Tees, Esk and Wear Valleys
NHS Foundation Trust

COUNCIL OF GOVERNORS
THURSDAY 17 NOVEMBER 2022
VIA MS TEAMS
AT 2.00 PM

AGENDA

1	Apologies	**David Jennings** Chair	**Verbal**
2	Welcome and Introduction	**David Jennings** Chair	**Verbal**
3	To approve the minutes of the special meeting held on 13th October 2022.	**David Jennings** Chair	**Draft Minutes**
4	To receive any declarations of interest	**David Jennings** Chair	**Verbal**
5	To review the Public Action Log	**David Jennings** Chair	**Report**
6	To receive an update from the Chair	**David Jennings** Chair	**Report**
7	To receive an update from the Chief Executive	**Brent Kilmurray,** **Chief Executive**	**Verbal**
8	Governor questions and feedback – (a) Governor questions and answers session (b) Governor feedback from events, including local issues, concerns and good news *(All questions and feedback should be submitted in writing to the Corporate Affairs and Involvement Directorate at least 48 hours before the meeting)*	**David Jennings** Chair	**A schedule of Governor questions, responses and feedback to be circulated**
9	To receive the Trust's Integrated Performance Dashboard Report as at 31st August 2022	**Mike Brierley** Assistant Chief Executive	**Report**
10	CQC Compliance Update Report	**Elizabeth Moody** Director for Nursing and Governance/Deputy Chief Executive	**Presentation**
11	Update on the Council of Governors' Autism Task and Finish Group	**Jules Preston** Non-Executive Director	**Report**
12	Appointment of Governor Veterans/Armed Forces Champion	**Phil Bellas** Company Secretary	**Verbal**

13	Date of next meeting To approve the date of the next meeting of the Council of Governors.	**David Jennings** Chair	**Verbal**
14	**The Chair to move:** *"That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:* *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.*	**David Jennings** Chair	**Verbal**

David Jennings
Chair
9th November 2022

Contact: Phil Bellas, Company Secretary Tel: 01325 552001/Email: p.bellas@nhs.net

MINUTES OF THE SPECIAL COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 13TH OCTOBER 2022 AT 2.00PM, VIA MS TEAMS

PRESENT:
David Jennings - Chair
Lynne Ackland - Public Governor, Durham
Joan Aynsley - Public Governor, Durham
Mary Booth - Public Governor, Middlesbrough
Dr Andrew Fairbairn - Appointed Governor, Newcastle University
Hazel Griffiths - Public Governor, Harrogate and Wetherby
Christine Hodgson - Public Governor, York
Dr Judy Hurst - Public Governor, Stockton-on-Tees
Joan Kirkbride - Public Governor, Darlington
Cllr Ann McCoy - Appointed Governor, Stockton Borough Council (Lead Governor)
Jacci McNulty - Public Governor, Durham
Jean Rayment - Public Governor, Hartlepool
Gillian Restall - Public Governor, Stockton-on-Tees
Roger Tuckett - Public Governor, Hambleton and Richmondshire
Jill Wardle - Public Governor, Durham
Alan Williams - Public Governor, Redcar and Cleveland

IN ATTENDANCE:
Brent Kilmurray - Chief Executive
Ann Bridges - Director of Corporate Affairs and Involvement
Dr Charlotte Carpenter - Non-Executive Director
Karen Christon – Deputy Company Secretary
Dr Hannah Crawford - Director of Therapies
James Graham - General Manager, Durham and Tees Valley Community Child and Adolescent Mental Health Services (CAMHS) (Items 6a and 6c)
Angela Grant - Corporate Governance Officer (CoG and Membership)
Jill Haley - Non-Executive Director
Prof. Pali Hungin - Non-Executive Director
Elizabeth Moody - Deputy Chief Executive / Director of Nursing and Governance
Beverley Reilly - Non-Executive Director
Patrick Scott - Managing Director for Durham, Tees Valley and Forensics Care Group
Sarah Theobald – Associate Director of Performance (Item 10)

P/22/52 APOLOGIES

Apologies for absence were received from:

Lee Alexander - Appointed Governor, Durham County Council
Rob Allison - Appointed Governor, University of York
Gemma Birchwood - Public Governor, Selby
Sarah Blackamore - Staff Governor, North Yorkshire, York and Selby Care Group
Sue Brent - Appointed Governor, Sunderland University
Emmanuel Chan - Staff Governor, Durham, Tees Valley and Forensics Care Group
Dr Martin Combs - Public Governor, York
Susan Croft - Public Governor, York
John Green - Public Governor, Harrogate and Wetherby
Dominic Haney - Public Governor, Durham
Megan Harrison - Public Governor, Stockton-on-Tees
Lisa Holden - Public Governor, Scarborough and Ryedale

Kevin Kelly - Appointed Governor, Darlington Borough Council
Jane King - Staff Governor, Durham, Tees Valley and Forensics Care Group
Audrey Lax - Public Governor, Darlington
Paul Leake - Public Governor, Durham
Heather Leeming - Staff Governor, Durham, Tees Valley and Forensics Care Group
Keith Marsden - Public Governor, Scarborough and Ryedale
Rachel Morris - Appointed Governor, Teesside University
Alicia Painter - Public Governor, Middlesbrough
Graham Robinson - Public Governor, Durham
Erik Scollay - Appointed Governor, Middlesbrough Council
Kirsten Scothon - Public Governor, Durham
Zoe Sherry - Public Governor, Hartlepool
Stanley Stevenson - Public Governor, Hambleton and Richmondshire
Cllr Angus Thompson – Appointed Governor, North Yorkshire County Council
John Venable - Public Governor, Selby
Cllr Derek Wann - Appointed Governor, City of York Council
Judith Webster - Public Governor, Scarborough and Ryedale
Cllr Mike Young - Appointed Governor, Hartlepool Borough Council

Roberta Barker - Associate Non-Executive Director
Phil Bellas - Company Secretary
Mike Brierley - Assistant Chief Executive
Dr Sarah Dexter-Smith - Director for People and Culture
Dr Kader Kale - Medical Director
John Maddison - Non-Executive Director
Jules Preston - Associate Non-Executive Director
Liz Romaniak - Director of Finance, Information and Estates/Facilities
Zoe Campbell - Managing Director for North Yorkshire, York and Selby Care Group

22/53 WELCOME

The Chair welcomed attendees to the meeting and requested that all in attendance observe the Trust's values of respect, compassion and responsibility throughout. He also highlighted the importance of maintaining confidentiality with regards to matters that would be discussed in the private session of the meeting.

22/54 DECLARATIONS OF INTEREST

There were no declarations of interest.

22/55 MINUTES OF PREVIOUS MEETINGS

Agreed – That, subject to the addition of Prof. Hungin's name to the attendance list, the public minutes of the last special meeting, held on 22nd September 2022, be approved as a correct record and signed by the Chair.

22/56 PUBLIC ACTION LOG

Consideration was given to the Council of Governors' Public Action Log.

It was noted that:

- Action 22/05 (08/03/22) – An update on the progress of the implementation of pilot schemes for schools would be provided at Item 6a.

- Action 22/25 (12/05/22) – An update on Governors accessing Trust information stored on the staff intranet would be provided at Item 6b.
- Action 22/26 (12/05/22) – An update on CAMHS transitions would be provided at Item 6c.
- Action 22/09 (14/07/22) – A response to Mrs. Griffiths' question on the Trust's Safe and Wellbeing Reviews would be discussed at Item 6d.
- Action 22/40 (14/07/22) – A report outlining suggestions on approaches to future Governor engagement had been provided at Item 6e.
- Action 22/25 (12/05/22) – Senior Medical staff had not made contact with Mrs. Kirkbride regarding her specific concerns relating to misdiagnosis of Emotionally Unstable Personality Disorder (EUPD).

  The Chair advised that an update would be sought from Mrs. Moody as soon as possible.

  Action – Mrs. Moody

- Action 22/39 (14/07/22) – Mrs. Wardle advised that although she had received an email from Mr. Kilmurray, and had given permission for Dr. Elspeth Webb to contact her, she had not received any communications from Dr. Webb to date about pilot drop-in sessions for staff at West Park Hospital in Darlington.

  Mr. Kilmurray confirmed he would make enquiries with Dr. Webb with regards to this matter.

  Action – Mr. Kilmurray

- The following actions were expected to be closed by the next ordinary meeting of the Council of Governors on 17th November 2022:

  - 22/06 (08/03/22) – Programme of Directors' Visits
  - 22/09 (08/03/22) – Appointment of Governor Veterans/Armed Forces Champion
  - 22/28 (12/05/22) – Mechanism for information sharing and feedback from Governors to be established.
  - 22/37 (14/07/22) – Consideration to be given to the Trust laying a wreath on Remembrance Sunday each year, on a rotational basis, across various geographical localities.
    Although superseded on the action log, the Chair advised that he would be very happy to lay a wreath on behalf of the Trust in 2022.
  - 22/40 (14/07/22) – Annual schedule of Governor meetings, training and Directors' visits to be provided to Governors.
  - 22/28 (12/05/22) – Difficulty with guests accessing the chat function on MS Teams.

    Mrs. Bridges advised that difficulty accessing the chat function on MS Teams had been an issue for many 'guests' in the Trust, not only Governors. The issue had been experienced intermittently and this was being investigated. She hoped to be able to provide an update on this within a couple of weeks.

    Action – Mrs. Bridges

22/57 MATTERS ARISING

The Council of Governors received an update on the following outstanding actions:

Minute 22/05 (08/03/22) The implementation of pilot schemes for schools

Governors considered a presentation updating them on Mental Health Support Teams (MHSTs) for schools.

In presenting the report, Mr Graham advised that:

- The provision of MHSTs for schools was launched in 2019 and was part of the NHS Long Term Plan, established in 2018.
- The aim was to meet the mild to moderate, mental health and emotional well-being needs of school-age children (5-18yrs).
- Teams provided evidence-based therapeutic interventions, as well as supporting schools with their 'whole school approach' to prevention and providing early help. They also delivered teacher training.
- It was hoped that by 2024, around 50% of schools across County Durham and the Tees Valley would have this support in place.
- MHSTs in County Durham and Darlington were provided by TEWV and known as 'Piece of Mind'. The ones in North Tees were provided by Alliance Psychological services and those in the South Tees area were provided by a consortium of providers led by The Link.
- Although not providing the MHSTs directly, TEWV was a key partner with the companies delivering the service.
- The service in North Tees had been evaluated by Teesside University and the Trust had received good feedback from children, schools and families.
- Key findings of Teesside University were that, in 12 months:
    - 665 children and young people had received direct support.
    - Schools had reported better links with services, including TEWV Child and Adolescent Mental Health Services (CAMHS).
    - Greater awareness of mental health and emotional well-being in schools, and improved access to the right support, had been reported by staff, pupils and families.
- The Trust had recently commissioned Teesside University to evaluate the County Durham and Darlington service. This service had an average waiting time of 14 days and 752 children had received support via 'whole school' approaches between January and March 2022.
- Teams were starting to mobilise in Middlesbrough and Redcar and in 2023, additional teams would be established in Durham and Stockton. That was when the 50% coverage of County Durham and the Tees Valley was expected to be realised, covering six local authority areas.
- Senior leaders in the Trust were working closely with commissioners and regional and national forums to work towards 100% coverage. However, more consideration was required on how to encourage schools without MHSTs to engage.

The Chair thanked Mr. Graham for the update and, following discussions and questions from Governors, it was noted that:

- Cllr. McCoy was a Chair of Governors at a school in Billingham and the scheme had been really well received there, with teachers also gaining a lot of skills from the scheme. Stockton Borough Council Health and Wellbeing Board acknowledged

CAMHS as a single point of access and the 50% coverage target mentioned by Mr. Graham had also been recognised by the Director for Public Health at Stockton Borough Council. Good collaboration had also been evident.

- Although 100% coverage was an ambition for the Trust, Mr. Graham acknowledged that, as it was a voluntary process for schools to opt in to having MHSTs, some schools were not ready to commit at present.
- MHSTs also covered schools in North Yorkshire and this included primary and secondary schools and colleges.
- MHSTs consisted of one senior leader and eight Educational Mental Health Practitioners who required specific training for their roles. Each team served 20-25 schools.
- More robust and effective communications were required to ensure that schools and families were aware of what support was available, both from MHSTs and other services.
- Public Health colleagues assisted in engaging with schools that had opted out or chosen not to engage.
- Prof. Hungin queried the responsibilities of the Trust and what assurance there was that other organisations providing MHSTs in schools had their own line of responsibilities.

  Mr. Graham advised that the roll out of the teams was at a national level, as part of the NHS Long Term Plan. The transformational model used was based on the principals of the i-THRIVE framework which recommends whole system responsibility is shared. The Trust did not sub-contract and was committed to delivering services.

  The benefits of using the other companies to deliver the service was that they:
  - Worked closely with communities.
  - Could be flexible and responsive.
  - Knew of local community programmes.
  - Could access funding for voluntary organisations unlike statutory organisations.

  Mr. Kilmurray recognised and appreciated Prof. Hungin's concerns but advised that this shared responsibility would be the way things were conducted in the future. Organisations directly contracted through Integrated Care Boards would be subject to monitoring and management. He acknowledged that the responsibility would ultimately fall to the Trust and it was a developing area, however, the Trust's Commissioning Committee had been set up to ensure that a line of sight existed in terms of Governance.

- With regards to concerns around the validity of accredited Counselling qualifications, Mr. Graham advised that the Educational Mental Health Practitioners had to undertake a university degree to become qualified and were similar to Child Psychological Wellbeing Practitioners.

  Dr. Crawford advised that the Trust was trying to build in robust supervision structures for staff and needed to understand the support they required. It was also essential to be flexible around the demands and needs of service users and carers. Focus on these structures would be monitored through the Board's People, Culture and Diversity Committee. The Trust had confidence in the training the practitioners had received and Health Education England also oversaw the training and development of the health workforce in England.

Minute 22/26 (12/05/22) CAMHS Transitions

A verbal update on CAMHS transitions was provided by Mr. Scott and Mr. Graham.

It was noted that:

- The NHS Long Term Plan included focussing on the high-risk transition for children and young adults between CAMHS and Adult Services.
- A programme of work in the Trust had started in December 2020 when initial engagement with children and their carers began. Since early 2022, this work had continued to gain momentum.
- A steering group had been set up to work with families and carers to consider how the Trust could help young people to transition well.
- The work needed to be co-produced, with lived experience roles and the expectations needed to be clear.
- The key was to weave different specialities around CAMHS, Adult Mental Health and Learning Disability services and make sure it was done correctly.
- Work in the Trust had been re-purposed in the summer of 2022 with Task and Finish Groups formed for the newly formed Care Groups.
- Services needed to be tailored to the local community but had to have one point of access.
- Mr. Graham wished to assure Governors that a substantial amount of place-based working had been undertaken with partners on how to improve the experience of 16-25 year olds and that good work needed to be shared more widely.
- The overlap of work undertaken in mental health hubs and family hubs would help to deliver the NHS Long Term Plan agenda for families.
- It was essential to maintain a strong focus on children, young adults, families and carers involved in the looked after system. Looked after children and young people were a vulnerable group whose care was coming to an end as they neared adulthood and the Trust needed to keep raising awareness of this.
- The Trust needed to compare and contrast all CAMHS transitions to ensure that people were not experiencing a postcode lottery where the quality of their care varied, depending on where they lived.

Following discussions, it was noted that:

- There were concerns that services in Yorkshire, including those external to the Trust, had not been working together effectively. It was suggested that families were not being kept informed and were unaware of the support available to them.

  Mr. Graham highlighted the role of key workers and that they were essential in providing help to those families who required the most support.

- Mrs. Reilly enquired as to whether a visual document existed, to illustrate to families what transitions meant, what that would look like for them and what to expect in terms of changes to a young person's care and support.

  Mr. Graham confirmed that a visual document would be a great tool and he would feed that suggestion back to the steering group for consideration.

  Mr. Williams concurred that a visual tool such as this would be very useful, particularly for people with low literacy skills or learning disabilities. However, he

encouraged engagement with people experiencing CAMHS transitions, rather than relying solely on focus groups for feedback.

Mr. Graham confirmed that the Trust would be reaching out to people with lived experience and coproducing wherever possible.

Minute 22/25 (12/05/22) Governors accessing Trust information on the staff intranet

Mrs. Bridges provided a verbal update on a question from Mrs. Booth and also circulated a short briefing on this matter prior to the meeting. She advised that:

- The purpose of the Trust intranet was to ensure staff had access to important and timely information.
- Governors receiving emails with links to the intranet, were receiving those through their NHS mail account. These had included staff briefings, however, she recognised Mrs. Booth's frustration in not being able to access information via the links provided. Where possible, information would be provided to Governors on request.
- She wanted to raise the profile and visibility of Governors. This had been discussed at the Council of Governors' Involvement and Engagement Committee meeting held on 11th October 2022 and the Committee were currently reviewing their Terms of Reference, as so much had changed within the Trust since its last meeting was held in January 2020.

  Mr. Tuckett stated that there had been discussions in the past about a possible Governor platform where Governors could share proposals and interact with one another and wondered whether that would be possible in the future. He also added that the Trust seemed to be using systems that were 10-15 years out of date.

The Chair confirmed that both Mrs. Booth's and Mr. Tuckett's comments had been noted.

Minute 22/39 (14/07/22) Response to a Governor question on the Trust's Safe and Wellbeing Reviews

It was noted that a response to this question had been provided at Item 9a.

