











AGENDA FOR THE MEETING OF THE COUNCIL OF GOVERNORS








12 FEBRUARY 2019, 2.00PM – 4.30PM
Holiday Inn, Scotch Corner, Darlington, DL10 6NR





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


Agenda:

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
2.00pm – 2.20pm Standard Items					
1.	 	Welcome and apologies for absence	<p>For information To make sure that we have enough Governors present to be quorate and introduce any new attendees</p> <p>To advise of housekeeping arrangements</p>	Miriam Harte, Chairman	Spoken
2.		Minutes of the meeting of the Council of Governors held on 21 November 2019	<p>To agree To check and approve the minutes of this meeting</p>	Miriam Harte, Chairman	Attached
3.		Public Council of Governors' Action Log	<p>To discuss To update on any action items</p>	Miriam Harte, Chairman	Attached
4.		Declarations of Interest	<p>To agree The opportunity for Governors to declare any interests with regard to any matter being discussed today</p>	Miriam Harte, Chairman	Spoken

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
5.	 	Chairman's activities	<p>For information To hear from the Chairman on what she has been doing since the last meeting.</p> <p>There will be an opportunity to ask any questions.</p>	Miriam Harte, Chairman	Spoken
6.		Questions from Governors	<p>To discuss To consider any questions raised by Governors which are not covered elsewhere on the agenda.</p> <p><i>(Questions will be taken directly in the meeting with responses recorded within the minutes where a verbal response is provided. A written response will only be provided where it is not practicable to respond within the meeting)</i></p>	Miriam Harte, Chairman	Spoken
2.20pm – 2.35pm Governance Related Items					
7.		Board Round up	<p>For information An opportunity to read through the key areas discussed at recent meetings of the Board of Directors during October 2019 and December 2019</p>	Miriam Harte, Chairman	Attached
8.		Constitution changes	<p>To agree To consider and agree proposals on the composition of the Council of Governors</p>	Phil Bellas, Trust Secretary	Attached

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
2.35pm - 2.50pm Quality Related Items					
9.		i. Compliance activity in relation to the Care Quality Commission ii. An update on any items of relevance following contact with the Care Quality Commission not contained in the report at i	For information To receive a report and a briefing on the latest information from the Care Quality Commission	Elizabeth Moody, Director of Nursing and Governance 	Attached
10.		Service Changes Report	For information To receive a briefing on changes and improvements to services in the Trust	Ruth Hill, Chief Operating Officer 	Attached
11.		Quality Account 2019/20	For information To receive an update on the Trust's Quality Account for 2019/20	Sharon Pickering, Director of Planning, Performance and Communications 	Attached
2.50pm – 2.55pm Performance Related					
12.		The Trust's Performance Dashboard as at end December 2019	For information To review the performance of the Trust key indicators	Sharon Pickering, Director of Planning, Performance and Communications	Attached

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
13.		The Trust's Finance report as at end December 2019	For information To receive information and review the current financial position of the Trust	Patrick McGahon, Director of Finance and Information	Attached
14.		Audit Committee	To agree To appoint a Governor to observe the Audit Committee in May 2020 where the External Auditors will present the audit findings.	Phil Bellas, Trust Secretary	Spoken
2.55pm – 3.00pm Standing Committees					
15.		Involvement and Engagement Committee	For information To receive information on the work of this committee and approve any recommendations made	Graham Robinson, Chairman of Committee	Spoken
3.00pm – 3.05pm Any Other Urgent Business					
16.		To raise any additional matters of business	To discuss To consider any other business matters raised by Governors which are not covered elsewhere on the agenda <i>(All business to be taken under this item must be approved by the Chairman. Governors must therefore give the Trust Secretary at least 24 hours written notice of any matters they wish to raise. No decisions shall be taken unless they are matters of urgency agreed by the Chairman)</i>	Miriam Harte, Chairman	Spoken

No		What we will talk about	Why are we talking about this	Lead Person	Supporting Paper / Spoken report
3.10pm Procedural					
17.		Confirmation of next meeting	19 May 2020 6pm Holiday Inn, Scotch Corner, Darlington DL10 6NR		Spoken
18.		<p><u>Confidential Motion</u></p> <p><i>“That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:</i></p> <p><i>Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office-holder, former office-holder or applicant to become an office-holder under, the Trust.</i></p> <p><i>Information relating to any particular applicant for, or recipient or former recipient of, any service provided by the Trust.</i></p> <p><i>Information relating to the financial or business affairs of any particular person (other than the Trust).</i></p> <p><i>The amount of any expenditure proposed to be incurred by the Trust under any particular contract for the acquisition of property or the supply of goods or services.</i></p> <p><i>Any documents relating to the Trust’s forward plans prepared in accordance with paragraph 27 of schedule 7 of the National Health Service Act 2006.</i></p> <p><i>Information which, if published would, or be likely to, inhibit -</i> <i>the free and frank provision of advice, or</i> <i>the free and frank exchange of views for the purposes of deliberation, or</i> <i>would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.</i></p> <p><i>Any advice received or information obtained from legal or financial advisers appointed by the Trust or action to be taken in connection with that advice or information.”</i></p>			

Miriam Harte
Chairman

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

4 February 2020

Statement of values and behaviours

Commitment to quality

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

Behaviours:

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

Respect

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

Behaviours:

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

Involvement

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

Behaviours:

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

Wellbeing

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

Behaviours:

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

Teamwork

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

Behaviours:

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

MINUTES OF THE COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 21 NOVEMBER 2019, 2.00PM AT HOLIDAY INN SCOTCH CORNER, DARLINGTON

PRESENT:

Miriam Harte (Chairman)
Cliff Allison (Durham)
Gemma Birchwood (Selby)
Mary Booth (Middlesbrough)
Rachel Booth (Staff - Teesside)
Phil Boyes (Staff - Durham and Darlington)
Mark Carter (Redcar and Cleveland)
James Creer (Durham)
Marie Cunningham (Middlesbrough)
Stella Davison (York)
Gary Emerson (Stockton on Tees)
Wendy Fleming-Smith (Selby)
Glenda Goodwin (Staff - Forensic)
Hazel Griffiths (Harrogate and Wetherby)
Ian Hamilton (Appointed University of York)
Anthony Heslop (Durham)
Christine Hodgson (York)
Dr Judith Hurst (Staff - Corporate)
Carol Jones (Rest of England)
Audrey Lax (Darlington)
Keith Marsden (Scarborough and Ryedale)
Prof Tom McGuffog MBE (York)
Gillian Restall (Stockton on Tees)
Graham Robinson (Durham)
Dr David Smart (CCG representative for Co Durham and Darlington)
Cllr Helen Swiers (North Yorkshire County Council)
Sarah Talbot-Landon (Durham)
Judith Webster (Scarborough & Ryedale)
Alan Williams (Redcar and Cleveland)
Mac Williams JP (Durham)

IN ATTENDANCE:

Phil Bellas (Trust Secretary)
Angela Grant (Administrator)
Dr Hugh Griffiths (Non Executive Director)
Ruth Hill (Chief Operating Officer)
Wendy Johnson (Secretary)
Dr Ahmad Khouja (Medical Director)
Patrick McGahon (Director of Finance)
Colin Martin (Chief Executive)
Elizabeth Moody (Deputy Chief Executive / Director of Nursing and Governance)
Paul Murphy (Non Executive Director)

