</p> <p>Question: How many people require hospital services?</p> <p>Answer: Only 10% of the people who require MH services need to go to hospital, however these are the most expensive services to provide. That is why we would like to invest in community services to improve prevention and early intervention and support people in and</p>	

near their homes for longer.

Question: Will TEWV be able to recruit to the new posts, as recruitment?

Answer: This is a valid point and there are some mitigations in place. Staff currently employed in the Briary wing will have the option of being redeployed in Harrogate District and TEWV will support any development necessary to enable this to happen. In the longer term lots of work has been going on over the last few years to develop TEWV's work force such as supporting nursing assistants train to become nurses which has enhanced staff retention.

Question: Will TEWV GP cluster relationships be aligned to Primary Care Networks?

Answer: That is the aim and the conversation is in the preliminary stages. There is also work going on through the Harrogate and Rural Alliance. The goal is for service delivery to dovetail together in the context of innovations currently underway in the district.

Question: what does the research landscape look like?

Answer: TEWV is a research champion and have a dedicated and well established research team.

Event	OPEN EVENT – Harrogate
Date	02.08.19
Venue	Fairfax Community Centre
Number of attendees	8
Attended by	Andrew Knox (TEWV) Paul Hogarth (TEWV) Kirsty Kitching (HaRD) Rachael Durrett (HaRD) Heather Simpson (TEWV) Kathryn Ord (TEWV) Sarah Paxton (TEWV)
Key themes	<ul style="list-style-type: none"> Joined up working – partnerships / places of safety Resource – staffing
Comments Table 1 <ul style="list-style-type: none"> The logistics of getting to Haxby Road – talk to local bus providers/ rail – a communications strategy? Work with the community to promote new services Work with LAs and CCGs More links to self help Working closer with A&E – setting up alternatives and liaison in mental health There are current gaps in the service – increase crisis provision and staff range More support for people with physical health - employ registered nurses in teams to support this National work with NHS 111- great idea – would require national profile Loneliness agenda – crisis café for Harrogate (Friday, Saturday and Sunday evenings) Joined up working – positive How many staff are you looking to recruit? An opportunity to review staff models through merger Any possibility of psychiatric nurses in A&E? MH nurses in liaison will respond Table 2	

- Not enough emphasis on parents
- Little recognition for the role of families to help recovery
- People are spending too long in hospital
- Young adults (service users) getting back into employment – what is available?
- Bad experience of IAPT – painful experience
- Parents want assurance that they are doing the right thing
- Crisis beds in Station View – seen as a good idea
- How do we make sure that people don't get stuck
- More mental health training needed in the community
- Investment needed in alternative places of safety
- NHS 111 – something similar for mental health
- We need to make the structure simple for people
- How important is it that people get a diagnosis? What is the direction of travel? Is it still a barrier?
- Communications between teams needs to improve

Event	Harrogate Mental Health and Wellbeing Network
Date	05.08.19
Venue	Chain Lane, Knaresbrough
Number of attendees	13
Attended by	Andrew Knox (TEWV) Liz Herring (TEWV) Kirsty Kitching (HaRD) Rachael Durrett (HaRD) Heather Simpson (TEWV)
Key themes	<ul style="list-style-type: none"> • Joined up working – places of safety / working with GPs • Access to services – out of hours support / crisis / rural / crisis cafes
Comments	
Table 1 <ul style="list-style-type: none"> • Concern expressed that crisis café model will put stress on volunteers who might not have the necessary training to attend to crisis situations. • Concern about the knock on impact inpatient services moving to York will have on carers. • GP access to information can be poor. Patients would be better served by more information sharing. • It is a big 'bugbear' in the volunteer and community services sector that discharge information is not always available when needed to enable the appropriate services to be delivered to individuals. • A great deal seems to be happening in Harrogate Town. Must make sure that we are also thinking about how we will deliver quality services to the more rural areas to avoid creating a two-tiered care system. • Need to do more to enable joint interventions, for instance mental health and drug or alcohol misuse. • TEWV need to bring people with them by sharing information along the way, particularly with the volunteer and community services sector, primary care and patients and carers. • TEWV should explore options for self-referral. Table 2 <ul style="list-style-type: none"> • Crisis Café - Safe place, peer support, experienced support workers. Police can bring people to them and meet with MH professionals – or street triage, Crisis team - meet in an informal welcoming environment. Police can talk to the police control force MH team. 	

- Out-of-hours - Crisis phone line manned 24/7 to support staff in the community.
- Staff - more infra-structure with recruitment of more staff. Immediate / short term - staff from inpatient wards will be redeployed into the community teams (additional training will be given). Longer term – there have been some recruitment challenges which have now eased. TEWV develop their own staff from student / nurse development programme with universities. TEWV making progress with staff employment and retention.
- IAPT is an issue – nationally. Lack of other psychological services – counselling.
- TEWV workers will be aligned to GPs primary care networks. IT systems need to communicate – System One and others. Communication from ward - discharge – within 24 hrs. TEWV don't want to overload GPs communicating every contact. GPs need to know about medication.
- Geography - Services being transferred to York – implications to families, carers and friends. All patients will be cared for within the TEWV footprint.
- CPA plans - Will these be shared?
- 999/111 - YAS have the contract. Will develop a 111 option 2 for mental health.
- Relationship building with 3rd Sector. Need willingness from all parties. Additional staff / training / forging links with GPs / third sector (using protected times).
- Rurality
- OAP – configure to GP practices. Same access to urban services for rural. Access from rural difficult esp. out-of-hours.
- Developing support packages around taxi fares / patient transport. Visiting inpatients – additional challenges.
- Consultant appointments - Where? Need to be accessible.
- Referrals- Still via GP.
- Harrogate Alliance - Integrated care. TEWV haven't joined yet.
- GP Involvement
- Proposals seen and agreed by Council of Members. GP liaison has forwarded information. Work is ongoing.
- Cardale Park - Dementia village? Joint venture between TEWV and another provider. Community hub? Nothing concrete.
- Integration with other services
- Referral Process needs to be equal with health & social care/Third Sector
- Fully integrating Third Sector into the model – social prescribing attached to GP surgeries. Triaging within Third Sector building on alliance work
- Collaboration and Partnership with Third Sector – continuous dialogue
- Involve Third Sector in service developments – learning and Sharing
- Establish MH Forum/Partnership meeting in the area
- Consider future joint funding applications with Third Sector
- ? what extra is been provided through IAPT/DBT etc- could this be delivered through 3rd Sector for longer term patients
- Look at collecting referral stats into Third Sector
- Third Sector offers Social Inclusion which is not always high on NHS Agenda
- Structures and funding are separate issues
- Linking in Higher Education opportunities/training (White Rose + Discovery Hub/College)
- Information co-ordinated and held in one place eg: York Healthwatch MH Guide/ NY CC Connect on line directory
- ? Timescales – lot of 'loose ends' next 6/12 month will dictate provision
- Strategic view of whole locality required

Q & As

Q: What is a crisis café?

A: A crisis café is a safe place, with some recreational activities, run by people with lived experience. Anyone can come along and it is also somewhere police can bring individuals. In the new model crisis support will be available by telephone 24/7 so there would be an opportunity to access assessment advice. Use of the crisis café will be assessed for clinical appropriateness by MH professionals.

Q: Will crisis café staff be trained to deal with people who are in crisis?

A: The crisis café will be only one resource that will complement the others which are available.

Q: Primary Care feel like mental health services let down people badly. Where are the staff who are going to provide the needed services?

A: Short term the staff from the two existing wards at the Briary Wing are being given the opportunity to stay in the area and be redeployed. Longer term recruitment pressures have somewhat eased. TEWV has been investing in staff retention, e.g. through supporting training and professional development, and looking at innovative ways to attract staff.

Q: How will mental health services work better with primary care in the new model? Will computer systems work with each other?

A: In the new model mental health specialists will be more closely aligned to primary care. It is definitely the aim that computer systems speak to each other and conversations are underway on how we can make this happen. As currently, a mental health discharge form should be sent within 24 hours. There should also be electronic care plans.

Q: Is there a true commitment to working more effectively with the volunteer and community services sectors?

A: Absolutely. It is for all of us who work within the system to decide how we can manage and deliver improvements. TEWV will be providing protected time for staff to develop relationships with primary care, volunteer and community services colleagues to help facilitate closer working.

Q: How will we ensure parity of service between rural and urban areas?

A: MH services are being aligned to primary care 'cells' which are aligned to Primary Care Networks and within the context of Harrogate and Rural Alliance work. This will ensure that resources will be deployed where demand is.

Q: Will people be able to self-refer into mental health services?

A: The structure will remain as it is now.

Q: Where are clinics going to take place when the Briary Wing closes?

A: There is still a significant mental health estate in Harrogate District. Clinics will be in a number of places including GP practices, Alexander and Windsor House and the Orchards. There is an active 'estates group' looking at options for developing locations.

Q: What is going to happen to the Cardale Park site?

A: TEWV is currently looking at a number of options, no decision has been made

Event	Drop in - Boston Spa
Date	05.08.19
Venue	Spa Surgery, Boston Spa
Number of attendees	31
Attended by	Leeds CCG

Key themes	<ul style="list-style-type: none"> • Access to services • Joined up services • Inpatient care
Comments	
<ul style="list-style-type: none"> • People in Boston Spa felt lost/displaced by the barriers created by the boundaries: • Wetherby Health Centre is underused, can it be used a hub, even just for a day a week to provide signposting or mental health support in some form. • Harrogate only do CMHT and inpatient, anything else (such as social care) and they can't help you and can't signpost you as they don't know what you can access in Leeds <ul style="list-style-type: none"> ○ Confusion with Leeds services because of assumption of service from Harrogate ○ Extra tasks and stress for someone who is already overwhelmed and not mentally well to find out what help they can actually get (calling the right numbers, googling the right terms etc.) ○ Patients should be able to get a "full package of care" that is joined up. • A comprehensive list of "for this go here", agreed and confirmed with associated organisations would be incredibly beneficial • Services need to link up better with the GP, they need to know what is happening and have a consistent approach. <ul style="list-style-type: none"> ○ Example given of a miscommunication between clinicians led to a severe reduction in someone's medication without any consultation with the patient • Waiting times to see someone are an issue • People need support to "get through the door", can be daunting to attend a new service/group without extra help. • Feeling from patients that TEWV don't care • Patients find it strange that if there isn't a bed in Harrogate/York then you would end up in Scarborough or Durham first rather than Leeds • Easier to connect with other organisations who may be connected to your care if local, there's more available in Leeds • The boundaries between services do a lot of damage because of the contractual barriers. "If I needed care in another part of the country in A&E, I'm not told I can't because I'm from Leeds, I still get it" • Experience shared of Durham paying in area patients to go on home visits which is very important for a service users recovery, but won't fund out of area patients the same, would York be offering that? • A hospital in a nice environment is also important for people's recovery, York is a good pick for that. • Ultimately, the staff need to be good, care needs to be provided in the right way. • The Wetherby area often gets forgotten about. 	

Event	Drop in - Collingham
Date	12.08.19
Venue	Collingham Memorial Hall,
Number of attendees	3
Attended by	Leeds CCG
Key themes	<ul style="list-style-type: none"> • Carers
Comments	
<ul style="list-style-type: none"> • The Wetherby area gets forgotten about with these things. • Care in the community is great, but only if the carers supporting people are supported. <ul style="list-style-type: none"> ○ One example from someone who was very overwhelmed was starting to think that for his own piece of mind, putting his wife in a home because of her 	

<p>dementia was the best thing. Had to tried to get carer support but needed to fill in a lot of forms and hasn't spoken to the right people and spend money to get put on a register to get some respite care.</p>	
Event	Drop in - Thorner
Date	14.08.19
Venue	Thorner Victory Hall
Number of attendees	1
Attended by	Leeds CCG
Key themes	<ul style="list-style-type: none"> Prevention – social prescribing
Comments	
<ul style="list-style-type: none"> Encouraged the use of the Victory Hall for open days and events such as information days and getting involved. Helps join up a more disconnected and socially isolated community. Be good if what is offered locally via organisations etc. were promoted via services, such as social prescribing and linked in locally 	

Event	Drop in - Bramham
Date	19.08.19
Venue	Bramham Medical Centre
Number of attendees	20
Attended by	Leeds CCG
Key themes	<ul style="list-style-type: none"> Access to services – making local services available Inpatient services - travel
Comments	
<ul style="list-style-type: none"> Previous experience of Leeds – they've been amazing – staff are so important, be truly person centred, especially for something like mental health. Travel to York is ridiculous is you can't drive Wetherby Health Centre should be better used Prefer services that are as local as possible Difficulty knowing what you can and can't access – if I had a crisis now or mental health problem I'd have no idea what the pathway is Waiting lists/times are an issue Need more "Get out of your head" schemes, things that give you something to do and support you to think about other things Look at alternatives interventions – advice on "turning off your phone" impact that social media/technology could have (e.g. effect of blue point lighting from your phone on you staying up at night) 	

Event	Drop in - Harewood
Date	22.08.19
Venue	Harewood Village Hall
Number of attendees	4
Attended by	Leeds CCG
Key themes	<ul style="list-style-type: none"> Access to services – single point of access Resource – funding
Comments	
<ul style="list-style-type: none"> Mental health care needs real investment and dedication to it, the additional investment 	

sounds like it will be positive.

- Single Point of Access sounds very positive
- As part of a branch practice, feeling that the surgery is forgotten about, what do people have access to help support them mental health wise?
- “There’s no community in Harewood, just muddy boots”
- Will the pharmacy closing have an impact, ease of access to mental health medications?

Event	OPEN EVENT – Knaresbrough
Date	02.09.19
Venue	Chain Lane Community Hub, Knaresbrough
Number of attendees	12
Attended by	Andrew Knox (TEWV) Paul Hogarth (TEWV) Liz Herring (TEWV) Paula Middlebrook (HaRD) Heather Simpson (TEWV) Kathryn Ord (TEWV) Angie Binns (TEWV)
Key themes	<ul style="list-style-type: none"> • Joined up working – voluntary sector / working with GPs • Carers • Resource – staff • Prevention – social prescribing
Comments	
<ul style="list-style-type: none"> • Integration with other services • Referral Process needs to be equal with health & social care/Third Sector • Fully integrating Third Sector into the model – social prescribing attached to GP surgeries. Triaging within Third Sector building on alliance work • Collaboration and Partnership with Third Sector – continuous dialogue • Involve Third Sector in service developments – learning and Sharing • Establish MH Forum/Partnership meeting in the area • Consider future joint funding applications with Third Sector • ? what extra is been provided through IAPT/DBT etc- could this be delivered through 3rd Sector for longer term patients • Look at collecting referral stats into Third Sector • Third Sector offers Social Inclusion which is not always high on NHS Agenda • Structures and funding are separate issues • Linking in Higher Education opportunities/training (White Rose + Discovery Hub/College) • Information co-ordinated and held in one place eg: York Healthwatch MH Guide/ NY CC Connect on line directory • ? Timescales – lot of ‘loose ends’ next 6/12 month will dictate provision • Strategic view of whole locality required • Access to beds at Foss Park • CCG funding is not enough for community services • Bed management – concerns of there are no beds at York. Will there be ring-fenced beds for Harrogate • Staff requirements to support community provision • Staff training is needed to support autism and crisis services • Protected autism beds within the harrogate area? • Carer support 	

- Older people's homes/housing – funding formula? CCG inherited deficit
- Places in care for people with challenging behaviour – shortage of national provision
- Staff retention
- A lot of people with MH issues feel left off the radar. How do people reconnect with services? Need for robust discharge planning with access back into services when required
- Family visiting in York – support for visiting / voluntary driver resources
- Better scrutiny of providers
- Co-production!
- Patient safety – listening and engaging with families
- Meaningful activities in the community to support and prevent admissions
- New build hub in Acomb?
- Social prescribing
- Evaluation – feed back to the public in 12months time – where we now etc
- More MH support for long term conditions
- Where will crisis be based?

Event	OPEN EVENT – Wetherby
Date	05.09.19
Venue	Wetherby Town Hall
Number of attendees	15
Attended by	Andrew Knox (TEWV) Paul Hogarth (TEWV) Liz Herring (TEWV) Kirsy Kitching (HaRD) Adam Stuart (Leeds CCG) Heather Simpson (TEWV) Kathryn Ord (TEWV) Angie Binns (TEWV)
Key themes	<ul style="list-style-type: none"> • Access to services • Joined up working • Carer support • Prevention and support • Inpatient care
Comments	<p>The format of this event differed slightly as individual conversations took place and people who attended were then encouraged to complete the online survey to provide feedback on the proposal.</p>



Developing mental health services for adults and older people in Harrogate and Rural District and Wetherby and its surrounding areas

Survey results

July-Sept 2019

In partnership with

Tees, Esk and Wear Valleys NHS Foundation Trust

NHS Harrogate and Rural District Clinical Commissioning Group

NHS Leeds Clinical Commissioning Group

Q1 What is the first part of your post code (e.g. HD8)?

Answered: 138 Skipped: 2

#	RESPONSES	DATE
1	HG2	10/2/2019 3:20 PM
2	LS22	10/2/2019 3:18 PM
3	HG4	10/2/2019 3:16 PM
4	HG1	10/2/2019 3:11 PM
5	HG2	10/2/2019 3:07 PM
6	hg1	10/2/2019 3:04 PM
7	LS22	10/2/2019 2:52 PM
8	HG1	10/2/2019 2:50 PM
9	HG2	10/2/2019 2:45 PM
10	HG3	10/2/2019 2:39 PM
11	HG1	9/24/2019 12:44 PM
12	HG5	9/24/2019 12:42 PM
13	HG3	9/24/2019 12:40 PM
14	LS22	9/24/2019 12:37 PM
15	LS22	9/24/2019 12:35 PM
16	LS22	9/24/2019 12:32 PM
17	LS17	9/24/2019 12:30 PM
18	LS22	9/24/2019 12:26 PM
19	LS22	9/24/2019 12:09 PM
20	LS23	9/24/2019 12:07 PM
21	LS22	9/24/2019 12:02 PM
22	LS23	9/24/2019 11:42 AM
23	LS23	9/24/2019 11:39 AM
24	LS23	9/13/2019 7:28 PM
25	LS17	9/13/2019 12:35 PM
26	LS23	9/13/2019 12:33 PM
27	LS23	9/13/2019 12:31 PM
28	LS23	9/13/2019 12:28 PM
29	LS22	9/13/2019 12:25 PM
30	LS23	9/13/2019 12:21 PM
31	LS22	9/13/2019 12:18 PM
32	LS23	9/13/2019 12:16 PM
33	LS22	9/11/2019 12:55 PM
34	LS14	9/11/2019 12:51 PM
35	LS22	9/11/2019 12:49 PM
36	YO26	9/11/2019 12:39 PM
37	LS23	9/11/2019 12:37 PM
38	YO	9/11/2019 12:34 PM

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39	LS23	9/11/2019 12:32 PM
40	LS22	9/11/2019 12:31 PM
41	LS22	9/11/2019 12:24 PM
42	LS22	9/11/2019 12:22 PM
43	LS22	9/11/2019 12:20 PM
44	LS22	9/11/2019 12:16 PM
45	LS22	9/11/2019 12:13 PM
46	LS22	9/11/2019 12:10 PM
47	LS22	9/11/2019 12:08 PM
48	LS22	9/11/2019 12:06 PM
49	LS23	9/11/2019 12:04 PM
50	LS23	9/11/2019 12:01 PM
51	LS23	9/11/2019 11:59 AM
52	LS22	9/11/2019 11:58 AM
53	LS22	9/11/2019 11:55 AM
54	LS17	9/11/2019 11:53 AM
55	LS22	9/11/2019 11:51 AM
56	LS24	9/11/2019 11:47 AM
57	LS22	9/11/2019 11:44 AM
58	LS22	9/11/2019 11:42 AM
59	LS22	9/11/2019 11:40 AM
60	LS22	9/11/2019 11:37 AM
61	LS22	9/11/2019 11:35 AM
62	LS22	9/11/2019 11:33 AM
63	LS22	9/11/2019 11:30 AM
64	Ls22	9/11/2019 11:25 AM
65	LS23	9/11/2019 11:22 AM
66	LS22	9/11/2019 11:20 AM
67	LS23	9/11/2019 11:17 AM
68	YO26	9/11/2019 11:15 AM
69	LS22	9/11/2019 11:13 AM
70	LS22	9/11/2019 11:10 AM
71	HG3	9/11/2019 11:06 AM
72	LS23	9/11/2019 11:02 AM
73	LS22	9/11/2019 11:00 AM
74	LS23	9/11/2019 10:57 AM
75	LS22	9/11/2019 10:55 AM
76	LS24	9/11/2019 10:51 AM
77	LS23	9/11/2019 10:48 AM
78	LS23	9/5/2019 10:59 AM
79	HG1	9/3/2019 2:52 PM
80	LS17	9/2/2019 6:08 PM
81	LS23	9/2/2019 6:06 PM
82	HG5	9/2/2019 3:42 PM

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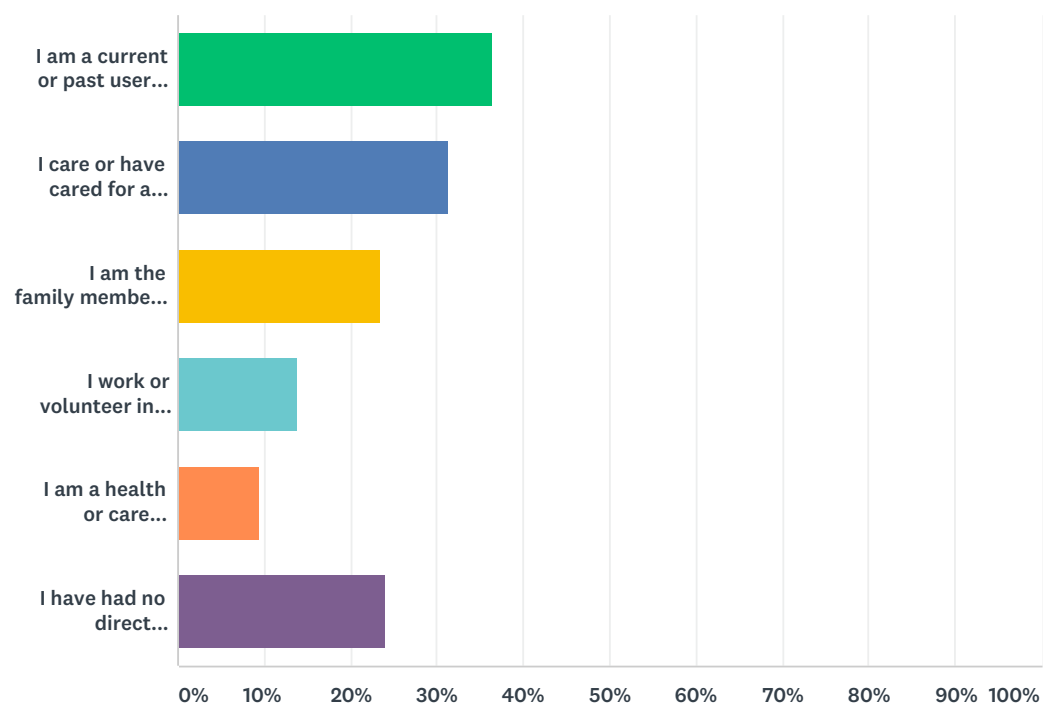
83	HG1	9/2/2019 2:46 PM
84	HG2	9/1/2019 8:45 PM
85	LS22	8/31/2019 11:55 AM
86	LS11	8/29/2019 12:29 PM
87	YO51	8/27/2019 11:12 AM
88	LS179LZ	8/23/2019 1:19 PM
89	hg1	8/19/2019 4:05 PM
90	LS22	8/17/2019 12:35 PM
91	LS6	8/13/2019 8:53 AM
92	LS22 6PA	8/13/2019 6:19 AM
93	LS22	8/12/2019 11:19 PM
94	Hg1	8/12/2019 3:11 PM
95	Ls23	8/12/2019 2:59 PM
96	HG5	8/9/2019 2:29 PM
97	6AH	8/9/2019 10:37 AM
98	HG2	8/8/2019 10:07 PM
99	LS23	8/7/2019 7:52 PM
100	LS15 4AA	8/6/2019 9:53 PM
101	HG2	8/5/2019 4:43 PM
102	LS23	8/5/2019 4:40 PM
103	LS14	8/5/2019 11:15 AM
104	LS23	8/4/2019 6:39 PM
105	Hg2	8/2/2019 9:46 PM
106	HG1	7/31/2019 10:41 PM
107	LS22	7/31/2019 5:49 PM
108	LS23	7/31/2019 10:26 AM
109	LS22	7/30/2019 6:56 PM
110	LS22	7/30/2019 5:35 PM
111	La23	7/30/2019 4:55 PM
112	HG2	7/30/2019 11:37 AM
113	HG4	7/27/2019 10:29 AM
114	Hg1	7/27/2019 1:14 AM
115	Ls22 6rt	7/26/2019 11:12 PM
116	HG5	7/26/2019 10:09 PM
117	HG2	7/26/2019 7:59 PM
118	HG4	7/25/2019 10:49 PM
119	LS23	7/25/2019 1:51 PM
120	LS23	7/23/2019 7:29 PM
121	DA1	7/23/2019 4:34 PM
122	LS23	7/21/2019 9:45 AM
123	LS237AE	7/18/2019 5:31 PM
124	LS23	7/18/2019 3:35 PM
125	HG1	7/17/2019 10:21 AM
126	LS23	7/9/2019 5:03 PM

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127	HG5 p	7/8/2019 7:10 PM
128	HG4	7/7/2019 4:15 PM
129	HG3	7/5/2019 10:30 PM
130	HG1	7/5/2019 9:43 AM
131	HG5	7/4/2019 1:53 PM
132	Hg5	7/3/2019 9:35 PM
133	HG5	7/2/2019 1:40 PM
134	hg2	6/28/2019 10:30 PM
135	hg5	6/26/2019 8:07 PM
136	HG5	6/26/2019 4:11 AM
137	HG2	6/25/2019 1:06 PM
138	Hg4	6/24/2019 11:10 PM

Q2 Which of the following statements are true? (You can choose more than one.)

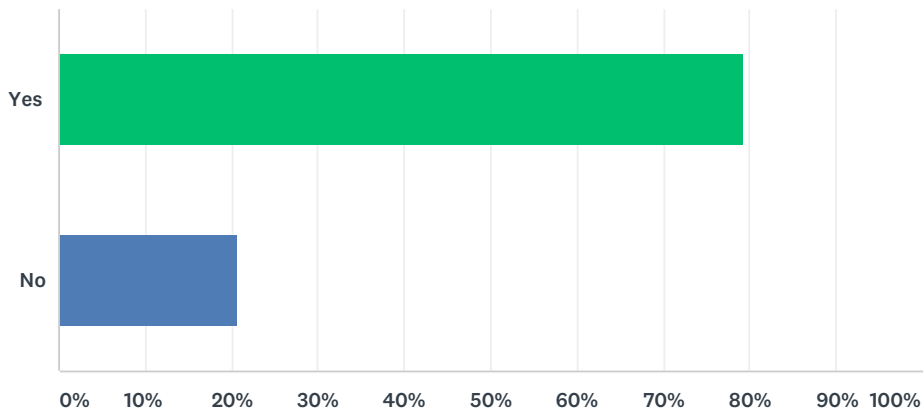
Answered: 137 Skipped: 3



ANSWER CHOICES	RESPONSES	
I am a current or past user of mental health services.	36.50%	50
I care or have cared for a user of mental health services.	31.39%	43
I am the family member of a user of mental health services.	23.36%	32
I work or volunteer in mental health services.	13.87%	19
I am a health or care professional in another service.	9.49%	13
I have had no direct experience with mental health services.	24.09%	33
Total Respondents: 137		

Q3 Adult mental health servicesDo you think these proposals will help you and/or your loved one stay well / recover at home?

Answered: 126 Skipped: 14



ANSWER CHOICES		RESPONSES	
Yes		79.37%	100
No		20.63%	26
TOTAL			126

Q4 Adult mental health servicesIs there anything we've missed that would help support you and/or your loved one at home?