Minute 22/40 (14/07/22) Suggestions on future approaches to Governor engagement

Consideration was given to a report detailing suggested approaches to future Governor engagement. These suggestions had been made by Governors at a stakeholder event held as part of the process for appointing a new Chair for the Trust.

It was noted that Governors had wanted:

- A culture of engagement, with timely communications on pressing matters of Trust and Stakeholder business, including current news updates and developments.
- An audit and refresh of Governor training requirements.
- To be re-motivated and reconnected with the Board of Directors and to strengthen the relationship between Non-Executive Directors and the Council of Governors, in support of holding the Non-Executive Directors to account.
- To encourage more scrutiny and challenge of the Executive Directors whilst noting that this was the responsibility of the Non-Executive Directors.

- To be involved in engagement with their local communities, which was an important element of the Governor role and that this should be supported by reimbursing mileage for Governors, in line with Trust policy.

The Chair stressed the importance of the Council of Governors in holding him to account as Chair, and also the rest of the Board. He also stated that it was the responsibility of the Non-Executive Directors to provide scrutiny and challenge. Governors had an ambassador role to play within their local areas and it was important that improvements were made to ensure the flow of intelligence from those areas came back into the Trust. The Governor role was vital in this process.

22/58 CHAIR'S UPDATE

Governors received a verbal update from the Chair. It was noted that:

- Following the publication of the CQC's report on the inspection of Adult Learning Disability Inpatient services, discussions were ongoing in the Trust and he and the Chief Executive had been involved in meetings with stakeholders and MPs.
- He had attended a meeting of the Yorkshire and Humberside and North-East and North Cumbria NHS Foundation Trust Chairs Network. Discussions had included the political environment and issues facing the NHS. He also received helpful offers of assistance for TEWV from Acute Trusts, which had been greatly appreciated.
- He had visited the Crisis Team at North Moor House in Northallerton.
- Tes Ahmed, Staff Governor for Corporate Directorates, had left the Council of Governors at the end of September 2022.
- The Trust would be setting up a Task and Finish Group to focus on improving the experience of people with autism in the Trust. Non-Executive Director, Jules Preston, would be chairing it and the Terms of Reference would be shared with Governors when available. Interest in becoming a member of the group would be sought from Governors and it was suggested that a maximum of six Governors could be members. Those who were interested should contact Mrs. Grant in the Company Secretary's Department.

Action – Company Secretary's Department

Mrs. Wardle wished to express an interest in becoming a member of the Autism Task and Finish Group. She advised that she had offered her assistance to the Trust on a number of occasions but had felt ignored.

The Chair apologised to Mrs. Wardle and confirmed that she would be invited to become involved in the future.

Mr. Tuckett welcomed the invitation to Governors to become members of the group but, although he valued Mr. Preston's input and involvement, he expressed concern at the decision for a NED to chair a Governor meeting.

The Chair confirmed that Mr. Preston would facilitate the group and would act as a bridge between the Council of Governors and the Board of Directors.

Mrs. Griffiths questioned whether the group would be open to service users and carers with autism, or whether they would be able to observe meetings.

The Chair confirmed that the views and experiences of service users and carers were valued greatly and cocreation was essential to achieving the Trust's goals and observing the Trust's values.

22/59 CHIEF EXECUTIVE'S UPDATE

Governors received a verbal report updating them on important topical issues that were of concern to the Chief Executive.

Mr. Kilmurray briefed Governors on the following matters:

- The Development of Integrated Care Boards (ICBs).

  Key structures were coming into place, with a focus on moving towards a joint community approach. The importance of ensuring good patient, carer and Governor involvement in the production of the ICBs' Integrated Health and Care Strategies had been raised with the ICBs, to ensure the voice of mental health services would be heard. The ICBs would be using information from existing work, developed at place and individual organisational level, to run a consultation on how they would deliver the Health Inequalities Strategy across the health and care system. The consultation was expected to start in November 2022 and this, along with a briefing on what impact it would have on the Trust, would be shared with Governors in due course.

  Action – Mr. Kilmurray / Mrs. Bridges

  Mrs. Bridges stated that it was important to have an input into the consultation, however the timeframe for responses would be short. She suggested it may be helpful to involve attendees at the Trust's AGM on 25th November, perhaps as part of the marketplace, to capture feedback for the consultation.

- Panorama and Dispatches Undercover Television Programmes

  With regards to two programmes broadcast in recent weeks, containing undercover filming and interviews with families of patients, Mr, Kilmurray spoke of the concern and distress the events featured in the programmes had brought to viewers. The programmes had exposed a number of failures and had highlighted the risks faced by the most vulnerable patients in secure mental health services. BBC1 had broadcast an episode of Panorama, looking at the care delivered at Greater Manchester Mental Health NHS Foundation Trust whilst Channel 4 had broadcast an episode of Dispatches, focussing on the care delivered at Essex Partnership University NHS Foundation Trust.

  It was important that the Trust gain assurance that these key issues would be investigated, including scrutinising closed cultures and ensuring an increase in lived experience roles within the Trust. He and the Director of Nursing and Governance were aware that some issues raised by the programmes had been experienced at TEWV, however, they were working together to ensure relevant information was fed back into the Trust's quality committees.

  The Chair stated that it was important to establish how to abolish cultures that undermined the care of patients. However, it was also important that Non-Executive Directors were clear on how to gain assurance that that was happening in the Trust.

Mrs. Griffiths expressed her distress at the content of the undercover programmes and questioned whether NHS Trusts had been asked to provide information on care and treatment reviews or long-term segregation and restrictive practices so that they could evidence that things were acceptable in their organisation.

Mr. Kilmurray advised that Claire Murdoch, National Mental Health Director at NHS England, had written to Trust's including TEWV, encouraging them to look into closed cultures in their organisations. However, the Trust had not been asked to feedback to NHS England on this.

The Chair advised that, on a staff webinar held by Mr. Kilmurray, over 150 TEWV staff had joined and the message from the Chief Executive could not have been clearer, that there was zero tolerance of the kind of behaviour witnessed in the undercover programmes.

22/60 GOVERNOR QUESTIONS AND FEEDBACK

A schedule of Governor questions and responses had been circulated prior to the meeting.

It was noted that, with regards to the response provided for question one, Mrs Wardle enquired as to whether the Trust was fully aware of how many people on its wards were autistic, not just in learning disability services. She had noticed that many responses to questions about autism had tended to focus on work relating to LD services, rather than other services in the Trust.

Mr. Kilmurray stated that he considered this a fair challenge from Mrs. Wardle and hoped that the establishment of a Governor Task and Finish Group focussing on improving the experience of people with autism in the Trust, would help to address this issue.

22/61 INTEGRATED PERFORMANCE DASHBOARD REPORT

Governors considered a report on the Trust's Integrated Performance Dashboard as at 30th June 2022.

In introducing the report, Mrs. Theobald advised that it contained data up to 30th June 2022 as, following a cyber-attack in early August 2022, more up to date information could not be accessed. That incident had now been resolved and the data for up to August 2022 was being collated and would be reported to the Board meeting in November 2022.

Following questions, it was noted that:

- The 'Standard (FYTD)' column did not contain information due to the standards for the financial year 2022-23 not being agreed, however, the Board had recently agreed a new set of measures for financial year 2023-24.
- Mrs. Theobald would be happy to deliver a session for Governors on understanding the Board Integrated Performance Dashboard and the data and measures used for it if that was required.
- Mrs. Kirkbride expressed concern that low compliance rates for staff completing their mandatory training and appraisals were still evident. She recalled there being a low compliance rate a couple of years earlier, which had been linked to high levels of staff sickness at the time.

Mrs. Theobald confirmed that compliance with mandatory training and appraisal completions had been discussed at the People, Culture and Diversity Committee. Figures regarding compliance were routinely reported on at every level in the Trust and, if staff were seen to be under or near to the level of compliance, managers would be contacted to discuss that. There was also pro-active work being undertaken by colleagues in the People and Culture Directorate. It was anticipated that an 85% completion rate would be achieved by December 2022.

- Mrs. Kirkbride also questioned the data provided regarding restrictive interventions and stated that the CQC would seem to disagree with what was in the Dashboard report.

  To provide assurance to Governors Mrs. Moody advised that, prior to the CQC inspecting services in the Trust, concerns had already been raised at the Quality Assurance Committee (QuAC). Although interventions were now reducing, some patients were still subject to a high level of intervention which was not acceptable. Monitoring was in place for those patients and good progress had been made with regards to most of them. Where progress had not been evident, restrictive intervention panels had been set up.

22/62 DATE OF NEXT MEETING

The next ordinary meeting of the Council of Governors would be held face to face on 17th November 2022 at 2pm. The venue was yet to be confirmed.

22/63 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 officeholder, former officeholder or applicant to become an officeholder under, the Trust.

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

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

The public session of the meeting closed at 3.42pm.

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David Jennings
Chair
17th November 2022

Council of Governors Action Log

Item 5

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
08/03/22	22/06	Programme of Directors' visits to be worked up	DoCA&I	Nov-22	Open
08/03/22	22/09	Appointment of Governor Veterans/Armed Forces Champion (Note: No nominations received which met criteria. Further expressions of interest to be sought following Governor elections)	Co Sec	Nov-22	Agenda Item 13 (expressions of interest sought from Governors by email on 08/11/22)
08/03/22	22/09	Consideration to be given to the Trust laying a wreath on Remembrance Sunday each year on a rotating system across the various geographical localities	Chair	-	Superseded
12/05/22	22/25	Senior medical member of staff to speak to Mrs. Kirkbride as a follow up her specific concerns relating to the misdiagnosis of Emotionally Unstable Personality Disorder (EUPD).	DoN&G	-	Contact made with Mrs. Kirkbride on 08/11/22 to arrange a meeting with Dr Webb and Dr Bell
12/05/22	22/28	Mechanism for information sharing and feedback from Governors to be established.	DoCA&I	Nov-22	Open
12/05/22	22/28	Consult with Trust's Information Department regarding difficulty in 'guests' accessing the chat function on MS Teams.	DoCA&I	Nov-22	Open
14/07/22	22/37	Trust to lay a wreath annually on Remembrance Sunday	Chair	Nov-22	Open
14/07/22	22/39	Response required to Mrs. Wardle's questions in relation to a pilot 'drop-in' session for staff at West Park Hospital, Darlington	CE	-	Response provided to Mrs. Wardle by Dr Webb. Further discussions to be held.
14/07/22	22/40	Annual Schedule of Governor meetings, training and Directors' visits to be provided to Governors	DoCA&I	Nov-22	Superseded
14/07/22	22/40	Annual schedule of Governor training to be provided to Governors	DoCA&I	Nov-22	Open

Date	Minute No.	Action	Owner(s)	Timescale	Status
13/10/22	22/58	Interest sought from Governors in becoming a member of the Council of Governors Autism Task and Finish Group	Co Sec Dept	17/11/22	Email sent to Governors 19/10/22 asking for expressions of interest from Governors. See Item 11.
13/10/22	22/59	ICBs Consultation on how they will deliver the Health Inequalities Strategy, and a breifing on the impact it would have on the Trust, to be shared with Governors	CE / DoCA&I	17/11/22	Open

Chair's Update: 30th September 2022 – 27th October 2022

Headlines:

External:

- Meetings with Yorkshire & Humberside and North-East & North Cumbria NHS FT Chairs networks
- Meetings South Tees Chair
- Meetings with CQC
- Weekly MH Chairs' Network
- Positive Practice in Mental Health Awards
- Meetings various MPs relating to CQC ALD Report publication

Governors

- Council of Governors
- Meeting specific Governor

Internal

- Meetings with various Execs and their senior Teams
- Judging, and giving, Living the Values Awards
- Initial discussion around AGM
- Brent's monthly webinar – DJ as guest.
- Leadership Walkabout North Moor House Northallerton
- Board Seminar on West Lane, Niche Reports, and timeline

Item 8a

Council of Governors
17th November 2022

Governor Questions

Q1: Roger Tuckett This question was originally asked at the 13/10/2022 CoG	**Question:** How are NEDs supporting the Board to ensure senior Execs and Managers have the necessary leadership skills to prevent further "inadequate" CQC overall service ratings, the third in two years, occurring in the future? **Response:** *The NEDs role is clearly defined in national governance guidance and in the Trust's constitution. The performance of the NEDs on any issue relating to the Trust is assessed by the Chairman during their annual appraisal of the NED's performance.* *The Council of Governors will also form a view about the effectiveness of NEDs individually and collectively through their attendance at Council of Governor meetings, and through Governor observation of public Board meetings.* *The strategic issues around culture and leadership are to the forefront of Board considerations and are also the subject of regular review via the People and Culture Committee.*
Q2: Roger Tuckett This question was originally asked at the 13/10/2022 CoG	**Question:** What assurances have the NEDs sought that adoption of each and every specific recommendation of the Mersey Care report is both necessary and sufficient to ensure required changes, and that further changes do not need to be explored? **Response:** *The response to the Mersey Care report has been considered at both Board and relevant committees, including the Quality Assurance Committee. NEDs have been regularly briefed and sought the assurances they deem necessary through those meetings. The response to the report has also been considered by Governors* *The Mersey Care report highlighted the introduction of an enhanced quality assurance framework using a peer review approach. The framework focused on delivery of fundamental standards of care and progress the service had already made against the existing comprehensive action plan. This related to*

	the initial concerns raised by the CQC and Mersey Care could see progress made at the time of their visit. *Mersey Care also recognised that immediate action was taken by the service to introduce 24-hour clinical oversight across the service.* *NEDs recognise that whilst there is still work to be done, they are assured that swift action was taken with robust action plans in place to deliver the improvements required.*
Q3: Roger Tuckett This question was originally asked at the 13/10/2022 CoG	**Question:** In particular, have the NEDs sought assurance on the benefits or otherwise of proactively promoting radical new attitudinal changes to staff/patient relationships and implementing low-arousal approaches to challenging behaviour with the aim of prevention of restrictive practices and restraint, as an alternative to legacy approaches? Has the trust considered whether this may assist in it realising its ambition to be known as "an Exemplar Autism Trust", taking account also of the recent Panorama programme and subsequent public debate? **Response:** *The process by which NEDs seek assurance is dealt with in the answers to the first two questions.* *The issues relating to the strategic importance of co-creation and patient experience, including the investment in specific executive roles related to these vital topics, have been well rehearsed with Governors.* *The issue of restrictive practice is also one which features regularly within Board and discussions at the Quality Assurance Committee.* *At the Quality Assurance Committee NEDS gain assurance of the Trust's Positive and Safe plan to reduce restrictive interventions in line with the national agenda.* *NEDs continue to see patient involvement and experience, and the culture and processes to underpin it, as vital to the current and future success of the Trust. They continue to seek assurances through relevant Board and committee discussions, as appropriate.* *The Trust is leading the development of its approach to Autism in line with national guidance, and with the expert input of a task and finish group, involvement in which is open to all Governors.*

Q4: Roger Tuckett This question was originally asked at the 13/10/2022 CoG	**Question:** How have the NEDs sought assurance on the root cause of why problems became far worse at Lanchester Road than at Bankfields Court under the same overall management; and whether the difficulties of staff availability, reliance on Agency staff and ward culture were broadly similar at the two sites, or what were the differences? **Response:** *The process of the Board, and NEDS, seeking assurance on all issues, including those key issues highlighted in the CQC reports, is outlined in the answers to preceding questions.* *The issues outlined in the CQC report are clearly defined, and responses to them represent clear elements of the Trust's strategic plans to address those issues across all services we provide where relevant and appropriate.*
Q5: Roger Tuckett This question was originally asked at the 13/10/2022 CoG	**Question:** Are the NEDs satisfied they have received sufficient assurance that problems might have been lessened or avoided if there was a greater willingness to embrace the ideas, concerns and criticisms much sooner of critical carers and families, and of the service user community generally, rather than showing relative inaction until staff whistleblowing complaints become much more prevalent? Are there any lessons to be learned towards embracing rather than marginalising strongly challenging voices within Co-creation? **Response:** *As outlined above, the Board and NEDs see the Trust response to the recent NHS England independent investigations and CQC reports, and indeed all commentary made about TEWV, as being key to their role.* *Again, as highlighted above, co-creation and the patient voice are key to the Trust's strategic objectives. As a result, they are matters which receive oversight, support, and constructive criticism from the Board, its committees and the NEDs.* *A wide range of voices are very much welcomed in the process of co-creation, ensuring we represent the widest possible set of views and not just those of the loudest voices. This helps to support our ambitions to be an exemplar Trust delivering compassionate, responsible and respectful care in a way that reflects the needs and aspirations of all services users.*