Donna Oliver (Deputy Trust Secretary)
Kathryn Ord (Deputy Trust Secretary)
Sharon Pickering (Director of Planning, Performance and Communications)
Beverley Reilly (Non Executive Director)
Shirley Richardson (Non Executive Director)
Jules Preston, Public Member

19/72 APOLOGIES

Lee Alexander (Durham County Council)
Mark Eltringham (Stockton on Tees)
Dr Andrew Fairbairn (Appointed - Newcastle University)
Chris Gibson (Harrogate and Wetherby)
Sandra Grundy (Durham)
Marcus Hawthorn (Non Executive Director)
Prof Pali Hungin (Non Executive Director)
David Jennings (Non Executive Director)
Kevin Kelly (Darlington Borough Council)
Joan Kirkbride (Darlington)
David Levy (Director of Human Resources and Organisational Development)
Cllr Ann McCoy (Stockton Borough Council)
Jacci McNulty (Durham)
Lisa Pope (representative for North Yorkshire Clinical Commissioning Groups)
Zoe Sherry (Hartlepool)
Stan Stevenson (Hambleton & Richmondshire)
Cllr Derek Wann (Appointed - City of York Council)
Cllr Barbara Ward (Appointed - Hartlepool Borough Council)

19/73 WELCOME AND APOLOGIES

The Chairman welcomed all attendees to the meeting. Apologies were noted from Governors as per the register of attendance record.

19/74 MINUTES OF PREVIOUS MEETINGS

The Council of Governors considered the minutes from the public meetings held on 6 and 18 September 2019.

Agreed

- 1. That the public minutes of the meeting held on 6 September 2019 be approved as a correct record and signed by the Chairman.***
- 2. That the public minutes of the meeting held on 18 September 2019 be approved as a correct record and signed by the Chairman.***

19/75 PUBLIC ACTION LOG

Consideration was given to the public action log.

Arising from the report:

1) Minute 19/69 – Meeting Schedule

It was noted that a full schedule of meetings had been circulated to Governors.

Action – Closed

2) Minute 19/70 – Governor communication

This had been included within the workshop discussion at the Governor Development Day on 8 October 2019.

Action - Closed

19/76 DECLARATIONS OF INTEREST

None recorded.

19/77 CHAIRMAN UPDATE

The Chairman advised that her activities since the last meeting had included:

- 1) A significant amount of discussions and interviews related to the inspection of the Trust by the Care Quality Commission (CQC).
- 2) Attending meetings and public events around the region in relation to the Integrated Care Systems (ICS).
- 3) Chairing a meeting of the Board of Directors in York.
- 4) Visiting with Board colleagues, the Foss Park Hospital development in York.

Mr Bellas advised that a letter of resignation had been received from Mr Williams JP at the commencement of the meeting. Mr Williams JP had given notice that he would resign from his Public Governor position on 31 December 2019 but with immediate effect stand down from his Governor position on the Trust's Equality, Diversity and Human Rights Working Group and the Council of Governors' Nomination and Remuneration Committee.

The Chairman, on behalf of the Council of Governors, thanked Mr Williams JP for his commitment to the Public Governor role since his appointment in 2017.

19/78 GOVERNOR QUESTIONS

The Chairman advised that due to a significant number of questions submitted by Governors she had asked Mr Martin, Chief Executive to address how these would be managed going forward.

Mr Martin added that due to the volume of questions received following the issue of the agenda, with a number of them quite complex in nature, these would require more time to investigate and respond. During the last few months, the volume of formal questions submitted by Governors had increased, with those responsible for managing and responding not always being available or having the capacity to respond within the timescale available prior to the meeting.

Mr Allison requested confirmation of the action that would be taken where questions had been submitted in sufficient time to allow a response to be developed.

The Chairman advised, that due to the complex nature of the questions received from a public member via Mr Allison, the Trust would be offering a meeting with the individual direct to talk through their questions and concerns.

A summary, including responses to questions where available can be found at Appendix A to this report. (see attached).

Mrs Hodgson, in response to her question requested a copy of the transition protocol for patients moving from young people's services into adults.

Action Item – Dr Khouja

19/79 BOARD ROUND UP

Consideration was given to the Board of Directors roundup summaries from the meetings held in July and September 2019.

Agreed – The Council of Governors received and noted the content of the Board feedback from the meetings held in July and September 2019.

19/80 CARE QUALITY COMMISSION (CQC)

Mrs Moody presented the following summary:

- 1) The Trust had received an inspection from the Care Quality Commission (CQC) which had included a full comprehensive inspection of core services including all inpatient wards and community care settings.
- 2) Immediate feedback received from the CQC had been positive.
- 3) The report following the inspection would not be received by the Trust until the end of December 2019 / early January 2020.
- 4) The well led element of the inspection process had been undertaken during 5-6 November 2019.
- 5) No immediate concerns had been raised during the well led inspection process however areas expected to be highlighted in the final report were around:
 - LGBT+
 - En-suite bathroom door removal in adult inpatient areas.

In response to questions Mrs Moody advised that:

- 1) The positive comments received following the inspection regarding the amount of activities for patients was in relation to some wards only.
- 2) Reference to staffing levels would be difficult to answer fully until the final report from the CQC was received, however it was expected that Forensic Services would be referenced as registered nurse levels on some duty days had been difficult to maintain. The expectation was also that staffing provisions within North Yorkshire and York would also feature as this was an area the Trust was finding difficult to recruit to. Both of these issues had been highlighted by the

Trust in its self-assessment which had been submitted to the CQC prior to the inspection.

The Chairman added that the Board of Directors considered a report on staffing levels of nurses at every Board meeting, these reports could be viewed on the Trust's website.

- 3) The Trust did hold a workforce risk register and the Right Staffing Programme Board was working to address overall staffing issues.
- 4) The impact of the rating of West Lane Hospital was for the core inpatient services for Child and Adolescent Mental Health Services.
- 5) The full inspection report from the CQC would include more detail around the learning from deaths review; no immediate feedback had been received by the Trust from the CQC on this matter.
- 6) Following previous updates in relation to the removal of en-suite bathroom doors in adult inpatient wards, posters and guidance had been provided to staff which CQC inspectors had referenced viewing.

Following a concern from a Governor, that there may be a miscommunication with some wards, Mrs Moody advised she would be happy to discuss the matter in more depth outside of the meeting if the Governor wished to do so.

- 7) In relation to person centred care plans, there had been reference that improvements had been made since last year, however the full report from the CQC was required to be better able to understand the position and how this could be addressed further.

Agreed – That the Council of Governors received and noted the update in relation to Care Quality Commission's inspection of the Trust.

19/81 SERVICE CHANGES

The Council of Governors received the service changes report.

Mrs Hill highlighted the following:

- 1) Work continued to support patients following the closure of Whorlton Hall and more recently Newbus Grange (both not owned by the Trust) by the CQC where alternative placements had been secured for all patients by the end of October 2019.
- 2) Additional investment in Durham and Darlington had:
 - Assisted greater alignment for mental health practitioners with GPs.
 - Enabled the enhancement and expansion of the persistent physical symptoms service.
- 3) Teesside Adult Rehabilitation would be moving to the next stage of service re-design resulting in a more community based service.
- 4) Harrogate community service transformation engagement process had concluded; the final report was being prepared for consideration by the relevant Health Overview and Scrutiny Committees.