Answered: 87 Skipped: 53

#	RESPONSES	DATE
1	Not sure	10/2/2019 3:20 PM
2	No but from experience, timely accessible, constant and intensive support to recovery is a must.	10/2/2019 3:18 PM
3	Follow up / local better services.	10/2/2019 3:16 PM
4	Communicating changes to public - Transport to York - Good links to carer services e.g. North Yorks carers resources.	10/2/2019 3:07 PM
5	No	10/2/2019 3:04 PM
6	Essential that there is easy access to services when there is crisis. More should be spent on day care services to give carers a break when you know their relative is safe.	10/2/2019 3:01 PM
7	By phoning back as it can be expensive to phone the crisis team.	10/2/2019 2:50 PM
8	Carer at work full-time so lonely during the day.	10/2/2019 2:45 PM
9	Career support for people trying to work in the real world.	10/2/2019 2:39 PM
10	No	9/24/2019 12:37 PM
11	No.	9/24/2019 12:32 PM
12	£500,000 is noting to provide services lost with the Harrogate closure. People in Harewood can not get to York - they need access to Leeds hospitals plus home care or the £500,000 is a drop in the ocean to compensate.	9/24/2019 12:30 PM
13	Travel issues, for example the bus to York only operates from 9.20, two hourly intervals. Last bus from York 4.20pm so people will need other options if they are unable to drive.	9/24/2019 12:26 PM
14	Information and understanding about medication and choices. Carer support.	9/24/2019 12:09 PM
15	As a service user since 1991 with various diagnosis, particularly Bipolar the need to remain well means continued access - when needed to local services. To be ale to go when at the critical time when crisis can be managed without lengthy GP referrals - mine was lost. Self-referral to on-going groups, drop-in facilities, courses (short 6 weeks) on mental health such as coping strategies, self esteem improvement etc. Also leisure, art, craft groups, specifically for health and wellbeing. So much money is spent on WISE activities yet nobody under 65 can attend.	9/24/2019 12:02 PM
16	Keep the Harrogate services (rather than York) as far as possible. Harrogate is much easier to get to than York on public transport.	9/24/2019 11:42 AM
17	Yes, checks need to be carried out to ensure that patients have their medication and use it.	9/24/2019 11:39 AM

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18	<p>I haven't seen any detail in your proposals about how you will support people who have additional needs, such as learning disabilities or autism as I understand it is the mental health trust's remit to do so. Quite often the impact of these conditions causes mental health conditions as a result of their difficulties (a lot of people with autism are diagnosed with depression and anxiety). Will the staff be trained to understand the impact of these conditions and not assume them to be something else (such as a personality disorder) as this can have HUGE implications to someone's care and pathway if what that person needs or is going through is misunderstood (especially the crisis team). I think some clear guidelines on how much therapy someone can access - the current 'you get nine weeks for one problem' is terrible as often problems intersect and are related but because of the limited sessions and time, you can't explore and truly help someone. I think the proposals need to include something around being proactive and truly person-centered as there is a risk of people being discharged without any support because the team just isn't able to do anything, not because the person is in a place where they are recovered. As usual, there isn't any consideration for the Wetherby area and the boundary issues that we face. TEWV's team don't know what services we can or can't access (NB: it should be whichever service we need and then cross-charge to whoever holds the contract) and therefore we often have to figure it out ourselves. If your staff are working with us in our area they need to know what is available to us, there needs to be some joined-up work going on and continuity of care - link in with the GPs in the area and the services in Leeds. If something was in the area, such as at Wetherby Health Centre, that could be accessed for support it would make a huge difference. The home treatment team needs to be clearly defined as the team itself doesn't know. It's the crisis team with a different name at present and those two aren't mutually exclusive even if they have similar functions, they need to provide what is being advertised on the website and the leaflets you give out (they're not). We've been told that the team didn't do half of the things on the leaflet and it wasn't appropriate because my partner had just come out of hospital which is very confusing as surely the home treatment team is to keep people out of hospital (which they said too) but then didn't seem to think that keeping someone out of hospital who has just left hospital was part of their remit it was 'crisis team time'. Also, the teams need to read and understand care plans, what's the point in working on them if you are not going to read them or take any learning or action from them. I have already mentioned person-centred but need to re-emphasise this, especially when it comes to the way someone is expressing themselves - it does not do well to tell someone who is scared, being hounded by internal voices and is struggling to gather their own voice to speak that they are not talking on purpose and treating that person as though they are doing it for attention (I've seen people with personality disorders treated this way a lot and although it may work it shouldn't be the way to work with someone whoever they are). How is that person struggling with themselves supposed to feel able to build a therapeutic relationship with your staff? Being responsive would help keep my loved one at home, my partner took an overdose and it wasn't known by CMHT for a month and then they didn't meet with them until two months later when it was too late and they ended up being sectioned. Additionally, don't discharge someone before they are ready; if that person, their family, and carer are all saying they aren't ready and will continue to hurt themselves then don't discharge them because the psychologist on the ward seems to think she knows better. (In case you were wondering, it did end up with my partner being readmitted for a very long period - this is clinical neglect; damage/hurt that is caused by an action or inaction). Ensure that all your new proposals are connected and work well with each other, it's easy to throw loads of new ideas out but unless they're cohesive and work well together it could be confusing for people.</p>	9/13/2019 7:28 PM
19	Would ideally want that one person at the end of the phone to deal with your concern directly. Not passed from person to person. Early intervention needs to be quicker process	9/13/2019 12:31 PM
20	Nothing I can think of	9/13/2019 12:28 PM
21	Not that I can see at the moment	9/13/2019 12:25 PM
22	Make GPs more aware of supporting people living with dementia. More training	9/13/2019 12:21 PM
23	No	9/13/2019 12:18 PM
24	Need to have access to a doctor quickly - important to be able to access support when I need it	9/11/2019 12:55 PM
25	Don't know	9/11/2019 12:51 PM
26	It's essential the facilities are there when I get ill	9/11/2019 12:49 PM
27	It is vital that access to care is close to home	9/11/2019 12:39 PM
28	No	9/11/2019 12:24 PM
29	No	9/11/2019 12:20 PM
30	No	9/11/2019 12:19 PM
31	No	9/11/2019 12:16 PM

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32	Just need more visitors to do home visits, Wetherby have nothing	9/11/2019 12:13 PM
33	No	9/11/2019 12:10 PM
34	Better support in the local community.	9/11/2019 12:04 PM
35	Access to services in York are far away and inconvenient for many people in the area of LS23	9/11/2019 12:01 PM
36	You have not considered the stresses and difficulties of people. Access up at York and its services from the LS23 area there is no public transport!	9/11/2019 11:59 AM
37	No	9/11/2019 11:47 AM
38	No	9/11/2019 11:42 AM
39	Locally based services are better to cut down on travel, suits patients and also the environment	9/11/2019 11:40 AM
40	EVERYTHING IN THE WETHERBY AREA IS FOCUSED ON OLDER PEOPLE FOR EXAMPLE U3A OR WISE. WITH NOTHING FOR EVERYONE ELSE. PERHAPS THERAPY GROUPS FOR WELLBEING COULD BE FACILITATED IN THE LOCAL AREA FOR EXAMPLE WETHERBY IN BLOOM VOLUNTEERS COULD OFFER HORTICULTURAL THERAPY. THE CREATE CRAFT SHOP ON WESTGATE COULD OFFER SPACE FOR CRAFT AND ART CLASSES AS SHE HAS HAS A ROOM UPSTAIRS FOR HIRE. THESE GROUPS NEED TO BE SELF REFERRAL BUT ONLY FOR MENTAL HEALTH SERVICE USERS AS THE CLASSES ARE ABOUT BUILDING CONFIDENCE AND SELF ESTEEM OTHER ORDINARY PEOPLE COULD BE CRITICAL AND CONDESCENDING TO VULNERABLE PEOPLE. . A PHOTOGRAPHY GROUP WOULD BE GOOD . a THEATRE GROUP LIKE OPEN SPACES IN LEEDS, WITH GROUP THEATRE VISITS TO HARROGATE OR WETHERBY CINEMA.	9/11/2019 11:30 AM
41	Wetherby falls between two stools and people get rejected after assessment due to post code despite being misled and put through a data exercise Most people with MH issues fend for themselves and are managed by friends and family not health care workers. This is unlikely to change. The elaborate triage system MH services are good at applying ensures people feel rejected even by those who should be skilled enough to help	9/11/2019 11:25 AM
42	I would like to receive mental health treatment from my GP surgery	9/11/2019 11:22 AM
43	Services. I was discharged by Harrogate cmht and left with no nothing. My CPN was horrible and told me the manager wanted me off their books. I was lied to.	9/11/2019 11:20 AM
44	Improve community engagement and consider social prescribing to organisations that help to stimulate creativeness and social engagement.	9/11/2019 11:15 AM
45	People know about it. Where to contact? V. little info except on website - can be confusing - don't use internet Come to library for info or in doctor's surgery	9/11/2019 11:13 AM
46	Family support would be good	9/11/2019 11:10 AM
47	None that affect me at the moment	9/11/2019 11:06 AM
48	To feel you are not a drain on the services at the mental health services in Knaresborough .They were very poor with any follow up as they were busy !	9/11/2019 11:00 AM
49	Would like more information about safeguarding	9/11/2019 10:51 AM
50	Yes the link doesn't actually show the plans or proposals!	9/11/2019 10:48 AM
51	Wetherby area patients can't access a social worker like other TEWV patients as their postcode falls out of area and excludes them. Even with the money invested into services, will there still be this gap in care for patients from Wetherby, and also the lack of transparency on this issue for Wetherby patients? ie I was not told till my discharge that I should've had a social worker. If Wetherby patients can't access the full package of care, should they really be continued to be seen under TEWVs? There should be a file in Harrogate CMHT with all Leeds services that Wetherby patients can access whilst under TEWVs care. That way any care co-ordinator with a Wetherby area patient that is missing out on something because they are out of area, knows the alternative referral for them to access through their Leeds postcode.	9/5/2019 10:59 AM
52	To consider how voluntary sector can be better equipped to support and signpost about mental health to prevent issues escalating. For example sports clubs being mental health friendly.	9/3/2019 2:52 PM
53	No - subject to adequate resourcing of expanded Community Care Service	9/2/2019 3:42 PM
54	N/A	9/2/2019 2:46 PM
55	Wetherby has no support and group support works well for me and many others. I find being amongst people who understand the problems/symptoms of my illness such a relief and without any targeted support in the community, since moving to Wetherby 20 months ago, both my mental and physical health have deteriorated significantly.	8/31/2019 11:55 AM

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56	Mutual support from CMHT & partner agencies such as Substance Misuse rather than only having one or the other	8/19/2019 4:05 PM
57	There needs to be more support for younger adults (below 60) at more appropriate times. Many people can't get to sessions during the day and are put off if the groups are mainly composed of older people . Vocational support is also very important and is rarely available. Support groups focusing on physical wellbeing as well as mental health e.g running and/ or occupational activity e.g Crafts would also benefit both those with mental health issues and the local communities	8/17/2019 12:35 PM
58	No But the transition will be a big issue	8/13/2019 8:53 AM
59	Will there be enough support for those needing it in their own home and where will the resources come from? Demand is high and currently there is not enough provision so the concern is that waiting lists get longer and people won't get a good service.	8/13/2019 6:19 AM
60	There needs to be more investment in the mental health staff - I have had 4 different community mental health nurses in the space of 2 years which is upsetting, disruptive and causes a delay in my recovery as I have to 'start all over again' with a new nurse. This change of staff was due to nurses going off on sick with stress or leaving the profession due to workload and pressure! Ironic really considering their specialism.	8/12/2019 2:59 PM
61	Nothing obvious but, as ever, it is how it works in practice.	8/9/2019 10:37 AM
62	A great deal of focus is directed to the patient, but there needs to be support of parents and/or loved ones also. Whilst they may not be carers in the sense that it applies to dementia, they are often having to cope with situations that they are unfamiliar with. Experience has shown that there is a huge gap here, with supporters having very few avenues where they can get professional help and support. If the parent or loved one `goes under` then the adult suffering mental health problems could also loose ground.	8/8/2019 10:07 PM
63	I'm unsure, what I would say is that lets get the new process going as soon as possible and ensure that everything is joined up and not so reliant on the 3rd sector to fill the gaps the NHS currently has	8/5/2019 4:43 PM
64	To offer preventative things on the NHS such as mindfulness courses, free yoga classes.	8/5/2019 4:40 PM
65	What currently happens if a patient has autism and what will be in place going forward. What reasonable adjustments are been planned? Urgent need for staff to understand and accept autism, to avoid misdiagnosing and misinterpretating presentation. What support will be available for my carer?	8/2/2019 9:46 PM
66	People do not become ill solely in office hours. Practical home support needs to be available 24 hours a day, particularly for people who do not have family who can step in at these times. I do not think enough weight is given to providing help with such matters as, for example, notifying PIP authorities about hospital stays. I have done this on several occasions for our son. Each time I had to 'hold' for an hour. Faced with this, many mentally ill people would just give up in despair. Similar situations arise with regard to other services. Little things, like checking that prescription requests are handed in in time to provide a continuous supply of medication, need tactful checking. There seems to be little liaison between mental health services and GPs and I feel more could only help patients.	7/31/2019 10:41 PM
67	Closing the mental health facilities at Harrogate and transferring them to York will create a major problem and worry for people living in Wetherby! Those living in Harrogate or Knaresborough can catch trains or frequent buses to York. In Wetherby we have only a slow 2 hourly bus service	7/31/2019 5:49 PM
68	Travel by public transport from Wetherby is very difficult. The 412 service runs only 2hourly, 5 x per day Mon-Sat. and you have to get off at the rail station and then travel by appropriate bus to the hospital. (at least a 70 minute journey) Last return to Wetherby from York rail station is 17.20 (The 18.35 bus only goes as far as Tockwith) The only other way to get to York is by bus into Leeds centre, 50 minutes followed by bus to York and then bus to the hospital, so 2 hour journey!	7/30/2019 6:56 PM
69	Greater access to career support.	7/30/2019 4:55 PM
70	Forcing families to travel to an as yet non existent hospital facility in York adds to the stress of having a loved one in mental health crisis	7/30/2019 11:37 AM
71	Its all on paper but never works in action. His worker never contacts me with support Therefore things have escalated to DV for the last 4 yrs and lack of help. I now have depression and cannot get you to return calls to my GP	7/27/2019 1:14 AM
72	I have always longed to talk to other Depression sufferers - and never been given this opportunity. Why? I have regularly spoken to groups of other women on how my depression has developed ,and also on what really hurts when one is sent out by a unknowing GP with one's first Ant depressant.....more to follow on 2nd September 2019.	7/26/2019 10:09 PM

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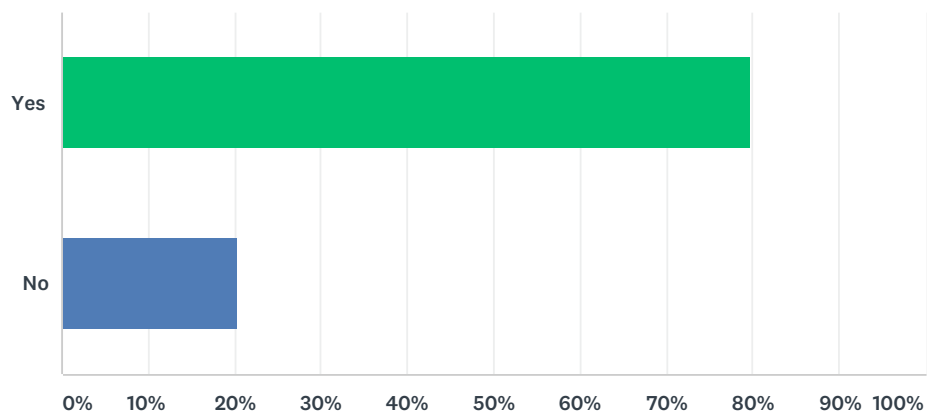
73	TEWV and their staff need to ensure that all users are put first on their list of priorities - not at the bottom, as they previously have done. I have been a user of mental health services for many years and I have been treated appallingly in the past - mainly by managers, doctors in higher up positions. This has caused me to lose trust in their service, which then impacted on my mental health, making it much worse, but felt I had nowhere to turn. First they took away my support worker and hydrotherapy - which were my lifelines, without giving any thought whatsoever to me and what it might do to my mental illness. There was no contact with me at anytime to ask if I might need something else to take it's place, or if I was coping - which I wasn't. My health went completely downhill from there, all due to their selfishness and decision to withdraw their services. They didn't care about what it would do to the likes of me and that I might become suicidal without the vital support that Helen Anderson used to give me. All they cared about was saving money!! When I came for a very long assessment with two of their staff at Harrogate, I was told 'there's nothing we can do for you - go get some counselling' I was so distressed after that I went into crisis. My GP referred me for a second opinion at my request, as I was so appalled, and I was diagnosed with borderline personality disorder; early onset depression and severe anxiety! Unbelievable! So I'm sorry but I have no faith or trust in TEWV even tho I currently see two support workers, who are very supportive, but I'm disgusted at my past treatment.	7/26/2019 7:59 PM
74	After an admission or during a crisis there are are plans and support but it can be a long and lonely journey to recovery. Having someone you have built trust with to be available for a longer time to just be there when you feel things are too much or are beginning to spiral out of control is so important. Someone who gets to know you and can provide help to get a routine and get you interacting back in your community by supporting small but significant steps.	7/25/2019 10:49 PM
75	I think the proposals to offer help at home are a good idea if carried out properly. At the moment I feel like the mental health services have failed me. I have suffered with anxiety and depression on and off for 10 years and never felt like I've got anywhere. I saw a psychiatrist who then discharged me, I have had CBT and counselling through IAPT but as there is limited sessions, never achieved anything. Another major problem is there is no appointments close to home, I've always had to travel into Leeds or a part of Leeds which is difficult for someone with anxiety as a one hour appointment can result in a whole day being taken up as I don't drive to would have to get buses. Also I have fibromyalgia which makes it harder to get to places. There should be counselling/other mental health services offered closer to home if not at home. Wetherby health centre would be ideal	7/25/2019 1:51 PM
76	It's really important for people with long term problems can get help without being discharged so people in really acute crisis can be cared for. So I have paranoid schizophrenia and have been seen by the cmht for over 5 years, including crisis and day treatment services when I am not as good but I do need that consistent help otherwise I get very unwell very quickly	7/23/2019 7:29 PM
77	I think its not always easy to admit to having mental health issues of any kind. By the time someone asks for help they have probably needed it for a very long time. Having to wait to see a professional for many weeks or refer yourself does not help. Often the help is time limited which for someone who has ongoing problems is not helpful as by the time an appointment is available it may be past the time of crisis which lies buried until the next episode. Also there is often a financial cost after the first few appointments which is the only way for ongoing help. I know it is not easy but people with Mental health issues need help there and then and often have to travel a number of miles to get help many weeks or months after they have asked. Sometimes you need to get away from the problems with people who understand what you are going through, but that is almost impossible. I think the proposals would help if there is somewhere local or someone to come into your home to see you.	7/21/2019 9:45 AM
78	There needs to be more in the area for people in crisis. My mum struggles to get GP appointments and stryggles to speak with people. She finds it a great help talking to someone away from me and my dad	7/18/2019 3:35 PM
79	We have had no support at home. We rely on Dementia Forward.	7/17/2019 10:21 AM
80	I think talking therapy should be more available as I would like to chat and tell the psychiatrist thsat he is wrong for diagnosing me i should not be taking tablets i should be suing the psychiatrist - obviuslh a challenge like thay would make you more determined but its a diagnosis not a battle of wills isnt it	7/9/2019 5:03 PM
81	More consideration for spirituality and getting religious groups involved in supporting people in the community.	7/7/2019 4:15 PM
82	Closer liaison with GP practices Drop in sessions in local area, for example weekends if things have escalated	7/5/2019 10:30 PM
83	Only time will tell, as long as this is not just lip service, then yes in most cases! The whole ethos is about sufferers becoming well, which is what everyone wants, but this is not always the case and sufferers may have a lifelong illness hopefully these people will not fall through the net because they don't meet the criteria?	7/5/2019 9:43 AM

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84	No local inpatient service-especially hard for older patients with elderly spouses who want to visit. Community support will only work if patient is well enough/service is funded adequately.	7/2/2019 1:40 PM
85	More use of IAPT within Community Services	6/26/2019 4:11 AM
86	Have services to help users stay mobile and happy, like bus passes. And more activities with support workers and professionals in attendance. Open more care units and day centres. Not close them down which has already happened. Big mistakes have been made by doing this. It hasnt worked so undo the damage.	6/25/2019 1:06 PM
87	Acknowledge that sometimes the home environment is part of the problem and not always a safe place to get well. Sometimes short admissions can be effective and are not always detrimental	6/24/2019 11:10 PM

Q5 Mental health services for older people Do you think these proposals will help you and/or your loved one stay well / recover at home?

Answered: 113 Skipped: 27



ANSWER CHOICES	RESPONSES	
Yes	79.65%	90
No	20.35%	23
TOTAL		113

Q6 Mental health services for older peoplels there anything we've missed that would help you support you and/or your loved one at home?

Answered: 65 Skipped: 75

#	RESPONSES	DATE
1	Extended operating hours. Despite the ££s we need 24 hour availability.	10/2/2019 3:18 PM
2	Sign posting for carers.	10/2/2019 3:16 PM
3	Human beings.	10/2/2019 3:11 PM
4	N/A	10/2/2019 3:04 PM
5	More day care services.	10/2/2019 3:01 PM
6	Not having an official carer and no family at home so it can be difficult to access services.	10/2/2019 2:50 PM
7	Care for the carer.	10/2/2019 2:45 PM
8	More support for people wanting to bridge the gap between voluntary (low stress) and paid (higher stress) careers.	10/2/2019 2:39 PM
9	No	9/24/2019 12:37 PM
10	How does this link into MDTs working out of wellbeing health centre - adult social care - intermediate care - district nurses etc. They're all working under the Leeds umbrella?	9/24/2019 12:35 PM
11	No.	9/24/2019 12:32 PM
12	Guarenteed access to new community services.	9/24/2019 12:30 PM
13	Services need to be local, peer support groups from Wetherby not Leeds - if you feel travel phobic - this is a barrier to engagement with groups, wellbeing therapy courses.	9/24/2019 12:26 PM
14	1. Ability to self refer instead of wasting GP time. 2. When DWP or forms i.e. bus pass or proof of disability need an office stamp/headed letter of support, why can this be passes by GP onto mental health services to free up GP time. 3. Access to welfare support/CAB in the area specific to mental health. For advice, advocacy without having to go to Leeds. 4. Befriending services.	9/24/2019 12:02 PM
15	As for working age adutls, you need to be clear what people can access in Wetherby. I would like to see more detail about what the carer support is.	9/13/2019 7:28 PM
16	One on one care particularly with dementia clients. Regular care calls	9/13/2019 12:35 PM
17	One to one service to enable a smooth service to help with anxieties	9/13/2019 12:31 PM
18	Definitely one 2 one care and some person assisting with help around the home	9/13/2019 12:28 PM
19	Not at the moment	9/13/2019 12:25 PM
20	More support	9/13/2019 12:21 PM
21	24 hour on call service (support line)	9/13/2019 12:18 PM
22	It is important that the same person or maybe 2 help to support with care	9/13/2019 12:16 PM
23	I like to talk to staff and other residents - I buzz for help if I feel unwell. Need access to medication and other treatments	9/11/2019 12:55 PM
24	Education about mental health to enable people to talk about mental health. - Helpful to talk to other people about their experiences	9/11/2019 12:49 PM
25	Seeing the same person/worker when possible	9/11/2019 12:24 PM
26	No	9/11/2019 12:20 PM
27	No	9/11/2019 12:19 PM
28	No	9/11/2019 12:16 PM
29	No	9/11/2019 12:13 PM
30	No	9/11/2019 12:10 PM

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31	No	9/11/2019 11:42 AM
32	Some people may be scared of going outside so home visits brilliant	9/11/2019 11:40 AM
33	No	9/11/2019 11:37 AM
34	As above. The post code issue should be clear so that people have fair access	9/11/2019 11:25 AM
35	Not applicable	9/11/2019 11:15 AM
36	Same as previous	9/11/2019 11:13 AM
37	Making sure supporters speak English. Need excellent communication skills	9/11/2019 11:10 AM
38	Everybody is very different and some of your people are all too keen to put them tick boxes	9/11/2019 11:00 AM
39	I have severe mental health difficulties and get no help at all. It's taken a year for my doctor to get me a review as all I kept getting was refunded referrals to places, even though I've been personality disorder and Bipolar for years now. Every day is a fight and a struggle for me and many others and there is not enough help for mental health at all in Yorkshire. The more help the better I say as that's why a lot of people are on the loose doing things to others and to themselves because there's no help for us	9/11/2019 10:55 AM
40	Phone support	9/2/2019 6:08 PM
41	No - Subject to adequate resourcing of expanded Community Care Service	9/2/2019 3:42 PM
42	N/A	9/2/2019 2:46 PM
43	If one of the couple had a functional mental health illness and the other person they live with has an organic illness, would there be extra help available and how experienced would these carers be? I don't feel safe being cared for by someone who has suffered from a functional mental health illness, reasons being it is very easy to be overwhelmed by someone else's stressful situation and often carers of a person with a mental illness are not a good idea, because they may have set view about how a person with depression may be feeling and missing subtle signs then having a crisis on their hands.	9/1/2019 8:45 PM
44	Mutual support from CMHT & partner agencies such as Substance Misuse rather than only having one or the other	8/19/2019 4:05 PM
45	no	8/13/2019 8:53 AM
46	Put sessions in Wetherby medical centre as it's underused as it is, also consider transport for those who use buses.	8/13/2019 6:19 AM
47	Having attended one of the forums, and not being a health professional, the whole process comes over as complicated when compared to 'conventional' health problems. With the latter one can go to see a GP, or dial one of the emergency numbers. With mental health one should have a similar setup, otherwise people could get lost.	8/8/2019 10:07 PM
48	I feel the crucial time when older people need care and support is through the night and increasing the hours of the older person's crisis and home treatment team from 8am to 6pm, to 8am to 8pm, will make little difference.	8/4/2019 6:39 PM
49	Not sure	8/2/2019 9:46 PM
50	As above. This is obviously a money saving scheme dreamt up by someone who does not know the logistics of the area	7/31/2019 5:49 PM
51	Older people often cannot afford to run a car, may not be able to drive due to other medical conditions and often live alone. Being isolated through lack of public transport is not conducive to good mental health. Public transport is vital to help elderly/ mentally ill people to socialise.	7/30/2019 6:56 PM
52	There is no direct mention of home care that I can see. It only seems to be about in-patient care. How will home care be improved?	7/30/2019 5:35 PM
53	Not applicable	7/27/2019 1:14 AM
54	Relief from the every day responsibility! and again - the possibility of a chance to meet with another wife carer of Dementia. I AM FINDING THE "CARER " ROLL EXCESSIVELY DEMANDING ON MY STRENGTH AND STRESS AND EMOTIONAL LEVELS. MY LIFE IS DIMINISHING UNDER IT. I thought I would receive so much more help.	7/26/2019 10:09 PM
55	There is still much more thought; care; time; consultation and genuine honesty from TEWW that they actually want to help and provide useful support to those at home and not just leave them to cope on their own. My partner has no support from anyone. Action speaks much louder than words!	7/26/2019 7:59 PM
56	N/a	7/25/2019 1:51 PM

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57	I think that there should be more scrutiny regarding the carer. Right now I have my mother in law who has had a stroke being looked after by my brother in law who is registered disabled, suffers with epilepsy which while though under control with drugs, experienced a life threatening seizure in feb 2018-nobody has looked into this and have just accepted that his volunteering to be the carer of his mother at home is the best solution. It is not	7/23/2019 4:34 PM
58	Being in a depressed or anxiety filled state it would help to have someone coming to speak with you in your home, as it is often difficult to go out when you are feeling in an anxious state of mind. Holistic therapies would also help as would simple activities with people who have similar feelings. I am unsure how much and how regular any professional help would be and what form it would take?	7/21/2019 9:45 AM
59	Do as much as you can. Here where we are is quite limited for those that need help.	7/18/2019 3:35 PM
60	We know nothing about your service, have been to Knaresborough twice, once for the diagnosis and one week later as follow up. Leaflets were given at that time but we manage alone.	7/17/2019 10:21 AM
61	I refer to my previous statement.	7/5/2019 9:43 AM
62	Assistance with Parkinson's	7/3/2019 9:35 PM
63	Community support will not relieve carer strain.Often patients with dementia are being cared for at home by elderly frail spouses	7/2/2019 1:40 PM
64	Provide more centres open to vulnerable people. With trained staff involvement!	6/25/2019 1:06 PM
65	Have a community team that react promptly to a crisis. Doesn't always happen now	6/24/2019 11:10 PM

Q7 Do you have any other comments or suggestions about our proposals?