Q6: Joan Kirkbride	**Question:** A year or more ago we were advised of improvements which had been made to the organisation and service provided by the Crisis Teams. I recently watched the first episode of the TV programme service "Ambulance" set in Darlington. A two-man paramedic crew were tied up for two and a half hours at the home of a service user who was threatening to take her own life. The crew were initially cut off after waiting for the phone to be answered, were advised to contact social workers, subsequently advised by social work to recall the crisis team. Concerns are length of time to answer calls, paramedics given conflicting advice taking up valuable time, how would a person in crisis deal with this situation and for the wider NHS an ambulance crew tied up for such a long period of time. **Response:** **Dominic Gardner, Care Group Director MHSOP / AMH, Durham Tees Valley Care Group, provided the following response:** *We understand this BBC episode was filmed around February 2022. Since this date the service has seen the following changes:* • *The embedding of the UK triage tool for crisis services. This means that all people in a crisis seeking support from the local crisis service will receive an evidence based and nationally adopted triage by a qualified Mental Health Practioner, reducing the risk of inconsistent approaches and offers of support.* • *We have consolidated our sites to allow greater leadership oversight of our telephone lines and direct access for practitioners to senior nursing, medical and psychology colleagues for advice and guidance.* • *We re-introduced a low-level emotional support line for people in Durham and Darlington, which has subsequently increased our capacity for the team to respond to people in a crisis and professionals seeking advice.* • *We are recruiting into new roles with a focus on partnership working with key stakeholders, including the ambulance services, and have ambitions to have mental health practitioners working directly with NEAS in 2023.* • *We have seen improvements in our response times to answering calls on the 0800 crisis line, however acknowledge there is further opportunity for improvement. We have a weekly task and finish group of senior clinicians and managers from Crisis Services overseeing improvement plans for all TEWV Crisis Teams. We also have a Durham, Tees Valley improvement event aiming to*

	improve access planned for December 22, with ambulance services, police and other key partners invited to support these developments. • *Durham and Darlington Crisis Service have seen significant improvements in workforce and reduced absence rates, meaning they have now reintroduced all services and duties that were stood down during the initial business continuity plans.* *Individual reflective exercises have been undertaken with colleagues involved in the advice offered during the episode described above. Should anyone want more information on updates relating to crisis services please contact Tom Hurst, General Manager (Urgent Care DTV) – thomas.hurst@nhs.net*
Q7: Christine Hodgson	**Question:** How is the Trust making improvements to the service for Children and Young Adults with Mental Health issues in York waiting for referrals to CAMHS as the waiting time is too long and is this having a negative impact on their Mental Health. **Response:** **Mel Woodcock, General Manager, North Yorkshire, York & Selby CAMHS & LD Services, provided the following response:** *This is a rather complex question as there are so many different layers to CAMHS provision in North Yorkshire York and Selby (NYYS).* *CAMHS services in NYY&S are not only provided by TEWV, there are also:* • *Local authority teams such as PIPPA (Psychologically Informed Partnership Approach) which is a team embedded in the local authority work in a co-located setting with social workers to support young people* • *Mental Health in Schools Teams (MHST) provided by TEWV* • *Mental Health School Wellbeing Teams provided by the Local Authority* • *The Retreat provided by an independent service provider who offer assessments for ADHD* • *A range of voluntary sector organisations who also provide MH support* • *Crisis support provided by TEWV* • *Specialist Eating Disorder Service provided by TEWV* *All of the above come under the CAMHS umbrella as part of the iThrive Model.*

	The TEWV waiting list for the Emotional Wellbeing Pathway is, for most cases within the 28 day assessment target as is the Eating Disorder team offer with the 7 and 14 day targets for assessment and treatment mostly met. When they are not this so often down to unforeseen circumstances such a sickness (both staff for service user/family) and appointments having to move or patient choice with appointment date/times which may take us out of the target time. *The main waits for CAMHS are with the neurodiversity cases and this is due to the demand for ADHD assessments and follow on work and the capacity in our teams being able to manage the volume of referrals. This is not out of the ordinary and there is a national issue around capacity and demand for ADHD/ASD young people receiving a timely service with many CAMHS services under immense pressure and with high waiting lists for this presentation.* *The CAMHS Leadership Team regularly discuss and review the waits and we are currently in discussion with our Commissioners who are also aware of the current waits for service and the underfunding concerns we have with the Neuro diversity cases.*
Q8: Roger Tuckett	**Question:** What progress has been made since the two letters dated 17th and 21st June 2022 written by the Trust to the Coroner in the case of Zoe Zaremba deceased, as published on the Department of Justice web site? Has the analysis of patient records been completed? What are its conclusions? Is there a new Action Plan being implemented to prevent future deaths following the Inquest? What does it cover? **Response:** **Dr Elspeth I Webb, Consultant Clinical Psychologist/Systemic Family Psychotherapist, Trustwide Autism Clinical Lead, Trustwide Autism Project, provided the following response:** *As a service we are conscious that this piece of work is very important and needs to be done in a way that is thorough, clinically robust but, most importantly, sensitive to the needs of the services/users and patients. We have undertaken an analysis of the patient data and, not surprisingly, the vast majority of cases that need to be reviewed are in AMH services, although we do have a handful who are accessing other specialities. We now know the spread across teams and have spent some time putting together a pathway, so that each team has a clear process which asks them to hold responsibility for the review of their cases with support from specialist clinicians who sit outwith the teams: e.g.*

	the Autism Project Team and the Personality and Relational Service with Dr Elspeth Webb (Trustwide Autism Clinical Lead) taking the lead. *For each case we will collating the following information centrally:* *a) Is there a clear rationale for the diagnosis of a personality disorder which is supported by a comprehensive, structured assessment and which fully takes into account the impact of the patient's diagnosis of autism?* *b) As a result of the review, has the diagnosis of a personality disorder been withdrawn and how are we working with the patient in relation to this?* *c) Has there been a review of the autism reasonable adjustments required to ensure that the patient is able to access TEWV services?* *We are mindful that we need to complete this work as quickly as possible, but we also know that many patients will need to be at a period of relative stability when these reviews are carried out. We will, however, be asking teams for regular updates. We have commenced the pathway with the small number of people who sit outside of AMH services and will provide updates as we gather momentum. There is a huge opportunity, if done correctly, to support clinical staff in the development of their knowledge, skills and experience in this area and we will certainly develop an action plan as a result of this.*
Q9/10/11: Roger Tuckett	**Question 9:** What co-creation took place in the three months between the 28th July Board meeting and the circulation to Governor members of the proposed Autism T&F Group on 4th November. Were any Governors consulted during this period, if so whom? Is the expectation of the Trust that such Terms of Reference are (a) produced entirely by the trust itself, (b) co-produced with Governors, either as a whole or through the members of the proposed Group or (c) determined solely by the Governors in a process initiated by and led by Governors in discharge of their statutory responsibilities? **Question 10:** What advice has the Trust sought, either internally or externally, that the approach of the ToRs of the proposed T&F Group is consistent with the obligation of the Trust under legislation and the obligation of Governors under legislation, guidance and best practice, in particular their primary statutory duty to hold NEDs to account in their holding of the executive to account (s.151(4) Health & Social Care Act 2012). Is this principle undermined by the approach taken by the trust in this matter, and the imposed

	decision that it will be Chaired by a NED and include a Senior Executive Director within its membership? **Question 11:** Does the Trust consider that s.151(4) Health & Social Care Act 2012 applies to this Council of Governors and its members? Have any decisions been previously made by the Council to purportedly disapply it? **Response:** **Jules Preston, Senior Independent Director, provided the following response:** *Thank you for your questions.* *Before responding to the specific points raised I think it is important to explore the background and concept of Governor task and finish groups.* *The concept originally arose from Governors wanting to be able to make a greater contribution to the Trust, through using their skills and experience, and to be more engaged. The idea was to enable and support Governors undertake time limited reviews of matters of interest (and, as appropriate, jointly with the Board where there was a common interest). Their role is one of influence and improvement, gathering evidence on issues affecting Members and the public and making recommendations based on its findings, rather than investigation and scrutiny. The intended purpose is that the Governors, through the means of the task and finish group, have an opportunity to comment on what they would want to see in an enhanced service. Taking account of the views of carers and service users is also important and a key element of co-creation.* *Bearing this in mind:* *(1) I am uncertain about the level of co-creation which took place in the time period specified. The development of the task and finish group was led by the former Chair and I understand that there might have been limited discussions with some Governors. The "terms of reference" document was prepared at the request of the former Chair to seek to clarify the possible scope and extent of the review and as a starting point for discussions. Under usual arrangements the final TOR would be co-produced with the members of the group with discussion with the wider Council. The Council has agreed that the TOR of task and finish groups should be signed off by the Chair of the Trust to ensure that the reviews are realistic and proportionate (in terms of time frames, resourcing, and*

	outcomes) and will not impact detrimentally on the provision of clinical and operational services. *(2) No advice, internally or externally, has been taken on the scope of the TOR in the context of the Council's duty to hold the Non-Executive Directors to account for the performance of the Board. This is because, as explained earlier, task and finish groups were not envisaged, by the Council, as a vehicle for undertaking that duty. Autism is a matter of great interest to the Board, given its increasing prevalence and local and national focus, and it is considered appropriate for the group to be chaired by a Non-Executive Director and to have an Executive Director amongst its membership.* *(3) Section 151 (4) of the Health & Social Care Act 2012, which incorporates the general duties of the Council of Governors into Schedule 7 of the National Health Service Act 2006, applies to Council and no decisions have been made to disapply it. Indeed, the duties of the Council, as per statute, are incorporated in the Constitution under para 15.1. It might be helpful to consider the role of task and finish groups as being more aligned to the duty to represent the interests of the members of the corporation and the public, rather than the duty to hold to account. I do not consider, as referenced in question 2, that the latter has primacy over the former. For me, both statutory duties are of equal relevance and importance, as holding the Non-Executive Directors to account must be undertaken in the public interest. If not, for whom? Perhaps that is a debate for another time, or another task and finish group.*
Q12: Keith Marsden	**Question:** What is the up-to-date figure of percentage of calls to the Mental Health Crisis 24/7 Telephone Helpline which are unanswered Trust-wide? What steps are being taken to ensure that this is improved? **Response:** **Dr Liz Herring, Adult Mental Health Services, General Manager North Yorkshire, York & Selby Care Group, provided the following response:** *What is the up-to-date figure of percentage of calls to the Mental Health Crisis 24/7 Telephone Helpline which are unanswered Trust-wide.* • *In the last 4 weeks the call answer rate for the trust was 53% of 15,206 calls to the line* • *In Durham and Darlington that was 57%*

	• *In North Yorkshire, York and Selby that was 34%* • *In Teesside that was 59%* *Noting that NYYS has a single response offer, whereas Durham Tees Valley (DTV) has the offer of CAMHA, AMH and listening support.* *What steps are being taken to ensure that this is improved?* • *In NYYS, we have just agreed with commissioners that we will be introducing a listening service, commissioned via our existing provider who support alternatives to crisis currently; this will support 60-80% of calls into an alternative service offer* • *Key changes have now taken place in the electronic record to shorten the time a clinician is occupied by each contact due to the information gathered and record requirements – this is expected to increase call capacity in the day.* • *We are in the final stages of finalising the call filtering process that will again increase call response rates and signpost* • *We have agreed the trial introduction of alternative roles (higher assistant psychologists and psychological wellbeing practitioners) to increase team capacity to respond and filter the calls to the right service for support or crisis triage* **Helen Embleton, Urgent Care Pathways Lead, Tees Esk and Wear Valleys NHS Trust, provided the following response:** *We are working very hard across the Trust to improve the service we offer, and I am happy to meet with Governor Keith Marsden to discuss this further.* *We are currently undertaking a crisis line project to improve access, which I am leading on, and there are proposals for two Single Point of Access models, one in DTV and one in NYY.* *We have also been working on immediate improvements to the line via a crisis group, to improve call rates, and we are reviewing the telephony platform and system to support any future models.*

Item 9

COUNCIL OF GOVERNORS

DATE:	**17th November 2022**
TITLE:	**Board Integrated Performance Report as at 31st August 2022**
REPORT OF:	**Mike Brierley, Assistant Chief Executive**
REPORT FOR:	**Assurance**

This report supports the achievement of the following Strategic Goals:	
To co create a great experience for our patients, carers and families	✓
To co create a great experience for our colleagues	✓
To be a great partner	✓

Report:

1 Purpose:

1.1 The purpose of this report is to provide oversight of the quality of services being delivered for the period ending **31st August 2022** and to provide assurance to the Council of Governors on the actions being taken to improve performance in the required areas.

2 Background:

2.1 As part of the continuous improvement of the Trust's Performance Management Framework, we have developed a more integrated approach to quality and performance assurance and improvement. This approach will enable us to have oversight, monitor and report key measures that demonstrate the delivery of the quality of services we provide and provide assurance to the Board through our new governance structure.

2.2 On a monthly basis the Integrated Performance Report (IPR) will provide oversight and assurance against the agreed key measures in the Integrated Performance Dashboard (IPD). The measures for the IPD were identified by the relevant Board Sub Committees and agreed by the Board of Directors. All the measures have been aligned to one of our three strategic goal(s) and where appropriate, support the monitoring of the Board Assurance Framework risks. The monthly IPR will also include, by exception, the key ambitions agreed with Commissioners in the Long-Term Plan (LTP) that have not been delivered.

2.3 On a quarterly basis the IPR will incorporate reports from the relevant Board Sub Committees (Quality Assurance, Mental Health Legislation, People, Culture & Diversity and Strategy & Resources) and will include other key information issues and risks (not already included in the IPD) but which the sub committees wish to escalate to the Board. The IPR will also provide progress against the System Oversight Framework (the regulatory framework).

3 Key Issues:

This is the IPR for the period ending August 2022 – See Appendix A

3.1 Alert (by exception) the following key areas of concern

3.1.1 Integrated Performance Dashboard

a) **Clinical/Patient Reported Outcomes: Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported; Percentage of CYP showing measurable improvement following treatment - clinician reported; Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported (measures 5-7)** – a number of actions have now been identified which includes a briefing for all on the staff on expected standards for the completion of outcomes, training for new and existing staff (CYP specifically) and the testing of the new caseload supervision process which has an outcome component.

Action: More detailed discussions and focus on Outcomes has been requested of both Care Board Quality Assurance & Improvement Subgroups which are being supported by the Clinical Networks and the Trust-wide Outcomes Steering Group.

b) **Bed Occupancy and Out of Area Placements (measures 8 and 9)** Care Groups have implemented a range of processes to share good practice and learning which includes increased focus on patient leave; review of delayed transfers of care and patients with a length of stay over 30 days. This work will continue to be overseen by the Trust-wide Bed Oversight group. There has been a reduction in the number of overall block and independent sector beds from 21 as at 27th July to 4 as at the 4th October.

Action: A range of bed information will continue to be monitored by the Trust-wide Bed Oversight group to ensure the Care Group processes are effective and the bed position will be discussed routinely at the Executive Directors Performance Meeting each month.

c) Restrictive Interventions (measure 12) there are a range of actions underway to reduce the number of restrictive intervention incidents within Adult Learning Disability Inpatient Wards which include ensuring there is a discharge plan in place for each individual patient, bespoke training for staff, independent assurance panels and the development of restraint reduction plans. Service level data for Adult Learning Disabilities shows a decreasing trend with reductions being maintained in seclusions (127 in June to 105 September) and restraints (134 to 75) with the exception of one person.

Action: For those service users with the highest level of restrictive interventions, close attention is being maintained with oversight and support from the Nurse Consultant, Positive and Safe. Early implementation and testing of Reducing Restrictive Intervention panels have commenced and dates planned for October 2022. A paper has been drafted setting out additional resources that may be required to support further embedding of reducing restrictive interventions across the Trust which is currently being reviewed. This will be considered as part of the Clinical, Quality and Safety programme and as part of business planning.

d) **Staff Leaver Rate (measure 18)** remains a concern and we recognise that we need to encourage staff to participate in leavers interviews, so we understand the reasons why and to identify any themes and issues that need to be addressed.

Action: Several actions have been identified that will be completed by the end of November 22 including a new intranet page for staff to know the different ways to accessing a leavers interview; a central point to return and analyse leavers information and a review of the impact of the "thinking about leaving group". We are also setting up a central form to complete to share reasons for leaving or thinking about leaving and to access an independent 1:1 conversation.

e) **Unique Caseload (measure 23)** the increase in caseload at Trust level appears to be a concern. This new measure was designed to support Trust assessments of capacity and demand. A key first step will be to separate services for which an increase in unique caseload would be expected and linked to increased levels of investment in services, including linked to the Mental Health Investment Standard, from services for which increased caseloads are a cause for concern. Following a more detailed discussion at the Executive Directors Meeting late September, it was agreed to establish a task and finish group to take this forward.

Action: The Executive Strategy & Resources Subgroup will establish and oversee the task and finish group.

f) **Financial plan (measure 24)** delivery has been impacted materially since April 2022 by adverse run rates that have exceeded 2021/22 levels, most notably for inpatient and agency expenditures and following continued reliance on admissions to adult assessment and treatment independent sector beds due to bed pressures. Underlying performance and agency costs in particular are also impacted by a small number of very high cost, complex packages of care for adults with a learning disability. Numerous actions are in train across the Trust and being overseen by Care Group leadership to tackle these key drivers of underlying financial performance. These need to be delivered and sustained on an ongoing basis to critically target agency rate (most notably for medical premium rate assignments) and volume reductions, eliminate our use of independent sector beds (but noting rising numbers of delays in discharges from adult inpatient wards) and, working with partners, to expedite the managed discharge to appropriate community-based packages of individuals being supported with complex learning disabilities.

Significantly, delays in the discharge of adults and older adults from inpatient wards are exacerbating bed pressures and are highlighted as contributory system factors in driving both additional safer staffing (both adult and older adult inpatient wards) and independent sector bed pressures (adult beds only to date). Further systems discussion is needed to understand potential mitigations and associated impacts on patient flow and occupancy.

The Trust had planned to deliver stepped agency and independent sector bed cost reductions from quarter 2, however in-month costs have not reduced, with run rates exceeding 2021/22 levels and consequently generating increased CRES requirements. Some early signs of improvement are noted from September into October (date of drafting) with Independent Sector bed utilisation having reduced to between 4 and 7 beds. It is unclear to what extent impacts from delayed transfers and the sensor door capital programme (2 rooms

unavailable consecutively) will impact the national requirement to eliminate Independent Sector bed placements.