5) Forensic Services had held a very successful Recovery conference.

Arising from discussion Mrs Hill advised that:

- 1) Waiting times for Improving Access to Psychological Therapies (IAPT) were high due to a number of factors, work was being undertaken to look at different delivery mechanisms to improve the position. Eye Movement Desensitization and Reprocessing (EMDR) interventions often did have longer waiting times. Discussions were being held with the Clinical Commissioning Group (CCG) in terms of the service provision and how this could be improved.
- 2) The Trust was working with the Primary Care Network and the development of the Right Care Right Place (RCRP) which would be an opportunity to establish joint priorities.
- 3) The CCG responsible for York had withdrawn the non-recurrent funding for mental health services provided in GP practices. Discussions were still underway with regard to the prioritisation of funding for Early Intervention in Psychosis (EIP) and Child and Adolescent Mental Health Services (CAMHS).
- 4) The public engagement held across Harrogate and Wetherby had highlighted the concerns of families and carers in relation to transport difficulties when inpatient services move from Harrogate to York.

In addition, Mr Martin advised that the provision of learning disability services in the private sector often included a multitude of differing Commissioners with patients from all over the country. NHS England had facilitated a coordinated response as part of the management of the closures of Whorlton Hall and Newbus Grange. In addition, the CQC had also commissioned an independent review of these services.

In terms of the patients placed in congregational settings, the Trust was working with Local Authorities within its boundaries and as a result, changes had been made to the care packages for 45 out of the 60 patients assessed so far.

Mrs Griffiths commented that an announcement had been made on 5 November 2019 that every patient with a learning disability or autism diagnosis would have a case review undertaken within twelve months.

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

19/82 QUALITY ACCOUNT

Consideration was given to the Quarter 2 update on the Trust's Quality Account 2019/20.

In presenting the report Mrs Pickering highlighted that:

- 1) Good progress had been delivered on the quality priorities with slight slippage on personal care plans and transitions.
- 2) Six of the ten quality metrics were behind schedule, however three had shown improvement since Quarter 1.

- 3) A number of patient experience elements did feature in the business plan and it was hoped that the developments surrounding these would help address this position.
- 4) As a result of the stakeholder engagement in July 2019, four quality improvement priorities had now been agreed for 2020/21:
 - i. Personalising care plans (continuation from previous year).
 - ii. Reducing preventable deaths (continuation from previous year).
 - iii. Improving child to adult service transition (continuation from previous year).
 - iv. Increasing the proportion of patients who feel safe on our wards (new).

As in previous years, Mrs Pickering requested the assistance of Governors to help develop the final Quality Account for 2019/20 through the establishment of a Task and Finish Group. Any Governors interested were asked to contact the Trust Secretary's department.

Action Item – All Governors

Agreed – That the Council of Governors received and noted the Quality Account Quarter 2 update 2019/20.

19/83 TASK AND FINISH GROUP ACTION PLAN

Dr Griffiths presented the proposed action plan for approval which had been developed following the Governor Task and Finish Group – Involvement of Service Users and Carers. He drew attention to the following points:

- 1) The Task and Finish Group had first been established three years ago.
- 2) Recommendations had been approved by the Council of Governors in November 2018.
- 3) There had been a delay in producing and submitting the associated action plan for approval by the Council, however there had been no delays in implementing the recommendations that had been approved.
- 4) One of the main recommendations was to deliver an involvement celebration event for service users and carers; this was in the final stages of planning and would be held on 3 December 2019.
- 5) The suggestion was that the ongoing monitoring of the action plan would be undertaken by the Council of Governors Involvement and Engagement Committee.

Agreed – That the Council of Governors

- 1. Approved the action plan for the delivery of recommendations from the Task and Finish Group – Involvement of Service Users and Carers***
- 2. Agreed that the Council of Governors' Involvement and Engagement Committee oversee the monitoring of the agreed actions.***

19/84 PERFORMANCE DASHBOARD

Consideration was given to the performance dashboard as at 30 September 2019. Mrs Pickering reported that:

- 1) The overall position was positive given the pressures that the Trust was under.
- 2) Three areas remained as not achieving targets:
 - Percentage of patients seen within four weeks for a first appointment following an external referral,
 - Vacancy rates for healthcare professionals,
 - Sickness absence.
- 3) Standards against the NHS Improvement Single Oversight Framework were not being met in:
 - Improving Access to Psychological Therapies (IAPT),
 - Data Quality Maturity Index.Actions had been put in place for both of these areas.

In response to questions she advised that:

- 1) Recovery was a measure taken via a 'questionnaire tool' of wellbeing from the start of treatment and at the end of treatment.

Mr Boyes added that within the service he worked, there was a target that 50% of patients would report 'recovery' through the toolkit used. He added that due to the high level of referrals there had been a limit imposed to the number of sessions made available to patients, this had reduced to seven (previously ranged from 12 – 20 depending on the patient need).

Mrs Pickering advised that her understanding of the agreement with Commissioners was that there was not an automatic stop of treatment after seven sessions, but that this was a recommendation of the number required.

Following a detailed discussion, Mrs Pickering agreed to clarify the position of the number of sessions available to ensure that there was no miscommunication of the agreements that had been put in place with Commissioners.

Action item – Mrs Pickering

- 2) The Trust had a number of policies and processes in place to monitor and support those staff who were absent from work due to sickness. The overall sickness rate of staff was higher than the Trust would wish to see, however comparatively, the Trust was the same as other organisations. The new Making a Difference Together Programme would be reviewing staff wellbeing.

Agreed – That the Council of Governors received and noted the Performance Dashboard as at 30 September 2019.

19/85 FINANCE REPORT

Consideration was given to the finance report for the period up to 30 September 2019.

Mr McGahon highlighted that:

- 1) The Trust was currently £11k ahead of its financial plan.
- 2) Capital Expenditure was £0.6m behind plan mainly as a result of Foss Park development and the timing of invoices received. No actual delays were evident in the construction. Marginal delays in the commencement of rectification works for Roseberry Park Hospital was also a contributory factor.
- 3) Improvements had been made to agency expenditure for clerical and administrative staff, but the Trust remained 32% in excess of the agency cap.
- 4) The Use of Resources Risk Rating was reported to be behind plan with a forecast to not achieve its planned rating of '1' at the end of the year.

Assurance was provided to the Council of Governors that investment in nurse training of £1m had been undertaken and that NHS Improvement had provided positive feedback in terms of the Trust's current financial position.

Agreed – That the Council of Governors received and noted the Finance Report for the period up to 30 September 2019.