Answered: 71 Skipped: 69

#	RESPONSES	DATE
1	No	10/2/2019 3:18 PM
2	Not good travel to York. For out-patients or in-patients for visits from family.	10/2/2019 3:11 PM
3	They are better than I expected.	10/2/2019 3:07 PM
4	N/A	10/2/2019 3:04 PM
5	Concerned that there will not be any inpatient services in Harrogate and Northallerton. Expensive for family and friends to travel and contact helps recovery.	10/2/2019 3:01 PM
6	Need guaranteed funding	10/2/2019 2:52 PM
7	I think in-patient beds should be available locally.	10/2/2019 2:50 PM
8	Need more access to companionship during the day.	10/2/2019 2:45 PM
9	Very concerning having to travel to York for visiting. Bad public transport connections.	9/24/2019 12:42 PM
10	I think there needs to be resources to support visitors to in-patients in York, especially those living in the rural areas of North Yorkshire/Harrogate district.	9/24/2019 12:40 PM
11	Public transport for inpatient in York difficult. Will patient transport be available?	9/24/2019 12:35 PM
12	N/A	9/24/2019 12:32 PM
13	On-going reviews based on service user feedback. CPN peripatetic to GP surgeries.	9/24/2019 12:26 PM
14	The proposals are great, however they need to be continued and not given for a short period of time. I feel that NHS would save money as well as other services i.e. police. Also I have managed to complain regarding lack of services for mental health in Wetherby. People cannot travel to Leeds easily - it takes an hour plus on the number 7 bus. Leeds council appear to pour into areas such as Beeston, Harehills yet Wetherby has nothing. My complaint was listened to and hope it has helped engage the services you describe.	9/24/2019 12:02 PM
15	Although it's better to have a dedicated building for mental health users, patients and carers need to be within a reasonable travelling distance of the hospital. York hospital is much further away from in terms of time and distance.	9/24/2019 11:39 AM
16	What overall carers support is there? Will the home treatment team be able to provide respite so that a carer can take some time to themselves or shop etc.?	9/13/2019 7:28 PM
17	Like the larger hours and one point of contact	9/13/2019 12:33 PM
18	Maybe courtesy calls regularly	9/13/2019 12:28 PM
19	Make it clearer to people who they contact	9/13/2019 12:25 PM
20	No	9/13/2019 12:21 PM
21	No	9/13/2019 12:18 PM
22	Regular courtesy calls	9/13/2019 12:16 PM
23	I have been given an ambulance to the hospital previously, however I would prefer to go to the nearest hospital	9/11/2019 12:55 PM
24	Time and mileage to get to York	9/11/2019 12:51 PM
25	It's not easy for me to get to York. I suffer anxiety and don't like getting on buses. Also acknowledged it would be challenging going to Harrogate	9/11/2019 12:49 PM
26	The single point of access would be useful for all ages not just older	9/11/2019 12:24 PM
27	Extended working hours are vital especially in crisis	9/11/2019 12:19 PM
28	Make sure they happen	9/11/2019 12:16 PM
29	As above	9/11/2019 12:13 PM

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30	The wait times for CBT are a disgrace unless you can afford to go private	9/11/2019 12:08 PM
31	Easier for me to get to York than Wetherby	9/11/2019 11:47 AM
32	We need to know more about how to access these mental health services - signposting GP is probably the best route	9/11/2019 11:44 AM
33	Need a larger and adequate facility in York rather than fragmented services dotted around the area - central mental health facility is very good	9/11/2019 11:42 AM
34	Publicize the services more rather than stumbling across them	9/11/2019 11:40 AM
35	NEED A BENEFITS ADVISER IN WETHERBY ONCE A MONTH SPECIFICALLY FOR MENTAL HEALTH SERVICE USERS. A BUS JOURNEY INTO LEEDS AND BACK CAN TAKE 3 HOURS SO LEEDS BASED SERVICES ARE A DAY TRIP SOMETIMES NEEDING 2 BUSES AND MIND IN HORSFORTH, COMM LINKS AND TOUCHSTONE ARE LEEDS CENTRIC, UNFAIR TO PEOPLE WHO HAVE TRAVEL PHOBIA, LOW BUDGET FOR FARES, CARER COMMITMENTS. THESE SERVICES NEED TO BE OPERATING IN WETHERBY.	9/11/2019 11:30 AM
36	Listen to your patient. We are suffering.	9/11/2019 11:20 AM
37	None	9/11/2019 11:15 AM
38	Needs to be done. York is too far away unless have own transport. Public transport - not reliable. Need to look at public transport	9/11/2019 11:13 AM
39	No	9/11/2019 11:10 AM
40	Let's see what happens in Wetherby	9/11/2019 11:00 AM
41	I think there should be more for child mental health too the earlier mental health is caught and helped the better the outcome when growing up	9/11/2019 10:55 AM
42	North Yorkshire Sport would be interested in working with sports clubs and facilities about them being more mental health aware and friendly. Also incorporating physical activity in to some of the treatment, for example run and talk.	9/3/2019 2:52 PM
43	There will be a need to consider transport arrangements for carers/visitors of those who have to be admitted in York. Non car users will have difficulty gettingn to York from the Harrogate area owing to poor bus and train services.	9/2/2019 3:42 PM
44	I believe it is hugely important to ensure people who struggle to maintain their mental health are supported to stay well in their own environments. In my experience, people who would benefit from additional support do not always receive it in a timely way as the current services are under staffed. This is not a criticism, simply a statement of fact. I'm pleased to hear the new proposals also include the potential to recruit 14 new MH workers.	9/2/2019 2:46 PM
45	Haxby in York is a very difficult place to visit relatives and friends for none drivers and expensive on public transport, it also has to be considered that some of these people would be elderly as well as possibly infirm physically, so would there be any help available with transport for visiting relative as well as patients having to go on a daily basis ? It always seems to be the case these days that facilities for everything and everyone has to be big builds on the edges of Towns and Cities peoples comfort and fears are not taken into consideration by the powers above these days everything comes down to cost.	9/1/2019 8:45 PM
46	Peer support groups are very good, giving us confidence and enabling us to take more control of our lives and mental health conditions. Initially, support from a charity to set up and get under way would be needed until the group was running smoothly. Then the charity could step back somewhat but remain in touch in a supporting role.	8/31/2019 11:55 AM
47	Engagement with local communities and businesses could be very beneficial. I run a craft shop and, as a trained (but no longer registered) occupational therapist, am passionate about the use of activity to support mental and emotional health. I have worked with a local support group to enable a Christmas crafting session and would love to be able to do more of this however there needs to be structured support & supervision in order to achieve appropriate outcomes.	8/17/2019 12:35 PM
48	no	8/13/2019 8:53 AM
49	How would relatives would get to the proposed specialist facility in York if they do not drive and live in the Wetherby area. There is a bus from Wetherby to the centre of York but it does not run very often so it would be virtually impossible for relatives visit their loved ones. The article says under the "Inpatient Care" heading that keeping in touch with family, while they're in hospital, is really important and the NHS want to do what they can to support this.	8/12/2019 11:19 PM
50	More drop in centres with paid, trained staff - NOT volunteers! A befriending service would be ideal for those who find it hard to socialise or leave the house.	8/12/2019 2:59 PM

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51	Closure of local mental health wards (Briary) is a cause of concern among many of the people I support. The distance and cost of transport to York (or Scarborough) is very difficult for both sufferers and some of their families. They are losing place that is familiar to them.	8/9/2019 2:29 PM
52	Not your direct concern but the freeing of the Briary Wing will be a great help to Harrogate Hospital who desperately need more space to meet increasing demand.	8/9/2019 10:37 AM
53	There appears to be a reluctance to provide a diagnosis. It is appreciated that providing a diagnosis can be both positive and negative, but what is being proposed does not seem to address this matter. There still appears to be an air of mystery around mental health.	8/8/2019 10:07 PM
54	It is clear that the impetus is towards help in the home but sadly, people in Harrogate do need hospital treatment and it is shocking that the nearest mental health facility will now be in York. Over the years, we have travelled to Northallerton, Middlesbrough, Durham and Darlington, visiting the latter daily for several months to support our son. He later told us that our visits were a source of great comfort at a very difficult time for him, and that he had been horrified to find that some people seldom, if ever, had visitors. We are fortunate to be able to travel independently but had we to rely on public transport, it would have been extremely difficult if not impossible. There will be many people who would like to support family members in hospital but who will not be able to travel from Harrogate to these distant hospitals. Life will be lonely for their loved ones.	7/31/2019 10:41 PM
55	They need to be rethought bearing in mind the problems of transport for those living in Wetherby and the surrounding villages.	7/31/2019 5:49 PM
56	I really do not understand why people from Leeds, Harrogate and Wetherby have to travel to York to access mental health services. It is an expensive exercise, whether you have to pay for your bus or drive a car and then pay for parking Many mental health patients either cannot work because of their illness, are on benefits for same reason, would be daunted at the prospect of a long journey that necessitated changing buses two or three times. Any patient transport service should be considered alongside other public transport needs, such as students travelling to college and University, employees travelling to work, general public travelling for entertainment and leisure. The transport should be a cooperative venture to the benefit of everyone, not exclusively for mental health patients.	7/30/2019 6:56 PM
57	Cost cutting masquerading as community healthcare. Harrogate needs and deserves its own facilities.	7/30/2019 11:37 AM
58	Sending people back to the community does not work. My neighbour is returned she stops taking her medicines then puts us the neighbours in danger . We have to call and call and call before you do something then it goes round in a circle . Neighbours are not Drs We are scared as she had a knife . why put our lives in danger this lady needs constant support and supervision for her own safety but nhs does not care about neighbours !	7/27/2019 1:14 AM
59	It seems frightfully institutionalised.....	7/26/2019 10:09 PM
60	Please remember North Yorkshire is a vast geographical area and consider the complications for those of us in the outlying rural communities. The different sections of health and social care really need to be joined up services. Both are vital for patients to come through an admission, crisis and recover.	7/25/2019 10:49 PM
61	See above	7/25/2019 1:51 PM
62	I'm not sure if being from Boston spa in wetherby I will be effected directly. I think it would be good if all of wetherby is included rather than being in teams from Leeds or Harrogate services. I fit in Harrogate catchment areas for some of my care issues but then sometimes I go to Leeds. It's confusing.	7/23/2019 7:29 PM
63	yes please vet carers to make sure they are capable and mentally able to care	7/23/2019 4:34 PM
64	Sometimes time away from the situations causing someone to seek help in crisis is necessary, even if it is just to rest the mind and talk through coping strategies. Too often there is no where to go in a safe environment to recover	7/21/2019 9:45 AM
65	Its about time something was done. X	7/18/2019 3:35 PM
66	Instead of being delivered a fait accompli about the Mental health wing at the Harrogate Hospital being closed, it would have been prudent to ask Harrogate residents if they would prefer a new hospital instead of having to travel all the way to York. Two years saving 1 million would surely have gone a long way towards a new hospital in Harrogate, you have the land. No direct bus transport to York now, on the train a taxi would be required, it is too far to walk.	7/17/2019 10:21 AM
67	They sound quite promising.	7/5/2019 9:43 AM

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68	We need a comprehensive local service-both inpatient and community/outpatient which serves our community adequately and is properly funded. The proposal is a worse service than the one we have currently-which is inadequate itself.	7/2/2019 1:40 PM
69	Keeping a short stay facility at Harrogate, travelling to York will be difficult for some visitors	6/26/2019 4:11 AM
70	Stop closing things down. That help vulnerable people. It costs lives.	6/25/2019 1:06 PM
71	Instead of a purpose built inpatient hospital one of the changes is to invest £500,000 in community services. Where are the rest of the resources that were due to be spent in adult mental health services? There will never be parity between physical and mental health when you continue to underinvest in mental health care	6/24/2019 11:10 PM

Q8 Do you have any other comments or suggestions about accessing mental health services?

Answered: 74 Skipped: 66

#	RESPONSES	DATE
1	No	10/2/2019 3:18 PM
2	Mental health education. We have health and adult services at the front door.	10/2/2019 3:16 PM
3	If it's on line won't be able to do it.	10/2/2019 3:11 PM
4	Try not to label please.	10/2/2019 3:04 PM
5	If patients are discharged from services they are expected to go back to their GP. Very difficult to get GP appointments in a crisis or at a weekend. Mental illness is 7/7 24 hours a day, does not stop at weekends bank holidays, these can be difficult times for patients with mental illness.	10/2/2019 3:01 PM
6	Needs to be clear exactly what is available, where and when.	10/2/2019 2:52 PM
7	Mental health services are very useful. I was in hospital a year ago and am now at home under the crisis team and HTT.	10/2/2019 2:50 PM
8	More voluntary (lowish stress) roles within mental health sector and support for those wanting to 'have a go' at paid positions.	10/2/2019 2:39 PM
9	Better training for GPs but understand the recruitment issues.	9/24/2019 12:37 PM
10	If there was no place in York due to shortages of beds where would patient go next, Middlesbrough, Darlington. It makes sense to go to Leeds inpatient care.	9/24/2019 12:35 PM
11	No.	9/24/2019 12:32 PM
12	It is daunting for service users to arrive at an event/location for initial visit. If needed could ne met at the door, bust stop to feel safe.	9/24/2019 12:26 PM
13	Having access to mental health services at Wetherby Health Centre would help with initial contact and help required.	9/24/2019 12:07 PM
14	My 27 years of experience bringing up children, working and coping was done wit superb community services. Access to regular CPN and psychiatric appointments to help me well. Plus Mind all while living in a different part or Yorkshire. Once this was no longer there as continued support I went into freefall, am now written off from work, feel more fragile, my carer was my mother who has now died so it was not surprise in hindsight. I have found myself having to be back with CPN support and previous 9 months in 2016 of psychiatric intervention as an outpatient at St Mary's. All I needed I believe, which would have prevented this, was to be able to have face to face contact, to advise, to listen, to be part of calm in my storm. I f I feel this so must others. Tis is why NHS money should be allocated as a prevention before the inevitable disaster.	9/24/2019 12:02 PM
15	Why can't people in Wetherby areas access Leeds services if it is preferred? Someone said it's something to do with boundaries but I don't understand that. It isn't the same for physical health (what if I was somewhere else in the UK, I'd still get seen right?). I'd hate to think that people are having care detrimental to them because they can't see family/friends or because they're very far away because the preferred choice is Middlesbrough over Leeds because there isn't a bed nearby in the 'patch'.	9/13/2019 7:28 PM
16	Early intervention a key. More information on different parts of mental health would be better. Explaining where you can access different areas	9/13/2019 12:31 PM
17	Mental health is ongoing - so care should be ongoing and the patient needs checks after a few months to make sure they don't revert back	9/13/2019 12:28 PM
18	Often we hear about how difficult it has been for someone to access and speak to the person they need straight away. It would be less stressful for people if they could speak directly to someone instead of having to go through a number of people first	9/13/2019 12:25 PM
19	Make communities more dementia friendly	9/13/2019 12:21 PM
20	Make GPs very clear so then I can advise on what support	9/13/2019 12:18 PM
21	Accessibility is key - Need to be located in places which are easy to get to and accessible for wheelchairs Need to cut down on waiting times	9/11/2019 12:55 PM

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22	Everyone already comes to me	9/11/2019 12:51 PM
23	Community nurses are good - provided guidance and supported me when I was ill. - The nurses were very patient - They rang me and visited me as well - Advocated for me when I was in a challenging situation (being sectioned) - NHS need to invest in campaigns to challenge the stigma around mental health - IAPT were very good at challenging anxiety - supported me with using buses	9/11/2019 12:49 PM
24	Transport from villages around Wetherby difficult, even more so to York	9/11/2019 12:37 PM
25	Very difficult - telephone systems and accessibility	9/11/2019 12:32 PM
26	I was once given a number for IAPT from my GP and rang for days. I eventually went in and it was an old leaflet with the wrong number. This shouldn't happen. Very stressful	9/11/2019 12:24 PM
27	It's frustrating when you can't get hold of anybody	9/11/2019 12:19 PM
28	No	9/11/2019 12:16 PM
29	No	9/11/2019 12:13 PM
30	The waiting times are in acceptable 6 months for a CBT referral.	9/11/2019 12:08 PM
31	Greater understanding of Mental Health issues. For so long it has been "out of sight ", not spoken of.	9/11/2019 12:04 PM
32	Mental health services are at breaking point. Better use of funds and increased funding is a start. Whilst many people who live in Wetherby would like to use Harrogate hospital if this is no longer functioning, a new facility in York with increased staff is the best option. Transport for some may be a problem. Increased home services desperately needed and less waiting time. People in crisis can't wait.	9/11/2019 11:58 AM
33	Need to work with the police to ensure the right people receive the right care	9/11/2019 11:47 AM
34	Possibly access via 111 Needs to be as simple and accessible as possible to help people who may be in a fragile state Work with emergency services so they can signpost	9/11/2019 11:44 AM
35	Need skilled staff with empathy skills and time to care for someone as a human. - delivering joined up care - support with parenting GPs sometimes treat the symptoms rather than the cause GPs need to understand mental health issues	9/11/2019 11:42 AM
36	Worry about public transport for visitors and patients who are admitted to hospital miles away from home. Really would prefer in patient facility in Harrogate...dont want to have to go to York Middlesborough or Scarborough!	9/11/2019 11:33 AM
37	CPN BASED IN SURGERY GROUP THERAPY SESSIONS COULD ALLOW GP TO SEE SEVERAL SERVICE USERS IN ONE APPOINTMENT SPEAKERS TO PROMOTE POSITIVE MESSAGES ABOUT MENTAL HEALTH AND PROVIDE UPDATES RE MEDICATIONS	9/11/2019 11:30 AM
38	Mental illness impacts greatly on family, emotionally, financially and functionally. There should be something that helps people in this situation. The only thing there is is stigma and shame and no way to address the sense of deep isolation people experience	9/11/2019 11:25 AM
39	Often people do not become involved with mental health support services until they reached a crisis point or their situation has become unmanageable. Social engagement can help to avoid issues becoming crises.	9/11/2019 11:15 AM
40	Make it clear where to go first - who do we contact first - make it easy. Make it a good experience. Make you feel confident	9/11/2019 11:10 AM
41	You are very over stretched and if people like me look after our family to me get on with it you are doing fine	9/11/2019 11:00 AM
42	More mental health help for adult and children... The life I have no choice to live is not a life anyone who wants.. struggling every single day of your life just to get through a day	9/11/2019 10:55 AM
43	I'm worried about going all the way to York for inpatient services in the plans already formalised. I think there needs to be some dedicated groups for Wetherby area patients. Some groups we can't access in Harrogate because our postcode or out of area GP excludes us, and others that are charity based just feel to far away when you aren't so well. If some mental health activity groups and support groups could meet in Wetherby area that would be great.	9/5/2019 10:59 AM
44	The single point of access is key and wioll need to be excellent with the capability of supporting patients, carers, GPs Ambulance and Police. Any inadequacies in this system will lead to failure to deliver a satisfactory service.	9/2/2019 3:42 PM

Developing mental health services for adults and older people in Harrogate and Rural District and Wetherby and its surrounding areas

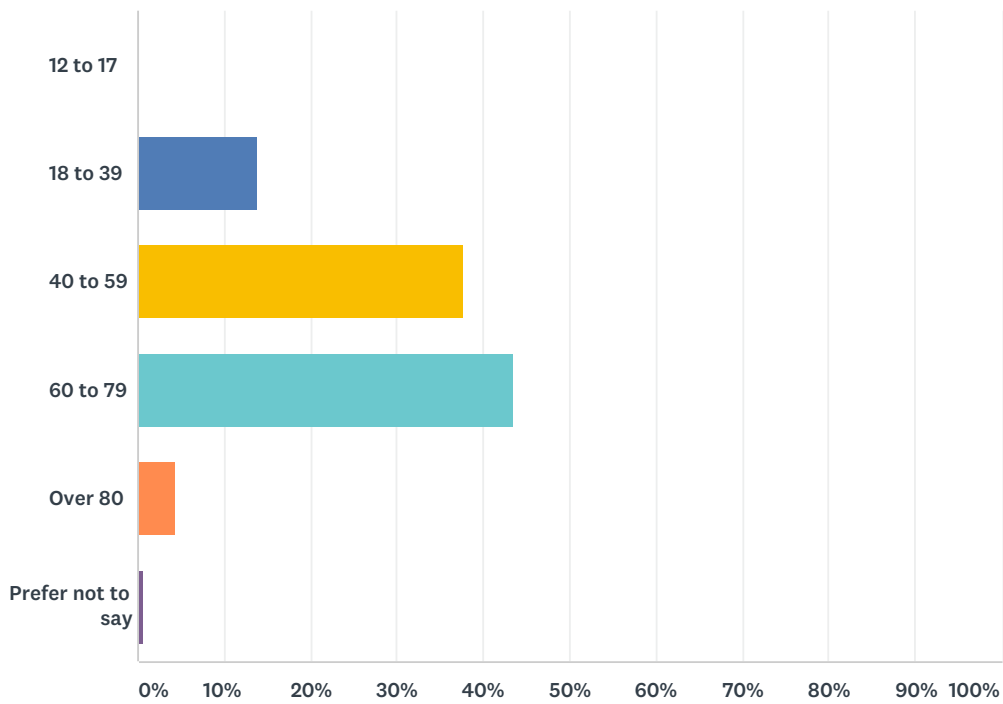
45	I've noticed a huge shift in the number of people we see who have complex and enduring mental health needs. Years ago, people with complex needs were supported by the provision of Community Health services. As these closed down, charities worked very hard to fill the gap. I hope we will now be able to work collaboratively across the area, as both statutory, voluntary and charitable organisations come together to support individuals in our communities.	9/2/2019 2:46 PM
46	It takes too long to get an assessment and a referral for assessment, ongoing care is a gamble you're either lucky and you get it but more often you don't for a very long time often by the time a person is severely ill. Continuing care is hard to come by you have to be what's called " a complicated case " Every case is a complicated case in my view when dealing with ones mental health ! There aren't enough places where one can go toile a drop in if you just want company and talk to other people or even do craft or physical exercise or join clubs, it's hard to fit in you see!	9/1/2019 8:45 PM
47	Wetherby is desperate for services. I am desperate for services. Let this happen and happen quickly. I have asked LCC to move me back to Leeds as my health, without support, has become so much worse. Services should be available to everyone in all areas. Isolated, desperate, lonely, suicidal, stressed and anxious.....welcome to Wetherby.	8/31/2019 11:55 AM
48	Please can you look at services for people with learning disabilities. I am running a Time to Shine, Ageing Better project for older people with learning disabilities, Bee Together. Many of the people I speak to suffer anxiety and depression and have un resolved bereavement issues. Where do they get support. i cannot help them become more socially active and help them combat their loneliness and isolation if they are unable to leave their home. Don't forget these people.	8/29/2019 12:29 PM
49	Also physical access to services needs to be considered - we live in a rural community with poor public transport links. Travel training schemes and additional funding may be required to support service users to attend groups thereby reducing social isolation and increasing confidence.	8/17/2019 12:35 PM
50	no	8/13/2019 8:53 AM
51	I cannot really give any personal views as I have no experience of Mental Health issues.	8/12/2019 11:19 PM
52	More support needed for children and young adults	8/12/2019 3:11 PM
53	Perinatal and postnatal centres where help and advice can be accessed more often. One drop in session a week is not good enough and also being closed in school holidays is not acceptable. Depression doesn't stop during the 6 weeks holiday!	8/12/2019 2:59 PM
54	There are so many consultations and changes that it is hard to know who or where to go. A very confused picture.	8/9/2019 2:29 PM
55	See above.	8/8/2019 10:07 PM
56	Moving from Harrogate to York is problematic for anyone without private transport from our location, as public transport services are very limited to York.	8/7/2019 7:52 PM
57	Wish it was easier to get help	8/6/2019 9:53 PM
58	I feel more weight should be given to the views of family members about the mental state of their relative so that help and support can be provided before their condition deteriorates too much. People close to the patient can be sensitive to patterns and changes leading up to deterioration so that extra attention can be supplied before things reach a crisis.	7/31/2019 10:41 PM
59	My Dr has been trying to get hold of someone to contact her back for over a month to discuss my situation -no one has I understand why my neighbours say don't trust mental health they let you down	7/27/2019 1:14 AM
60	I am very fortunate in meeting regularly with my Medication Monitor. However I refuse to meet with allocated Psychiatrist of 7 years ago. Mr Ahmed was not an approachable gentleman. He has a merely medicinal approach and just lays down the law on his beliefs. He lacked reality and openness , which was not comforting for me, his patient. This gentleman completely lacks compassion and rushes you through necessary council time.. In my lifetime I have met with numerous Psychiatrists. I am happy to share my feelings about them on 2nd September, 2019.	7/26/2019 10:09 PM
61	I have found, in the past, that trying to access MHS, has been very difficult and has taken a long time to get an appointment. When you are suffering with mental illness, you really do need to see someone quickly, as depending on the severity, we can't tolerate waiting for weeks/months for an appointment, when we're feeling suicidal or in crisis, hallucinations etc. Also, we need to be taken seriously, as I feel I haven't in the past, which has had an adverse effect on my mood and has led to me harming myself. I won't even ring the duty officer if I'm in crisis, as I don't feel I'll be taken seriously.	7/26/2019 7:59 PM

Developing mental health services for adults and older people in Harrogate and Rural District and Wetherby and its surrounding areas

62	It is much appreciated when professionals come to the local area such as The Orchards in Ripon for appointments. There needs to be quality 24 hour access to support. A drop in arrangement at your GP practice to see a regular support worker who can get to know you and help with managing symptoms supported by a nominated GP with an interest in Mental Health who can intervene when required.	7/25/2019 10:49 PM
63	See above	7/25/2019 1:51 PM
64	Just to reiterate whilst it's important people really needing crisis support get help this isn't at the detriment to people with severe ongoing problems. If I wasn't to continue getting the support I do every 2-3 weeks then I don't think I would be able to continue working and would end up isolated at home all the time. Don't forget about people like me please.	7/23/2019 7:29 PM
65	I personally have found the wait far too long and felt my problems are not taken seriously, also by the time it is available the episode may be resolved for the moment but makes matters worse in the long run as the problems become more difficult to cope with each time until there could be complete mental breakdown, which could have been prevented in the early stages.	7/21/2019 9:45 AM
66	Would be good to have local mental health services, as my current care coordinator tells me its a long way to travel from harrogate to see me.	7/18/2019 5:31 PM
67	No	7/18/2019 3:35 PM
68	What Services, we don't know about them.	7/17/2019 10:21 AM
69	I am very concerned about people having to travel to York for the in-patient service. I do not think is acceptable.	7/7/2019 4:15 PM
70	At this moment in time access to mental health services in Harrogate and district are woefully lacking to the point of none existence and could be classed as dangerous.	7/5/2019 9:43 AM
71	As a GP I have experience ++ of accessing mental health services.I find the services fragmented,difficult to assess on behalf of my patients and often not responsive enough.I think general practice can find itself 'propping up' specialist mental health services in providing timely and effective care . Also-the communication between general practice and mental health services could be much better.Perhaps representatives from services could come along to one of our PLT events in the first instance.	7/2/2019 1:40 PM
72	an inpatient facility in Harroagate is essential for patients and their family and friends MH services in Harrogate have been underfunded for years, suicide rates are one of the highest in the country. People will die beacuse of the bean counters and their masters who get paid 6 figure salaries. They don't care	6/28/2019 10:30 PM
73	More staff needed to counteract the growing numbers of patients.	6/25/2019 1:06 PM
74	How do people from Harrogate and rural area who need inpatient care get good family contact? It's no longer closer to home and there is a distinct lack of affordable public transportation. This goes against the view that people should be treated closer to home. Harrogate had approved a new inpatient unit and even bought the land at Cardale Park. The same week Bootham hospital in York closed. Suddenly the Harrogate unit was paused, otherwise known as stopped altogether, and York announced a new unit. The MP stated that the people of York ' deserved the best mental health care ' What about the people of Harrogate? It was obviously decided years ago that Harrogate needed a new unit but all of a sudden community care would be increased and that would e better. Harrogate and Northallerton are the only places where modern inpatient services are no longer available. The day hospitals were both closed and at least they supported a large number of people and kept them out of hospital and often out of an unhelpful home environment. Harrogate and rural areas have been done a great disservice.	6/24/2019 11:10 PM

Q9 What is your age?