Performance in quarter two has been consistently worse than planned, with in-month adverse variances to plan of £1.2m and £0.6m respectively for months 4 and 5. Costs are £0.85m higher than planned in the position just closing for month 6. The Executive Directors are considering a financial deep dive into review actions already in train, additional actions now needed, and key forecast assumptions, to mitigate year to date under performance (£1.8m to month 5) and to reduce future month expenditures to planned levels, including through mitigating discretionary actions. Some positive early signs have been seen linked to reduced independent sector bed utilisation in recent weeks. The Executive Directors will agree targeted improvement trajectories on 12th October to inform financial forecasts and discussions with ICS partners

The Board supported a recommendation that it should receive a separate but complementary financial narrative report given the current financial context and challenges to in-year and underlying performance.

3.1.2 Other Alerts

a) **Levels of agency expenditure** are of ongoing concern, both from a volume and a rate perspective. Key drivers since April have been support for complex packages of care for Adults with a Learning Disability, cover for increased medical vacancies, and staffing needed for patient observations, and backfill for sickness and vacancies, most notably for inpatient rosters. High inpatient bed occupancy, including due to longer lengths of stay, is continuing to exacerbate impacts on safe staffing and therefore elevating temporary staffing requirements.

Pre-Covid approval arrangements to ensure the scrutiny of agency bookings and costs have been reintroduced to support ongoing oversight and management.

As reported last month, are some early positive signs of improvement, including a successful discharge of a patient with complex learning disabilities at the end of August to a more appropriate community-based package, that has reduced the need for off-framework agency staffing assignments after the reporting period. Plans are also in train to effect a move away from the most expensive off-framework agency supplier for Learning Disability services (without impacting quality or safety).

b) **Financial Performance** Whilst quarter 1 performance was broadly on plan, financial plans approved at the end of June had assumed the delivery of additional 'stepped' cost reductions from quarter 2 to the end of the year, equivalent to around £0.5m per month. These were linked specifically to agency cost reductions and eliminating reliance on Independent Sector beds and reflected national planning assumptions of a return to summer 2021 levels of covid impacts on services and workforce. By contrast, since July, underlying costs have increased and stepped cost reductions have also not been achieved. Non delivery of cost reductions principally relates to agency and Independent Sector bed placements, where costs in 2022/23 exceed levels incurred in the last financial year.

Monthly costs for Independent Sector beds, agency/pay run rates and prescribing costs are an ongoing focus for Trust-wide attention. The Beds Oversight Group, chaired by the Medical Director, has coordinated a series of

actions to review, understand and then mitigate bed pressures. Analysis confirmed that lengths of stay (rather than numbers of admissions) are driving elevated bed occupancy. This includes some impacts from 'system' pressures because of delays in discharge of adults and older adults. The impacts of bed pressures on independent sector bed utilisation (adults) and on safer staffing requirements (adults and older adults) have been referenced above.

Since month 5, further (early, but variable) positive impacts have been seen. This reflects concerted action to mitigate Trust and Independent Sector bed pressures and an 81% reduction to 4 spot purchased Independent Sector beds for females as at 4th October, but rising again to 10 Independent Sector beds (a 52% reduction), and compared to 21 on 27th July. Impacts include fully eliminating Male adult assessment and treatment and PICU admissions to non-Trust beds at the time of writing. Volatility in October requirements indicates the need for close oversight and a key focus to agree potential actions with system partners to tackle delayed transfers. Given current ('pre-Winter') levels of delays in discharges, it is unclear to what extent these improvements will be sustained.

c) **Ongoing Regulatory oversight and concerns**. Inspection reports for factual accuracy checking have been returned to CQC for Secure Inpatient Services. The Learning Disability Service report was published on the 6th October 2022. The CAMHs Community report was published on 15th September 22 demonstrating significant improvements regarding the regulatory breaches noted in the initial inspection findings although staffing and waiting times remains areas where we must demonstrate further improvement.

d) **Crisis Line** – Positive improvements have been seen in Durham and Tees Valley to manage call volumes and increase pick up rates. There has been a deterioration in North Yorkshire and York in terms of call pick up rates. Executive Directors group have now escalated this position and asked for improvement plans to be produced. A trust wide crisis improvement plan is underway which reports into the Urgent Care Steering Group.

3.2 Assuring the Council of Governors on the following areas:

3.2.1 Integrated Performance Dashboard

Following discussion at the last Board about the introduction of a control's assurance rating for each performance measure, a first draft has been developed and will be discussed with the Executive Team at the end of October 2022.

3.3 **Advising the Council of Governors on the following areas:**

3.3.1 Integrated Performance Dashboard

a) **Key Changes** – We have undertaken some improvement work in this month's Integrated Performance Dashboard to remove completed actions and tried to be clearer on what the current focus and improvement actions are. This will be subject to ongoing continuous improvement and our focus is now on identifying what the current improvement actions are as opposed to more enabling actions.

b) **IIC Reporting** – We have now re-established connections to the IIC following the cyber incident that we reported last month. This has meant we have been able to produce the IIC Integrated Performance Dashboard for this month's report; however due to the timing of the reconnection, we still had limited data for the

Care Group meetings which too place earlier in the process. The Care Group level dashboards have now been provided to the Care Groups for information. We were also not able to make a patient Friends & Family Test submission in September which impacts the **Patient Experience (measure 01)**. However, we plan to make a submission in October that covers the period July-September 22.

c) Revised Measures - Following approval by the Board of Directors, work is underway to develop and implement the revised measures for the ***Number of Incidents of moderate harm and near misses (measures 11) and Agency Spend (measure 25)*.**

d) Standards – Whilst we have identified and agreed a small number of "standards" within the Integrated Performance Dashboard, we recognise that other measures would benefit from an agreed standard, so we are clear, as an organisation, on what we are trying to achieve. The Associate Director of Performance will discuss this with the relevant Executive Leads during October in order to agree next steps.

E) Mandatory and Statutory Training and Staff Appraisal (measures 20 and 21) whilst compliance levels remain a concern, we now feel we have good assurance in terms of agreed trajectories and a range of monitoring mechanisms in place to track compliance at all levels. From the 1st October 22, all services are being monitored against the agreed 85% standards and regular reports will be produced highlighting those areas which require targeted interventions.

3.3.2 Other advise

a) **Agenda for Change (AFC)** – The Trust has an accumulated funding shortfall relating to impacts of recent (prior year) Agenda for Change pay awards and the disproportionate impacts of the nationally negotiated 3-year pay deal (2018 to 2021). Funding for inflationary pressures is allocated by applying a nationally determined annual 'tariff' or inflationary uplift to provider contract values. National tariff uplifts are more representative of acute pay cost weights (where a lower proportion of costs are typically pay related) and have left an increasing quantum of recurrent pay inflation unfunded. The impact of the recently communicated outcome of the Pay Review Bodies has been estimated by all organisations within the Integrated Care System. Plans submitted at the end of June had included a nationally agreed assumption of a 2% pay award, pending the outcome of pay review body discussions. National average uplifts of 1.66% have been applied to related contracts from allocations provided to each ICS in September. If allocated to providers as a flat rate percentage uplift, this would generate an additional in-year pressure for the Trust because a higher percentage of our cost base is pay. Concerns relating to this risk were communicated by the Trust to partners and the ICS when submitting final plans in June 2022. NENC ICS has responsively worked with all organisations to estimate the costs for payroll and other contracts impacted by AFC pay review outcomes and is reviewing the funding methodology to explore alternate mechanisms that might better reflect actual provider costs. Current actual cost estimates indicate a cost pressure relative to funding received by the ICS. This is currently being validated. Pending the outcome of this review organisations within the ICS have agreed to assume the funding gap is mitigated during 2022/23 but will report adverse year to date variances at Month 6 (effective payment date).

b) Levels of **self-harm** continue to be a cause for concern. The July Quality

Assurance Committee (QuaC) received a verbal update on the scope of deep dive work being undertaken that subsequently reported to QuAC in October 2022. As part of this work to better understand and mitigate current risks, Care Groups have been reviewing their own data for trends and mitigation of risks with reviews taking place at Foss Park, DTV adult inpatient acute wards and within Secure Inpatient Service. Work undertaken to date was also set out in the paper. Key issues highlighted:

- A small number of patients account for a high level of self-harm incidents
- Themes and patterns were similar across care groups
- That the majority of self-harm incidents result in low or no harm to patients. Caution however should be applied to making assumptions about risks to patients however as in line with the draft NICE guidelines for self-harm (September 2022), risk assessment tools and scales or risk stratification into low, medium or high risk to predict future suicide or self-harm repetition should not be used
- The Trusts environmental ligature reduction programme has seen a related reduction in ligatures to fixed fittings however other self-harm methods can be seen to be increasing in numbers of our incidents and is associated with a risk of high lethality.
- Our female wards account for the highest levels of self harm incidents. One male ward was found to be an outlier amongst male wards however further data review suggested this was related to 1 patient who accounted for 61 of the 88 incidents.
- Areas of improvement including staff training and guidance were identified.

Based on the analysis undertaken to date the following key actions have been agreed:

- Individual patient reviews to commence in October 2022 for those patients identified to have the highest number of self-harm incidents to provide assurance that patient care plans including restrictions and proactive actions being taken to support the effective management of self-harm are robust and in line with best practice. These reviews will also provide 'live examples' to inform and shape the development of a standard process and escalation procedure.

- A Task and Finish Group has been established that will oversee the development of the new process, ongoing data collection and analysis and improvement actions identified. The group will report into the Quality and Safety programme (through suicide and self-harm reduction group) and through governance routes (EQAIG/QUAC). Progress updates will be received through Executive Quality Assurance and Improvement Group.

c) Regular reporting on **bank and agency use** has been re-instated by NHS England and NHS Improvement (NHSE) via the monthly Temporary Staffing Data Collection. This information is used by the NHSE National Temporary Staffing Team to monitor the demand for and usage of bank and agency workers across the NHS, and to prioritise the team's support offer to Trusts. Processes for the approval of off framework/above price cap agency use across professions have been refreshed to ensure appropriate scrutiny of lower cost alternatives to improve compliance but without impacting quality or safety. Integrated Care Systems have been set agency cost caps for 2022/23, and the Trust's agency costs are accounted within the North East and North Cumbria ICS cost cap and

will be monitored through new ICB governance arrangements.

3.4 Summary of Key Risks

3.4.1 The Integrated Performance Report is part of the assurance mechanism that provides assurance on a range of controls that relate to our strategic risks.

- **(BAF Risk 15) Financial Sustainability & (CRR risk 1260)** There is a risk that if we do not optimise and make effective use of our annual financial resources this may result in regulatory interventions and/or adversely impact quality
    a. Failure to reduce inpatient staffing costs and Trustwide agency (in particular Medical and LD premium rate) utilisation (volume and rate reductions to reduce related premium costs)
    b. Failure to reduce lengths of stay, including through work with system partners, to reduce adult A&T and PICU bed occupancy and eliminate unfunded Independent Sector bed placements, maintain nil older adult Independent Sector bed placements and reduce safer staffing requirements for inpatient wards
    c. Failure to negotiate equitable recurrent funding mechanism for in-year and accumulated prior year AFC pay deal (tariff-based) pressures
    d. Failure to agree funded alternative clinical models as an alternative to unsustainable high-cost complex packages of care
    e. Failure to retain permanent staffing, including as a consequence of acute cost of living pressures

- **Safe staffing** remains a concern and is being negatively impacted on through multiple factors including vacancies, high levels of bed occupancy, delayed transfers, and acuity in inpatient wards as well as demand in community services. Hotspots include Secure Inpatient Services and Learning Disability services due to increased numbers of leavers however there is an improving position with new recruits commencing. Registered nurses across Roseberry Park (Dalesway) have also been flagged as a new risk due to vacancies. Areas of concern affecting the delivery of high-quality care and skill mix include Registered Nurse fill rates on days below 90% (36/54 wards). Establishment reviews are underway using evidence-based staffing tools and professional judgement. Proposed roster changes to Learning Disability and MHSOP inpatient wards to include enhanced staffing levels were approved by the Trust Board in September and are now being taken forward. International recruitment, review of skill-mix and over recruitment of Health Care Assistants are also key mitigating actions and enablers to maintain safe staffing as well as daily operational management and escalation.

Recommendations:

The Council of Governors is asked to confirm whether the level of oversight in this report is sufficient and if it is assured on the actions being taken to improve performance in the required areas.

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Appendix A

Board Integrated Performance Report (IPR) As 31st August 2022

journey to change

CONTENTS

Chapter 1

Integrated Performance Dashboard (IPD)

Our Guide To Our Statistical Process Control Charts

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Within our Board Integrated Performance Dashboard we use Statistical Process Control Charts to determine whether we have any underlying causes for concern. SPC is an analytical tool that plots data over time; it helps understand variation in data and in doing so guides when and where it is appropriate to take action.

Variation: natural (common cause) or real change (special cause)?

 Special Cause Improvement Low is good	We're aiming to have low performance and we're moving in the right direction.
 Special Cause Improvement High is good	We're aiming to have high performance and we're moving in the right direction.
 Common Cause – no significant change	No significant change in the data during the reporting period shown
 Special Cause Concern Low is good	We're aiming to have low performance and we're moving in the wrong direction.
 Special Cause Concern High is good	We're aiming to have high performance and we're moving in the wrong direction.

Assurance: is the standard achievable?

 Target Pass	We will consistently achieve the target/standard
 Target Pass / Fail	Our performance is not consistent and we regularly achieve or miss the target/standard
 Target Fail	We will consistently fail the target/standard

Please note assurance on whether the standard is achievable is currently not in this report as this is pending the work around standards that is referenced in the Executive Oversight.

Our Approach to Data Quality and Action

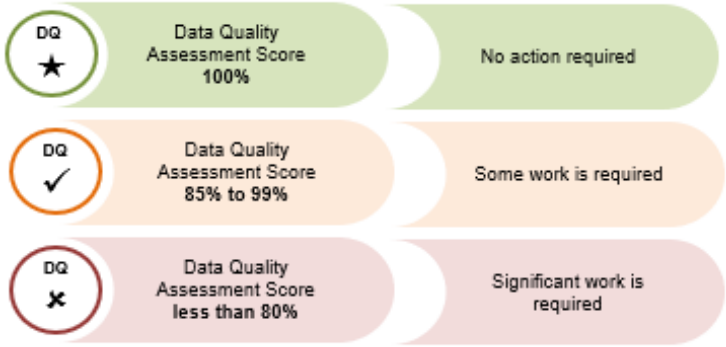
Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Data Quality
We regularly undertake a data quality assessment on Board level measures. Our current assessment focusses on 4 key elements: data source, data reliability, construct/definition of the measures, and when it was last amended/tested. Liaising with Trust leads for each measure, we assess and score against each element to calculate an overall Data Quality Assessment (DQA) status.

Following the development of our new assessment tool, work has commenced on the assessment of our 2022/23 measures; however, this has been delayed as additional work has been identified. An update on this will now be included within the next report.

Action Status
Our action status is informed by a combination of current performance, performance over time (including trends) and general intelligence. When we interpret an SPC chart we look at how our performance is compared to what we are trying to achieve, whether we have assurance that we will achieve the standard and whether our performance over time is improving.

Data Quality Assessment status



Action status

Please note the Data Quality Assessment status has only been included for those measures that we reported in the 21/22 Trust Performance Dashboard.

Please note in the absence of agreed standards, the action status has been determined upon the current variation depicted within the Statistical Process Chart or other relevant information.