19/86 INVOLVEMENT AND ENGAGEMENT COMMITTEE

Mr Robinson, newly elected Chairman of the Committee provided the following update:

- 1) Public membership of the Trust remained comparatively representative, current recruitment of new members continued, however there was a risk of not achieving the net increase of 250 new members. Current public membership stood at 9634.
- 2) Involvement of service users and carers in activities remained high with those registered remaining at an appropriate level of 332 people.
- 3) The Committee had established a sub group to develop the new member newsletter due to be issued in February 2020.
- 4) The Committee had reviewed the delivery of the 2019 Annual General and Members Meeting and would shortly commence planning of the 2020 event which would focus on Mental Health in Old Age.
- 5) Members of the Committee were involved in the delivery and co-production of the Involvement Celebration event due to be held on 3 December 2019.

He added the thanks from the Committee to the former Chairman, Mr Allison and formally welcomed new members Mrs Lax, Mrs Jones and Mrs Booth.

Agreed – That the Council of Governors received and noted the update of the Involvement and Engagement Committee.

19/87 NEXT MEETING DATE

The Chairman confirmed the next meeting of the Council of Governors would be held on 12 February 2020, 2pm at the Holiday Inn, Scotch Corner, Darlington DL10 6NR.

19/88 CONFIDENTIAL RESOLUTION

Confidential Motion

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

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

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.

Any documents relating to the Trust’s forward plans prepared in accordance with paragraph 27 of schedule 7 of the National Health Service Act 2006.

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 Chairman closed the public session of the meeting at 3.30pm.

ITEM NO. 6

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

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

COUNCIL OF GOVERNORS – GOVERNOR QUESTIONS

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

Question

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

Extract of Letter

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

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

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

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

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

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

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

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

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

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

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

I know that we are all keen to ensure we treat our people fairly and protect their wellbeing. Implementing the attached guidance consistently well across the NHS will contribute to that goal. It is tragic that we are learning these lessons after Amin's death, but we owe it to him and the others who have suffered in similar circumstances to act now.

Thank you for your attention to these vital issues.'

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

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

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

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

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

Question

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

Dear Governor,

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

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

These documents include:

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

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

Response

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

DRAFT

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

Question

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

Response – Provided by Dr Ahmad Khouja, Medical Director

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

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

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

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

The Trust has as a priority in the Quality Account to improve the clinical effectiveness and patient experience in times of transition from Child to Adult Services, and it is

being proposed to continue this for 2020/21 given the importance of getting this right for all children, but particularly those with autism and/or complex needs.

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

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

DRAFT

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

Question

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

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

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

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

Response provided by Ken Tench, Head of Estates

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

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

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

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

Question

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

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

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

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

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

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

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

Response provided by Patrick McGahon, Director of Finance and Information

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

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

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

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

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

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

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

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

Question

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

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

One question was:

- Do you have the emotional resilience to report concerns.
Only 30% responded YES which I believe is a concern.

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

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

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

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

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

Question 1

How important do you think psychological safety is? Montimeter



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

Question 2

How psychologically safe do you feel within TEWV? Montimeter



125

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

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

The Making a Difference Together programme is providing a focus upon embedding values and behaviours and a Trustwide crowdsourcing conversation about how we

ensure that the Trust has a just and fair culture is planned to take place in February 2020. The feedback received will generate new ideas to inform new actions.

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

DRAFT

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

Question

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

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

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

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

Response provided by Bob Craig, Associate Director of Information

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

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

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

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

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

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

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

DRAFT

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

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

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

Response provided by Elizabeth Moody, Director of Nursing and Governance

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

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

- b. How long is the current wait?

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

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

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

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

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

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

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

d. What is the delay and why is this?

Please see above for the response to this question.

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

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

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

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

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

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

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

Other Trusts have a different procedure for crisis teams.

Can the Trust review its policy / procedures?

Response provided by Helen Embleton, Urgent Care Pathways Lead

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

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

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

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

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

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	12 February 2020
TITLE:	Public Action Log
REPORT OF:	Phil Bellas, Trust Secretary
REPORT FOR:	Assurance

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

Executive Summary:

This report allows the Council of Governors to track progress on agreed actions.

Recommendations:

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

Council of Governors Action Log

Item 3

RAG Ratings:

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

Date	Minute No.	Action	Owner(s)	Timescale	Status
29/11/2018	18/83	To review the role of the Staff Governor representing the staff class of North Yorkshire and York one year after their appointment.	Kathryn Ord	July 2020	
18/09/2019	19/70	To provide an update on the delivery of autism training	Ahmad Khouja	September 2020	
21/11/2019	19/82	Nominations from Governors sought to form a Quality Account Task and Finish Group	All Governors	January 2020	Closed - invitation issued 22/11/19
21/11/2019	19/84	To clarify the position of the number of sessions available to patients in Durham and Darlington IAPT to ensure that there was no miscommunication of the agreements that had been put in place with Commissioners.	Sharon Pickering	February 2020	

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	12 February 2020
TITLE:	Board round-up
REPORT OF:	Phil Bellas
REPORT FOR:	Assurance/Information

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

Executive Summary:

This report allows the Council of Governors to note the summary of discussions that took place at recent meetings of the Board of Directors.

Recommendations:

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

MEETING OF:	COUNCIL OF GOVERNORS
DATE:	12 February 2020
TITLE:	Board round-up

1. INTRODUCTION & PURPOSE:

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

2. BACKGROUND INFORMATION AND CONTEXT:

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

3. KEY ISSUES:

3.1 Copies of the Board round-ups for the meetings held during October 2019 and December 2019 are attached to this report.

4. IMPLICATIONS:

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

5. CONCLUSIONS:

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

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

6. RECOMMENDATIONS:

- 6.1 The Council of Governors is asked to note the key matters considered by the Board of Directors at its meetings held during October 2019 and December 2019 (as contained in the Board round-ups for those meetings) and raise any issues of concern, clarification or interest.

**Phil Bellas,
Trust Secretary**

Background Papers:

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

October board notes

Item 5: Chairman's report

The chairman reported that she has completed a series of meetings in relation to BAME. Some of the learnings and insights from these meetings will be incorporated into the director's visits. She was clear that she wants BAME work to continue and would like to raise awareness around this.

Item 6: Chief Executive's report

Colin Martin provided an update including:

- the contribution of Professor Joe Reilly who was stepping down from his role as the clinical director for research and development
- the Trust has been ranked fourth for medical education in the annual General Medical Council (GMC) trainee survey
- the recent Silver Chief Nursing Officer Awards that John Savage, head of nursing in Durham and Darlington, has received.

Item 8: Briefing on key issues in the North Yorkshire and York locality

Liz Herring, head of adult mental health services in North Yorkshire and York, presented an update on the North Yorkshire and York locality. There was a focus on the positive outcomes from the Hambleton and Richmondshire transformation work. She also provided an update on:

- Trailblazer
- Success of employment services
- Suicide prevention work
- Potential York developments
- The 'think ahead' nurse development programme
- ADHD service in Scarborough

Item 9: Quality assurance committee

The board received and noted the report of the Quality Assurance Committee

Item 10: Nurse Staffing Report

Elizabeth Moody provided a monthly update. Several points were highlighted and discussed including zonal observations, recruitment and how the trust can retain more staff.

Item 11: Initial feedback received from the trust-wide CQC inspection

Board members considered that the feedback provided by the CQC was in the main positive.

Item 13: Learning from deaths

The board received and noted the learning from deaths report

Item 14: Gender pay gap report

The gender pay gap report is going to resources committee in January

Item 15: Annual report on medical education

The board received and noted the annual report. Ahmad Khouja spoke of his appreciation to Dr. Jim Boylan (the previous director of medical education) for his work and advised that Dr Hany El Sayeh had been recently appointed into this role.