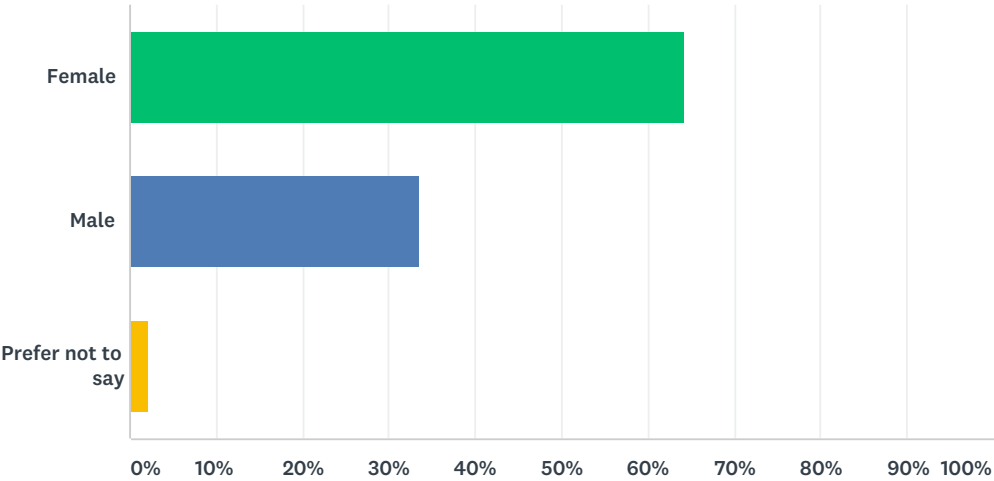
Answered: 138 Skipped: 2



ANSWER CHOICES	RESPONSES	
12 to 17	0.00%	0
18 to 39	13.77%	19
40 to 59	37.68%	52
60 to 79	43.48%	60
Over 80	4.35%	6
Prefer not to say	0.72%	1
TOTAL		138

Q10 What sex are you?

Answered: 137 Skipped: 3



ANSWER CHOICES		RESPONSES	
Female		64.23%	88
Male		33.58%	46
Prefer not to say		2.19%	3
TOTAL			137

Harrogate & Rural District engagement response Action Plan

Created : 13 December 2019

Item	Themed Expected outcome	Action required	Lead	Timescale	Progress Update
1.	To have a clear understanding & response for those that have transport and travel issues	To map the volunteer driver provision across HaRD/Wetherby & make information available to services users, carers & staff.	CCG	March 2019	
		Work with third sector partners in areas where there are key population gaps	CCG	March 2019	
2.	To have clearly defined service offers (crisis, community & home treatment) close to where people live	To map existing service offer (crisis, home treatment & community) with the Wetherby area ; including where & how often	LMgrs	Jan 2020	
		To secure additional clinical capacity in the Wetherby area is required.	CCG/Lmgrs	April 2020	
		To work in partnership with CCGs to make the future service requirements for EIP against	CCGs	April 2020	

In partnership with

Tees, Esk and Wear Valleys NHS Foundation Trust
NHS Harrogate and Rural District Clinical Commissioning Group
NHS Leeds Clinical Commissioning Group

Item	Themed Expected outcome	Action required	Lead	Timescale	Progress Update
		the revised national trajectory			
		To work towards clinical capacity with our HARA partners to support care closer to where people live	LMgrs	April 2020	
		To have agreement with the Wetherby AMHPs & TEWV crisis staff regarding the MHA assessment, conveyance & S136 requirements	LMgrs	April 2020	
3.	To have clear decision-making and support pathways with partners to support alternatives to admission	To promote the third sector response pathway to all third sector MH support groups	AMH Lmgr	March 2020	
		To confirm named alternatives to places of safety that can support a space for a mental health conversation to take place in each of the geographical areas, including North Yorkshire 'safe spaces'	AMH Lmgr	March 2020	
		To understand the patient flow, AMHP access & crisis support for Wetherby & Leeds plans for a crisis house.	AMH Lmgr/CCG	April 2020	

In partnership with

Tees, Esk and Wear Valleys NHS Foundation Trust
 NHS Harrogate and Rural District Clinical Commissioning Group
 NHS Leeds Clinical Commissioning Group

Item	Themed Expected outcome	Action required	Lead	Timescale	Progress Update
		Confirm with the NYPCC & CCG the future model for force control & street triage response that will benefit the HaRD population	AMH HoS	April 2020	
4.	To have a clear map of service provision & partnership working with third sector development	To finalise the commissioned arrangements for the crisis café within the HaRD locality	AMH Lmgr	March 2020	
		To understand the potential for a crisis café offer in the Wetherby area.	CCG	April 2020	
		To map the complementary services that can support people's wider social care needs – NYCC connect website	Local authority	April 2020	
5.	To align community services with our PCN partners & support for co-locating mental health workers within primary care	To meet with HARA to map the potential clinical space across the HaRD community to support assessment & treatment	Lmgrs	April 2020	

In partnership with

Tees, Esk and Wear Valleys NHS Foundation Trust
NHS Harrogate and Rural District Clinical Commissioning Group
NHS Leeds Clinical Commissioning Group

Item	Themed Expected outcome	Action required	Lead	Timescale	Progress Update
		To meet with CCG/PCN clinical directors to support access to IAPT co-located in primary care & support to mental health specialist advice	CCG/HoS/DoOps	April 2020	
6.	For people who require admission & their ' carers ' will understand the reason for admission and anticipated length of stay & they have seamless care	To have an agreed clinical decision-making tool across the localities that considers alternative to admission first.	Lmgrs	March 2020	Kaizen event planned for January 2020
		To update patient information that supports people at the point of admission and care at home.	LMgrs	April 2020	

In partnership with

Tees, Esk and Wear Valleys NHS Foundation Trust
 NHS Harrogate and Rural District Clinical Commissioning Group
 NHS Leeds Clinical Commissioning Group

FOR GENERAL RELEASE
BOARD OF DIRECTORS

DATE:	28 January 2019
TITLE:	Finance Report for Period 1 April 2019 to 31 December 2019
REPORT OF:	Patrick McGahon, Director of Finance and Information
REPORT FOR:	Assurance and Information

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

Executive Summary:

The comprehensive income outturn for the period ending 31 December 2019 is a surplus of £5,272k, representing 2.1% of the Trust's turnover and is £42k ahead of the NHSI plan.

Performance Against Plan – year to date (3.1 / 3.2)

	Variance £000	Monthly Movement £000	Movement
The Trust is currently £42k ahead of its year to date financial plan.	-42	-8	↑

Cash Releasing Efficiency Savings (CRES) (3.3)

	CRES Type	Annual Variance £000	Movement
Identified CRES schemes for the financial year are forecast to be £1,910k ahead of financial plan.	Recurrent	505	→
	Non recurrent	-2,414	→
	Target	0	
	Variance	-1,910	→

	CRES Type	Annual Variance £000	Movement
Identified CRES schemes for the rolling 3 year period were £6,654k behind the £21,810k CRES target.	Recurrent	6,654	↑

A Waste Reduction Programme has been established to assist the Trust in delivering the current year CRES requirements in full, and a rolling 3 year recurrent CRES plan.

Capital (3.4)

The Trust is £4,979k behind of its capital plan.	Variance £000	Monthly Movement £000	Movement
	-4,979	-1,662	

Expenditure against the capital programme to 31 December 2019 is £27,529k and is behind plan by £4,979k. The variance arises largely due to delays in commencing the rectification scheme at Roseberry Park Hospital (£3,551k), the purchase of land for the North Yorkshire and York community mental health team base (Kings park) (£318k) and the purchase of the Limetrees replacement building (Bacchus House) (£985k); which are now anticipated to be purchased in January and March respectively. In addition there has been an adjustment to the cash flow profiling of expenditure to the York and Selby inpatient facility (Foss Park Hospital) (£663k) which is on plan to complete in March 2020. The slippage on these schemes is offset by General Construction trustwide which is £564k overspent.

The forecast for the capital programme is now planned to be £4,114k behind plan at the year end.

Workforce (3.5)

The Trust is £1,478k in excess of its agency cap (30%)	Variance £000	Monthly Movement £000	Movement
	1,478	127	

Agency expenditure is 30% (November 31%) in excess of cap for December, with expenditure across all localities. Agency expenditure has reduced during the year, reflecting the impact of the Trust's agency reduction plan.

Use of Resources Risk Rating (UoRR) (3.7)

	Plan	Actual	Movement
The Trusts UoRR is behind plan which is rated 1 to 4 with 1 being good.	1	2	

The UoRR for the Trust is assessed as 2 for the period ending 31 December 2019 and is behind plan (Table 4). The actual rating of 2 arises due to agency expenditure continuing to exceed the NHSI cap by 30% and is rated as a 3. Recruitment options are being explored and monthly agency expenditure has reduced since April 2019. Progress continues to be monitored and inform conversations with NHSI.

Despite the improving agency expenditure position it is unlikely that expenditure will reduce to be within cap and therefore the UoRR is forecast to be a 2 rating at the year end which is behind the plan.

Recommendations:

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

MEETING OF:	Board of Directors
DATE:	28 January 2019
TITLE:	Finance Report for Period 1 April 2018 to 31 December 2019

1. INTRODUCTION & PURPOSE:

This report sets out the financial position for 1 April 2019 to 31 December 2019.

2. BACKGROUND INFORMATION AND CONTEXT:

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

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

3. KEY ISSUES:

3.1 Key Performance Indicators

The Trust is ahead of plan against the control total set by NHSI.

The UoRR for the Trust is assessed as 2 for the period ending 31 December 2019 and is behind plan. The actual rating of 2 arises due to agency expenditure continuing to exceed the NHSI cap by 30% and is rated as a 3.

Despite the improving agency expenditure position it is unlikely that expenditure will reduce to be within cap and therefore the UoRR is forecast to be a 2 rating at the year end which is behind the plan.

3.2 Statement of Comprehensive Income

The comprehensive income outturn for the period ending 31 December 2019 is a surplus of £5,272k, representing 2.1% of the Trust's turnover and is £42k ahead of the NHSI plan. This is summarised in table 1 below:

Table 1

	Annual Plan	Year to Date Plan	Year to Date Actual	YTD Variance	Prior Month Variance
	£000	£000	£000	£000	£000
Income From Activities	(351,644)	(257,365)	(257,095)	390	59
Other Operating Income	(15,988)	(11,865)	(11,595)	269	220
Total Income	(367,632)	(269,229)	(268,690)	659	280
Pay Expenditure	281,511	210,531	208,220	(2,361)	(2,198)
Non Pay Expenditure	71,592	46,777	48,845	1,898	2,181
Depreciation and Financing	8,920	6,690	6,351	(339)	(297)
Variance from plan	(5,610)	(5,230)	(5,272)	(42)	(34)

The outturn for income from activities has deteriorated in December and is largely due to non-achievement of CQUIN.

The improvement within pay expenditure is largely due to the establishment of new posts following an increase in contracted income within clinical services. Recruitment is on-going.

Non-pay expenditure is higher than the original plan and is largely due to additional investment in IT infrastructure in preparation for the improvements to the patient information system, and purchase of replacement furniture and fittings in clinical services.

3.3 Cash Releasing Efficiency Savings (CRES)

The Trust's performance against the 2019/20 CRES target is shown in Table 2 below. The Trust is anticipating being ahead of plan (£1,910k) at the financial year end and continues to identify schemes for future years.

Table 2: Cash Releasing Efficiency Scheme Performance 2019/20	2019/20 Target £000	2019/20 Identified Schemes £000	Variance from Target £000
Locality			
Chief Operating Officer	4,319	5,684	-1,365
Corporate and EFM	1,014	1,405	-391
Trustwide schemes	4,566	4,720	-154
Total identified and approved recurrent CRES	9,899	11,809	-1,910

3.4 Capital

Expenditure against the capital programme to 31 December 2019 is £27,529k and is behind plan by £4,979k. The variance arises largely due to delays in commencing the rectification scheme at Roseberry Park Hospital (£3,551k), the purchase of land for the North Yorkshire and York community mental health team base (Kings park) (£318k) and the purchase of the Limetrees replacement building (Bacchus House) (£985k); which are now anticipated to be purchased in January and March respectively. In addition there has been an adjustment to the cash flow profiling of expenditure to the York and Selby inpatient facility (Foss Park Hospital) (£663k) which is on plan to complete in March 2020. The slippage on these schemes is offset by General Construction trustwide which is £564k overspent.

3.5 Workforce

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

Table 3	Pay Expenditure as a % of Pay Budgets						
Tolerance	Tolerance December-19	July	August	September	October	November	December
Establishment (a) (90%-95%)	91.25%	92.32%	92.26%	92.01%	92.45%	92.44%	91.25%
Agency (b)	2.40%	3.10%	3.20%	3.13%	3.11%	3.08%	3.05%
Overtime (c)	1.00%	0.87%	0.87%	0.88%	0.90%	0.92%	0.92%
Bank & ASH (flexed against establishment) (100%-a-b-c)	5.35%	3.52%	3.59%	3.55%	3.50%	3.45%	3.52%
Total	100.00%	99.81%	99.92%	99.57%	99.96%	99.89%	98.74%

The tolerances for flexible staffing expenditure are set at 1% of pay budgets for overtime and 2.4% for agency, and flexed in correlation to staff in post for bank and additional standard hours (ASH). For December 2019 the tolerance for Bank and ASH is 5.35% of pay budgets.

NHS Improvement monitors agency expenditure against a capped target. Agency expenditure at 31 December 2019 is £6,442k which is £1,478k (30%)

in excess of the agreed year to date capped target of £4,964k. Nursing and Medical agency expenditure accounts for 86% of total agency expenditure, and is used to support vacancies and enhanced observations with complex clients.

Agency expenditure has reduced during the year, reflecting the impact of the Trust's agency reduction plan.

Recruitment options are being explored to reduce dependency on agency further, and progress continues to inform conversations with NHSI.

3.6 Cash

Total cash at 31 December 2019 is £82,635k; this is £14,864k ahead of plan and is largely due to higher than anticipated creditor accruals where invoices have not been received by the Trust and delays within the capital expenditure plan.

3.7 Use of Resources Risk Rating (UoRR) and Indicators

3.7.1 The UoRR for the Trust is assessed as 2 for the period ending 31 December 2019 and is behind plan (Table 4). The actual rating of 2 arises due to agency expenditure continuing to exceed the NHSI cap by 30% and is rated as a 3. Should agency expenditure reduce to be within cap the UoRR would improve at the year end to a rating of 1.

The Trust is ahead of its income and expenditure target (£42k) despite the agency expenditure position.

Table 4: Use of Resource Rating at 31 December 2019

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

TEWV Performance		Actual		YTD Plan		RAG Rating
		Achieved	Rating	Planned	Rating	
Capital service cover		1.59x	3	1.58x	3	●
Liquidity		55.1 days	1	51.1 days	1	●
I&E margin		1.9%	1	1.9%	1	●
I&E margin distance from plan		0.0%	1	0.0%	1	●
Agency expenditure		£6,442k	3	£4,964k	1	◆

Overall Use of Resource Rating	2	1	◆
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3.7.2 The capital service capacity rating assesses the level of operating surplus generated, to ensure Trusts are able to cover all debt repayments due in the reporting period. The Trust has a capital service capacity of 1.59x (can cover debt payments due 1.59 times), which is in line with plan.

3.7.3 The liquidity metric assesses the number of days operating expenditure held in working capital (current assets less current liabilities). The Trust liquidity metric is 55.1 days; this is ahead of plan and is rated as a 1.

-
- 3.7.4 The income and expenditure (I&E) margin assesses the level of surplus or deficit against turnover, excluding exceptional items e.g. impairments. The Trust has an I&E margin of 1.9%, which is on plan and is rated as 1.
- 3.7.5 The I&E margin distance from plan ratio assesses the I&E Margin against plan, excluding PSF income. The Trust I&E margin distance from plan is 0% which is on plan and rated as a 1.

The agency rating assesses agency expenditure against a capped target for the Trust. Agency expenditure is 30% higher than the capped target and is rated as a 3.

The margins on UoRR are as follows:

- Capital service cover - to improve to a 2 a surplus increase of £1,234k is required.
- Liquidity - to reduce to a 2 a working capital decrease of £58,058k is required.
- I&E Margin – to reduce to a 2 an operating surplus decrease of £43k is required.
- Agency Cap rating – to improve to a 2 a reduction in agency expenditure of £237k is required.

4. IMPLICATIONS:

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

5. RISKS:

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

6. CONCLUSIONS:

- 6.1 For the period ending 31 December 2019 the Trust is £42k ahead of its planned control total surplus (£5,230k) submitted to NHSI.
- 6.2 The amount of CRES identified for the financial year is ahead of plan and the Trust continues to identify schemes to ensure full delivery of recurrent CRES requirements for the 3 year rolling programme.
- 6.3 The UoRR for the Trust is assessed as 2 for the period ending 31 December 2019 and is behind plan (Table 4).

7. RECOMMENDATIONS:

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

Patrick McGahon
Director of Finance

FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	28th January 2020
TITLE:	Board Dashboard as at 31st December 2019
REPORT OF:	Sharon Pickering, Director of Planning, Performance & Communication
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 carers to promote recovery and wellbeing</i>	✓
<i>To continuously improve to quality and value of our work</i>	✓
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	✓
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	✓
<i>To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefits of the communities we serve.</i>	✓

Executive Summary:

As at the end of December 2019, 4 (24%) of the indicators reported are not achieving the expected levels and are red across three of the four domains. This is one less than the position as at the end of November 2019. In addition there are 4 KPIs (24%) that whilst not achieving the expected standard are within the 'amber' tolerance levels, with 9 achieving the standards and being rated as green (52%), which is the same number as in November 2019.

The Year to Date position shows 10 (59%) of the KPIs are rated as green (1 more than in November) with 3 rated as red as was the case last month.

In terms of the Oversight Framework (OF) the Trust did not achieve the IAPT- proportion of people completing treatment who move to recovery standard. The main area of concern is within Durham and Darlington where the standard has not been achieved in the three CCG areas for a number of months. A detailed action plan has been developed and agreed with commissioners to improve the position.

In addition to the above there were also variances in achievement of the OF standards at CCG levels and further detail is provided within the report.

There has been no change to the Data Quality Assessment Scores since the last report

Recommendations:

It is recommended that the Board consider the content of this paper and raise any areas of concern/query.

MEETING OF:	Board of Directors
DATE:	28th January 2020
TITLE:	Board Dashboard as at 31st December 2019

1. INTRODUCTION & PURPOSE:

- 1.1 To present to the Board the Trust Dashboard as at 31st December 2019 (Appendix A) in order to identify any significant risks to the organisation in terms of operational delivery. Definitions of the KPIs within the dashboard are provided in Appendix B.

2. KEY ISSUES:

2.1 Performance Issues

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

- As at the end of December 2019, 4 (24%) of the indicators reported are not achieving the expected levels and are red across three of the four domains (one in the Quality domain, one in the Activity domain and two in the Workforce domain). This is one less than the position as at the end of November 2019. In addition there are 4 KPIs (24%) that whilst not achieving the expected standard are within the 'amber' tolerance levels, with 9 achieving the standards and being rated as green (52%), which is the same number as in November 2019. Of the 8 indicators that are either red or amber 2 are showing an improving trend over the previous 3 months.

The Year to Date position shows 10 (59%) of the KPIs are rated as green (1 more than in November) with 3 rated as red as was the case last month.

- In terms of the Oversight Framework (OF) there was one area in December that continues to be a concern as follows:
 - IAPT- proportion of people completing treatment who move to recovery. The Trust continues to not achieve the standard in December achieving 45.19% which is comparable to the performance in November. The main areas of concern are within Durham and Darlington where the standard has not been achieved for a number of months. Commissioners have expressed significant concern about this position and a detailed action plan has been developed and agreed with them. Whilst this is a wide ranging action plan there is particular focus on reducing waiting times in order to improve recovery. The action plan is being monitored with commissioners, in addition to internally. The standard was also not achieved in December in the Vale of York CCG. Changes to the group work have been implemented to improve the recovery rates of those attending group work and the impact will be monitored in the coming months.

In addition to the above there were also variances in achievement of the Oversight Framework (OF) standards at CCG level as described below:

- Proportion of people discharged from a ward that were followed up within 7 days – The standard was not achieved in North Durham CCG.
- Access to Early Intervention in Psychosis Services – Whilst the Trust overachieved against the standard in December we did not deliver the required standard in the three CCGs in North Yorkshire. The key issue has been reduced capacity in the team due to vacancies and sickness but these issues have now been addressed.
- Inappropriate Out of Area Occupied Bed Days – the standard was not achieved for 6 CCGs (Darlington, North Durham, Durham Dales, Easington and Sedgfield, Hartlepool & Stockton, Scarborough and Ryedale and Vale of York). These all related to 'Internal' Out of Area admissions i.e. admissions within other areas of the Trust. There were no patients admitted externally from the Trust due to pressure on beds. A Trust-wide action has been developed to support improvement against this standard and will be monitored by the Right Care Right Place Programme Board.

3.2 Key Risks

- Waiting times for first appointment (KPI 1) – As a Trust delivery of the 4 week waiting time standard continues to be a challenge. From a quality perspective this can impact on patient safety and experience. There continues to be concern in terms of delivering against the standard in North Yorkshire and York. Vacancies and sickness in AMH services are key factors contributing to this position although there has been additional staff recruited who are now in post. Within Older Peoples Services work is ongoing to review the pathway for the memory service in order to identify any changes that would help address the gap between demand and the capacity available to meet that demand. In addition concerns remain in Durham and Darlington AMH services; however capacity has been improved following additional recruitment and an Improvement Event both of which appear to be having a positive impact.
- Percentage of patients reporting their experience as excellent or good (KPI 4) – The feedback from patients continues to be below the agreed standard and performance has reduced compared to that in November. An issue concerning a change in the postal address had resulted in a reduced number of questionnaires being included in the denominator in November which may explain this reduction. Whilst action has been taken to address the issue it is expected that this may have an impact in January as well.
- Percentage of Serious Incidents which are found to have a root or contributory cause (KPI 5) – The Trust position is below the standard set and the position has fluctuated considerably over the year. Any themes

that are identified from the SI investigations are shared Trust wide through the Patient Safety Group.

- %age of teams achieving the benchmarks for HoNOS score (KPI 6) – Whilst there has been a decline in the position for December the Year to Date figure is above the agreed standard. There has been discussion between the Medical Director, Chief Operating Officer and staff from the Performance and Information Teams to identify what else could possibly be done to improve the position in terms of outcomes. A series of actions were agreed and will be put in place.
- Bed Occupancy (KPI 12) – Whilst this indicator performed within the agreed tolerances in December it remains worse than the agreed standard and was at the highest level since November 2018. As described above a 'Bed Management' action plan has been developed to ensure we are being proactive in terms of ensuring beds are being used appropriately.
- Vacancy Rate (KPI 15) – The level of vacancies being actively recruited to continues to be higher than we planned, although the December position was lower than that in November. **It should be noted that a number of these vacancies will still have staff in post working their notice.** There was a 'deep dive' discussion at Executive Team in December using the quarterly 'vacancy census' and a number of actions were agreed, including the need to better understand reasons why people leave the Trust.
- Sickness Absence Rate (KPI 19) – 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. There was a further deterioration in the level of sickness reported in December.

2.4 Data Quality Assessment.

The Data Quality Assessment for the dashboard indicators is attached in Appendix C. There has been no change to that reported in last month report.



3. **RECOMMENDATIONS:**

It is recommended that the Board consider the content of this paper and raise any areas of concern/query.