Board Integrated Performance Dashboard Summary as at 31st August 2022

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Rep Ref	Our Quality measures	Committee Responsible for Assurance	Variation	Assurance	Standard (FYTD)	Actual (FYTD)	Annual Standard
1)	Percentage of patients surveyed reporting their recent experience as very good or good	QAC				91.70%	
2)	Percentage of carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for	QAC				70.99%	
3)	Percentage of inpatients reporting that they feel safe whilst in our care	QAC				57.93%	
4)	Percentage of CYP showing measurable improvement following treatment - patient reported	QAC				25.43%	
5)	Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported	QAC	L			46.97%	
6)	Percentage of CYP showing measurable improvement following treatment - clinician reported	QAC	L			43.72%	
7)	Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported	QAC	L			20.44%	
8)	Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	S&RC	H			99.70%	
9)	Number of inappropriate OAP bed days for adults that are external to the sending provider	S&RC	H			1,118	
10)	The number of Serious Incidents reported on STEIS	QAC				58	
12)	The number of Restrictive Intervention Incidents	QAC	H			3,088	
13)	The number of Medication Errors with a severity of moderate harm and above	QAC				3	
14)	The number of unexpected Inpatient unnatural deaths reported on STEIS	QAC				0	
15)	The number of uses of the Mental Health Act	MHLC				1,827	

Rep Ref	Our People measures	Committee Responsible for Assurance	Variation	Assurance	Standard (FYTD)	Actual (FYTD)	Annual Standard
16)	Percentage of staff recommending the Trust as a place to work	PC&D				54.33%	
17)	Percentage of staff feeling they are able to make improvements happen in their area of work	PC&D				58.93%	
18)	Staff Leaver Rate	PC&D	H			13.49%	
19)	Percentage Sickness Absence Rate (month behind)	PC&D				6.36%	
20)	Percentage compliance with ALL mandatory and statutory training (snapshot)	PC&D	L			86.28%	
21)	Percentage of staff in post with a current appraisal (snapshot)	PC&D	L			78.51%	

Rep Ref	Our Financial and activity measures	Committee Responsible for Assurance	Variation	Assurance	Standard (FYTD)	Actual (FYTD)	Annual Standard
22)	Number of new unique patients referred	S&RC				41,401	
23)	Unique Caseload (snapshot)	S&RC	H			60,958	

Rep Ref	Our Financial and activity measures	Committee Responsible for Assurance	Plan (FYTD)	Actual (FYTD)
24)	Financial Plan: SOCI - Final Accounts - (Surplus)/Deficit	S&RC	601,000	2,199,571
26)	Use of Resources Rating - overall score	S&RC	3	3
27)	CRES Performance - Recurrent	S&RC	3,837,125	2,656,651
28)	CRES Performance - Non-Recurrent	S&RC	579,875	601,955
29)	Capital Expenditure (CDEL)	S&RC	3,939,000	3,513,000
30)	Cash against plan	S&RC	78,438,000	79,751,813

Please Note:

Outstanding measure *11) The number of Incidents of moderate harm and near misses* – please see slide 20 for update
Outstanding measure *25) Agency spend* – please see slide 41 for update

01) Percentage of Patients surveyed reporting their recent experience as very good or good

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

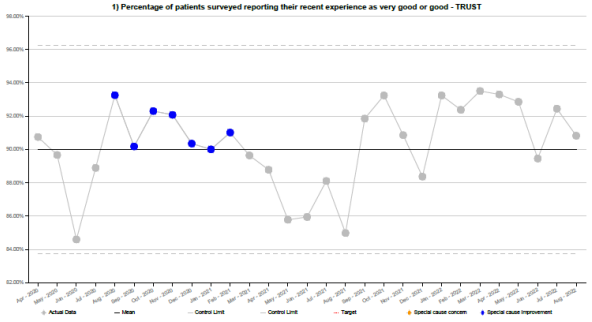
We are all committed to co creating a great experience for patients, and carers and families by ensuring we are providing outstanding and compassionate care and that people tell us this is the case from their experience.

During August, **893** patients responded to the overall experience question in the patient survey: Question: "Thinking about your recent appointment or stay overall how was your experience of our service?". Of those, **811 (90.82%)** scored "very good" or "good"

No significant change in the data during the reporting period shown

DQ ✓ **85%**

Continuous Improvement
Whilst the SPC/data indicates there are no specific concerns at present, we want to continuously improve in this area



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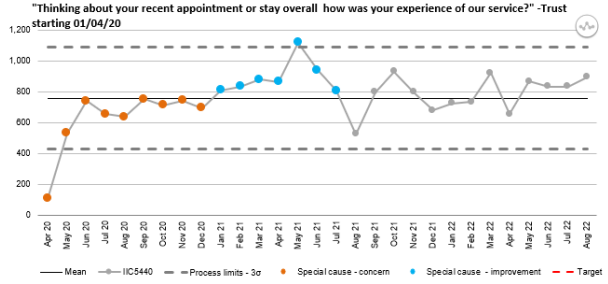
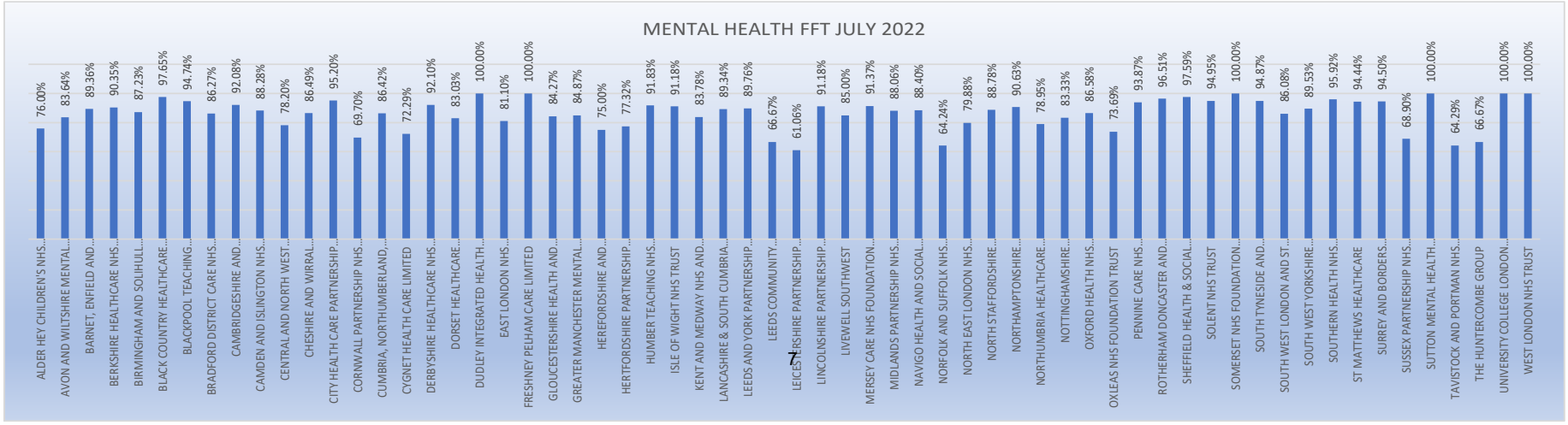
NORTH YORKSHIRE, YORK AND SELBY	



National Benchmarking - Mental Health Friends and Family Test (FFT) data - July 2022. The Mental Health FFT dataset includes FFT responses for the latest month from providers of NHS funded mental health services. The England average (including Independent Sector Providers) percentage positive responses about their overall experience was **86%**, our Trust was unable to provide a submission in July due to the cyber security incident.

Please note due to the Cyber Security Incident/IIC Outage, we will not be able to make a submission this month; however this has been communicated to NHSEI and we plan to make a submission in October that covers July, August and September.



01) Percentage of Patients surveyed reporting their recent experience as very good or good

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

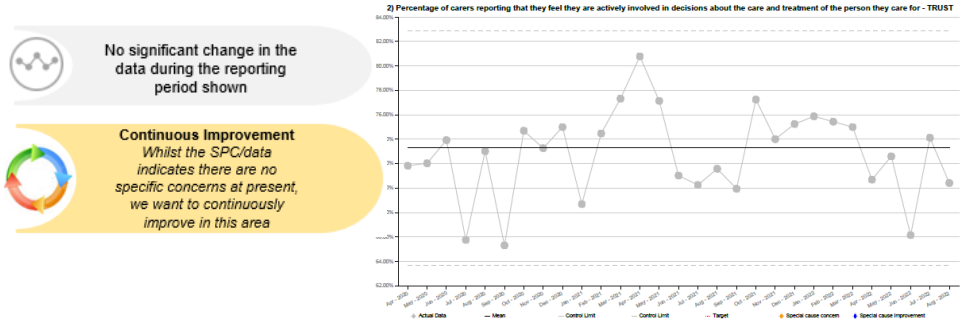
Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
A cohesive programme of work is required to improve our understanding of the experience our patients are having, improve survey response rates, identify key themes and hotspot areas, and develop a set of clearly defined improvement actions.	*Enabling action:* Executive Quality Assurance & Improvement Group to establish a task & finish group during October 2022.		

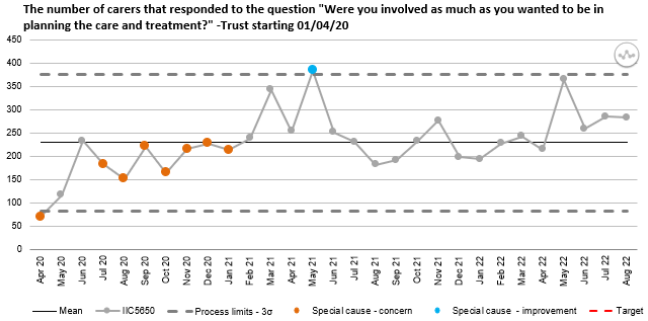
02) Percentage of carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are all committed to co creating a great experience for patients, carers and families by including carers in any decisions about the person they care for and working with them to provide quality care, and that carers will tell us this is the case from their experience.

During August, **284** carers responded to the question in the carer survey: Question: “Do you feel that you are actively involved in decisions about the care and treatment of the person you care for?”. Of those, **200 (70.42%)** scored “yes, always”.





Additional Intelligence in support of continuous improvement

- We have retained Level 2 star rating (the highest possible for Mental Health Trusts) for the Triangle of Care. This has National Accreditation from the Carers Trust and is endorsed by the Care Quality Commission.
- We now have a Carers Charter and are currently undertaking quality visits to raise awareness.
- We have a Carers Hub (web page) on the Internet which is created by carers and is interactive (this is reviewed quarterly).

03) Percentage of inpatients reporting that they feel safe whilst in our care

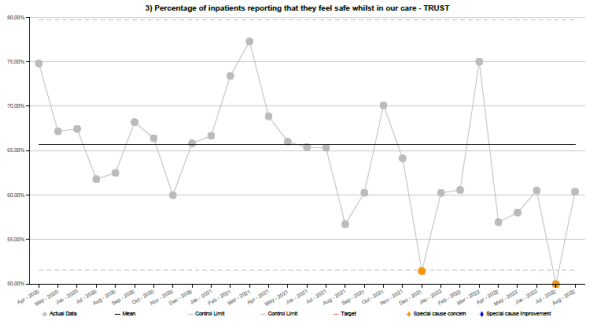
Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

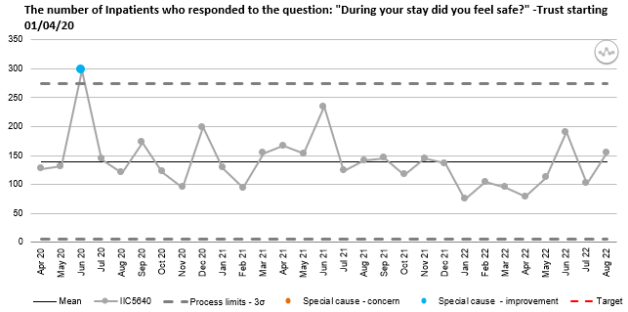
We are all committed to co-creating safe and personalised care, preventing people from receiving unsafe care and treatment and preventing avoidable harm or risk of harm to inpatients within our services, and that patients will tell us this is the case from their experience.

During August, **154** patients responded to the overall experience question in the patient survey: Question: “During your stay, did you feel safe?”. Of those, **93 (60.39%)** scored “yes, always"

No significant change in the data during the reporting period shown

An Area of Concern
We are concerned with our performance in this area and action is required to improve





Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
We are concerned that inpatients in our Secure Inpatient Services (SIS) do not feel as safe as we would like during their stay with us	*Enabling action*: The Associate Director of Nursing & Quality and General Manager for SIS to develop a service improvement plan in October 2022.		
We are concerned that inpatients in our Female Adult Mental Health Wards do not feel as safe as we would like during their stay with us	*Enabling action*: The Patient and Carer Experience Team to undertake focus groups for all Adult Mental Health Wards by the end of October to understand why patients do not feel safe and what would help them.	Focus Groups have started and is on track to be completed by the end of October.	
‘Feeling safe’ has been identified as a priority within our 2022/23 Quality Account.	In order to improve Ward safety, 4 actions have been identified, which are being monitored on a quarterly basis by the Executive Quality Assurance & Improvement Group.	**Ongoing.** Of the 4 actions, 2 are on track for delivery by March 2023 and whilst 2 are not currently on track, risks to delivery are being managed by the teams working on these actions.	

03) Percentage of inpatients reporting that they feel safe whilst in our care

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
A cohesive programme of work is required to improve our understanding of the experience our patients are having, improve survey response rates, identify key themes and hotspot areas, and develop a set of clearly defined improvement actions.	*Enabling action*: Executive Quality Assurance & Improvement Group to establish a task & finish group during October 2022.	*Please see update in respect of 01) Percentage of Patients surveyed reporting their recent experience as very good or good*	

04) Percentage of CYP showing measurable improvement following treatment - patient reported

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

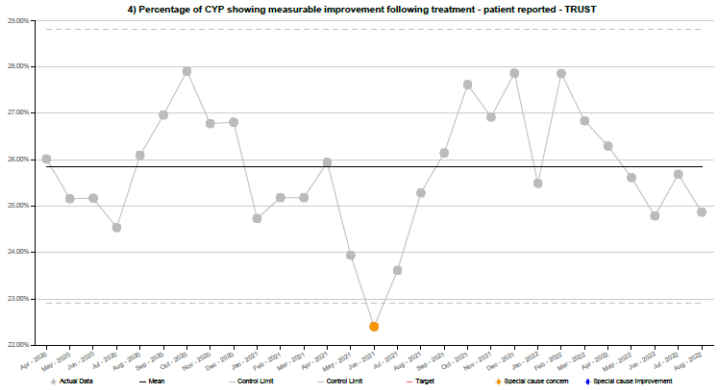
We are all committed to co creating a great experience for patients, and carers and families by ensuring they experience outstanding care. Knowing that the work we do with patients, families and carers is improving the outcomes for each service user, from a patient perspective, is one way we will know our care is outstanding

For the 3 month rolling period ending August, **764** patients were discharged from our CYP service with a patient rated paired outcome score. Of those**, 190 (24.87%)** made a measurable improvement.

The accepted Patient Rated Outcome Measures are CORS / ORS / GBO (goal based outcomes) / RCADS / SDQ / SCORE-15 / PHQ-9 / GAD-7 / CORE-10.

No significant change in the data during the reporting period shown

Continuous Improvement
Whilst the SPC/data indicates there are no specific concerns at present, we want to continuously improve in this area



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06) Percentage of CYP showing measurable improvement following treatment - clinician reported

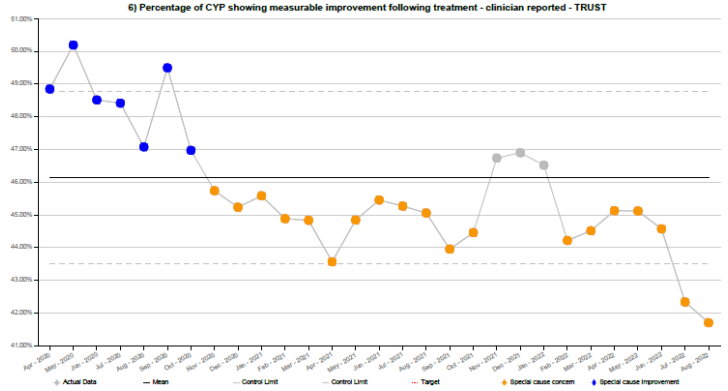
We are all committed to co creating a great experience for patients, and carers and families by ensuring they experience outstanding care. Knowing that the work we do with patients, families and carers is improving the outcomes for each service user, from a clinical perspective, is one way we will know our care is outstanding

For the 3 month rolling period ending August, **856** patients were discharged from our CYP service with a clinician rated paired outcome score. Of those**, 357 (41.71%)** made a measurable improvement.

(The accepted Clinician Rated Outcome Measures are Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) and Children's Global Assessment Scale (CGAS)

We're aiming to have high performance and we're moving in the wrong direction.

An Area of Concern
We are concerned with our performance in this area and action is required to improve



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Outcomes: 04) Percentage of CYP showing measurable improvement following treatment - patient reported and 06) Percentage of CYP showing measurable improvement following treatment - clinician reported

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Update

Work is underway to develop supporting measures for Children and Young Peoples Services as we have for Adult and Older Persons Services. We hope to have this additional information in the report next month.

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
To support continuous improvement, we need to share learning, experiences and best practice within our services.	*Enabling action:* CYP Service Development Manager to identify any key learning from the highest performing teams within the Trust by the end of September 2022.	**Complete.** The key learning from the highest performing teams (Getting Help Team) was outcomes is embedded in core training for staff and therefore clinical practice which is contributing positively to both completion and meaningful outcomes. See enabling actinons below regarding how this learning will be taken forward.	Given this is enabling action we would not expect to see a specific impact.
We need to ensure outcomes training is provided for both new and existing staff to ensure clinical outcomes is fully embedded into clinical practice	*Enabling action:* The CYP Specialist Practitioner in Clinical Outcomes Development will provide a monthly training session for all new starters	Team Managers are ensuring all new starters attend these sessions.	
	Enabling action: The CYP Specialist Practitioner in Clinical Outcomes Development will provide 3 refresher sessions for all staff by January 2023.	Refresher training offered for all staff with a plan to review how many staff attended, evaluate training itself and then revise and book further sessions for clinicians. Two sessions have been completed with a further one planned for January 2023.	
To support continuous improvement there is a focus on the completion of ROMs to support clinical practice within Caseload Management Supervision	*Enabling Action:* CYP Services will test the new Caseload Supervision process in line with the Caseload Supervision Policy in 3 pilot areas (Easington, Stockton, Harrogate) between October-December 2022.		