Item 16: Mental health legislation committee

Paul Murphy advised that there were no matter of urgency arising from the meeting held on October and that overall, the direction of travel on the metrics which were reviewed by the committee was positive.

Item 18: Trust performance

The board received and discussed the monthly performance report

November board notes

Chairman's report

The chairman reported that she recently attended a new consultant event which was very enjoyable. She had also recently attended a large governor meeting.

Chief Executive's report

Colin Martin provided an update followed by discussions on:

- An increase in the response to the staff survey
- The digital transformation strategy
- The national review into the quality of children's inpatient services

Briefing on key issues in the forensic service

Lisa Taylor, director of operations for forensic services, gave a presentation which highlighted:

- Recovery awards
- Training staff in carer engagement
- Issues in recruitment
- Transforming care
- Challenges at HMP Durham

Freedom to speak up

Dewi Williams gave an update as the freedom to speak up guardian. In the last six months there has been an increase in the number of people speaking up. The National Guardian has recommended that all staff take part in freedom to speak up training.

There was a discussion regarding capacity and the current freedom to speak up guardian is currently a part time role.

Nurse Staffing Report

Elizabeth Moody provided a monthly update. Several points were highlighted and discussed including:

- Zonal observations have started on Westerdale. Positive feedback so far but further feedback and evaluation will be provided.
- Discussions about Elm ward
- Agency use

Recruitment and retention action plan

The Board received and noted a progress report on the implementation of the recruitment and retention action plan.

It was noted that:

- The number of healthcare staff had increased over the last 12 months
- Whilst the position appeared to be positive, the introduction of new services had resulted in vacancies in existing teams due to staff transferring to them

The success of the targeted approach to the recruitment of healthcare assistants for Springwood in North Yorkshire was highlighted by the non executive directors.

Initial feedback received from the CQC well-led inspection

Board members considered that the feedback provided by the CQC, which was in the main positive.

Mental health legislation committee

Paul Murphy advised that the introduction of SPC charts would support the committee monitor the wide range of information within its remit.

There is to be a deep dive review on AWOLS and reviews on the use of seclusion will be undertaken in a timely manner.

Trust performance

The board received and noted the monthly performance report. There was discussion on the performance of the IAPT service.

December board notes

Chairman's report

On behalf of the Chairman, Shirley Richardson reported on the success on the involvement celebration event held in December.

The Chairman reported on her attendance at one of the West Lane Hospital reconnection events that had been held in December. The Chairman asked for a schedule of events to be circulated to all members of the Board.

Staff flu campaign

David Levy provided an update on the staff flu campaign. This included latest figures which showed that the Trust's vaccination rate had increase to approximately 63% which was an increase of around 5% at the same position last year.

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	12th February 2020
TITLE:	Constitutional Change – Appointing Organisations to the Council of Governors
REPORT OF:	Phil Bellas, Trust Secretary
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>	✓

Report:

The Council of Governors is asked to approve changes to the organisations eligible to appoint Governors of the Foundation Trust.

Any changes to the Constitution must be approved by both the Board of Directors and the Council of Governors in accordance with the NHS Act 2006 (as amended).

The Board, at its meeting held on 28th January 2020, discussed and agreed changes to Annex 4 of the Constitution (Composition of the Council of Governors) as highlighted in Annex 1 to this report.

The changes approved were as follows:

- (1) To amend the representation of Clinical Commissioning Groups (CCGs) on the Council of Governors to reflect the mergers which are due to take effect on 1st April 2020.

At present, seats are allocated to groups of CCGs based on the Trust's Localities with the Chairman, under Annex 6 of the Constitution, having powers to agree the arrangements for the appointment, and removal, of their Governors with the Chairmen of those bodies.

In addition to agreeing the changes to Annex 4, the Council of Governors is asked to approve the removal of the relevant provision on the appointment/removal of Governors representing the CCGs in Annex 6 as it

would be redundant.

- (2) To remove the seat on the Council of the Northern Specialist Commissioning Group (NSCG).

The seat for the NSCG has been vacant since it was initially provided in the Constitution and the benefits of reserving a seat for specialist commissioning are reducing with the establishment of the New Care Models and Provider Collaboratives.

- (3) To replace the University of Durham with the University of Sunderland as an appointing organisation to the Council of Governors.

Durham University was one of the original appointing organisations to the Council of Governors, on the establishment of the Foundation Trust, in view of its importance in terms of medical education and research. However, since that time, the University's medical school has transferred to the University of Newcastle and the research partnership with the University of York has been established.

It is now considered that the seat on the Council of Governors for Durham University should be allocated to the University of Sunderland in view of its Nursing School and the recent establishment of its Medical School which specialises in GP and psychiatric training.

At present, Durham University's seat on the Council of Governors is vacant.

The above proposals do not affect the overall size of the Council of Governors.

Recommendations:

The Council of Governors is recommended to approve:

- (1) The changes to Annex 4 of the Constitution as set out in Annex 1 to this report.
- (2) The deletion of the following provision in Annex 6 of the Constitution:
“The Chairman shall agree arrangements for the appointment and removal of Governors representing the Clinical Commissioning Groups with the Chairmen of those bodies.”
- (3) That the proposed changes to the Constitution should come into effect on 1st April 2020.

ANNEX 4 – COMPOSITION OF COUNCIL OF GOVERNORS
(Paragraphs 11.2 and 11.3)

COMPOSITION OF THE COUNCIL OF GOVERNORS		
Constituency		Number of Governors from 1/4/20
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
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*
	University of Sunderland	1*
	Durham University	
	University of York	1*
	University of Newcastle	1*
	Northern Specialist Commissioning Group	1*
	NHS County Durham CCG	1*
	North Durham Clinical Commissioning Group Durham Dales, Easington and Sedgefield Clinical Commissioning Group Darlington Clinical Commissioning Group	
NHS Tees Valley CCG	1*	
Hartlepool and Stockton-on-Tees Clinical Commissioning Group South of Tees Clinical Commissioning Group		
NHS North Yorkshire CCG	1*	
Hambleton, Richmondshire and Whitby Clinical Commissioning Group Scarborough and Ryedale Clinical Commissioning Group Harrogate Clinical Commissioning Group Vale of York Clinical Commissioning Group		

	NHS Vale of York CCG	1*
TOTAL		54

(Notes:

- 1 ~~Except for the relevant appointing organisations,~~ the terms of Governors holding office on 1st April 2020 are unaffected by the amendments 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.)~~

CQC Compliance Update Item 9

Council of Governors – February 2020

Headlines

West Lane Hospital removal of conditions

The Trust submitted an application to the CQC to remove the conditions that were applied to the Trust's legal registration following their inspection of CAMHS inpatient wards at West Lane Hospital. The CQC have accepted the request and have now removed all regulated activity conditions with the exception of: "The Registered Provider must not provide CAMHS (Child and Adolescent Mental Health Services) inpatient services at West Lane Hospital (specifically Westwood, Newberry and Evergreen Centres)".