Sharon Pickering
Director of Planning, Performance and Communications

Background Papers:













Trust Dashboard Summary for TRUST

Quality								
	December 2019				April 2019 To December 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%	85.44%			90.00%	83.94%		90.00%
2) Percentage of patients starting treatment within 6 weeks of an external referral	60.00%	67.74%			60.00%	60.76%		60.00%
3) The total number of inappropriate OAP days over the reporting period (rolling 3 months)	2,094.00	1,907.00			2,094.00	1,907.00		2,094.00
4) Percentage of patients surveyed reporting their overall experience as excellent or good	94.00%	87.89%			94.00%	91.36%		94.00%
5) The percentage of Serious Incidents which are found to have a root cause or contributory finding	32.00%	25.00%			32.00%	34.02%		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%	58.00%			60.00%	62.11%		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%	67.37%			65.00%	69.53%		65.00%
Activity								
	December 2019				April 2019 To December 2019			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
8) Number of new unique patients referred		6,703.00				64,853.00		
9) The number of new unique patients referred with an assessment completed		3,684.00				37,406.00		
10) Number of new unique patients referred and taken on for treatment		1,608.00				15,121.00		
11) Number unique patients referred who received treatment and were discharged		2,834.00				24,468.00		
12) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	90.00%	93.26%			90.00%	91.00%		90.00%








Trust Dashboard Summary for TRUST

	December 2019				April 2019 To December 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	45.00			61.00	45.00		61.00
14) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP) - in reporting month	23.00%	28.12%			23.00%	25.57%		23.00%

Workforce

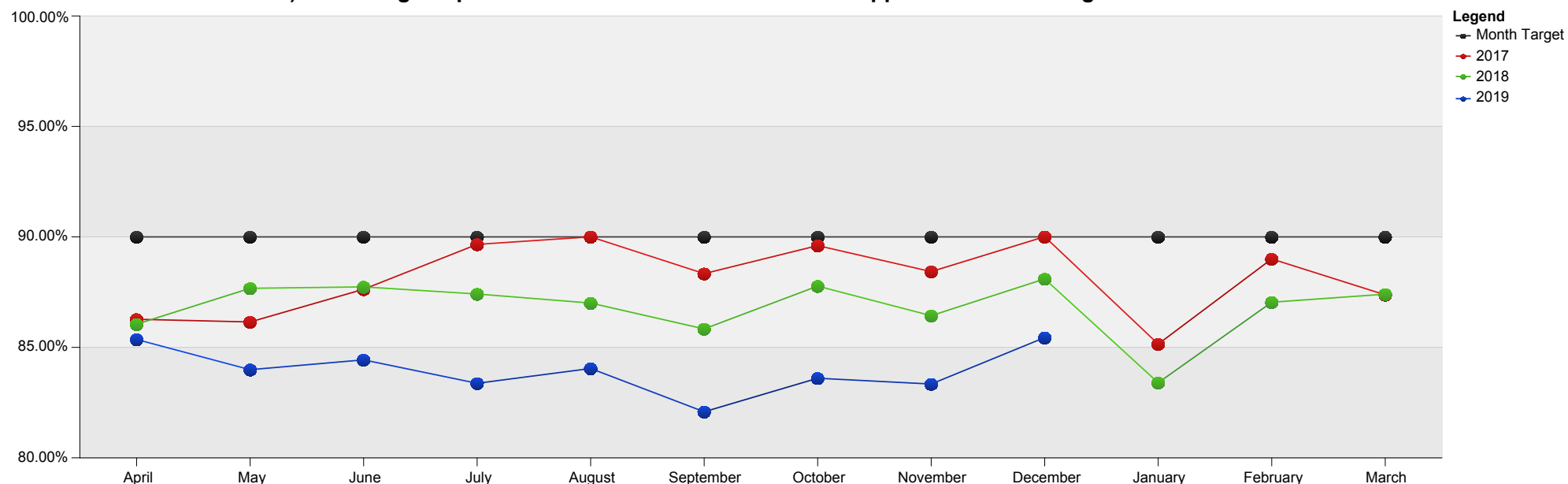
	December 2019				April 2019 To December 2019			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
15) Vacancy Rate (Healthcare Professionals only)	6.50%	15.93%			6.50%	11.81%		6.50%
16) Percentage of staff in post more than 12 months with a current appraisal (snapshot)	95.00%	91.07%			95.00%	91.07%		95.00%
17) Percentage compliance with ALL mandatory and statutory training (snapshot)	92.00%	93.41%			92.00%	93.41%		92.00%
18) Percentage Sickness Absence Rate (month behind)	4.40%	5.61%			4.40%	5.28%		4.40%

Money

	December 2019				April 2019 To December 2019			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
19) Delivery of our financial plan (I and E)	-675,000.00	-683,425.00			-5,230,000.00	-5,271,935.00		-5,610,000.00
20) CRES delivery	824,916.00	984,071.00			7,424,244.00	8,856,646.00		9,898,992.00
21) Cash against plan	67,771,000.00	82,634,959.00			67,771,000.00	82,634,959.00		54,409,000.00

Trust Dashboard Graphs for TRUST

1) Percentage of patients seen within 4 weeks for a 1st appointment following an external referral



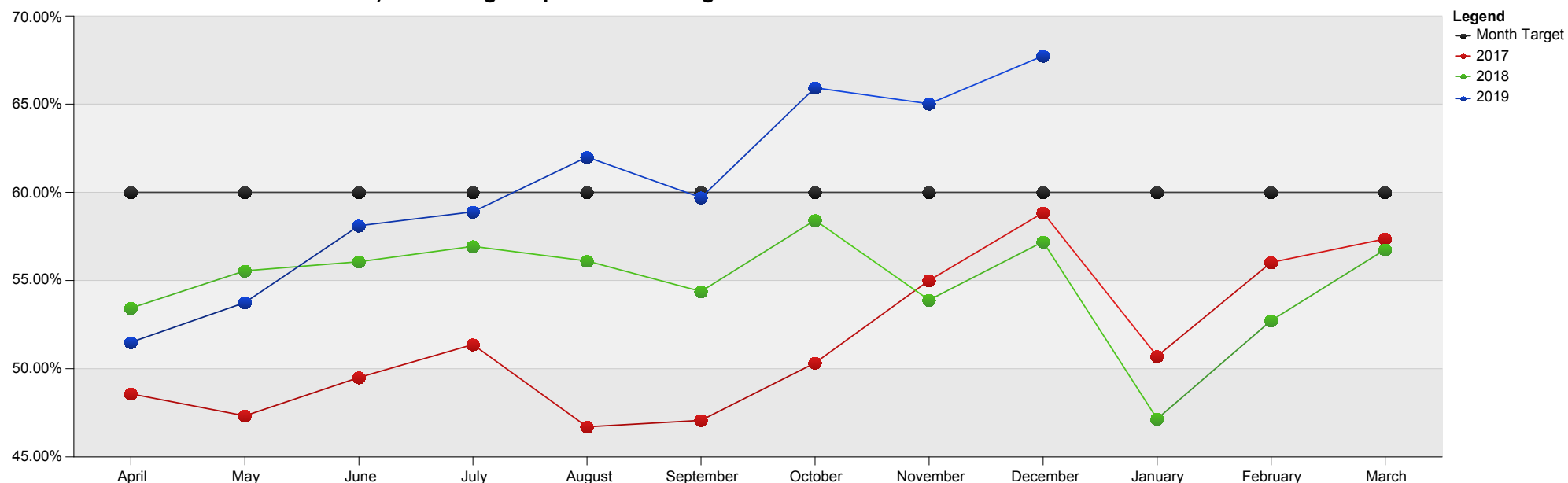
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
1) Percentage of patients seen within 4 weeks for a 1st appointment following an external referral	85.44%	83.94%	85.70%	82.39%	91.00%	90.23%	76.18%	75.34%	99.52%	99.22%		

Narrative

The position for December 2019 is 85.44%, which is not meeting the standard of 90.00% but is better than that reported in November. This continues to be one of the lowest positions reported since 2017/18 however, is the 3rd consecutive month of improvement since September. Durham and Darlington and North Yorkshire and York localities continue to report furthest from the standard at 85.70% and 75.34% respectively. Key areas of concern are as below: • Durham and Darlington AMH at 70.38% (296 out of 421 patients). This is better than the position reported in November 2019. Capacity continues to improve as a result of over establishment of staffing levels and changes to the assessment process from the RPIW in October 2019. Continued improvements in performance are anticipated. • North Yorkshire and York AMH at 73.21% (492 of 672 patients). This is better than the position reported in November 2019. Performance continues to be impacted by high sickness levels. • North Yorkshire and York MHSOP at 75.71% (452 of 597 patients). This is better than the position reported in November 2019. Issues in the memory service across all areas continue to be due to capacity not meeting demand. Following a scoping meeting in December 2019 an event is planned within this service for early June 2020 to standardise and improve processes.

Trust Dashboard Graphs for TRUST

2) Percentage of patients starting treatment within 6 weeks of an external referral



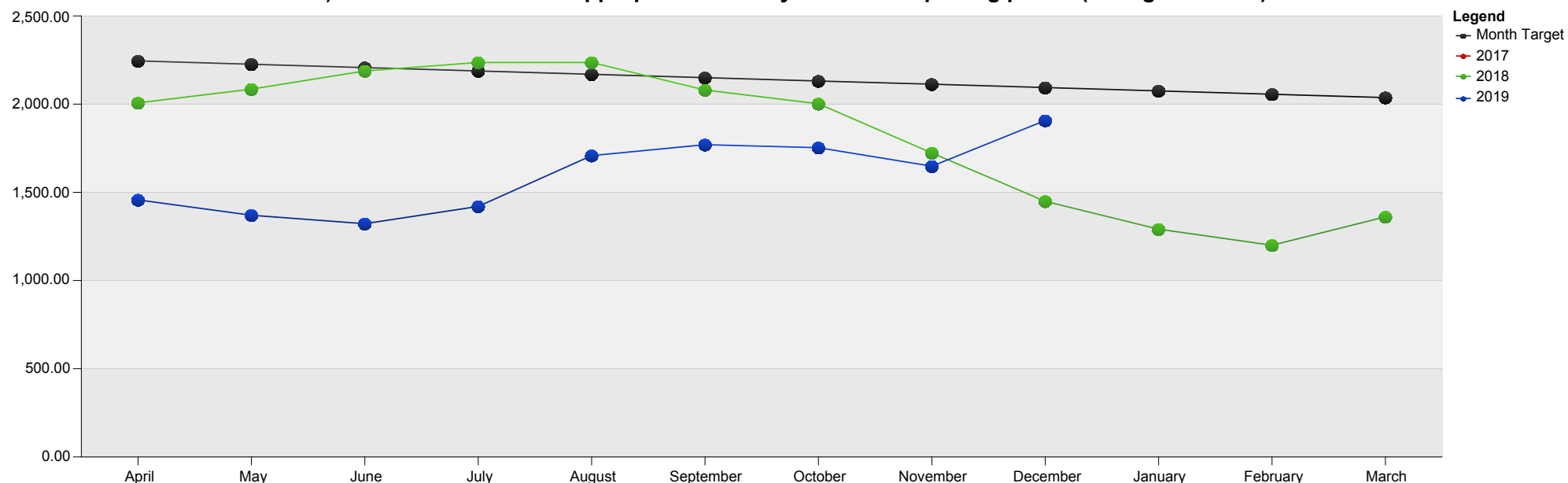
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
2) Percentage of patients starting treatment within 6 weeks of an external referral	67.74%	60.76%	72.23%	65.24%	60.17%	58.17%	67.81%	57.26%	100.00%	97.46%		

Narrative

The position for December 2019 is 67.74% which is continuing to meet the standard of 60.00%, and is the best position reported since 2017/18. All localities are meeting the standard. An action plan which was developed by the Performance Improvement Group (PIG) in October to ensure consistent recording of intervention codes is continuing to be monitored by the Corporate Performance Team and progress reported to the Chief Operating Officer each month.

Trust Dashboard Graphs for TRUST

3) The total number of inappropriate OAP days over the reporting period (rolling 3 months)



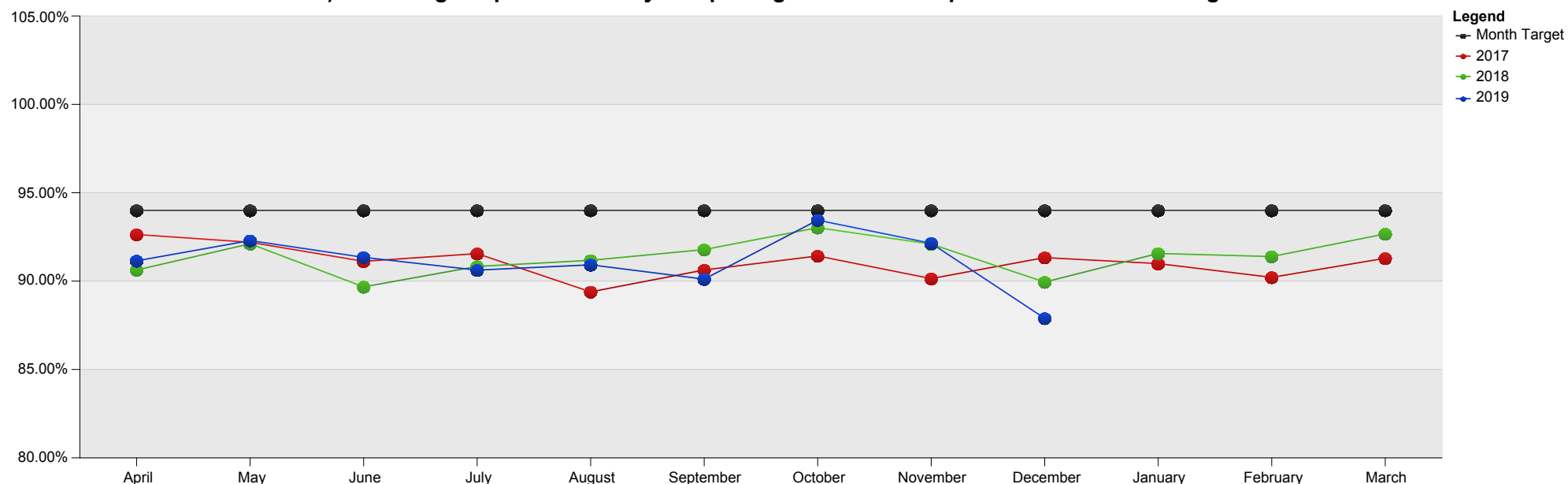
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
3) The total number of inappropriate OAP days over the reporting period (rolling 3 months)	1,907.00	1,907.00	313.00	313.00	573.00	573.00	1,021.00	1,021.00				

Narrative

The Trust position for December 2019 is 1,907 which is better than the standard of 2,113 but worse than the position reported in November 2019. The Trust has continued to deliver the required standard since September 2018, although not within every CCG. Durham and Darlington is the only locality not meeting the standard for this indicator and MHSOP is a key area of concern. Bed pressures are due to the admission of patients from localities elsewhere in the Trust. Specific work is being taken forward with regards to bed management as part of the Right Care Right Place Programme and an action plan has been developed.

Trust Dashboard Graphs for TRUST

4) Percentage of patients surveyed reporting their overall experience as excellent or good



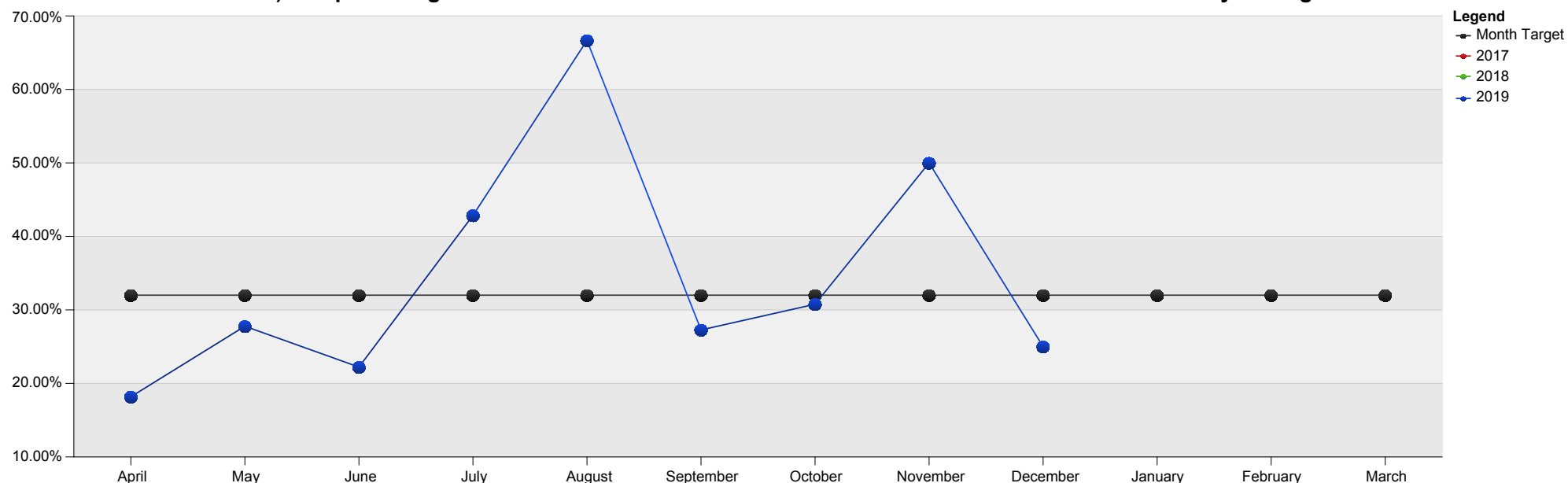
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
4) Percentage of patients surveyed reporting their overall experience as excellent or good	87.89%	91.36%	88.62%	92.04%	94.06%	92.20%	92.65%	91.46%	78.18%	86.24%		

Narrative

The Trust position for December 2019 is 87.89% which is below the standard of 94.00%. All localities are below target. There has been an issue with postal addresses being changed in Meridian which has impacted in a reduction in the number of questionnaires being included; this will continue to impact for the next couple of months. The availability of tablet devices continues to impact on the number of surveys completed. This has been escalated with the patient experience team and a replacement device has now been supplied. Improvements in performance are anticipated.

Trust Dashboard Graphs for TRUST

5) The percentage of Serious Incidents which are found to have a root cause or contributory finding



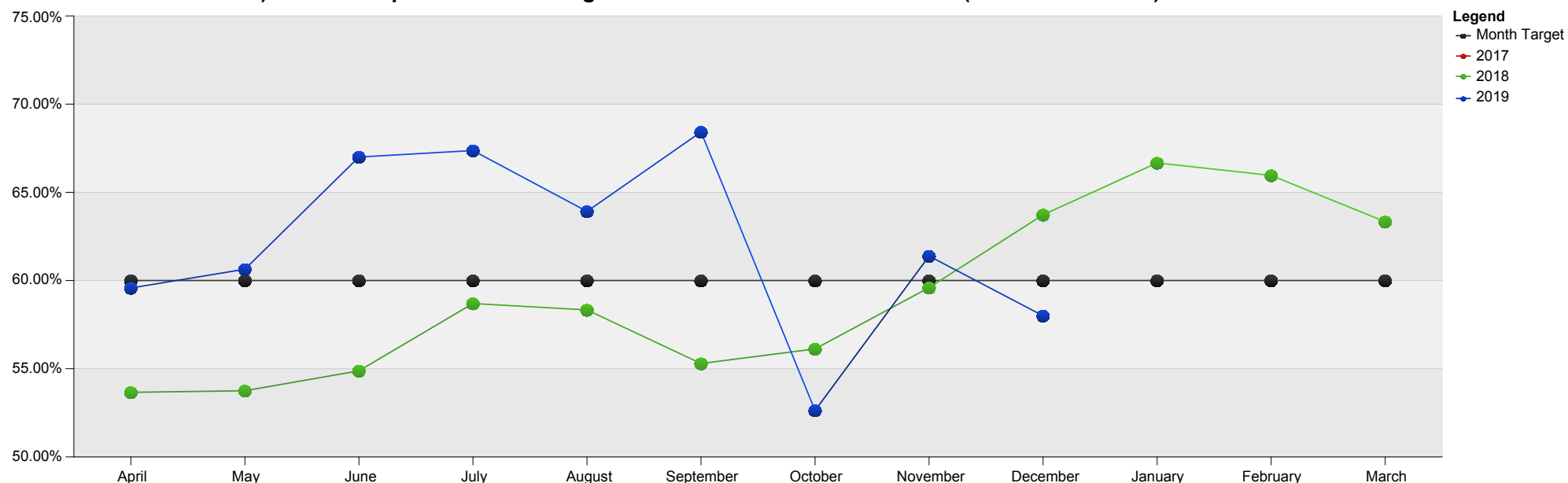
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
5) The percentage of Serious Incidents which are found to have a root cause or contributory finding	25.00%	34.02%	0.00%	46.15%	20.00%	20.00%	50.00%	41.94%				

Narrative

The Trust position for December 2019 is 25% which is achieving the standard of 32%. This relates to 2 serious incidents out of 8 which were found to have a root cause or contributory finding in December 2019. The 2 incidents occurred in the following localities: • 1 x North Yorkshire • 1 x Teesside. Any themes identified are shared Trust wide through the Patient Safety Group and no themes are currently identified.

Trust Dashboard Graphs for TRUST

6) % of in scope teams achieving the benchmarks for HoNOS score (AMH and MHSOP) - month behind



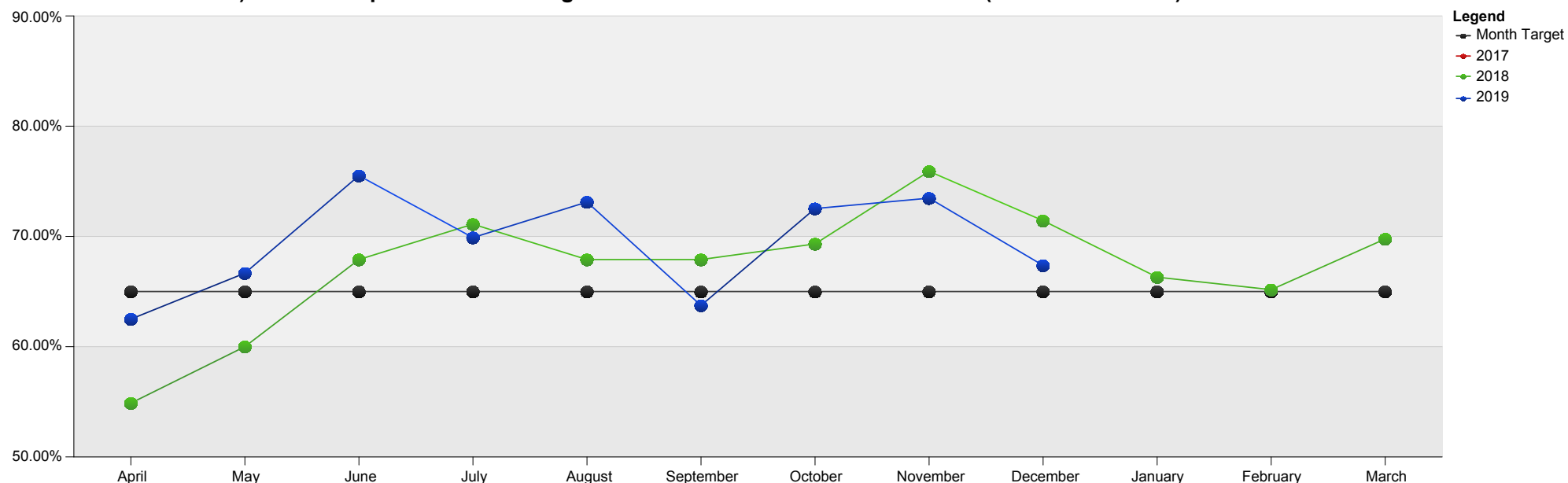
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
6) The percentage of in scope teams achieving the agreed improvement benchmarks for HoNOS total score (AMH and MHSOP) - month behind	58.00%	62.11%	57.58%	62.02%	56.67%	60.75%	58.33%	62.97%				

Narrative

The Trust position for December 2019 is 58%, which is not meeting the standard of 60%. All localities are failing to meet the target for this indicator. Within each locality, this is discussed on a weekly basis in their huddles with the Clinical Outcomes Lead so agree actions to address this performance. Trust wide, discussions have taken place at Executive Management Team (EMT) and a meeting has taken place which included the Chief Operating Officer and Medical Director to agree ways to move forward in this area. Further discussions and agreement on actions will take place at the next Performance EMT meeting. Within this KPI an improvement in HONOS is shown by a decrease in the patient's actual HONOS score on PARIS. The change is identified by comparing the first HONOS score calculated on admission to TEWV, and the score on discharge.

Trust Dashboard Graphs for TRUST

7) % of in scope teams achieving the benchmarks for SWEMWBS score (AMH and MHSOP) - month behind



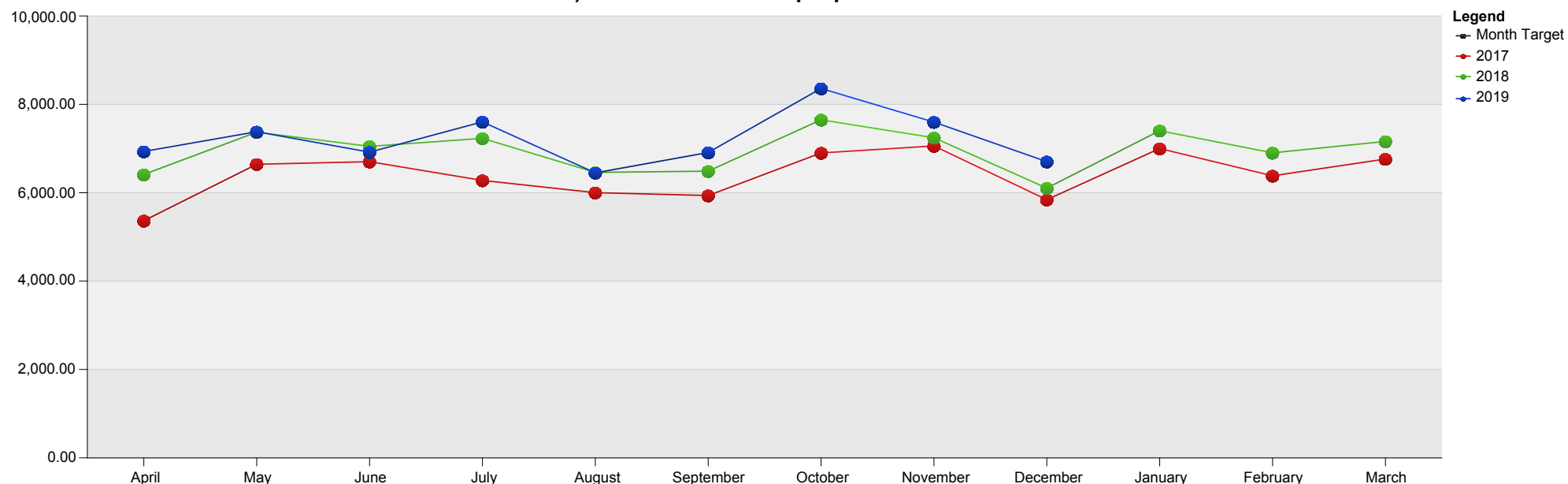
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
7) The percentage of in scope teams achieving the agreed improvement benchmarks for SWEMWBS total score (AMH and MHSOP) - month behind	67.37%	69.53%	70.97%	72.28%	68.97%	67.83%	61.76%	68.15%				

Narrative

The Trust position for December 2019 is 67.37%, which is continuing to meet the standard of 65% but a reduction on the November position and the same period in 2018. All localities are meeting target. Within this KPI, an improvement in SWEMWBS (which is a patient experience measure) is shown by an increase in the patient's actual SWEMWBS score. The change is identified by comparing the first SWEMWBS score calculated on admission, and the score on discharge.

Trust Dashboard Graphs for TRUST

8) Number of new unique patients referred



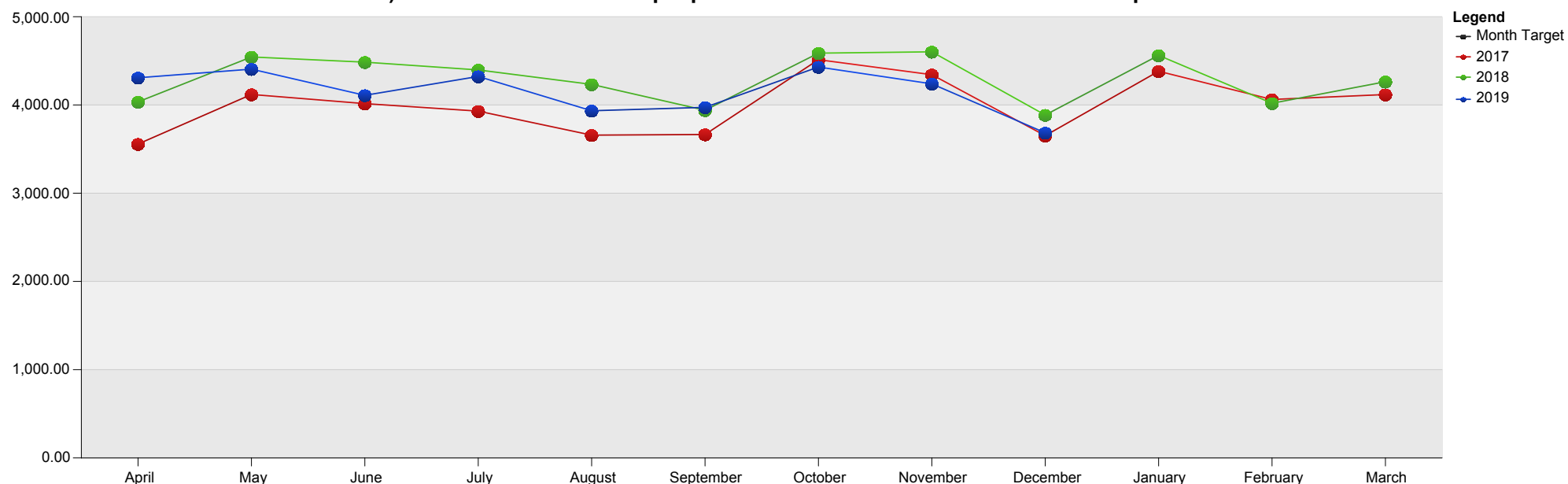
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
8) Number of new unique patients referred	6,703.00	64,853.00	1,869.00	19,618.00	2,028.00	21,459.00	2,024.00	18,688.00	782.00	5,086.00		

Narrative

The Trust position for December 2019 is 6,703, which is a reduction on November. This follows similar trends to previous years. Trust level Statistical Process Control (SPC) charts have been developed and are discussed by EMT on a quarterly basis at 'speciality' level in addition to the data and charts being reviewed by localities.