Additional information

- To support the embedding of outcomes into clinical practice we have identified ROMs (Routine Outcome Measures) champions in every clinical team to promote outcomes
- Clinical Outcomes is one of the top 3 priorities for the clinical network – further details on this will be provided in the next report

05) Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

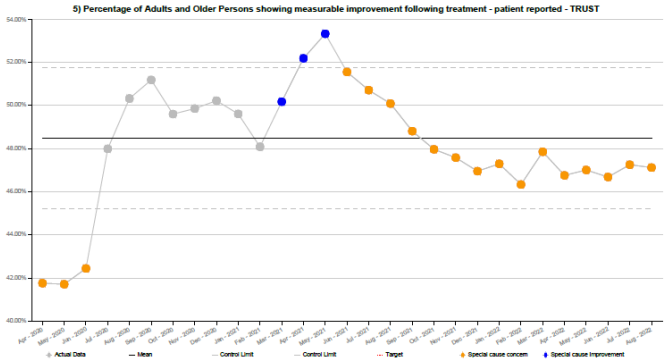
We are all committed to co creating a great experience for patients, and carers and families by ensuring they experience outstanding care. Knowing that the work we do with patients, families and carers is improving the outcomes for each service user, from a patient perspective, is one way we will know our care is outstanding

For the 3 month rolling period ending August, **2048** patients were discharged from our Adults and Older Persons services with a patient rated paired outcome score. Of those**, 965 (47.12%)** made a measurable improvement.

The accepted Patient Rated Outcome Measure is Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS).

We're aiming to have high performance and we're moving in the wrong direction.

An Area of Concern
We are concerned with our performance in this area and action is required to improve



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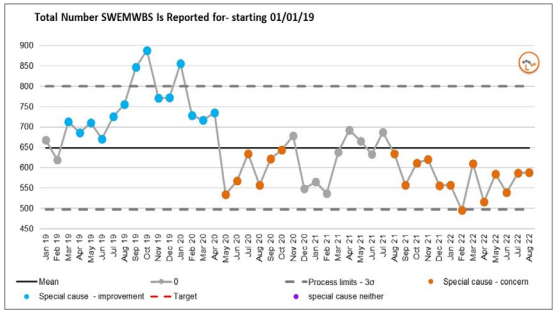
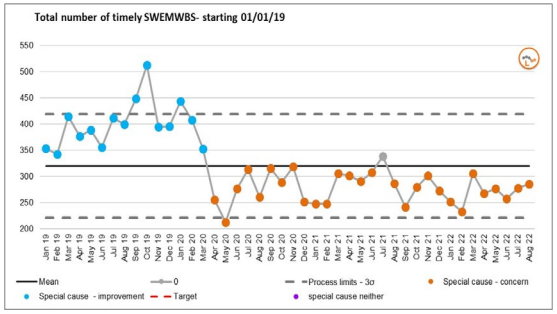
Supporting Measures

The number of patients that have a paired measure recorded over-time. The SPC chart indicates a significant shift, demonstrating a reduction in the rate of paired measures recorded over-time. The impact of COVID is clear, with a significant reduction denoting the start of the pandemic that is sustained to present day. Impact: If less paired measures are recorded, the patient population captured by the IPD is significantly reduced. This means that a significant proportion of patients are being discharged that we can't evaluate the impact of care for.

The number of patients who are discharged with 2 SWEMWBS recorded that are considered representative of their presentation at the start of care and at the end of care. The SPC chart indicates a significant reduction in the number of measures that are capturing the whole course of treatment. This means that a significant proportion of paired measures are capturing 2 random time points in the patient journey, limiting our ability to evaluate true and meaningful change. Impact: A high rate of untimely measures inhibits our ability to show meaningful change, even when it has happened. We are unable to evaluate the full impact of care if the measures don't capture patient presentation at the beginning and end of their journey.





07) Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

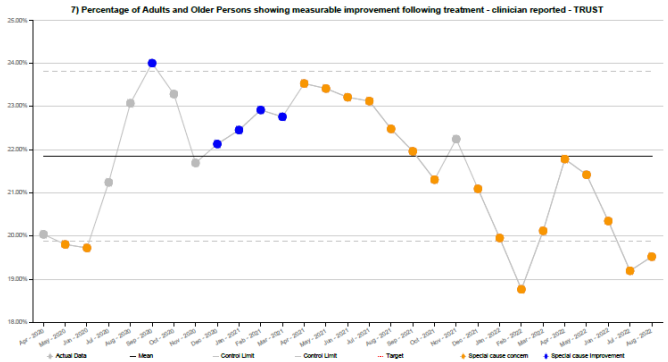
We are all committed to co creating a great experience for patients, and carers and families by ensuring they experience outstanding care. Knowing that the work we do with patients, families and carers is improving the outcomes for each service user, from a clinical perspective, is one way we will know our care is outstanding

For the 3 month rolling period ending August, **3345** patients were discharged from our Adults and Older Persons services with a clinician rated paired outcome score. Of those**, 653 (19.52%)** made a measurable improvement.

The accepted Patient Rated Outcome Measure is Health of the Nation Outcome Scales (HoNOS).

We're aiming to have high performance and we're moving in the wrong direction.

An Area of Concern
We are concerned with our performance in this area and action is required to improve



Care Group/Directorate	Variation
TRUST	
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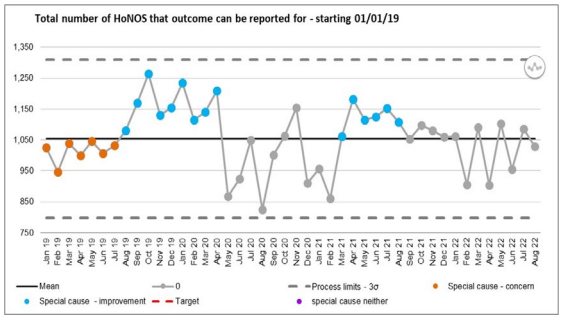
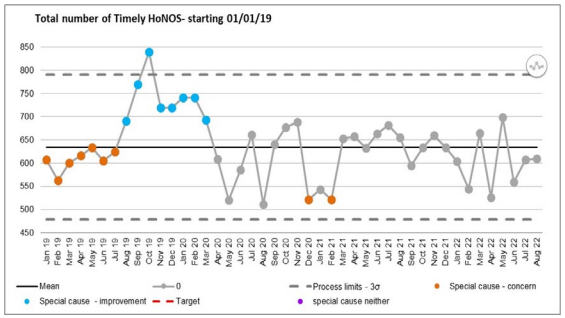
NORTH YORKSHIRE, YORK AND SELBY	

Supporting Measures

The number of patients that have a paired measure recorded over-time. The total number of HoNOS measures recorded over-time does not show any major fluctuations but there does appear to be a slight impact of COVID that is slowly recovering. Impact: The data indicates that the completion rates for HoNOS are not a significant concern and can provide some assurance that the cohort captured is reflective of the cohort discharged.



The number of patients who are discharged with 2 HoNOS measures recorded that are considered representative of their presentation at the start of care and at the end of care. The SPC chart does indicate a change in the rate of timeliness of measures recorded. Pre-covid the data peaked at 850 timely measures recorded and is indicative of a sustained improvement up to March 20. After that point, the timeliness levels indicate a reduction in the number of timely measures recorded. Impact: A high rate of untimely measures inhibits our ability to show meaningful change, even when it has happened. We are unable to evaluate the full impact of care if the measures don't capture patient presentation at the beginning and end of their journey.



Outcomes: 05) Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported and 07) Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
There needs to be clear communication to all staff stating the current expected standards for completion of outcomes measures.	*Enabling Action:* The Specialty Clinical Directors and Speciality Development Managers for Adult and Older Persons Services' to produce a short briefing for all staff on expected standards for the completion of outcome measures which will be taken to the next Trust Outcomes Steering Group late October 2022 and then disseminated via the Trust E-Bulletin and the Care Board Quality Assurance & Improvement Groups in early November 2022. This will include the links to the promotional material already produced.		
The staff need to have easily accessible displays of real time, patient and service level outcome data in order for outcomes to be used in a clinically meaningful way.	*Enabling Action:* A cross-speciality Task and Finish Group, chaired by the Clinical Lead for Community Transformation to meet on the 18th October 2022 to identify how this work will be taken forward.		
There needs to be appropriate care group and workforce representatives at the Trust Outcomes Steering Group in order to effect change.	*Enabling Actions:* • The Specialty Clinical Directors and Speciality Development Managers for Adult and Older Persons Services' to discuss and agree appropriate care group representation at the Clinical Network Meetings in November. This should ensure that the care groups and the clinical network are joined up in their approach and consistency of message. • The Associate Director of Performance to discuss and agree appropriate workforce representation with People & Culture by the end of October.		
Clinical teams should have regular oversight of their progress regarding outcome measures.	*Enabling Action:* The Service Managers for Adult and Older Persons Services to introduce team level compliance for outcomes at the weekly report out meetings by the end of October 2022. This will enable a targeted approach to understanding the gaps in knowledge and process across the teams.		
	Enabling Action: Adults and Older Persons Services to utilise the outcomes component of the Caseload Supervision Process (including the tool) to support outcome discussions with testing taking place between 17th October and 15th November. This will support the embedding of routine outcome measures in clinical practice and identifying gaps in service delivery.		

08) Bed Occupancy (AMH & MHSOP A & T Wards)

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

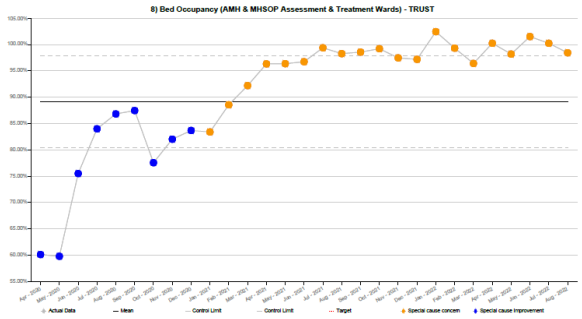
We want to ensure that we use our inpatient beds as effectively as possible to meet the needs of our patients. We are committed to co creating a great experience by ensuring all patients are treated in a hospital that helps retain contact with family, carers, friends and their community. It is important that our patients do not stay in hospital longer than they clinically need to and are discharged appropriately, as we know this can affect their recovery.

During August, **11,098** daily beds were available for patients; of those, **10,924 (98.43%)** were occupied.

H — We're aiming to have low performance and we're moving in the wrong direction.

An Area of Concern
We are concerned with our performance in this area and action is required to improve

DQ ★ **100%**



Care Group\Directorate	Variation
TRUST	H
DURHAM, TEES VALLEY AND FORENSIC	H
NORTH YORKSHIRE, YORK AND SELBY	H

09) Number of inappropriate OAP bed days for adults that are 'external' to the sending provider

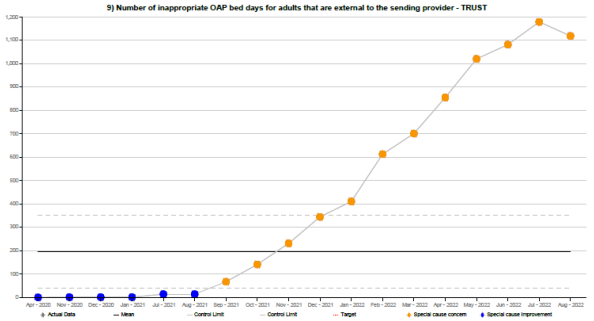
We want to ensure that we use our inpatient beds as effectively as possible to meet the needs of our patients. We are committed to co creating a great experience by ensuring all patients are treated in a hospital that helps retain contact with family, carers, friends and their community.

For the 3 month rolling period ending August, **1118** days were spent by patients in beds away from their closest hospital.

H — We're aiming to have low performance and we're moving in the wrong direction.

An Area of Concern
We are concerned with our performance in this area and action is required to improve

DQ ★ **100%**



Care Group\Directorate	Variation
TRUST	H
DURHAM, TEES VALLEY AND FORENSIC	H
NORTH YORKSHIRE, YORK AND SELBY	H

Supporting Measure

		2022 - 2023					
		Apr	May	Jun	Jul	Aug	FYTD
Overall Occupancy including Trust, block booked (Priory) and independent sector bed usage	Number of occupied bed days	10,926	11,534	11,351	11,681	11,492	**56,984**
	Number of available bed days	10,578	11,253	10,890	11,253	11,253	**55,227**
	Percentage Bed Occupancy	**103.29%**	**102.50%**	**104.23%**	**103.80%**	**102.12%**	**103.18%**

Bed Pressures: 08) Bed Occupancy (AMH & MHSOP A & T Wards) and 09) Number of inappropriate OAP bed days for adults that are 'external' to the sending provider

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
Trust-wide bed management were tasked with leading a piece of work with the Care Group leads to understand the key pressures within our inpatient services and the actions that need to be established to minimise these.	Care Groups to implement processes during August 2022 to ensure we share good practice and learning between the care group. This includes: • increased focus on overnight leave and the extension of leave for our patients, • the establishment of weekly meetings to review delayed transfers of care and • the establishment of weekly meetings to review patients with a length of stay in excess of 30 days to identify blockages and facilitate safe and effective discharge for patients.	**Complete.** These processes will continue as part of business as usual.	Concern remains visible within both measures however, there has been a significant reduction in the number of patients we have out of area (from 21 in July to 4 as at the 4th October). There has also been a reduction (improvement) in both measures between July and August.
	Senior Consultant Psychiatrists to review all records and attend multi-disciplinary team meetings for patients currently within the Priory block purchased beds to facilitate safe and timely discharge.	**Complete**. These processes will continue as part of business as usual. From the 30th August 2022 no new patients have been admitted into the Priory block purchased bed and we have not extended the contract.	
	Enabling action: Bed Management Team to circulate the daily independent sector bed usage report to Care Group Directors to provide increased oversight of our out of area placements.	**Complete.** These are now circulated as part of business as usual.	
We need to better understand capacity and demand for beds within the Trust, to understand where our pressures are and whether we have the correct number of beds available within our care groups.	*Enabling action:* Assistant Chief Executive and Associate Director of Strategic Planning & Programmes to scope a data modelling exercise by the end of November 2022 with a view to establishing an appropriate team to enable us to understand current pressure and enable future planning of our inpatient resources.		

10) The number of Serious Incidents reported on STEIS

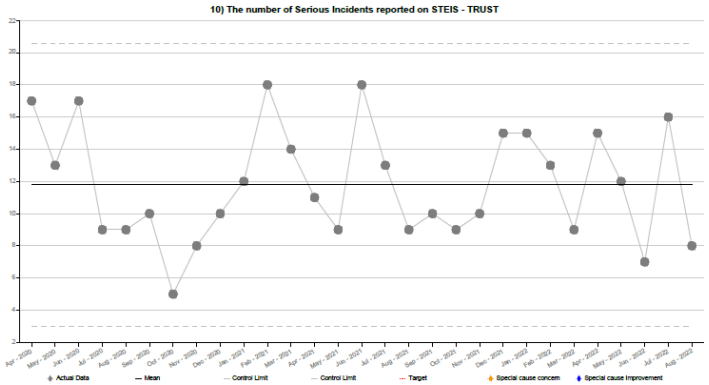
Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are committed to ensuring that all our patients are cared for in a safe and secure environment. When serious incidents occur, it is important to understand why and how they have occurred so that we can learn from them, ensuring that any improvements are identified and implemented to maintain the safety of our patients and to minimise the risk of any harm to them and distress to their families and carers.

8 serious incidents were reported on the Strategic Executive Information System (STEIS) during **August**.

No significant change in the data during the reporting period shown

Continuous Improvement
Whilst the SPC/data indicates there are no specific concerns at present, we want to continuously improve in this area



Care Group/Directorate	Variation
TRUST	
DURHAM, TEES VALLEY AND FORENSIC	
NORTH YORKSHIRE, YORK AND SELBY	

Additional Intelligence in support of continuous improvement

There were no specific themes in the 8 serious incidents reported in August; however we continue to work proactively to reduce the number of Serious Incidents.

- We are working with our partners, such as UK Health Security Agency (previously known as Public Health England) and the Preventing Suicide Leads to undertake Multi Agency Reviews (MARs) of suicides. These meetings identify particular suicide locations with a view to proactively preventing further suicides and also to identify themes from analysis of real time data.
- Work continues to develop a Preventing Suicide and Self Harm Strategy involving staff, carers, people with lived experience and our partners.
- A Trust-wide self-harm review group has been established. The role of the group is to provide assurance to the Trust Board via the Quality Improvement subgroup by reviewing reports and identifying key areas for review of patient care and supporting teams to maintain patient safety and ensure best practice is delivered. The group will also maintain robust oversight of significant self-harm trends and occurrences. This group will work in conjunction with work in relation to self-harm which is being carried out by operational services.
- In the event of any new/environmental risks being identified within our clinical areas, urgent patient safety briefings are disseminated Trust wide to be discussed at ward safety report out meetings/team meetings. The Quality Assurance Programme, which includes MDT walkabouts, provides evidence that staff are aware of the content of these bulletins and can identify new areas of risks in their clinical areas. Any assurance in relation to completion of actions is collated and stored in the learning database. Should any similar incident occur this assurance can be revisited to ascertain whether other actions need to be put in place. Environmental risks are closely monitored at the Environmental Risk Group, an example of this is access to roof spaces by patients. There is evidence that where preventative measures have been taken, such as anti-climb walls/fences and secured garden furniture, and patients continue to gain access to rooves, other actions are considered and acted upon.
- Significant work has been undertaken as part of the thematic SI closure programme to identify the top themes from incidents dating back from 2017 to the current day. The Quality Assurance programme has been mapped to these themes to support ongoing monitoring . Improvement standards and trajectories have also been developed and will be overseen by the Clinical, Quality and Safety Programme Board.

11) The number of Incidents of moderate harm and near misses

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are committed to ensuring that all our patients are cared for in a safe and secure environment. When serious incidents occur, it is important to understand why and how they have occurred so that we can learn from them, ensuring that any improvements are identified and implemented to maintain the safety of our patients and to minimise the risk of any harm to them and distress to their families and carers.