Social Care Registration / Inspection

A Provider Information Request (PIR) was received from the CQC 04 December 2019 for 367, Thornaby Road which is registered with the CQC as an Adult Social Care provider. The Registered Manager was supported by the Head of Service and Locality Manager to complete this return. The submission was completed 10 January 2020. Following review of the PIR by the CQC the service will receive a full unannounced inspection.

HMP Frankland

The CQC and Her Majesty's Chief Inspector of Prisons (HMIP) commenced a 2 week inspection on all services at HMP Frankland on 13 January 2020.

Key Issue: CQC Well Led Inspection

Following the CQC core service inspections undertaken 23 September – 03 October 2019 and the 'well led' inspection which took place 05 - 06 November 2019, the Trust received the draft report 30 December 2019. Factual accuracy responses were submitted to the CQC 14 January 2020. The Trust will receive confirmation of any factual accuracies accepted and the Trust report will then be formally published.

Key Issue: CQC Engagement Meetings

The Trust met with the CQC for their scheduled engagement meeting 12 December 2019. As the inspection report was being drafted by the CQC there was no discussion permitted regarding the well led inspection, findings or current ratings. Standard agenda items were discussed which included serious incidents and homicides, inquests, safeguarding, complaints, themes of MHA inspections, provider level updates, risk register and long term segregation.

It was agreed that future meetings will move to quarterly face to face engagement meetings with a monthly telephone conference in-between. The next meeting will be scheduled following release of the final CQC inspection report.

Key Issue: CQC MHA Inspection Updates

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

Locality / Speciality	Ward/Team	Inspection Date
Forensic (SIS)	Brambling Ward	03/12/2019
D&D AMH	Primrose Lodge	05/12/2019
Tees AMH	Stockdale Ward	17/12/2019
NY&Y MHSOP	Rowan Ward	18/12/2019
Forensic H&J	Talbot Ward	23/12/2019
Forensic (SIS)	Merlin Ward	22/01/2020
D&D AMH	Tunstall Ward	29/01/2020
Tees AMH	Lustrum Vale	04/02/2020

Information on the findings of these reports is available from the Trust Compliance Team. The detailed findings are also reported to QuAC and the Mental Health Legislation Committee and any themes are taken forward.

Service Development Update

Item 10

Council of Governors – February 2020

Headlines

There continues to be a number of service developments across the Trust. The Clinical Commissioning Groups are confirming their investment plans which will influence service changes in 2019/20 and beyond.

There remains close monitoring of CAMHS services. The virtual ward at West Lane Hospital continues to support young people in other inpatient beds.

Key Developments: Durham and Darlington

There has been further investment in physical health care practitioners which will further enhance the services across the locality.

Adult Mental Health Services

- Following a RPIW in October the AMH community service have implemented a single access point across Durham & Darlington.
- Investment in Durham and Darlington has led to progression of:
 - GP aligned mental health practitioners.
 - Introduction of community rehabilitation services into Darlington.

Mental Health Services for Older People

- A number of quality improvement events have occurred
 - Nutrition and Diabetes for in-patient services.
 - Ward communications and documentation.
- Some quality improvement work on crisis services for older people is under way.
- Approved Clinician (Consultant Psychologist) has commenced in post in January at Roseberry Ward, Bowes Lyon Unit, Lanchester Road Hospital.

Children and Young People's Services

- Mental Health Support Team (trailblazer) project is ahead of schedule (Dec 2020) to be

fully operational across 60 education settings in Durham by October 2020.

- We are working with the local authorities in both Durham & Darlington to improve the quality and processes for CAMHS information in Education Health Care Plans.
- Project work is under way to develop a neurodevelopmental assessment pathway across Durham & Darlington CAMHS with engagement with young people, families and wider stakeholders.

Learning Disability Service

- Congratulations to Dr Neel Murugesan who has been appointed as Senior Clinical Director for Adult Learning Disability services.
- Funding has been agreed to continue the stopping over-medication of people with a learning disability, autism or both with psychotropic medicines (STOMP) project for a further year.

Key Developments: Tees

Adult Mental Health Services

- Tees Rehabilitation Services completed consolidation to a single inpatient environment (Lustrum Vale) and have commenced work on the enhanced community service.
- The Improving Access to Psychological Therapies (IAPT) partnership bid has been successful and IMPACT Teesside is now working on a mobilisation plan to be operational by April 2020.
- The Crisis Transformation Programme Manager has begun scoping work to identify opportunities to work collaboratively with partner agencies and volunteers to provide crisis alternatives in Teesside.

Mental Health Services for Older People

A twelve month zonal care pilot has commenced on Westerdale South. Zonal care aims to enhance engagement and patient experience whilst maintaining required observation and reducing risk. Initial data suggests that the pilot is having a

Service Development Update

Item 10

Council of Governors – February 2020

positive impact in reducing the number of patient falls.

Children and Young People’s Services

- The service is working with the Department of Education and Middlesbrough Council as part of a trailblazer site to offer an integrated service supporting adolescents with complex needs. Recruitment is under way to appoint a psychologist who will be part of this new hub.

Learning Disability Service

- The service has refreshed the overarching service vision; *“Working in partnership to deliver compassionate and meaningful services for people with learning disabilities.”* And teams are exploring how they can take this forward whilst ensuring a stronger emphasis on staff wellbeing, training and development opportunities.

Key Developments: North Yorkshire and York

Harrogate Transformation

- Following the recent presentation to Overview and Scrutiny Committee, progress is being made to complete the mobilisation plans that will enable the ward closures from 27 April 2020.
- Foss Park Hospital build remains on track, with service users shaping the art work & garden design.
- Staff affected by organisational change relating to the service modifications have preference posts. Recruitment events are planned.

Adult Mental Health Services

- A patient from York was awarded ‘service user of the year’ by the Royal College of Psychiatrists for the sustained contribution to improve patient care and service delivery.
- North Yorkshire and York’s service user/carer involvement forum will now meet quarterly and will include an invitation to locality governors.

- A second round of mental health first aid training will be delivered to our admin & receptionists by the end of March.

Mental Health Services for Older People

- Harrogate Liaison service will commence phase 1 and provide nurse-led service from Monday 3rd February 24/7 days per week following successful bids in 2019.
- Memory Mapping Event held in December 2019 across North Yorkshire and York – next steps will be RPIWs across the whole of the locality to commence in June 2020.

Children and Young People’s Services

- Future funding arrangements for Purposeful Inpatient Admissions (PIPA)/Looked After Children (LAC) services are confirmed and the service model will now continue into 2020/21.
- The purchase of Bacchus House is well under way. This will be the new CAMHS base in York from January 2021.

Learning Disability Service

- The Shadow Quality Group are starting their audit of all Locality Learning Disability Services. They have also worked with the Quality Improvement Team to develop a service user training package about Quality Improvement.
- Dr Rebecca Jones has been appointed as Clinical Director.
- A pilot for an enhanced community team working 8-8, seven days per week, across York and Harrogate has been agreed with NHS England.

Key Developments: Forensic Services

Health and Justice Service

- We were successful with a bid to NHS England for additional resources into HMP Durham to support the team in dealing with the pressures and demands; this also included two specific posts to be based within Middlesbrough Magistrates Court looking at early identification, screening and information sharing.