Trust Dashboard Graphs for TRUST

9) The number of new unique patients referred with an assessment completed



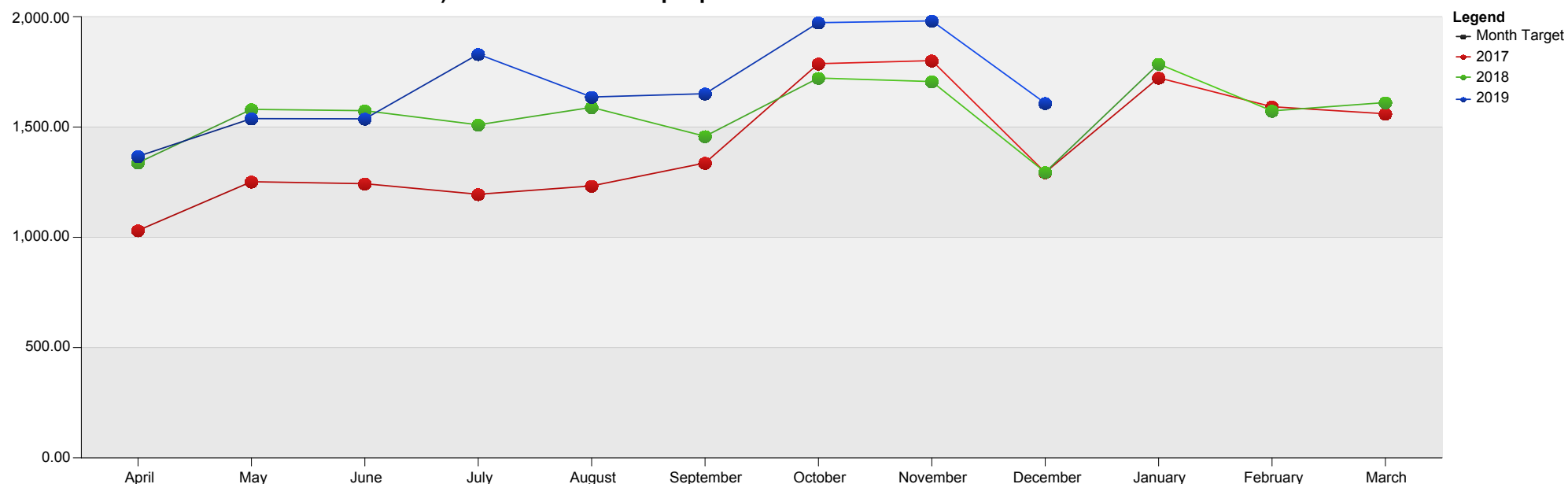
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
9) The number of new unique patients referred with an assessment completed	3,684.00	37,406.00	1,012.00	10,835.00	1,229.00	12,849.00	1,141.00	11,413.00	302.00	2,308.00		

Narrative

The Trust position for December 2019 is 3,684 which is a reduction on November. This follows similar trends to previous years. Trust level Statistical Process Control (SPC) charts have been developed and are discussed by EMT on a quarterly basis at 'speciality' level in addition to the data and charts being reviewed by localities.

Trust Dashboard Graphs for TRUST

10) Number of new unique patients referred and taken on for treatment



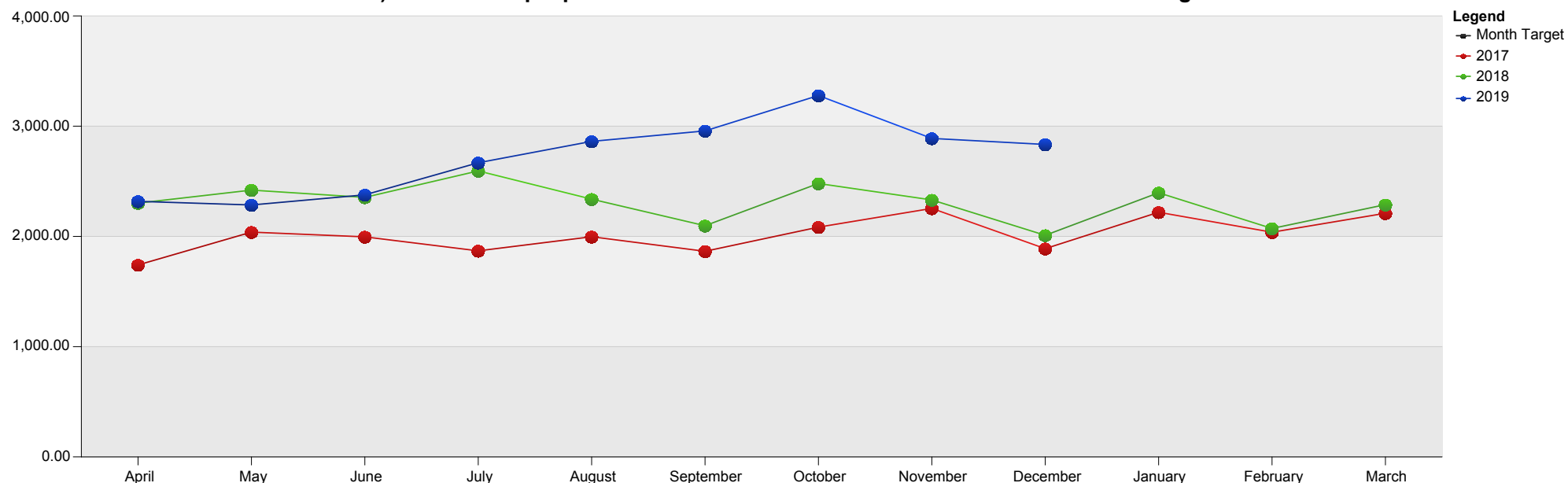
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
10) Number of new unique patients referred and taken on for treatment	1,608.00	15,121.00	496.00	4,646.00	482.00	4,628.00	595.00	5,539.00	22.00	214.00		

Narrative

The Trust position for December 2019 is 1,608. Trust level Statistical Process Control (SPC) charts have been developed and are discussed by EMT on a quarterly basis at 'speciality' level in addition to the data and charts being reviewed by localities.

Trust Dashboard Graphs for TRUST

11) Number unique patients referred who received treatment and were discharged



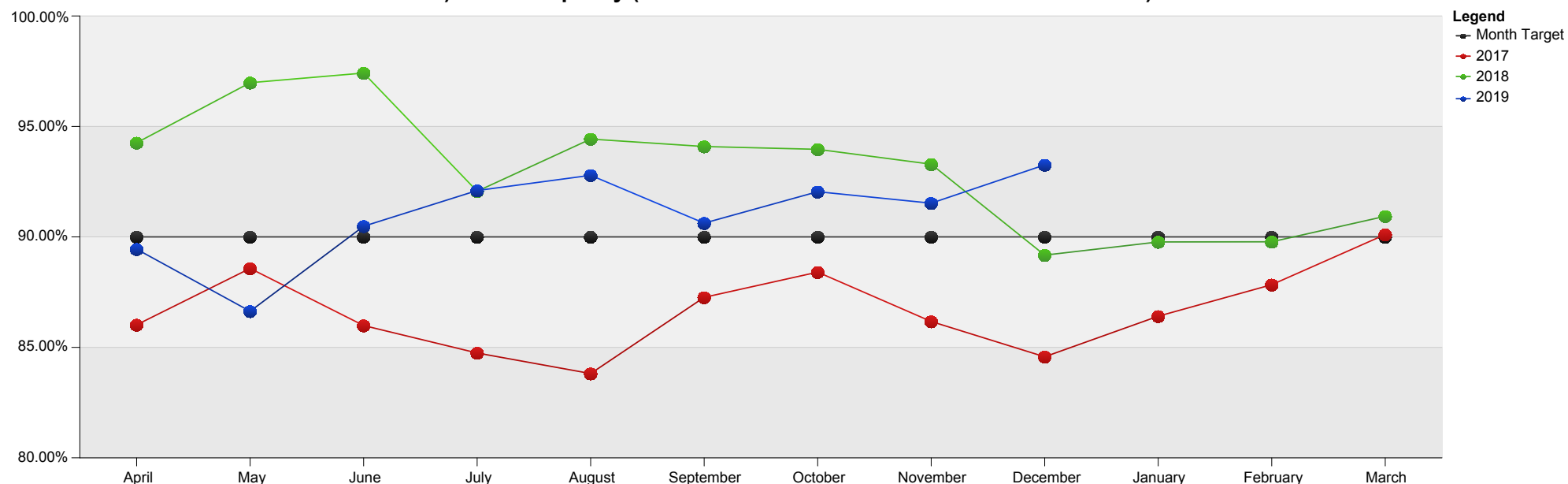
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
11) Number unique patients referred who received treatment and were discharged	2,834.00	24,468.00	919.00	7,775.00	893.00	8,143.00	932.00	8,001.00	90.00	536.00		

Narrative

The Trust position for December 2019 is 2,834. Trust level Statistical Process Control (SPC) charts have been developed and are discussed by EMT on a quarterly basis at 'speciality' level in addition to the data and charts being reviewed by localities.

Trust Dashboard Graphs for TRUST

12) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)



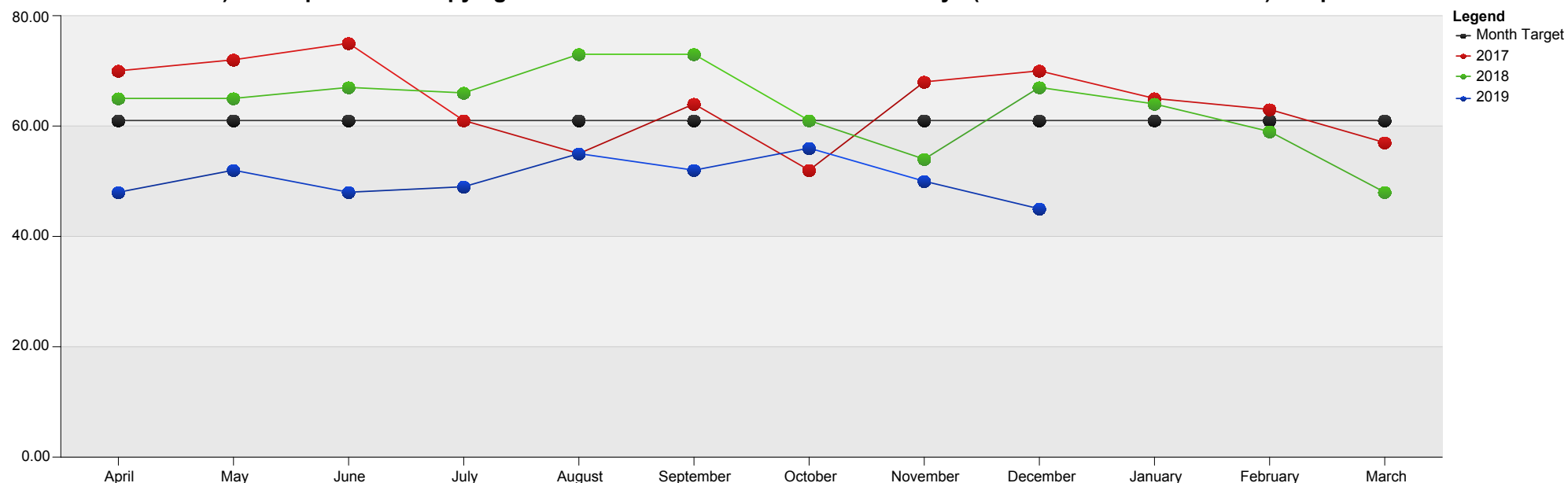
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
12) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	93.26%	91.00%	92.07%	93.23%	100.49%	97.45%	89.21%	84.10%	NA	NA		

Narrative

The Trust position for December 2019 is 93.26% which is within the agreed tolerance of the standard but an increase to the highest level of occupancy in 2019/20 to date. Teesside continue to report the poorest position at 100.49%, which continues to be due to increased demand on beds within both AMH and MHSOP. This demand has been further impacted by the reduction of beds in Elm ward within Durham and Darlington locality, which was agreed by the Executive Team. This is monitored on a continual basis and appropriate actions are discussed and agreed in daily huddles.

Trust Dashboard Graphs for TRUST

13) No. of patients occupying a bed with a LoS from admission > 90 days (AMH & MHSOP A&T Wards)-Snapshot



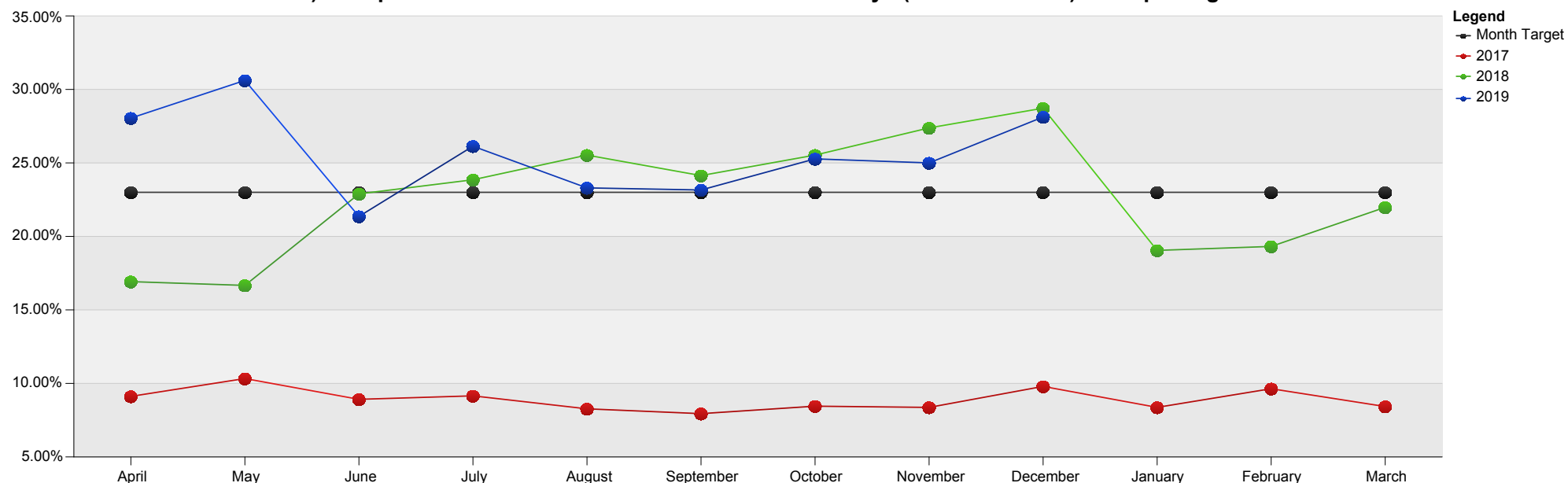
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
13) No. of patients occupying a bed with a LoS from admission > 90 days (AMH & MHSOP A&T Wards)-Snapshot	45.00	45.00	7.00	7.00	11.00	11.00	27.00	27.00				

Narrative

The Trust position for December 2019 is 45 which is achieving the standard of 61. Teesside locality is not meeting the standard for this indicator. They continue to report issues relating to complex patients and finding suitable placements prior to discharge as impacting on performance in this area. All localities are monitoring this on a continual basis and actions are discussed and agreed in daily huddles. This is also now monitored at a Trust level within the Chief Operating Officers report out.

Trust Dashboard Graphs for TRUST

14) % of patients re-admitted to A&T wards within 30 days (AMH & MHSOP) - in reporting month



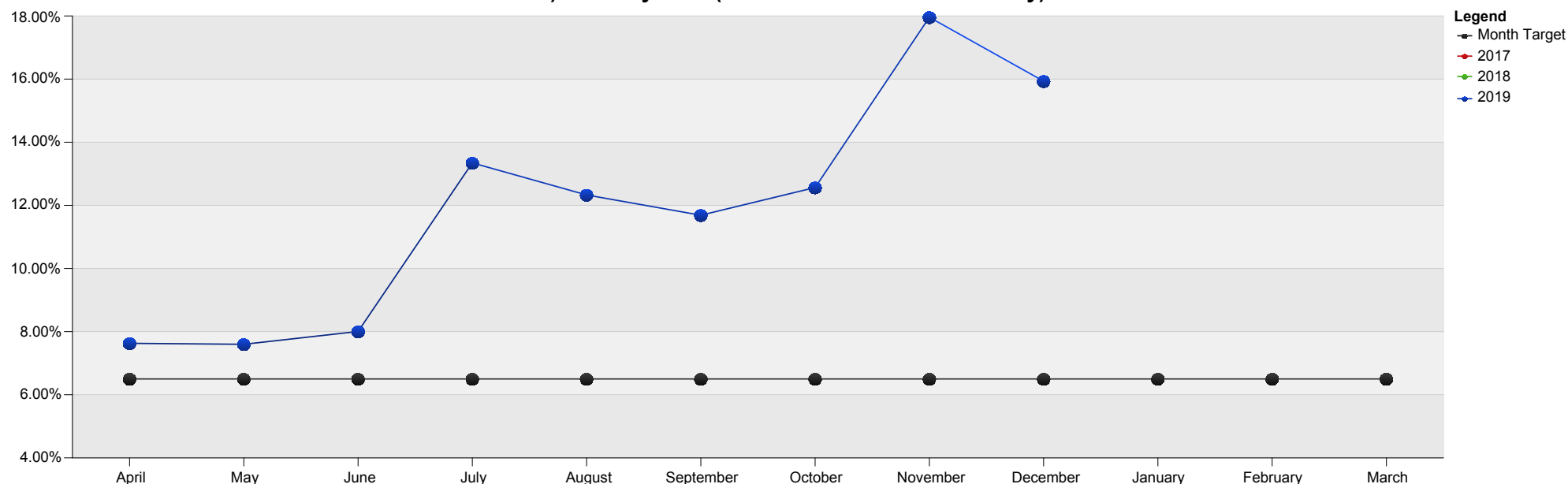
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
14) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP) - in reporting month	28.12%	25.57%	35.90%	25.15%	19.05%	25.21%	26.47%	26.33%				

Narrative

The Trust position for December 2019 is 28.12% which is not meeting the standard of 23%. This relates to 27 readmissions out of 96 readmissions that were within 30 days. North Yorkshire and York report the worst position at 32.43%, this is monitored routinely in locality report outs and all patients were clinically appropriate for admission.

Trust Dashboard Graphs for TRUST

15) Vacancy Rate (Healthcare Professionals only)



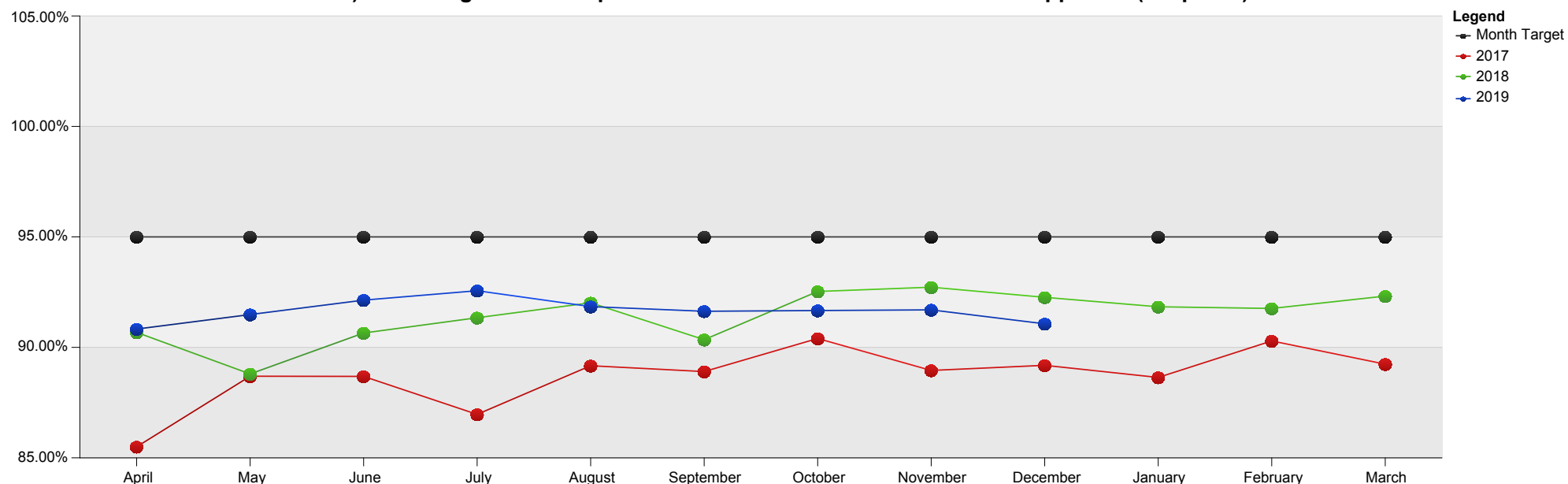
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
15) Vacancy Rate (Healthcare Professionals only)	15.93%	11.81%	19.55%	15.50%	10.07%	7.52%			15.44%	8.39%		

Narrative

The position for December 2019 is 15.93% which represents a reduction on the position reported in November. The reported position is not achieving the standard. This equates to 515.60wte posts currently being actively recruited to, although some will still have people in post. Durham and Darlington are reporting the highest volume of recruitment. A Right Staffing Agency dashboard is now in place to monitor the usage of agency staff; this will allow operational services to monitor vacancies more effectively. Vacancy census reports were produced and presented to EMT on 18th December, it's envisaged the reports will be produced quarterly. This is a new indicator for 2019/20 therefore data relating to previous year's performance is not available. The vacancy rate calculation has been reviewed ahead of 2020/21 as it was felt that the primary source of establishment control information was the finance system. Vacancy rate percentage will be derived by dividing trust wide contracted wte by budgeted wte for all staff groups. The current rate is 8.75% with recruitment being supported by the initiatives described above.

Trust Dashboard Graphs for TRUST

16) Percentage of staff in post more than 12 months with a current appraisal (snapshot)



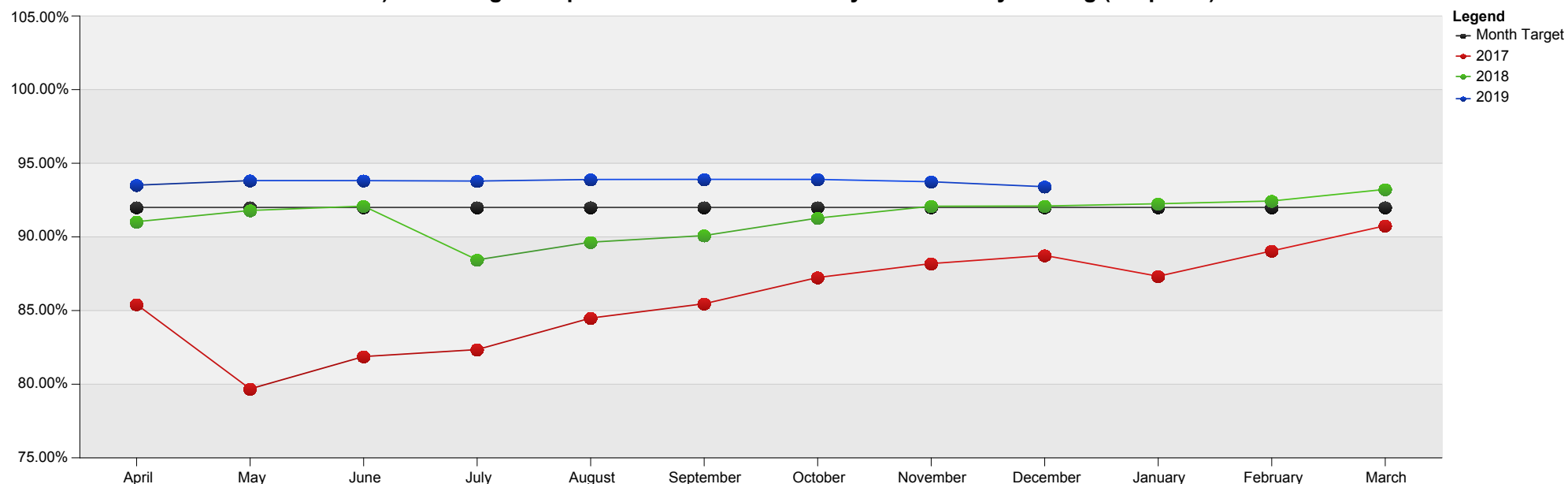
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
16) Percentage of staff in post more than 12 months with a current appraisal (snapshot)	91.07%	91.07%	91.94%	91.94%	92.36%	92.36%	89.60%	89.60%	96.03%	96.03%		

Narrative

The Trust position for December 2019 is 91.07% which is below the target. This relates to 512 members of staff out of 5731 that do not have a current appraisal. This is comparable to the figure reported over the few last months but represents a deterioration to the position reported in July 2019. The use of operational management huddles is now embedded across the Trust which includes discussions on appraisal compliance levels. However issues such as vacancies and sickness, referred to within this report, impact on the ability to deliver appraisals.

Trust Dashboard Graphs for TRUST

17) Percentage compliance with ALL mandatory and statutory training (snapshot)



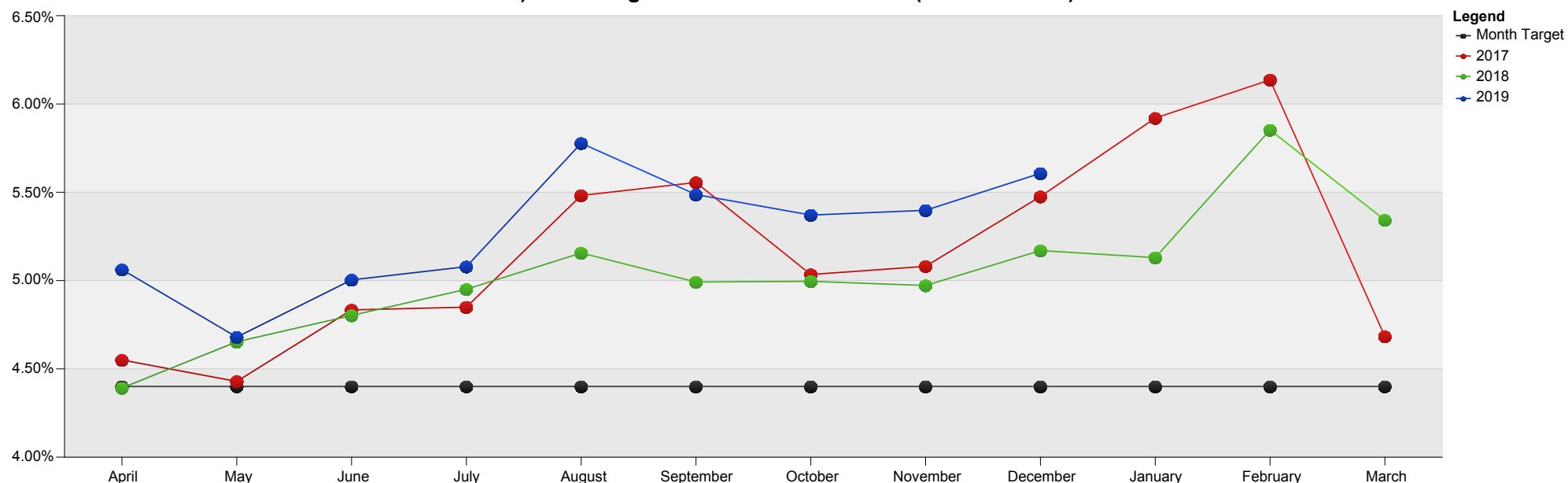
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
17) Percentage compliance with ALL mandatory and statutory training (snapshot)	93.41%	93.41%	93.47%	93.47%	94.19%	94.19%	90.44%	90.44%	96.53%	96.53%		

Narrative

The position for December 2019 is 93.41% which is comparable to the position reported in November 2019 and is achieving the standard. All localities are achieving the standard. The operational management huddles continue to drive improvements in performance. The improved frequency of the IIC refresh also allows a timelier update of accurate performance information to managers, enabling proactive action to take place.