Update

The Business Intelligence and Reporting Team are currently developing this new measure in the Integrated Information Centre (IIC). It is hoped that this will be included within the next report.

12) The number of Restrictive Intervention Incidents

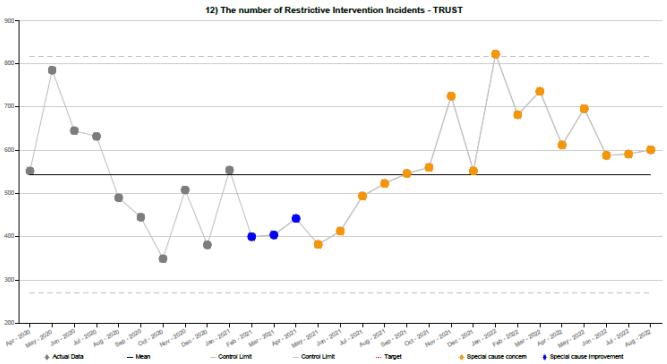
Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are committed to ensuring that all our patients are cared for in a safe and secure environment. When restrictive intervention incidents occur, it is important to understand why and how they have occurred so that we can learn from them, ensuring that any improvements are identified and implemented to maintain the safety of our patients and to minimise the risk of any harm to them and distress to their families and carers.

601 number of Restrictive Intervention Incidents took place during August.

We're aiming to have low performance and we're moving in the wrong direction.

An Area of Concern
We are concerned with our performance in this area and action is required to improve



Care Group \Directorate	Variation
TRUST	H
DURHAM, TEES VALLEY AND FORENSIC	H
NORTH YORKSHIRE, YORK AND SELBY	L

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
We have a number of patients within our two Adult Learning Disabilities Inpatient Wards with complex needs that require discharge from hospital.	The General Manager and Associate Clinical Director to ensure there is a discharge plan in place for each individual patient, in order to progress a safe discharge from hospital as outlined in their plan.	There are currently 8 patients that are ready for discharge. The Hopes National Team continues to provide support for one patient and conversations are taking place with the Challenging Behaviour Foundation, with a view to them providing support to our clinical teams for 4 of our complex patients, where we feel we need more support. Of the 3 complex patients that Merseycare recommended for an independent review, one has been discharged, one has transferred from LRH (Harland) to a flat at Bankfields Court and one remains at LRH but is to receive support from the Challenging Behaviour Foundation.	
Following feedback from the Care Quality Commission, we have identified a training need within our Adult Learning Disability services.	The General Manager and Associate Clinical Director to ensure all Adult Learning Disabilities Inpatient staff attend the bespoke training by December 22.	We are on plan against the agreed trajectory.	

12) The number of Restrictive Intervention Incidents

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
We require greater assurance of the episodes of restraint that occur, to support a reduction in restraint	*Enabling action:* The Nurse Consultant for Positive and Safe Care to support the introduction of enhanced governance for patients exposed to multiple forms of restrictive practices to reduce the number of restrictive interventions	The independent Assurance Panels are now underway and will continue until December 22, when a review will be completed to see if this action has contributed towards a reduction in the number of restrictive interventions.	
We require greater assurance locally from Care Boards on the implementation of the Restraint Reduction Plan	*Enabling action:* Care Boards to ensure delivery of the Restraint Reduction Plan by 31st March 2023.		
We require additional resource to support Care Boards with reduction of restrictive practices	*Enabling action:* The Nurse Consultant for Positive and Safe Care to review current resource and to make recommendations on additional resources	Review completed and the draft proposal is with the Executive Director for Nursing & Governance.	

13) The number of Medication Errors with a severity of moderate harm and above

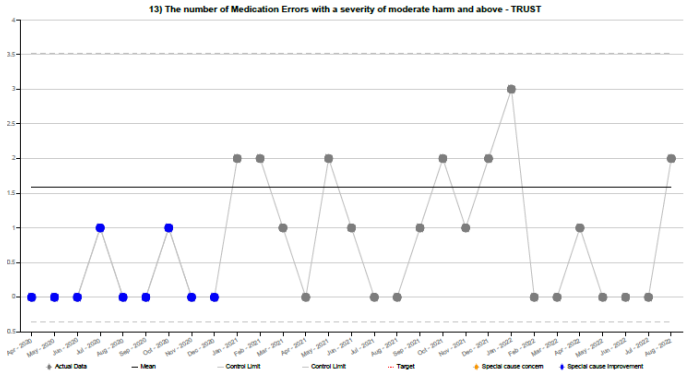
Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are committed to ensuring that all our patients are cared for in a safe and secure environment. When medication errors occur, it is important to understand why and how they have occurred so that we can learn from them, ensuring that any improvements are identified and implemented to maintain the safety of our patients and to minimise the risk of any harm to them and distress to their families and carers.

2 medication errors have been recorded with a severity of moderate harm, severe or death during August.

No significant change in the data during the reporting period shown

Continuous Improvement
Whilst the SPC/data indicates there are no specific concerns at present, we want to continuously improve in this area



Care Group \Directorate	Variation
TRUST	
DURHAM, TEES VALLEY AND FORENSIC	
NORTH YORKSHIRE, YORK AND SELBY	

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
Clozapine is a “high-risk” medication and was being taken in 6 of the incidents above. We need to improve staff education and introduce effective resources that enable high quality discussions with patients reducing incidents of the same type.	The Safe Medication Practice Group has co-created a set of clozapine-focused improvement actions, which will include the development of e-learning, provision of patient information and 5 quality standards that will be audited at the end of 2022/23.	Of the 17 agreed actions so far, 9 have been completed. The remaining 8 are on track for delivery.	

14) The number of unexpected Inpatient unnatural deaths reported on STEIS

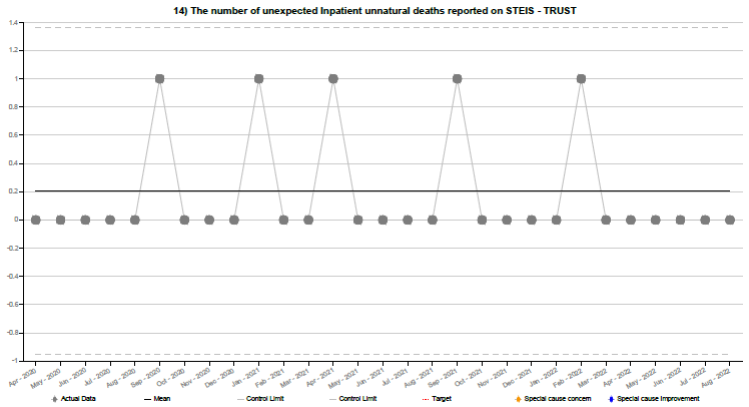
Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are committed to ensuring that all our patients are cared for in a safe and secure environment. When any deaths occur within our services that are not attributable to natural causes, it is important to understand why and how they have occurred so that we can learn from them, ensuring that any improvements are identified and implemented to maintain the safety of our patients and to minimise the risk of any harm to them and distress to their carers and families.

0 unexpected Inpatient unnatural deaths reported on the Strategic Executive Information System (STEIS) during August

No significant change in the data during the reporting period shown

Continuous Improvement
Whilst the SPC/data indicates there are no specific concerns at present, we want to continuously improve in this area



Care Group \Directorate	Variation
TRUST	
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Additional Intelligence in support of continuous improvement

The key areas for improvement previously identified were risk assessment/safety planning including observation levels and leave arrangements, as well as the importance of involving patient/carers/families within these multi disciplinary team discussions.

There is evidence to suggest that the learning from previous incidents and subsequent improvement work is now more embedded into clinical practice. This is evidenced by positive results from the Quality Assurance Programme. Unexpected inpatient unnatural deaths are low in numbers so the impact of such improvements on mortality will continue to be monitored.

15) The number of uses of the Mental Health Act

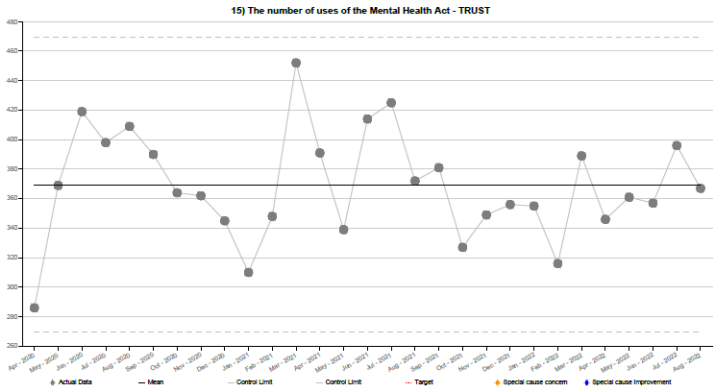
Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are committed to co creating a great experience by ensuring all patients that are admitted to our beds feel secure, supported and safe within our services. It is important that we support all patients that are treated within our hospitals equally and support them to retain contact with family, carers, friends and their community.

There were **367** uses of the Mental Health Act during August.

No significant change in the data during the reporting period shown

No Concerns
We are performing consistently in this area and no action is required at this time



Care Group/Directorate	Variation
TRUST	
DURHAM, TEES VALLEY AND FORENSIC	
NORTH YORKSHIRE, YORK AND SELBY	

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
There are currently no specific trends or areas of concern identified in the number of uses of the Mental Act; however we want to understand whether we treat our patients equally when we deploy the Act as we understand nationally this is a concern.	*Enabling action:* Digital and Data Services to provide the Mental Health Legislation Committee with uses of the Mental Health Act by ethnicity by early October to help them understand whether we treat our patients equally.	Digital and Data Services have commenced the work to provide a breakdown of the uses of the Mental Health Act by ethnicity ; however this has been impacted by the Cyber Security Incident/IIC Outage. The revised timescale has been included in the improvement action.	

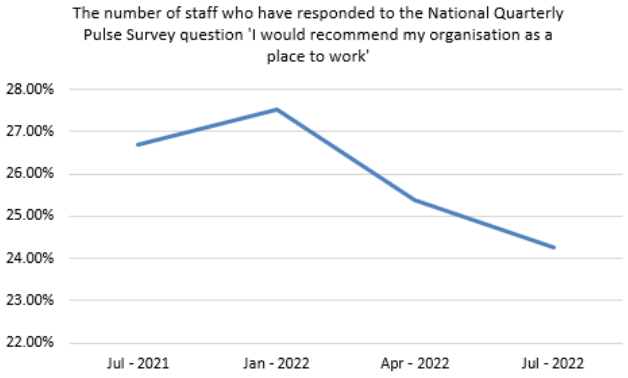
16) Percentage of staff recommending the Trust as a place to work

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are all committed to co creating a great experience for our colleagues. We want to ensure that we support all our staff to maximise their health and wellbeing and enjoy coming to work, as we recognise staff recommending the Trust as a place to work is an indication of a high level of job satisfaction within our workforce which will support the provision of high quality care.

2056 staff responded to the July 2022 National Quarterly Pulse Survey question "I would recommend my organisation as a place to work" Of those, **1102 (53.60%)** responded either "Strongly Agree" or "Agree". ***Please note this is not "new" data as survey is only undertaken once a quarter***

	Jul - 2021	Jan - 2022	Apr - 2022	Jul - 2022
TRUST	54.23%	52.54%	55.01%	53.60%
ASSISTANT CHIEF EXEC	69.23%	51.61%	61.29%	47.83%
DIGITAL AND DATA SERVICES	68.09%	70.13%	68.00%	57.65%
DURHAM, TEES VALLEY AND FORENSIC	51.50%	50.72%	54.63%	54.64%
ESTATES AND FACILITIES MANAGEMENT	57.14%	46.92%	50.38%	50.76%
FINANCE	61.54%	62.22%	57.58%	61.54%
MEDICAL	67.44%	68.42%	64.10%	65.71%
NORTH YORKSHIRE, YORK AND SELBY	50.19%	50.48%	52.85%	49.89%
NURSING AND GOVERNANCE	61.90%	53.42%	51.95%	35.14%
PEOPLE AND CULTURE	69.86%	57.69%	56.99%	61.05%
THERAPIES	82.35%	62.96%	54.17%	53.85%



Continuous Improvement
Whilst the SPC/data indicates there are no specific concerns at present, we want to continuously improve in this area

National Benchmarking – NHS Staff Survey 2021

- **59.4% of all NHS staff** would recommend their organisation as a place to work.
- The **Picker average*** was **63%** of staff would recommend their organisation as a place to work.
- **52%** of staff from **our Trust** would recommend their organisation as a place to work (compared to **66%** in the 2020 NHS Staff Survey)

NB. *Picker carried out the NHS Staff Survey for 2021 on behalf of 24 Mental Health and Mental Health Community Trusts.

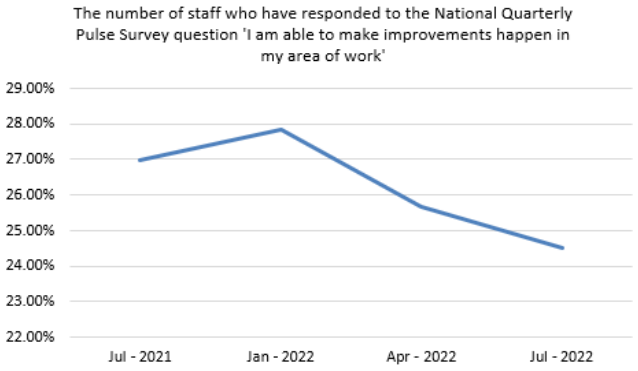
17) Percentage of staff feeling they are able to make improvements happen in their area of work

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are all committed to co creating a great experience for our colleagues. We want to ensure that we support all our staff to maximise their health and wellbeing and enjoy coming to work, as we recognise that having the ability to suggest improvements and a high level of job satisfaction within our workforce which will support the provision of high quality care.

2079 staff responded to the July 2022 National Quarterly Pulse Survey question "I am able to make improvements happen in my area of work" Of those, **1229 (59.11%)** responded either "Strongly Agree" or "Agree". ***Please note this is not "new" data as survey is only undertaken once a quarter***

	Jul - 2021	Jan - 2022	Apr - 2022	Jul - 2022
TRUST	57.10%	57.50%	58.76%	59.12%
ASSISTANT CHIEF EXEC	76.92%	67.74%	74.19%	65.22%
DIGITAL AND DATA SERVICES	65.96%	74.03%	72.00%	65.88%
DURHAM, TEES VALLEY AND FORENSIC	56.23%	57.00%	57.98%	58.94%
ESTATES AND FACILITIES MANAGEMENT	55.24%	53.08%	52.67%	51.52%
FINANCE	65.38%	64.44%	69.70%	71.79%
MEDICAL	67.44%	81.58%	79.49%	68.57%
NORTH YORKSHIRE, YORK AND SELBY	54.44%	54.35%	56.45%	55.77%
NURSING AND GOVERNANCE	61.90%	65.75%	63.64%	59.46%
PEOPLE AND CULTURE	78.08%	73.08%	73.12%	69.47%
THERAPIES	94.12%	81.48%	70.83%	69.23%



Continuous Improvement
Whilst the SPC/data indicates there are no specific concerns at present, we want to continuously improve in this area

National Benchmarking – NHS Staff Survey 2021

- **53.1% of all NHS staff** feel able to make improvements happen in their area of work
- The **Picker average*** was **76%** of staff feel able to make improvements happen in their area of work
- **73%** of staff from **our Trust** feel able to make improvements happen in their area of work (compared to **78%** in the 2020 NHS Staff Survey)

NB. *Picker carried out the NHS Staff Survey for 2021 on behalf of 24 Mental Health and Mental Health Community Trusts.

Staff Experience: 16) Percentage of staff recommending the Trust as a place to work and 17) Percentage of staff feeling they are able to make improvements happen in their area of work

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
We currently have limited data on the percentage of staff recommending the Trust as a place to work and for staff feeling they are able to make improvements happen in their area of work.	*Enabling action:* The Head of Business Intelligence to pilot a routine survey, via Microsoft Forms in 4 areas (2 operational/2 corporate) from July 22 for a period of 3 months.	This has been delayed due to capacity issues following the cyber security incident and subsequent Integrated Information centre outage in August 2022.	
We are concerned that the response rate to the National Quarterly Pulse Surveys is low. For the July 2022 survey, 8479 invites were sent, of which 2097 (24.73%) were received.	*Enabling action:* The Organisational Development Facilitator – Staff Experience to implement an incentive scheme for the quarter 3 2022/23 Staff Survey, with a view to improving staff participation. Upon completion success will be assessed to determine whether a similar approach would improve participation in the Pulse Surveys.	This has commenced.	

18) Staff Leaver Rate

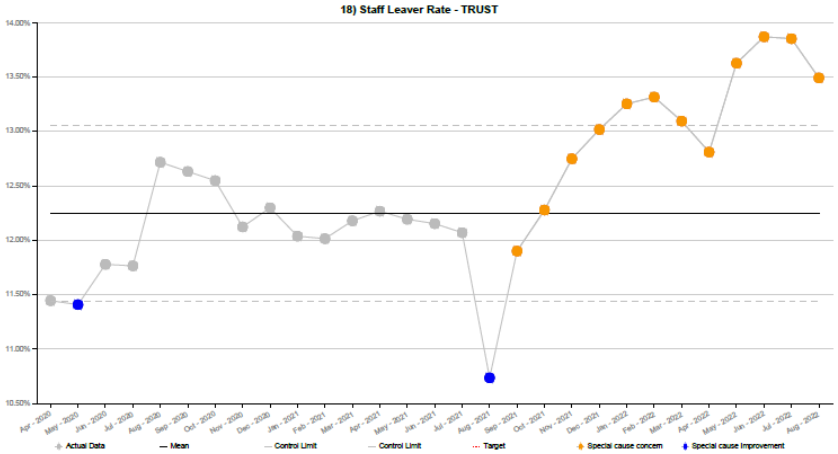
Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are all committed to co creating a great experience for our colleagues so that they will feel they can continue to develop their careers within the organisation. By ensuring that we do not have an excessively high staff leaver rate, we will be retaining experienced staff helping us to ensure continuity of care and the provision of high quality services.