Service Development Update

Item 10

Council of Governors – February 2020

- We have been approached by the Community Rehabilitation Companies to develop a Psychological Consultation Service along the lines of the Primary Integrated Community Service already delivering this to the National Probation service.
- The CQC concluded their inspection at HMP Frankland with a positive report received on the Mental Health team and service they deliver.

Secure Inpatient Service

- Building work has commenced on the Roseberry Park decant ward.
- A seclusion innovation event was held to improve the quality of reviews.
- The service facilitated a 3 day Quality Network visit – positive informal feedback has been received and the formal report is awaited.
- Cognitive Analytical Therapy (CAT) reflection groups have been facilitated for all members and grades of staff within the organisation.

Quality Account Update (Quarter 3)

Council of Governors – February 2020 – Item 11

Headlines

Progress on Quarter 3 actions has been good, with 50/56 (89%) either completed or on track for their planned completion date.

In terms of Quality Metrics, **4 of 10 (40%)** are reporting green. We are reporting red on **6 of 10 metrics (60%)**. This is an identical position to last quarter

Key Issue: Quality Improvement Actions

The most significant delays are for the personalising care planning priority. The planned further roll out of training has been paused until the new documentation is available on Cito, in Q1 20/21. Focus groups with service users have confirmed that the proposed DIALOG system is a positive step towards more personalised care planning from their viewpoint.

Although the Quarter 3 action has been delivered, there is a risk that some of the Dual Diagnosis Quarter 4 actions may not be delivered by the end of March. Support is being given to the clinical lead for this priority to re-plan the quarter 4 actions and to accelerate progress where possible.

All of the actions for the other two quality improvement priorities have been delivered on time.

Key Issue: Quality Improvement Metrics

The improvement seen in the % of patients feeling safe on the ward seen in Q2 has not been sustained. This could be linked to

issues around “lost” surveys due to a change of freepost address. Addressing this issue will be a Quality Account improvement priority for 20/21.

The improvement in the use of physical restraint is linked to the closures of the Children and Young People’s wards at West Lane during Q2. However, there is further work to do to reduce restraints, particularly in wards where there have been high levels of acuity and service users with behaviours which challenge.

- Clinical guidance on the safe use of mechanical restraint will be completed during March 2020
- Information for patients around the use of restrictive interventions has been developed and is currently being reviewed by ward staff and patients
- Specialist training in Positive Behavioural Support (PBS) for staff working in Learning Disabilities will commence in April 2020
- A feasibility study to assess the benefits of the use of Body Cameras is ongoing. Locality agreements are now in place for services to pilot the approach. Final technical checks are currently ongoing, following final approval, the pilot is expected to commence on the 1st April 2020

On other metrics there continue to be minor quarter to quarter variations. The most positive of these is that ‘Percentage of patients who reported their overall experience as excellent or good’ metric, was only 0.1 percent below target in Q3 (and better than target in Teesside and Forensics).

Quality Account Update (Quarter 3)

Council of Governors – February 2020 – Item 11

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

Green: Action is on track

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

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

<u>Priority</u>	<u>Green Actions</u>	<u>Red Actions</u>	<u>Grey Actions</u>	<u>Comment</u>
Make Care Plans more Personal	6	5	0	<ul style="list-style-type: none"> As at end December 2019, there have been 231 people who have undertaken the CPA training. However, this training has been paused with no sessions of the original co-produced training package held during Q3 2019/20. This is because it will be more effective once the new DIALOG system and cito can be shown to clinicians as part of the training. The embedding of the DIALOG product as a solution to the simplification of some of the processes associated with the CPA (i.e. assess, plan, review) has taken longer than first anticipated. There is now a consensus that DIALOG needs to be used where possible, but that for a truly consistent approach we may need to adopt a DIALOG 'style' approach but further develop this product to make it more accessible and meaningful to more people. This needs to be discussed in the CITO development group, and also the Clinical Outcomes Group, as it could impact on the potential for using DIALOG as an outcome measure. The first pilot of CITO in a live environment is currently scheduled for April 2020/21, with non-live User Acceptance Testing (UAT) just prior to this in Quarter 4 <p>The audit is now 'live' within the Central Audit Team and the registration has been approved. All cases to be audited are a repeat audit from the previous sample and they have all been identified and ready for data collection via an Excel workbook. Data collection will be early Q4 and the audit report will be produced by the end of Q4</p>

Quality Account Update (Quarter 3)

Council of Governors – February 2020 – Item 11

Further improve the clinical effectiveness and patient experience at times of transition from CYP to AMH Services	12	0	0	
Reduce the number of Preventable Deaths	7	0	0	
Develop a Trust-wide approach to Dual Diagnosis which ensures that people with substance misuse issues can access appropriate and effective mental health services	15	1	0	<ul style="list-style-type: none"> • A report on the findings of the Dual Diagnosis network review has not been undertaken, although the review is now complete. Learning actions from the review are however embedded into the work surrounding the networks, for example, regularly reviewing attendance at network meetings, identifying gaps and proactively encouraging attendance from under-represented groups • There are a number of actions due for completion in Quarter 4 but there is a risk that some of these might not be completed on time based on the level of progress at the end of Q3
Review our urgent care services and identify a future model for delivery	9	0	0	

Quality Account Update (Quarter 3)

Council of Governors – February 2020 – Item 11

Appendix 2: Performance against Quality Metrics at Quarter 3

	Quarter 1 19/20		Quarter 2 19/20		Quarter 3 19/20		18/19	17/18	16/17
Patient Safety Measures	Target	Actual	Target	Actual	Target	Actual			
<i>Metric 1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'</i>	88.00%	65.59%	88.00%	79.17%	88.00%	66.48%	61.50%	62.30%	N/A
<i>Metric 2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients</i>	0.35	0.10	0.35	0.21	0.35	0.19	0.18	0.12	0.37
<i>Metric 3: Number of incidents of physical intervention/restraint per 1000 occupied bed days</i>	19.25	38.18	19.25	31.03	19.25	24.25	33.81	30.65	20.26
	Quarter 1 19/20		Quarter 2 19/20		Quarter 3 19/20		18/19	17/18	16/17
Clinical Effectiveness Measures	Target	Actual	Target	Actual	Target	Actual	Actual	Actual	Actual
<i>Metric 4: Existing percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care</i>	>95%	95.5%	>95%	98.23%	>95%	97.43%	96.49%	94.78%	98.35%
<i>Metric 5: Percentage of clinical audits of NICE Guidance completed</i>	100%	100%	100%	100%	100%	N/A	100%	100%	100%
<i>Metric 6a: Average length of stay for patients in Adult Mental Health Assessment and Treatment Wards</i>	<30.2	23.25	<30.2	25.47	<30.2	25.64	24.70	27.64	30.08
<i>Metric 6b: Average length of stay for patients in Mental Health Services for Older People Assessment and Treatment wards</i>	<52	69.89	<52	64.69	<52	68.42	66.53	67.00	78.08
	Quarter 1 19/20		Quarter 2 19/20		Quarter 3 19/20		18/19	17/18	16/17
Patient Experience Measures	Target	Actual	Target	Actual	Target	Actual			
<i>Metric 7: Percentage of patients who reported their overall experience as excellent or good</i>	94.00%	92.12%	94.00%	90.76%	94.00%	93.90%	91.41%	90.50%	90.53%
<i>Metric 8: Percentage of patients that report that staff treated them with dignity and respect</i>	94.00%	88.07%	94.00%	89.16%	94.00%	85.66%	85.70%	85.90%	N/A
<i>Metric 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment</i>	94.00%	86.60%	94.00%	86.56%	94.00%	86.78%	86.9%	87.20%	86.58%

Performance Update as at 31st December 2019

Item 12

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Council of Governors –February 2020

Headlines

The attached Trust Dashboard shows that 59% of the KPIs within the Trust Dashboard are achieving target for the year to date, with three indicators reporting red as at the end of December 2019.