Trust Dashboard Graphs for TRUST

18) Percentage Sickness Absence Rate (month behind)



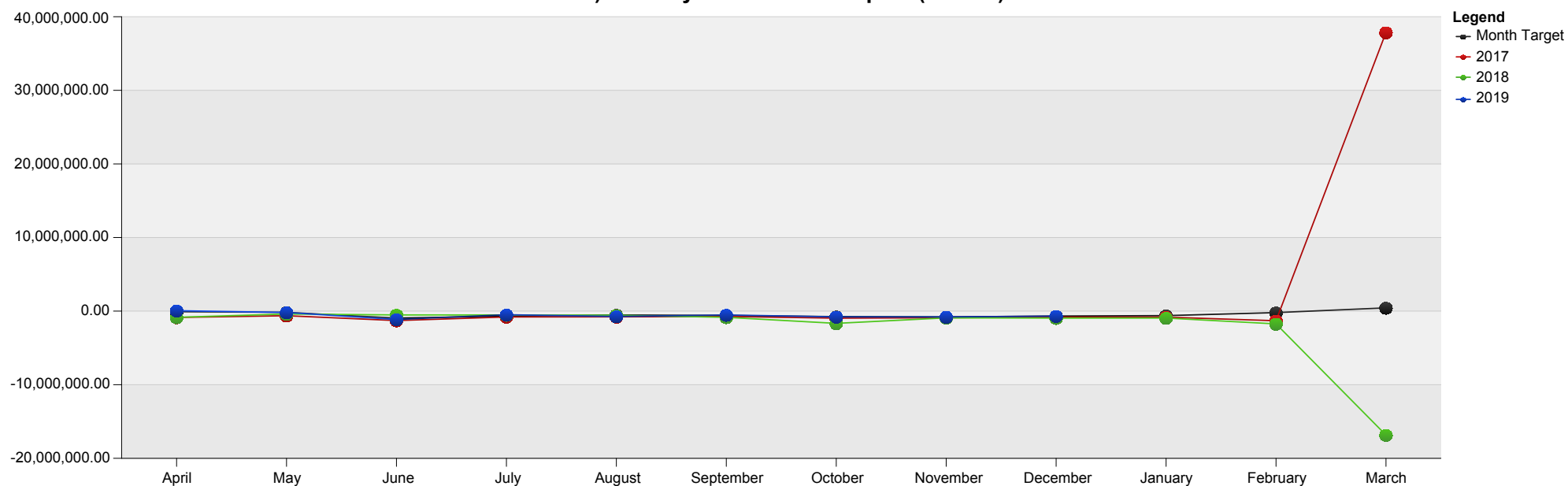
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
18) Percentage Sickness Absence Rate (month behind)	5.61%	5.28%	5.21%	5.03%	7.11%	6.32%	5.08%	4.31%	6.58%	6.59%		

Narrative

The Trust position reported in December relates to the November sickness level. The Trust position reported in December 2019 at 5.61% is higher than the previous month which is not meeting the standard of 4.50%. Historically North Yorkshire and York have generally reported below target but for the last two months they have reported over target, with 5.08% this month. All operational services are reporting over target with Forensic reporting 6.58% and Teesside reporting 7.11%. The new Occupational Health service provider commenced on 1st December 2019. The Sickness Absence Management Procedure is currently being reviewed and a revised procedure is due to be agreed by January 2020.

Trust Dashboard Graphs for TRUST

19) Delivery of our financial plan (I and E)



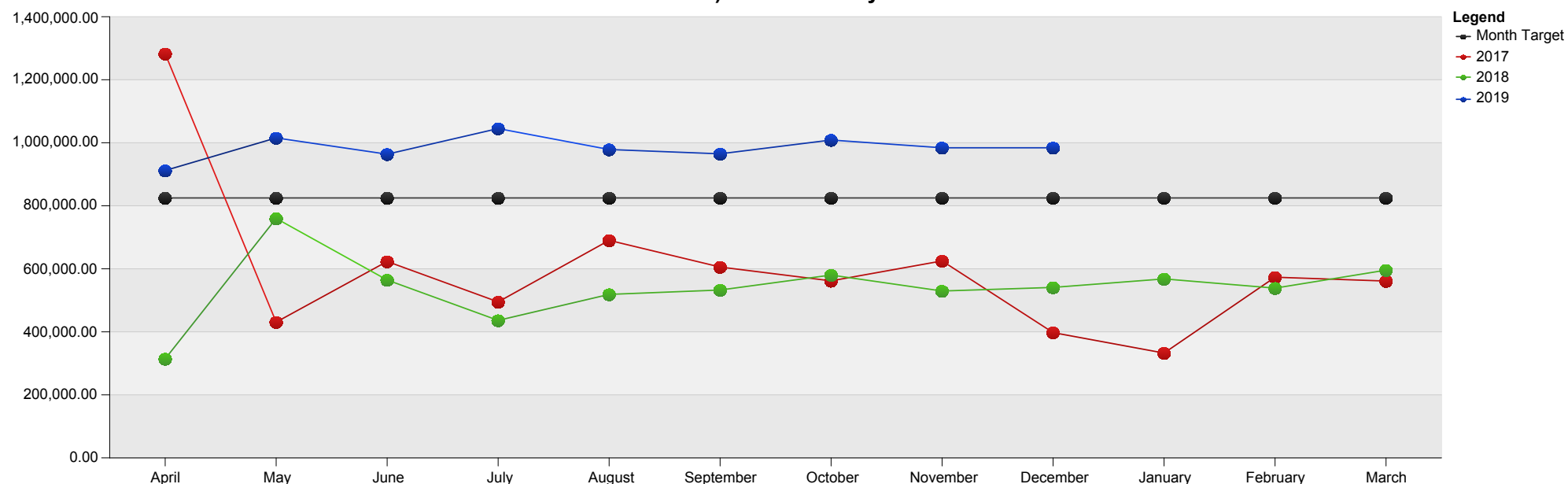
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
19) Delivery of our financial plan (I and E)	-683,425.00	-5,271,935.00	-172,035.00	-528,277.00	-196,016.00	2,795,688.00	262,718.00	557,124.00	-64,077.00	-340,896.00		

Narrative

The comprehensive income outturn for the period ending 31 December 2019 is a surplus of £5,272k, representing 2.1% of the Trust's turnover and is £42k ahead of the NHSI plan.

Trust Dashboard Graphs for TRUST

20) CRES delivery



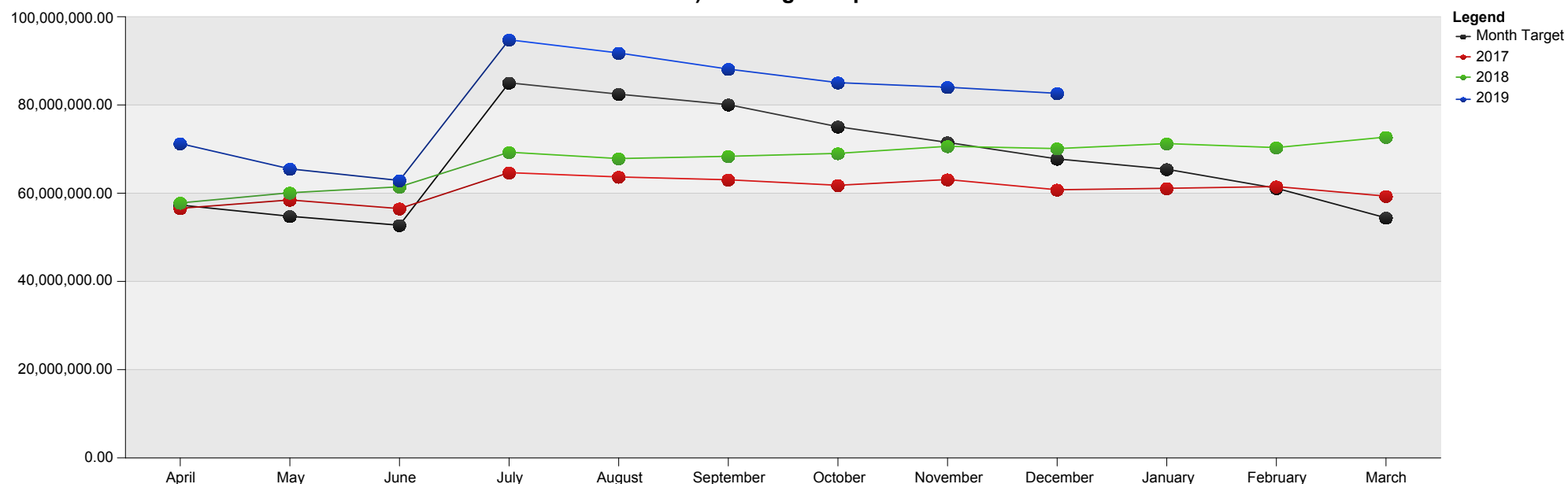
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
20) CRES delivery	984,071.00	8,856,646.00	99,097.00	891,876.00	84,978.00	764,804.00	224,198.00	2,017,780.00	50,400.00	453,600.00		

Narrative

Identified Cash Releasing Efficiency Savings at 31 December 2019 is £8,857k and is £1,433k ahead of plan for the year to date. The Trust is anticipating being ahead of plan (£1,910k) at the financial year end and continues to identify schemes for future years.

Trust Dashboard Graphs for TRUST

21) Cash against plan



	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD	Current Month	YTD
21) Cash against plan	82,634,959.00	82,634,959.00	NA	NA	NA	NA			NA	NA		

Narrative

Total cash at 31 December 2019 is £82,635k; this is £14,864k ahead of plan and is largely due to higher than anticipated creditor accruals where invoices have not been received by the Trust and delays within the capital expenditure plan.

Trust Dashboard - Locality Breakdown for TRUST

1 - Quality

	December 2019												April 2019 To December 2019											
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN		TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
1) Percentage of patients seen within 4 weeks for a 1st appointment following an external referral		85.44%		85.70%		91.00%		76.18%		99.52%				83.94%		82.39%		90.23%		75.34%		99.22%		
2) Percentage of patients starting treatment within 6 weeks of an external referral		67.74%		72.23%		60.17%		67.81%		100.00%				60.76%		65.24%		58.17%		57.26%		97.46%		
3) The total number of inappropriate OAP days over the reporting period (rolling 3 months)		1,907.00		313.00		573.00		1,021.00						1,907.00		313.00		573.00		1,021.00				
4) Percentage of patients surveyed reporting their overall experience as excellent or good		87.89%		88.62%		94.06%		92.65%		78.18%				91.36%		92.04%		92.20%		91.46%		86.24%		
5) The percentage of Serious Incidents which are found to have a root cause or contributory finding		25.00%		0.00%		20.00%		50.00%						34.02%		46.15%		20.00%		41.94%				
6) The percentage of in scope teams achieving the agreed improvement benchmarks for HoNOS total score (AMH and MHSOP) - month behind		58.00%		57.58%		56.67%		58.33%						62.11%		62.02%		60.75%		62.97%				
7) The percentage of in scope teams achieving the agreed improvement benchmarks for SWEMWBS total score (AMH and MHSOP) - month behind		67.37%		70.97%		68.97%		61.76%						69.53%		72.28%		67.83%		68.15%				

Trust Dashboard - Locality Breakdown for TRUST

	December 2019												April 2019 To December 2019											
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN		TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
8) Number of new unique patients referred		6,703.00		1,869.00		2,028.00		2,024.00		782.00				64,853.00		19,618.00		21,459.00		18,688.00		5,086.00		
9) The number of new unique patients referred with an assessment completed		3,684.00		1,012.00		1,229.00		1,141.00		302.00				37,406.00		10,835.00		12,849.00		11,413.00		2,308.00		
10) Number of new unique patients referred and taken on for treatment		1,608.00		496.00		482.00		595.00		22.00				15,121.00		4,646.00		4,628.00		5,539.00		214.00		
11) Number unique patients referred who received treatment and were discharged		2,834.00		919.00		893.00		932.00		90.00				24,468.00		7,775.00		8,143.00		8,001.00		536.00		
12) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)		93.26%		92.07%		100.49%		89.21%	NA	NA				91.00%		93.23%		97.45%		84.10%	NA	NA		
13) No. of patients occupying a bed with a LoS from admission > 90 days (AMH & MHSOP A&T Wards)-Snapshot		45.00		7.00		11.00		27.00						45.00		7.00		11.00		27.00				
14) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP) - in reporting month		28.12%		35.90%		19.05%		26.47%						25.57%		25.15%		25.21%		26.33%				

Trust Dashboard - Locality Breakdown for TRUST

3 - Workforce

	December 2019												April 2019 To December 2019											
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN		TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
15) Vacancy Rate (Healthcare Professionals only)		15.93%		19.55%		10.07%				15.44%				11.81%		15.50%		7.52%				8.39%		
16) Percentage of staff in post more than 12 months with a current appraisal (snapshot)		91.07%		91.94%		92.36%		89.60%		96.03%				91.07%		91.94%		92.36%		89.60%		96.03%		
17) Percentage compliance with ALL mandatory and statutory training (snapshot)		93.41%		93.47%		94.19%		90.44%		96.53%				93.41%		93.47%		94.19%		90.44%		96.53%		
18) Percentage Sickness Absence Rate (month behind)		5.61%		5.21%		7.11%		5.08%		6.58%				5.28%		5.03%		6.32%		4.31%		6.59%		

Trust Dashboard - Locality Breakdown for TRUST

4 - Money

	December 2019												April 2019 To December 2019											
	TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN		TRUST		DURHAM AND DARLINGTON		TEESSIDE		NORTH YORKSHIRE AND YORK		FORENSIC SERVICES		UNKNOWN	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
19) Delivery of our financial plan (I and E)		-683,425.00	NA	-172,035.00	NA	-196,016.00		262,718.00	NA	-64,077.00			-5,271,935.00	NA	-528,277.00	NA	2,795,688.00		557,124.00	NA	-340,896.00			
20) CRES delivery		984,071.00		99,097.00		84,978.00		224,198.00		50,400.00			8,856,646.00		891,876.00		764,604.00		2,017,780.00		453,600.00			
21) Cash against plan		82,634,959.00	NA	NA	NA	NA			NA	NA			82,634,959.00	NA	NA	NA	NA			NA	NA			

Trust Dashboard 2019/20 KPI Guide

No.	KPI	Target	Definition
1	Percentage of patients who were seen within 4 weeks for a first appointment following an external referral	90%	This measures, the number of patients who attend their first appointment in 4 weeks of their referral date out of the total number of people who attend their first appointment following their referral. This KPI has been amended for 2018/19 and the clock will now NOT restart if the patient DNAs or the patient cancels an appointment. This looks at patients with an external referral only. This excludes IAPT patients.
2	Percentage of patients starting "treatment" within 6 weeks of external referral	60%	This measures, the number of people starting treatment within 6 weeks of an external referral against number of people starting treatment. This looks at patients with an external referral only.
3	The total number of inappropriate OAP days over the reporting period (Rolling 3 months)	2,245	This measures, the total number of days patients have spent in an out of area bed inappropriately. In line with national reporting this measures a rolling 3 months' time frame
4	Percentage of patients surveyed reporting their overall experience as excellent or good	94%	Within all inpatient and community services, this measures: Of the number of people in the Patient Survey who answered the question: -"Overall how would you rate the care you have received?," the number of patients who have scored "excellent" or "good"
5	The percentage of Serious Incidents which are found to have a root cause or contributory finding	32%	This measure looks at the percentage of serious incidents that are investigated and found to have a root cause or contributory finding
6	The % teams achieving the agreed improvement benchmarks for HoNOS total score	60%	This measure relates to patients discharged from TEWV In Scope services (Spells ended with a Adult or MHSOP subject to Currency & Tariff National requirements). Patients total HoNOS scores are compared from first rating against the last. A reduction in total HoNOS score is classified as improvement. 80% of patients in the Non Psychotic and Psychotic superclass and 40% in the organic superclass are expected to achieve this reduction. Teams are subject to the measure if they discharge more than 5 patients in any of the superclasses. The measure will report against the team the patient was with at the point they are discharged entirely from TEWV not if they are

Trust Dashboard 2019/20 KPI Guide

No.	KPI	Target	Definition
			transferred to a different In Scope team.
7	The % teams achieving the agreed improvement benchmarks for SWEMWBS	65%	This measure relates to patients discharged from TEWV In Scope services (Spells ended with a Adult or MHSOP subject to Currency & Tariff National requirements). Patients total SWEMWBS scores are compared from the first rating against the last. An increase in SWEMWBS score is classified as improvement. 80% of patients in the Non Psychotic and Psychotic superclass and 50% in the organic superclass are expected to achieve this reduction. Teams are subject to the measure if they discharge more than 5 patients in any of the superclasses. The measure will report against the team the patient was with at the point they are discharged entirely from TEWV not if they are transferred to a different In Scope team.
8	Number of new unique patients referred	N/A	This measure relates to the number of new individual patients referred (so a patient is only counted once and not open to any other team in the Trust). This excludes IAPT patients.
9	The number of new unique patients referred with an assessment completed	N/A	This measure relates to the number of new unique patients with an assessment completed (and is a subset of measure 8).
10	Number of new unique patients referred and taken on for treatment	N/A	This measure relates to the number of new unique patients referred, assessed and then taken on for treatment (and is a subset of measure 9).
11	Number unique patients referred who received treatment and were discharged	N/A	This measure relates to the number of new unique patients referred who were taken on for treatment and then discharged.
12	Bed Occupancy (AMH & MHSOP A & T Wards)	90%	This measures the number of days beds that are occupied out of the number of possible bed days available. (The calculation is on the number of beds available and the days in the month). This looks at AMH and MHSOP Assessment and Treatment wards only
13	Number of patients occupying a bed with a length of stay (from admission) greater than 90 days (AMH & MHSOP A&T Wards (Snapshot)	61	This measures the number of patients occupying a bed with a length of stay longer than 90 days from the day they were admitted. This looks at AMH and MHSOP Assessment and Treatment wards only

No.	KPI	Target	Definition
14	Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP)	23%	This measures the number of patients who are readmitted onto a ward within 30 days of their last discharge. This looks at AMH and MHSOP Assessment and Treatment wards only
15	Vacancy Rate (Healthcare Professionals only)	6.50%	This measures the total number of advertised vacancies against the total number of budgeted staff
16	Percentage of staff in post more than 12 months with a current appraisal	95%	This measures the number of staff in post more than 12 months and of those how many have a current appraisal. For medical staff this is monitored against 13 months.
17	Percentage compliance with ALL mandatory and statutory training	92%	This measures the total number of courses completed by each member of staff for ALL mandatory and statutory training out of the number of courses due to be completed for each member of staff
18	Percentage Sickness Absence Rate	4.50%	This measures the number of days lost to sickness out of the number of days within the month
19	Delivery of our financial plan (I&E)	132,000	This shows the Trusts surplus or deficit position (£). The target is the planned surplus position.
20	CRES delivery	824,916	This shows the CRES Identified against the planned amount
21	Cash against plan	52,027	This shows the actual cash held by the Trust against the amount of cash forecasted to be held

		Data Source					Data Reliability					KPI Construct/Definition					KPI Amended / Tested					Total Score	Total Score as %	Notes
		A (5)	B (4)	C (3)	D (2)	E (1)	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1			
		Direct Electronic transfer from System	Data extracted from Electronic System but data is then processed manually	Other Provider System	Access database or Excel Spreadsheet	Paper or telephone collection	Always reliable	Mostly reliable	Sometimes reliable	Unreliable	Untested Source	KPI is clearly defined	KPI is defined but could be open to interpretation	KPI is defined but is clearly open to interpretation	KPI construction is not clearly defined	KPI is not defined	Tested within last 12 months and all associated risks identified on proforma have been accepted or mitigated	Tested within last 12 months and all associated risks identified on proforma	Tested within last 12 months	Tested between 12 and 24 months ago	Tested over 24 months ago			
1	Percentage of patients who were seen within 4 weeks for a first appointment following an external referral	5						4					4						3			16	80%	There are issues concerning telephone assessments and when this type of assessment should stop the clock. The logic for this metric currently only acknowledges a clock stop for CAMHS. The KPI proforma specifies this should be applied to AMH, however this is not reflected with in the data and this inconsistency was not picked up in previous testing. Also 'was not brought' is counting as a successful contact, this should be treat the same as DNA and should no stop the clock. A deep dive took place at Performance Improvement Group in October 2019 and an action plan has been developed and implemented.
2	Percentage of patients starting treatment within 6 weeks of external referral	5						4					4						3			16	80%	Some data quality issues have been reported in relation to the use of appropriate intervention/treatment codes. Guidance has been circulated to improve understanding however there is still a lack of understanding and clarity. A deep dive took place at Performance Improvement Group in October 2019 and an action plan has been developed and implemented.
3	Total number of inappropriate OAP days over the reporting period (rolling 3 months)		4				5					5							3			19	95%	Data is extracted electronically, validated manually and reuploaded into the system. Work is underway to amend PARIS to enable this to be recorded completely on the system, timescale to be confirmed. National standards suggest that when a patient is offered an in area bed however refuses this, then this change to 'patient choice' should be reflected in a change from inappropriate to appropriate OAP during the stay. This means we are currently potentially overstating our OAP inappropriate days. Conversations are ongoing
4	Percentage of patients surveyed reporting their overall experience as excellent or good.				2		5					5							3			15	75%	Data is collected via electronic devices for inpatient areas, on paper surveys for community teams as well as via kiosks in team bases where there are large footfalls. There is also a phone Application now where clinicians can send the survey to patients and carers phones via email or SMS. The Quality Data Team access the system to generate reports.
5	The percentage of Serious Incidents which are found to have a root cause or contributory finding				2		5					5					5					17	85%	Data is collated onto excel for manual process after retrieval from the Dataix system
6	The percentage of teams achieving the agreed improvement benchmarks for HoNOS total score		4				5					5					5					19	95%	
7	The percentage of teams achieving the agreed improvement benchmarks for SWEMWBS total score		4				5					5					5					19	95%	
8	Number of new unique patients referred	5					5					5					3					18	90%	
9	The number of new unique patients referred with an assessment completed	5					5					5					3					18	90%	
10	Number of new unique patients referred and taken on for treatment	5					5					5					3					18	90%	
11	Number unique patients referred who received treatment and were discharged	5					5					5					3					18	90%	

		Data Source					Data Reliability					KPI Construct/Definition					KPI Amended / Tested					Total Score	Total Score as %	Notes
		A (5)	B (4)	C (3)	D (2)	E (1)	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1			
		Direct Electronic transfer from System	Data extracted from Electronic System but data is then processed manually	Other Provider System	Access database or Excel Spreadsheet	Paper or telephone collection	Always reliable	Mostly reliable	Sometimes reliable	Unreliable	Untested Source	KPI is clearly defined	KPI is defined but could be open to interpretation	KPI is defined but is clearly open to interpretation	KPI construction is not clearly defined	KPI is not defined	Tested within last 12 months and all associated risks identified on proforma have been accepted or mitigated	Tested within last 12 months and all associated risks identified on proforma	Tested within last 12 months	Tested between 12 and 24 months ago	Tested over 24 months ago			
12	Bed Occupancy (AMH & MHSOP A&T wards)	5					5					5					3					18	90%	
13	Number of patients occupying a bed with a length of stay (from admission) greater than 90 days (AMH & MHSOP A&T Wards)	5					5					5							3			18	90%	
14	Percentage of patients readmitted to Assessment and treatment wards within 30 days	5					5					5							3			18	90%	
15	Vacancy rate (score from old KPI)				2			4				5					5					16	80%	Data extracted electronically but processed manually
16	Percentage of staff in post more than 12 months with a current appraisal	5						4				5							3			17	85%	Issues with appraisal dates being entered to ESR have been reported. Compliance levels are effectively being monitored via monthly Huddle meetings and support is being provided where necessary to address ESR issues. A refresh of ESR guidance is being scheduled to improve accurate recording on the source system. Issues around the inclusion of medical staff within this data is being investigated
17	Percentage compliance with ALL mandatory and statutory training	5						4				5							3			17	85%	Issues with training compliance figures being reported have lessened - there appears to be greater confidence in the data being reported and this has been supported by scrutiny of issues in report out processes. Inclusion of PREVENT training within this data is being resolved
18	Percentage Sickness Absence Rate (month behind)	5						4				5							3			17	85%	Sickness absence data for inpatient services is now being taken directly from the rostering system which should help to eliminate inaccuracies the remainder of the Trust continue to input directly into ESR. There are some data quality issues concerned with failing to end sickness in a timely manner- this is picked up and monitored through sickness absence audits that the Operational HR team undertake.
19	Delivery of our financial plan (I and E)		4				5					5					5					19	95%	Data is collected on Excel with input co-ordinated and controlled by the Financial Controller and version control in operation. Work is being progressed to improve this process to enable direct system transfer to the IIC. However, due to other priorities identified by the Managing the Business group no date has been agreed for the finance development
20	CRES Delivery				2		5					5					5					17	85%	Data is collected on Excel with input co-ordinated and controlled by the Financial Controller and version control in operation.
21	Cash against plan		4				5					5					5					19	95%	An extract is taken from the system (Oracle Cloud) then processed manually to obtain actual performance. Work is being progressed to improve this process to enable direct system transfer to the IIC. However, due to other priorities identified by the Managing the Business group no date has been agreed for the finance development

FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	28th January 2020
TITLE:	NHS Oversight Framework
REPORT OF:	Phil Bellas, Trust Secretary & Sharon Pickering, Director of Planning, Performance and Communications
REPORT FOR:	Information & Assurance

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

Executive Summary:

The NHS Oversight Framework (NOF) sets out the approach taken by NHS England/NHS Improvement (NHS E/I) to reviewing the performance and identifying the potential support needs of commissioners and providers at a system level.

Commissioners and providers are allocated a segment based on the level of support which is considered appropriate by their regional NHS E/I teams.

The Trust has been placed in segment 1 (maximum authority) since the introduction of segmentation under the NOF's predecessor, the Single Oversight Framework.

The purpose of this report is to examine the Trust's position against the NOF at the end of Quarter 3, 2019/20.

The Board is asked to note that (to the extent information is available) the key risks to the Trust's segment 1 position are as follows:

- (a) The Trust's CQC ratings, as confirmation of the outcomes of the core service and well-led inspections, undertaken during 2019, are still awaited, and other CQC activity.
- (b) Performance against the IAPT recovery indicator.

The Board is asked to note that the next Quarterly Review Meeting with the NHS E/I Regional Team is due to be held on 3rd February 2020.

Recommendations:
The Board is asked to receive and note this report.

MEETING OF:	The Board of Directors
DATE:	28th January 2020
TITLE:	NHS Oversight Framework

1. INTRODUCTION & PURPOSE:

- 1.1 The purpose of this report is to examine the Trust's position against the NHS Oversight Framework (NOF) at the end of Quarter 3, 2019/20.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 The NOF sets out the approach taken by NHS England/NHS Improvement (NHS E/I) to reviewing the performance and identifying the potential support needs of commissioners and providers at a system level.
- 2.2 For providers, the approach (in common with its predecessor, the Single Oversight Framework) is based on:
- (a) Monitoring against five themes: quality of care; finance and use of resources; operational performance; strategic change; and leadership and improvement capability.
 - (b) The segmentation of providers ranging from 1 (maximum autonomy) to 4 (special measures) based on NHS E/I's judgement of the seriousness and complexity of the issues they face.
 - (c) The tailoring of support packages to the specific needs of providers.
 - (d) The principle of earned autonomy.
- 2.3 Board Members will be aware that the Trust has been placed in segment 1, since the introduction of segmentation, reflecting its "Good" CQC rating and strong financial and operational performance.
- 2.4 The Board is asked to note that the next Quarterly Review Meeting with the NHS E/I Regional Team is due to be held on 3rd February 2020. Feedback from this meeting will be provided separately to Board Members.

3. KEY ISSUES:

- 3.1 The following sections explore the Trust's position against the triggers used by NHS E/I for determining support to be provided under the NOF and seek to highlight any risks to the maintenance of the segment 1 position.
- 3.2 Changes to segmentation are not automatic. Where a concern is triggered regional NHS E/I teams, involving system leads, will consider the circumstances and whether a support need exists and is appropriate taking into account the seriousness, complexity and scale of the issue that the provider is facing.

Quality of Care

Theme Aim - To continuously improve care quality, helping to create the safest, highest quality health and care service. In close collaboration with the CQC.