The indicators where performance is rated red are:

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

There is one area of concern within the NHSI Single Oversight Framework. Standards have not been met in:

- IAPT- proportion of people completing treatment who move to recovery (at Q2). The main area of concern is within Durham and Darlington and an action plan has been agreed with commissioners. 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.

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

Quality: Key Issues

Waiting times:

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

In percentage terms we are not seeing as many people for their first appointment within 4 weeks as we would like and the position has continued to deteriorate compared to previous years.

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

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

The feedback we are receiving is not as positive as we would like it to be although improvements have been seen over the last couple of months when compared to previous years. It is important to continue to monitor this as a key measure of the quality of services we provide.

[Copies of the monthly Trust Dashboard Reports to the Board](#)

are available at:

www.tewv.nhs.uk/about-us/board-of-directors/board-meetings

Performance Update as at 31st December 2019

www.tewv.nhs.uk



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Council of Governors –February 2020

Number of Inappropriate Out of Area Placement Days

Whilst still achieving the required standard the position has deteriorated each month since June, 2019 with a slight improvement being seen in November 2019 followed by a slight deterioration again in December 2019.

Activity: Key Issues

There are no key issues to report as at 31st December 2019.

Workforce: Key Issues

Vacancy Rate:

The vacancy rate for healthcare professionals is worse than the standard but has seen an improvement in December 2019 following a significant deterioration in the previous month. **It should be noted that a number of these vacancies will still have staff in post working their notice.**

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

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

The quarterly ‘vacancy census’ was presented and discussed at EMT in December in order to identify specific areas of concern.

Percentage Sickness Absence Rate:

The Trust continues to have a greater amount of sickness than it would wish, which clearly impacts on service users, the member of staff and also the other staff in the team. There was a further deterioration in the level of sickness reported in December. Forensic Services are reporting the highest levels of sickness and there are a number of reviews underway to identify next steps.

Money: Key Issues

Income and Expenditure:

All of the three financial targets were achieved in December and financial year to date.

Further information on the Trust’s financial performance is included in the Finance update.

[Copies of the monthly Trust Dashboard Reports to the Board](#)







are available at:

www.tewv.nhs.uk/about-us/board-of-directors/board-meetings




Trust Dashboard Summary for TRUST

Appendix A







Quality

	November 2019				April 2019 To November 2019			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
1) Percentage of patients seen within 4 weeks for a 1st appointment following an external referral	90.00%	83.39%			90.00%	83.78%		90.00%
2) Percentage of patients starting treatment within 6 weeks of an external referral	60.00%	64.92%			60.00%	59.93%		60.00%
3) The total number of inappropriate OAP days over the reporting period (rolling 3 months)	2,113.00	1,648.00			2,113.00	1,648.00		2,113.00
4) Percentage of patients surveyed reporting their overall experience as excellent or good	94.00%	92.78%			94.00%	91.97%		94.00%
5) The percentage of Serious Incidents which are found to have a root cause or contributory finding	32.00%	50.00%			32.00%	34.83%		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%	61.39%			60.00%	62.65%		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%	73.47%			65.00%	69.81%		65.00%













Activity

	November 2019				April 2019 To November 2019			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
8) Number of new unique patients referred		7,592.00				58,144.00		
9) The number of new unique patients referred with an assessment completed		4,157.00				33,200.00		
10) Number of new unique patients referred and taken on for treatment		1,968.00				13,494.00		
11) Number unique patients referred who received treatment and were discharged		2,872.00				21,608.00		
12) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	90.00%	91.56%			90.00%	90.72%		90.00%










Trust Dashboard Summary for TRUST

	November 2019				April 2019 To November 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	51.00			61.00	51.00		61.00
14) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP) - in reporting month	23.00%	25.00%			23.00%	25.23%		23.00%

Workforce

	November 2019				April 2019 To November 2019			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
15) Vacancy Rate (Healthcare Professionals only)	6.50%	17.96%			6.50%	11.30%		6.50%
16) Percentage of staff in post more than 12 months with a current appraisal (snapshot)	95.00%	91.70%			95.00%	91.70%		95.00%
17) Percentage compliance with ALL mandatory and statutory training (snapshot)	92.00%	93.75%			92.00%	93.75%		92.00%
18) Percentage Sickness Absence Rate (month behind)	4.40%	5.32%			4.40%	5.22%		4.40%

Money

	November 2019				April 2019 To November 2019			Annual
	Target	Month	Status	Trend Arrow (3 Months)	Target	YTD	Status	Target
19) Delivery of our financial plan (I and E)	-797,000.00	-787,760.00			-4,555,000.00	-4,588,510.00		-5,610,000.00
20) CRES delivery	824,916.00	984,071.00			6,599,328.00	7,872,575.00		9,898,992.00
21) Cash against plan	71,503,000.00	84,021,476.00			71,503,000.00	84,021,476.00		54,409,000.00

Finance Update as at 31 December 2019

Council of Governors – 12 February 2020

Headlines

The Trust remains on course to deliver its financial plan.

↑ The Trust is currently £42k ahead of its year to date financial plan. This represents a surplus of £5,272k.

↑ CRES delivery is expected to exceed plan by year end

↑ CRES schemes for the financial year are forecast to be £1,910k ahead of financial plan.

▼ Use of Resources (UoR) risk rating is behind plan and is also forecast to be behind the planned rating of 1 at year end.

The Board is continuing to focus on the following areas:

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

Key issue: Agency Expenditure

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

As at December 2019 the Trust is £1,478k (30%) in excess of its agency cap, which is an

improvement from Septembers' reported position of 32%.

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

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

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

The key actions being taken as part of the agency reduction plan include:

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

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

Whilst agency expenditure is expected to continue to fall in the final quarter of 2019/20 it is forecast that the Trust will not achieve its cap during the 2019/20 financial year.

Finance Update

Council of Governors – December 2019

Key issue: Capital

Capital expenditure is £4,979k behind plan.

The main reasons for the variations are:

- The development of Foss Park (the new inpatient facility in York) being behind its expenditure profile but not expected completion date;
- The commencement of the rectification of Roseberry Park being behind plan; however, the programme of work has commenced;
- The purchase of Bacchus House has been delayed and is now planned to be purchased in March 2020.

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

Key issue: CRES Delivery

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

The Board aims to ensure that the programme is based on recurrent, sustainable schemes.

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

Use of Resources Rating

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

The Trust has planned to achieve a rating of 1 in 2019/20, though achievement of this is dependent on a reduction in agency expenditure as mentioned earlier.

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

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