Triggers
<ul style="list-style-type: none"> ▪ CQC 'inadequate' or 'requires improvement' assessment in overall rating, or against any of the safe, effective, caring or responsive key question ▪ CQC warning notices ▪ Other material concerns identified or relevant to CQC monitoring processes e.g. civil or criminal cases raised, whistleblowers etc. ▪ Concerns arising from trends in quality indicators ▪ Delivery against an agreed trajectory for the four priority standards for 7-day hospital services ▪ Any other material concerns about a provider's quality of care arising from intelligence gathered by or provided to NHSI

- 3.3 The Trust's position on the quality indicators is provided in Annex 1 to this report. There are no concerns about the trends in performance on these metrics.
- 3.4 At present the Trust is rated 'good' by the CQC following the inspection in October 2018; however, an assessment against the Quality of Care triggers is difficult, at this time, as the Trust's ratings following the core services and well-led inspections undertaken in 2019, have not yet been confirmed and in view of other CQC activity.

Finance and Use of Resources

Theme Aim - To balance finances and improve the productivity of the provider sector.

Triggers
<ul style="list-style-type: none"> ▪ Poor levels of overall financial performance, such as a monthly finance score of 4 or 3 ▪ A Use of Resources Rating of 'inadequate' or 'requires improvement' ▪ Any other material concerns about a providers' finances or use of resources arising from intelligence gathered by or provided to NHS England and NHS Improvement

- 3.5 The Finance Report (*agenda item 16*) provides a summary of the Trust's position against the Use of Resources theme.

Operational Performance

Theme Aim - To maintain and improve performance against NHS constitutional standards.

Triggers
<ul style="list-style-type: none"> ▪ Failure to meet the trajectory for a metric for at least two consecutive months (quarterly for quarterly metrics) ▪ Other factors (e.g. a significant deterioration in a single month or multiple potential support needs across standards and/or other themes) indicate a regulatory need to get involved

<p>before two months have elapsed</p> <ul style="list-style-type: none"> Any other material concerns about a providers' operational performance arising from intelligence gathered by or provided to regional teams
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- 3.6 The Trust's position on the operational performance metrics is provided in Annex 2 to this report.
- 3.7 The key issue to draw to the Board's attention is that the Trust has not achieved the target for the indicator "IAPT/Talking Therapies – proportion of people completed treatment who move to recovery" for two consecutive quarters. Further information on this matter is provided in the Performance Dashboard Report (*agenda item 17*).
- 3.8 As a potential trigger, it must be considered that the performance on the indicator is placing the Trust's segment 1 position at risk. It is expected that this issue will be discussed at the forthcoming QRM with NHS E/I.

Strategic Change

Theme Aim - To ensure providers are contributing through ICSs and/or STPs to the development and delivery of clinically, operationally and financially sustainable patterns of care.

Triggers
Material concerns with a provider's delivery against the <i>local</i> transformation agenda, including new care models and devolution

- 3.9 Whilst there is a lack of clarity on the assessment and application of the triggers under this theme, the Board will be aware that the Trust continues to engage positively with the local transformation agenda. To date, no issues have been raised about the Trust's engagement at a system level and NHS E/I, in its feedback at QRMs, have been complimentary about the Trust's approach.

Leadership and Improvement Capability (Well-led)

Theme Aim - To build provider leadership and improvement capability to deliver sustainable services. In 19/20 this also includes culture and organisational health.

Triggers
<ul style="list-style-type: none"> CQC 'inadequate' or 'requires improvement' assessment against 'well-led'. Concerns arising from trends in the organisational health indicators Other material concerns about a provider's governance, leadership and improvement capability, arising from third-party reports, developmental well-led reviews or other relevant sources

- 3.10 The Trust's position on the organisational health metrics is provided in Annex 3 to this report.

- 3.11 This theme includes indicators drawn from the staff survey. The Trust expects to receive its results for 2019/20, themed and compared to all mental health and learning disability trusts, on 26th February 2020. A report on this matter will be provided to the Resources Committee at its next meeting.
- 3.12 Board Members will note the position on sickness absence, particularly the increase in December 2019 (finance return). It is considered that this matter should be kept under review.

(See also paragraph 3.4 above).

4. IMPLICATIONS:

- 4.1 **Compliance with the CQC Fundamental Standards:** Through the NOF NHSI aims to help providers attain and maintain CQC ratings of “good” or “outstanding”.
- 4.2 **Financial/Value for Money:** Assessments of the Trust’s position against the NOF’s theme of finance and use of resources are provided in the Finance Reports.
- 4.3 **Legal and Constitutional (including the NHS Constitution):** The legal basis for enforcement action in relation to NHS Foundation Trusts remains unchanged. This means that, for example, a Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.
- 4.4 **Equality and Diversity:** Oversight in this area has been strengthened with the inclusion of metrics under the Leadership and Improvement Capability Theme.
- 4.5 **Other implications:** None identified.

5. RISKS:

- 5.1 There are risks to the Trust’s segmentation arising from:
- (a) The Trust’s CQC ratings, as confirmation of the outcomes of the core service and well-led inspections, undertaken during 2019, is still awaited, and other CQC activity.
 - (b) Performance against the IAPT recovery indicator.

6. CONCLUSIONS:

- 6.1 At this time, given the risks identified, it is difficult to assess the Trust’s future NOF segmentation pending the discussions with the NHS E/I Regional Team at the next QRM meeting on 3rd February 2020.

7. RECOMMENDATIONS:

7.1 The Board is asked to receive and note this report.

Phil Bellas, Trust Secretary
Ashleigh Lyons, Corporate Performance Manager

Background Papers:

NHS Oversight Framework published by NHS England and NHS Improvement in August 2019

NHS OVERSIGHT SCORECARD - QUALITY INDICATORS - 2019/20

All Providers																	
Quality Indicators	SOF Source	Other known source	Freq.	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Comments
CQC Rating	CQC	N/A		N/A	Good												Latest assessment October 2018
Written complaints - rate	NHS Digital	N/A	Q	N/A			14.20			11.44							Latest published data September 2019
Staff and Friends and Family test % recommended - care	NHSE	Trust assessment	Q	N/A			86.10%			86.61%							
		N/A	Q	N/A			78.65%			76.08%							Latest published data September 2019
Occurrence of Never Event	NHS Improvement	Governance - verified	M	N/A	0	0	0	0	0	0	0						Data published up to 31st October 2019
NHS England/NHS Improvement Patient Safety Alerts outstanding	NHS Improvement	Governance - verified	M	N/A	0	0	0	0	0	0	0	0					Data published up to 10th December 2019
Mental Health Providers																	
Quality Indicators	SOF Source	Other known source	Freq.	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Comments
CQC inpatient/mental health and community survey	CQC	N/A	A	N/A													
Mental Health scores from Friends and Family Test - % positive	NHSE	N/A	M	N/A	87.52%	86.78%	84.30%	86.29%	86.35%	87.23%	88.27%						Latest published data October 2019
Admissions to adult facilities of patients who are under 16 years old	NHS Digital	Trust assessment	M	N/A	0	0	0	0	0	0	0	0	0				No patients under 16 were admitted to adult wards during quarter 2; however 7 under 18s were admitted, 1 of which was under 17. These have been forwarded to the Director of Nursing for confirmation that they were clinically appropriate.
		N/A	M	N/A													No public data available
Quality Indicators	SOF Source	Other known source	Freq.	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Comments
Proportion of discharges from hospital followed up within 7 days (all discharges treated as being on CPA)		Trust assessment - pre validated IIC	M	95%	99.17%	94.12%	98.34%	97.78%	96.61%	99.56%	95.80%	97.57%	95.83%				Pre-validated position is reported direct from the IIC
		Trust assessment - post validated IIC			99.17%	94.09%	98.34%	98.15%	97.02%	99.56%	96.22%	98.79%	97.22%				Post validated position stated is from our intenal files which are used to provide the UNIFY submission.
		UNIFY	Q		97.59%			98.21%									Latest published data Quarter 2 2019
% clients in settled accommodation	NHS Digital	Trust assessment	M	N/A	81.67%	80.71%	80.42%	80.77%	80.80%	80.83%	80.51%	80.03%					Latest data based on the November primary MHSDS
		NHS Digital	M	N/A	81.73%	81.00%	80.55%	80.84%	80.90%	80.90%							Latest published data September 2019
% clients in employment	NHS Digital	Trust assessment	M	N/A	15.65%	15.89%	15.98%	15.94%	15.79%	15.61%	15.97%	16.05%					Latest data based on the November primary MHSDS
		NHS Digital	M	N/A	15.56%	15.83%	15.83%	15.79%	15.68%	15.51%							Latest published data September 2019
Potential under-reporting of patient safety incidents	NHS England Dashboard	N/A	M	N/A													No data is published to reflect 'under-reporting'. Published data reports 8154 incidents occurring between 1st October 2018 - 31st March 2019 and reported to NRLS.

NHS OVERSIGHT SCORECARD - OPERATIONAL PERFORMANCE METRICS - 2019/20

Mental Health Providers																					
Operational Performance Metrics	SOF Identified source	Other Identified Source	Freq.	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Q1	Q2	Q3	Q4	Comments
People with a first episode of psychosis begin treatment with a NICE recommended package of care within 2 weeks of referral	UNIFY2 and MHSDS	Trust assessment	Q	56%	66.67%	79.31%	71.23%	81.97%	69.64%	82.76%	86.75%	86.89%	80.82%				72.08%	78.29%	84.79%		
		NHS Digital	Q		66.67%	78.95%	70.83%	81.97%	68.52%	82.76%							71.79%	78.03%			Latest published data September 2019
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in inpatient wards	Board declaration but can be triangulated with results of CQUIN audit	Trust assessment	Q	90%			95.41%														This metric no longer forms part of the NHS Oversight Framework
		National assessment					92.00%													The figures presented are the 2018/19 Audit results as assessed by the Royal College of Psychiatry	
Trust assessment		Q	90%			95.73%														This metric no longer forms part of the NHS Oversight Framework	
National assessment						91.21%													The figures presented are the 2018/19 Audit results as assessed by the Royal College of Psychiatry		
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in early intervention in psychosis services		Trust assessment	Q	75%			63.01%														This metric no longer forms part of the NHS Oversight Framework
		National assessment					79.00%														The figures presented are the 2018/19 Audit results as assessed by the Royal College of Psychiatry
IAPT/Talking Therapies - proportion of people completing treatment who move to recovery (from IAPT minimum dataset)	IAPT minimum dataset	Trust assessment	M	50%	52.48%	52.26%	52.87%	51.52%	46.68%	47.39%	46.84%	45.92%	45.19%				52.51%	48.67%	46.01%		
		PAVE Reports	Q		52.34%	51.79%	52.36%	51.58%	46.50%	47.03%	46.58%							49.66%	48.51%	46.58%	
IAPT/Talking Therapies - waiting time to begin treatment (from IAPT minimum dataset) - within 6 weeks	IAPT minimum dataset	Trust assessment	M	75%	95.01%	95.10%	94.47%	94.13%	95.24%	96.59%	97.76%	97.51%	96.15%				94.89%	95.28%	97.16%		
		PAVE Reports	Q		93.13%	92.26%	91.74%	91.51%	93.54%	95.34%	96.22%							92.16%	93.40%	96.22%	
IAPT/Talking Therapies - waiting time to begin treatment (from IAPT minimum dataset) - within 18 weeks	IAPT minimum dataset	Trust assessment	M	95%	100.00%	99.90%	99.49%	100.00%	100.00%	100.00%	99.82%	99.91%	99.62%				99.81%	100.00%	99.79%		
		PAVE Reports	Q		99.54%	99.16%	97.94%	97.93%	99.39%	99.54%	99.46%							98.66%	98.91%	99.46%	
Data Quality Maturity Index (DQMI) – Mental Health Services Data Set Data Score	MHSDS	N/A	M	95	93.8	94.9	94.9	95.8	96.8								94.9				Latest published data August 2019
Inappropriate out of area placements for adult mental health services	MHSDS	Trust assessment	M	2094	1457	1370	1322	1420	1708	1770	1753	1648	1907				See latest positions				
		NHS Digital	M	N/A	1455	1380	1305	1400	1710	1770								See latest positions			

NHS OVERSIGHT SCORECARD - Leadership & Workforce- 2019/20

All Providers																	
Quality Indicators	SOF Source	Other known	Freq.	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Comments
Staff Sickness	NHS Digital	Trust assessment (month behind)	M	N/A	5.06%	4.68%	5.00%	5.08%	5.78%	5.49%	5.37%	5.40%	5.61%				IIC reporting a month behind
		Finance Return	M & Q	N/A	4.78%	4.78%	4.04%	5.50%	4.97%	5.39%	5.15%	5.24%	7.96%				Finance Return to NHS Improvement - All figures are a month behind
		NHS Digital	M & Q	N/A	4.65%	4.95%	5.04%	5.70%	5.45%								Last published data August 2019
Staff turnover (Finance Return)	NHS Digital	Finance Return	M & Q	N/A	10.52%	10.29%	10.52%	10.19%	10.79%	10.99%	10.56%	10.77%	10.76%				All figures are a month behind
NHS Staff survey	CQC	N/A	A	N/A													Trusts are rated as Better, About the Same or Worse on a range of questions in ten themes. In the 2018 Survey our Trust scored "Better than average" in 8 of the themes, performing best for Quality, Diversity & Inclusion and Safety Culture. The remaining 2 themes performed at average.
Proportion of temporary staff	Provider Return	Finance Return	Q	N/A	2.29%	3.46%	3.20%	3.11%	3.22%	3.15%	3.14%	3.12%	3.09%				Finance Return to NHS Improvement
Support & Compassion (Average rating of staff experiencing harassment, bullying or abuse)	Staff Survey	Staff Survey	Q	N/A													This is part of the annual staff survey and there are no mechanism within the Trust for reporting this in-year
Teamwork (Average rating for staff involvement)	Staff Survey	Staff Survey	Q	N/A													This is part of the annual staff survey and there are no mechanism within the Trust for reporting this in-year
Inclusion (Percentage of staff believing the Trust provides equal opportunities for career progression or promotion)	Staff Survey	Trust assessment (FFT)	Q	N/A	64.64%			61.07%									Latest available data July 2019. No FFT undertaken in Quarter 3
		Staff Survey	A	N/A													
Inclusion (The BME leadership ambition (WRES) re executive appointments)	Staff Survey	Equality Standard	Q	N/A													This is part of the equality standard and there are no mechanism within the Trust for reporting this in-year

FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	28 th January 2020
TITLE:	Appointment of the Non-Executive Chairmen and Members of Committees of the Board of Directors
REPORT OF:	Miriam Harte, Chairman of the Trust
REPORT FOR:	Decision

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

Executive Summary:

The appointment of members to the Board's Committees is a reserved matter under Annex 8 of the Constitution.

This report seeks the appointment of Non-Executive Directors/Associate Non-Executive Directors as the chairmen and members of the Board's committees, in accordance with their terms of reference, and to participate in reviews of serious incidents.

The following changes are proposed:

- (1) That, with immediate effect, Mr. Murphy be appointed as a member of the Resources Committee in place of Mrs. Richardson.
- (2) That, from 1st April 2020, the appointment of Non-Executive Directors/Associate Non-Executive Directors, as the Chairmen and Members of the Board's Committees, be in accordance with the schedule attached to this report.

The changes proposed reflect a re-alignment of responsibilities following the establishment of the West Lane Project Committee (minute 19/C/333 – 17/12/19 refers) and the retirement of Mr. Hawthorn as a Non-Executive Director in March 2020.

Recommendations:

The Board is asked to approve:

- (1) The appointment of Mr. Murphy as a Member of the Resources Committee in place of Mrs. Richardson with immediate effect.
- (2) The appointment of the Non-Executive Directors/Associate Non-Executive Directors, as the Chairmen and Members of the Board's Committees, from 1st April 2020, as set out in the schedule attached to this report.

Non-Executive Director/Associate Non-Executive Director Committee and SUI Panel Membership from 1st April 2020

	Audit Committee	Resources Committee	Mental Health Legislation Committee	Quality Assurance Committee	West Lane Project Committee	SUI Panel
<i>Maximum Number of Non-Executive Director seats (excluding Chair of the Committee and Ex Officio Members)</i>	3	2	2	3	1 (plus 1 Deputy)	-
Miriam Harte		Ex Officio Member	Ex Officio Member	Ex Officio Member		Ex Officio Member
Dr. Hugh Griffiths	✓			Chair		✓
Prof. Pali Hungin			✓	✓		✓
David Jennings	Chair	✓			✓	✓
Paul Murphy	✓	Chair				✓
Shirley Richardson				✓	Chair	✓
Bev Reilly			Chair	✓		✓
John Maddison	✓	✓			Deputy	

(Note: All Non-Executive Directors are members of the Board Nomination and Remuneration Committee)

FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	28th January 2020
TITLE:	Composition of the Council of Governors
REPORT OF:	Phil Bellas, Trust Secretary
REPORT FOR:	Decision/Recommendation

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 has been prepared to enable the Board to review the organisations entitled to appoint Governors of the Foundation Trust as set out in Annex 4 to the Constitution.

Changes to the Constitution are required in response to the mergers of CCGs which will come into effect on 1st April 2020; however, it is considered that this also provides an opportunity for a wider discussion on the scope of organisational representation on the Council of Governors.

In particular the Board is asked to consider the future eligibility of the following organisations to appoint Governors:

- (1) The CCGs.
- (2) The Northern Specialist Commissioning Group.
- (3) The University of Durham.

In considering this matter the Board is required to take into account statutory requirements on the composition of the Council of Governors and the need for Governors to be able to undertake their statutory duties effectively.

Any changes to the Constitution require the joint approval of both the Board and the Council of Governors.

Recommendations:

- (1) To review the provision of seats for Appointing Organisations on the Council of Governors, as set out in Annex 4 to the Constitution, and to determine whether:
 - (a) The CCGs should continue to be represented on the Council and, if so, to agree to amend the Constitution to reflect the forthcoming mergers.
 - (b) The Northern Specialist Commissioning Group should continue to be represented on the Council of Governors.
 - (c) The University of Durham should continue to be represented on the Council of Governors.
- (2) To make a recommendation to the Council of Governors to seek approval of any changes to Annex 4 to the Constitution in accordance with its decisions under (1) above.

MEETING OF:	The Board of Directors
DATE:	28th January 2020
TITLE:	Composition of the Council of Governors

1. INTRODUCTION & PURPOSE:

- 1.1 The purpose of this report is to enable the Board to review those organisations entitled, by the Constitution, to appoint Governors of the Foundation Trust.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 The requirements for the composition of the Council of Governors are set out in Schedule 7 of the National Health Service Act 2006 (as amended).
- 2.2 In summary the Act provides that:
- (a) The Council of Governors must comprise elected Public Governors, elected Patient/Carer Governors (if a separate Patient/Carer Constituency is established), elected Staff Governors and Appointed Governors representing organisations allocated seats by the Foundation Trust's Constitution.
 - (b) More than half the Members of the Council of Governors, at all times, must be elected by the members of the corporation, excluding staff members.
 - (c) At least one member of the Council of Governors must be appointed by a qualifying local authority i.e. the local authority's area must include, in whole or in part, one of the Trust's Public Constituencies.
 - (d) At least one Governor must be appointed by a university if any of the Foundation Trust's hospitals includes a medical or dental school provided by that university (this does not apply to TEWV).
 - (e) The Trust can specify, in its Constitution, other organisations who may appoint one or more Governors.
- 2.3 Over and above the statutory requirements on the composition of the Council of Governors, the Trust must be mindful of the need for Governors to be able to undertake their statutory duties, in regard to holding to account and representing the members of the Foundation Trust and the public, effectively.
- 2.4 The present composition of the Council of Governors, as set out in Annex 4 to the Constitution, is attached as Annex 1 to this report.
- 2.5 Any change to the Constitution must be approved by both the Board and the Council of Governors.

3. KEY ISSUES:

- 3.1 At present, the Council of Governors comprises 54 seats based on 33 Public Governors, 5 Staff Governors and 16 Appointed Governors. Whilst large, the

composition of the Council is intended to reflect the size and diversity of the Trust's area.

- 3.2 The organisations eligible to appoint Governors of the Trust fall into three categories – local authorities, commissioners and universities.

Local Authorities

- 3.3 No changes are proposed to the representation of the local authorities on the Council of Governors.
- 3.4 It has been noted that attendance at meetings of the Council of Governors tends to be more frequent when elected local authority members are appointed rather than officers. The appointment of elected members will, therefore, be encouraged.

Commissioners

- 3.5 Prior to amendments under the Health and Social Care Act 2012, Foundation Trusts were required to provide seats on their Councils of Governors for PCTs. Although no longer mandatory, the Trust has retained seats for the CCGs on Council of Governors (based on representation for each Locality area).
- 3.6 Board Members will be aware that there has been a period of CCG rationalisation. In the circumstances it is considered that there is merit in discussing whether seats for them on the Council of Governors should be retained.
- 3.7 The arguments in favour and against retaining the seats are balanced. On the one hand, the Council of Governors has a large membership and there are varying levels of attendance at meetings by the CCGs' representatives; however, on the other, irrespective of attendance levels, the inclusion of CCGs as appointing organisations recognises their importance for the Trust; provides an opportunity, through the receipt of papers, for them to keep abreast of issues; and enables them to have a voice at Council meetings when Governors raise issues relating to the commissioning of services.
- 3.8 The Board will also be aware that the development of a ICSs and ICPs will have implications for the CCGs going forward and it might be considered appropriate to retain seats for the CCGs until there is further clarity on this matter.
- 3.9 The Board is asked to consider whether to retain seats for the CCGs on the Council.

- 3.10 If it is considered that retaining seats for the CCGs on the Council of Governors remains appropriate, Annex 4 of the Constitution will need to be amended, as a result of the forthcoming mergers, as follows:

NHS County Durham CCG	1*
NHS Tees Valley CCG	1*
NHS North Yorkshire CCG	1*
NHS Vale of York CCG	1*

- 3.11 Irrespective of the Board's decision in regard to the CCGs, it is considered that the seat for the Northern Specialist Commissioning Group should be removed. The Group's seat on the Council has been vacant since it was established and the benefits of reserving a seat for specialist commissioning seem to be reducing with the establishment of the New Care Models and provider collaboratives.

Universities

- 3.12 Whilst not required, seats have been provided for universities on the Council of Governors in recognition of their importance to the Trust in terms of medical development, the training of healthcare professionals and research.
- 3.13 Questions have been raised about the appropriateness of continuing to provide a seat for the University of Durham since the transfer of the medical school to the University of Newcastle as other universities (e.g. the University of Coventry and York St John University) are not allocated seats and the University's seat on the Council has been vacant for some time.
- 3.14 The Board is asked to consider whether the seat for the University of Durham should be retained.

4. IMPLICATIONS:

- 4.1 **Compliance with the CQC Fundamental Standards:** None identified.
- 4.2 **Financial/Value for Money:** None identified.
- 4.3 **Legal and Constitutional (including the NHS Constitution):** The report sets out the key legal requirements relating to the composition of the Council of Governors.
- 4.4 **Equality and Diversity:** None identified.
- 4.5 **Other implications:** None identified.

5. RISKS:

- 5.1 The Board needs to be mindful of its future relationships with the present appointing organisations if their eligibility to appoint Governors is removed.

6. CONCLUSIONS:

- 6.1 Amendments are required to the allocation of seats to appointing organisations through the changes to the CCGs.
- 6.2 In determining the scope of these changes the Board needs to be mindful of:
- (a) The ability of the Council of Governors to fulfil its statutory duties.
 - (b) The Trust's future relationships with the present appointing organisations.

7. RECOMMENDATIONS:

- 7.1 The Board is asked to:
- (1) Review the provision of seats for Appointing Organisations on the Council of Governors, as set out in Annex 4 to the Constitution, and determine whether:
 - (a) The CCGs should continue to be represented on the Council of Governors and, if so, to agree to amend the Constitution to reflect the forthcoming mergers.
 - (b) The Northern Specialist Commissioning Group should continue to be represented on the Council of Governors.
 - (c) The University of Durham should continue to be represented on the Council of Governors.
 - (2) Make a recommendation to the Council of Governors to seek approval of any changes to Annex 4 to the Constitution in accordance with its decisions under (1) above.

Phil Bellas, Trust Secretary

<p>Background Papers: The Trust's Constitution Seals Register</p>
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ANNEX 4 – COMPOSITION OF COUNCIL OF GOVERNORS (Paragraphs 11.2 and 11.3)

COMPOSITION OF THE COUNCIL OF GOVERNORS		
Constituency		Number of Governors from 1/1/19
Public	Stockton-on-Tees	3
	Hartlepool	2
	Darlington	2
	Durham	8
	Middlesbrough	2
	Redcar & Cleveland	2
	Scarborough and Ryedale	3
	Hambleton and Richmondshire	2
	Harrogate and Wetherby	3
	City of York	3
	Selby	2
	Rest of England	1
Staff	Corporate	1
	Forensic	1
	County Durham and Darlington	1
	Teesside	1
	North Yorkshire and York	1
Appointed Governors	Durham County Council	1
	Darlington Borough Council	1
	Hartlepool Borough Council	1
	Stockton-on-Tees Borough Council	1
	Middlesbrough Borough Council	1
	Redcar & Cleveland Borough Council	1
	North Yorkshire County Council	1
	City of York Council	1
	University of Teesside	1*
	Durham University	1*
	University of York	1*
	University of Newcastle	1*
	Northern Specialist Commissioning Group	1*
	North Durham Clinical Commissioning Group Durham Dales, Easington and Sedgefield Clinical Commissioning Group Darlington Clinical Commissioning Group	1*
	Hartlepool and Stockton-on-Tees Clinical Commissioning Group South of Tees Clinical Commissioning Group	1*
	Hambleton, Richmondshire and Whitby Clinical Commissioning Group Scarborough and Ryedale Clinical Commissioning Group Harrogate Clinical Commissioning Group Vale of York Clinical Commissioning Group	1*
TOTAL		54

(Notes:

- The terms of Governors holding office on 1st January 2019 are unaffected by any changes to the Constitution which come into force on that day.

- 2 The appointing organisations marked (*) in the above schedule are specified for the purposes of sub-paragraph 9(7) of Schedule 7 for the 2006 Act (as amended).
- 3 The arrangements for the appointment of Governors by Clinical Commissioning Groups are set out in Annex 6.)

FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	28th January 2020
TITLE:	Report on the Register of Sealing
REPORT OF:	Phil Bellas, Trust Secretary
REPORT FOR:	Information

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

Executive Summary:

This report provides information on the use of the Trust Seal as required under Standing Order 15.6.

Recommendations:

The Board is asked to receive and note this report.

MEETING OF:	The Board of Directors
DATE:	28th January 2020
TITLE:	Report on the Register of Sealing

1. INTRODUCTION & PURPOSE:

- 1.1 The purpose of this report is to inform the Board of Directors of the use of the Trust's Seal in accordance with Standing Orders.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 An entry of every sealing is made and numbered consecutively in a Register specifically provided for the purpose. It is signed by the persons who have approved and authorised the document and those who attested the seal.

3. KEY ISSUES:

- 3.1 The Trust Seal has been used as follows:

Number	Date	Document	Sealing Officers
358	26/11/2019	TP1 form (transfer of part of registered title) relating to land at Escomb Road, Bishop Auckland	Patrick McGahon, Director of Finance and Information Phil Bellas, Trust Secretary
359	22/01/2020	Contract documents relating to alteration works at the Flatts Lane Centre, Middlesbrough	Patrick McGahon, Director of Finance and Information Phil Bellas, Trust Secretary
360	22/01/2020	Deed of variation and release relating to premises at Woodside Resource Centre, Middlesbrough	Patrick McGahon, Director of Finance and Information Phil Bellas, Trust Secretary

4. IMPLICATIONS:

- 4.1 **Compliance with the CQC Fundamental Standards:** None identified.
- 4.2 **Financial/Value for Money:** None identified.
- 4.3 **Legal and Constitutional (including the NHS Constitution):** None identified.

4.4 **Equality and Diversity:** None identified.

4.5 **Other implications:** None identified.

5. RISKS:

5.1 There are no risks associated with this report.

6. CONCLUSIONS:

6.1 This report supports compliance with Standing Orders.

7. RECOMMENDATIONS:

7.1 The Board is asked to receive and note this report.

Phil Bellas, Trust Secretary

<p>Background Papers: The Trust's Constitution Seals Register</p>
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