From a total of **6721.41** staff in post, **906.81 (13.59%)** had left the Trust in the 12 month period ending August

We're aiming to have low performance and we're moving in the wrong direction.

An Area of Concern
We are concerned with our performance in this area and action is required to improve



Care Group \Directorate	Variation	Care Group \Directorate	Variation
TRUST	H	FINANCE	H
ASSISTANT CHIEF EXEC		MEDICAL	
COMPANY SECRETARY	H	NORTH YORKSHIRE, YORK AND SELBY	L
CORPORATE AFFAIRS AND INVOLVEMENT		NURSING AND GOVERNANCE	H
DIGITAL AND DATA SERVICES	H	PEOPLE AND CULTURE	L
DURHAM, TEES VALLEY AND FORENSIC	H	THERAPIES	H
ESTATES AND FACILITIES MANAGEMENT	H		

National Benchmarking: NHS Staff Leaver Rate - England Mental Health and Learning Disability – February 2022 (latest published data)
The NHS Staff Leaver Rate published on the Future Collaboration Platform for Mental Health Providers shows a similar trend to that shown for our Trust. The national mean (average) was 15.4% compared to the Trust mean of 16%. We were ranked 19 of 72 Trusts (1 being the best with the lowest leaver rate) and are placed in the inter-quartile range.

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
To ensure staff have an independent route to participate in leavers interviews so we understand the reasons why and to identify any themes and issues that need to be addressed.	*Enabling Action:* The Communications and People & Culture Teams to develop an intranet page to ensure that all staff know the different ways of accessing a leavers interview by the end of November 22 with the aim to increase uptake of leavers interviews.		
	Enabling Action: The Director of People Culture & Diversity to identify one place for leavers interviews to be returned and analysed by the end of November 22 in order to identify any new actions that need to be undertaken to address the reasons people are leaving the trust.		

18) Staff Leaver Rate

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
To understand whether the “thinking about leaving” group is having an impact on staff who may be considering leaving	*Enabling Action:* The Employee Support Service to gather data by the end of November 22 (and routinely thereafter) on how many people who attended a ‘thinking about leaving’ group actually left the trust in the following 6 months.		

19) Percentage Sickness Absence Rate

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

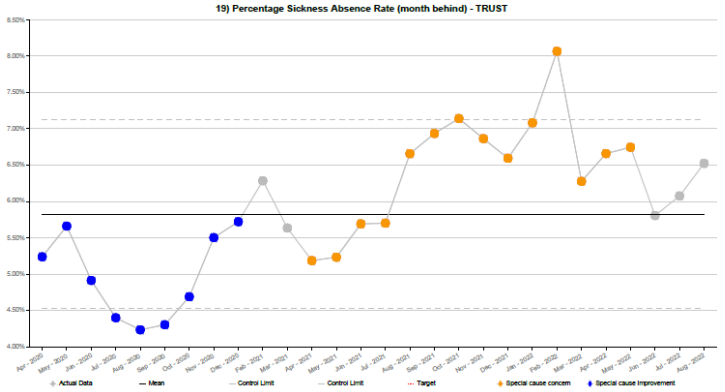
We are all committed to co creating a great experience our colleagues. We want to ensure that we support all our staff to maximise their health and wellbeing and enjoy coming to work as we know this also impacts on the quality of care we provide to our patients.

There were **218,109.56** working days available for all staff during July (reported month behind); of those, **14,227.56 (6.52%)** days were lost due to sickness.

No significant change in the data during the reporting period shown

An Area of Concern
We are concerned with our performance in this area and action is required to improve

DQ ★ **100%**

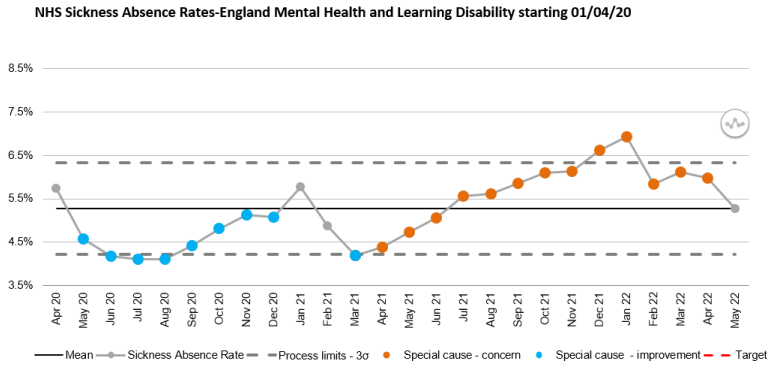


Care Group / Directorate	Variation	Care Group / Directorate	Variation
TRUST		FINANCE	
ASSISTANT CHIEF EXEC	H	MEDICAL	
COMPANY SECRETARY	H	NORTH YORKSHIRE, YORK AND SELBY	H
CORPORATE AFFAIRS AND INVOLVEMENT		NURSING AND GOVERNANCE	
DIGITAL AND DATA SERVICES		PEOPLE AND CULTURE	
DURHAM, TEES VALLEY AND FORENSIC	H	THERAPIES	
ESTATES AND FACILITIES MANAGEMENT			

National Benchmarking: NHS Sickness Absence Rates - England Mental Health and Learning Disability – May 2022.

NHS Sickness Absence Rates published 25th August 22 (data ending April 22) for Mental Health and Learning Disability organisations show a similar trend to that shown for our Trust. The national mean (average) for the period shown is 5.28% compared to the Trust mean of 5.88%.

Regional Benchmarking: We continue to see improvement in our sickness absence rates and as at the 28th September 2022, we were positioned 11th (out of 31) for sickness absence within the region's mental health, acute and ambulance trusts.



Update

Whilst our latest sickness absence data is indicating common cause (no significant change); the level of sickness absence remains an area of concern and remains above the 5.83% mean (average) for the period shown, especially given the indications that covid is affecting acute trust sickness rates already.

As at the 5th October 2022, sickness absence for September is 4.78%.

19) Percentage Sickness Absence Rate

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
We need to ensure we have strategic oversight of sickness absence so we can target interventions appropriately as well as share learning across the trust.	*Enabling Action*: The Executive People Culture & Diversity group to review the services with high levels of sickness, the actions being undertaken and identify what interventions may be appropriate starting in October 22.		
We need to better understand the improvements made by North Yorkshire, York & Selby Adult Learning Disability Services, who have reduced sickness from 11.59 to 2.69% since March 22.	*Enabling Action* Director of People, Culture & Diversity to identify and share the learning from North Yorkshire, York & Selby Adult Learning Disability Services by the end of October 22.		

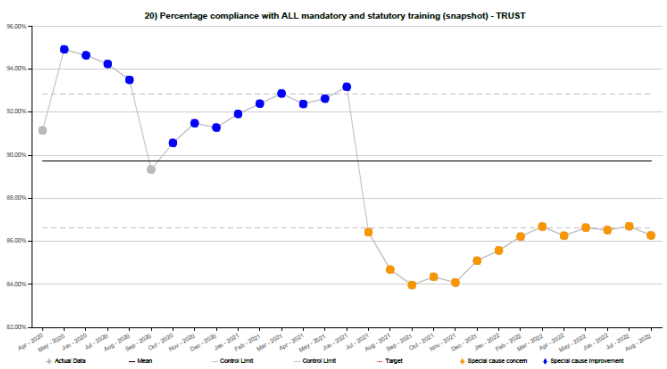
20) Percentage compliance with ALL mandatory and statutory training

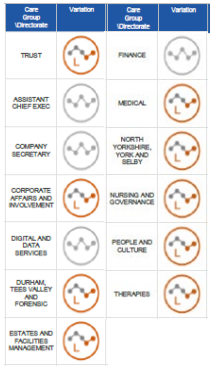
Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are all committed to co creating a great experience for patients, carers families and our colleagues by ensuring colleagues feel engaged in the organisation and appraisals offer one opportunity for staff to get and give feedback on their experience of working for the Trust. We also ensure that our staff having the appropriate levels of training to maintain their skills, which is vital if we are to provide high quality and safe services.

111,935 training courses were due to be completed for all staff in post by the end of August. Of those, **96,576** (**86.28%**) courses were actually completed.

Percentage Compliance with Information Governance & Data Security Training. As required by the Information Governance Tool Kit the Trust must achieve 95% staff compliance by December 2022. As at end of August, **6639** were due for completion, **5896 (88.81%)** were actually completed.





We're aiming to have high performance and we're moving in the wrong direction.

An Area of Concern
We are concerned with our performance in this area and action is required to improve

DQ ★ 100%

Update

At its September 2022 meeting, Trust Board agreed to implement an 85% compliance standard for mandatory & statutory training. This standard will be implemented from the 1st October 2022.

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
We need a focused, coordinated approach to ensure that our services meet their agreed trajectories for 85% compliance.	*Enabling action:* Associate Director of Leadership & Development and Workforce Development Lead to establish regular reports for the People Partners to enable support to be focused on those clinical and corporate services at risk of achieving compliance.	The Training team have now mapped all the missing courses that need completing to reach compliance with the standard, checked who is booked on the relevant courses and calculated the impact on trajectories. This information has now been shared with each Executive about whether their teams are on course to meet their stated trajectory. This assumes no DNAs and that all e-learning is completed.	

20) Percentage compliance with ALL mandatory and statutory training

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
We need a focused, coordinated approach to ensure that our services meet their agreed trajectories for 85% compliance.	*Enabling action:* Associate Director of Performance to provide Executive Management Team with regular reports showing performance against the agreed trajectories to ensure oversight and enable targeted discussions on those areas at risk of achieving compliance.	First report provided to the Executive Management Team 28th September. This will now be extended to include Information Governance Compliance and provided twice-monthly.	
We need to ensure we have oversight of services' training compliance in order to ensure they remain safe on a day to day basis	*Enabling action:* The Executive People Culture and Diversity group and People Culture & Diversity Committee will monitor compliance with the key patient safety related modules from late October/early November 22 and work with services to provide assurance to the Board via the People Culture & Diversity Committee on the methods in place for oversight.		
We need to ensure we have comprehensive and accurate training records of staff who transfer from other NHS organisations so staff do not have to repeat their training	*Enabling action:* The Director of People, Culture & Diversity to take a paper to October's Executive People Culture and Diversity group proposing to move to the national content for mandatory and statutory training, to enable more staff to be signed off compliant when they move here from other NHS trusts and enable automatic update by the central team.		

21) Percentage of staff in post with a current appraisal

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

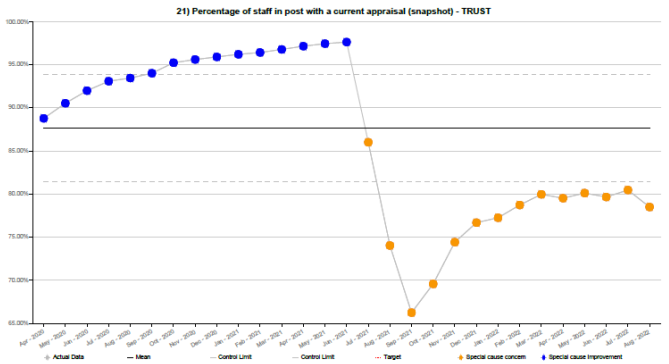
We are all committed to co creating a great experience for patients, carers families and our colleagues by ensuring colleagues feel engaged in the organisation and appraisals offer one opportunity for staff to get and give feedback on their experience of working for the Trust. We also ensure that our staff having the appropriate levels of training to maintain their skills, which is vital if we are to provide high quality and safe services.

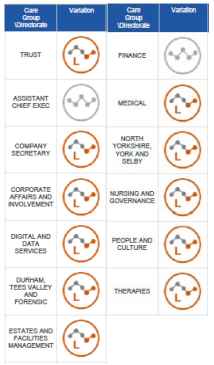
Of the **6248** eligible staff in post at the end of August; **4905** (**78.51%**) had an up to date appraisal

We're aiming to have high performance and we're moving in the wrong direction.

An Area of Concern
We are concerned with our performance in this area and action is required to improve

DQ ★ **100%**





Update

At its September 2022 meeting, Trust Board agreed to implement an 85% compliance standard for mandatory & statutory training. This standard will be implemented from the 1st October 2022.

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
We need a focused, coordinated approach to ensure that our services meet their agreed trajectories for 85% compliance.	*Enabling action:* Associate Director of Performance to provide Executive Management Team with regular reports showing performance against the agreed trajectories to ensure oversight and enable targeted discussions on those areas at risk of achieving compliance.	First report provided to the Executive Management Team 28th September. This will now be provided twice-monthly.	

22) Number of new unique patients referred

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

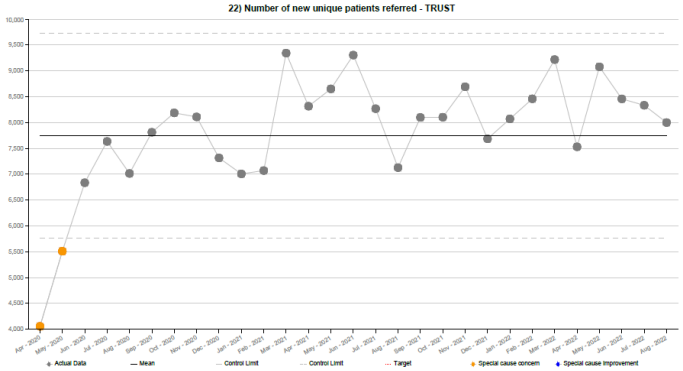
We are all committed to co creating a great experience for patients, and carers and families by ensuring that they experience support to achieve their goals and care that is right for each individual. Understanding the levels of patients that are referred to our services, assessed and taken on for treatment is important to ensure we maintain high standards of care. Without this there may be an impact on the delivery of care and may affect our patients' recovery, as well as the wellbeing of our staff.

8000 patients referred in August that are not currently open to an existing Trust service

No significant change in the data during the reporting period shown

No Concerns
We are performing consistently in this area and no action is required at this time

DQ ★ **100%**



Care Group \Directorate	Variation
TRUST	
DURHAM, TEES, VALLEY AND FORENSIC	
NORTH YORKSHIRE, YORK AND SELBY	

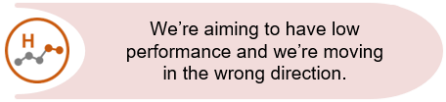
There are currently no specific trends or areas of concern identified within this measure.

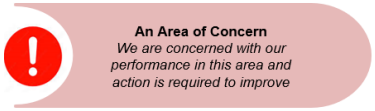
23) Unique Caseload (snapshot)

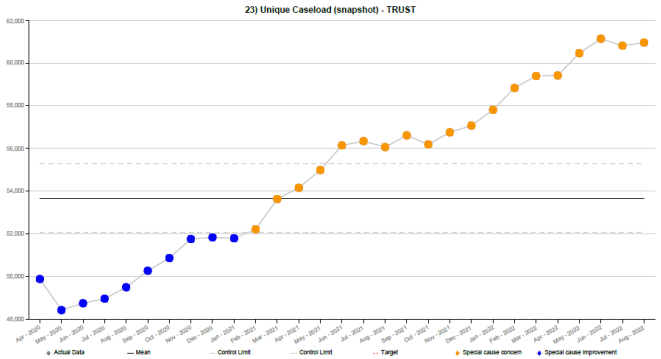
Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are all committed to co creating a great experience for patients, and carers and families by ensuring that they experience support to achieve their goals and care that is right for each individual. Understanding the levels of patients that are referred to our services, assessed and taken on for treatment is important to ensure we maintain high standards of care. Without this there may be an impact on the delivery of care and may affect our patients' recovery, as well as the wellbeing of our staff.

60,958 cases were open, including those waiting to be seen, as at the end of August 2022.







Care Group \Directorate	Variation
TRUST	H
DURHAM, TEES VALLEY AND FORENSIC	H
NORTH YORKSHIRE, YORK AND SELBY	H

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
This was a new measure developed to better understand the size of our overall caseload and services' capacity and demand, including connected to annual increases in levels of commissioner investment into services.	Enabling action: Executive Strategy & Resources Subgroup to establish a task & finish group during October 2022.		

To note

Areas of concern in relation to the size and management of caseloads were identified in Children & Young People's Services and Adult Mental Health Community Services CQC Inspections and are current regulatory breaches (Must Do's) for the core services. A programme of team caseload 'deep-dives' is underway in CAMH's and Adult Mental Health Community case load management approaches are under review. This work will be fundamental to aid the understanding and sustainability of this work.

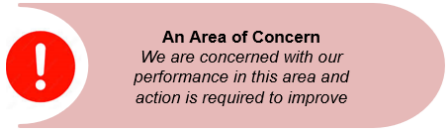
24) Financial Plan: SOCI - Final Accounts - Surplus/Deficit

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are all committed to co creating a great experience for patients, carers, families, staff and Partners by ensuring we can manage our resources and finances effectively.

We delivered a **£2.4m** deficit to 31st August against a planned year to date deficit of **£0.6m,** resulting in a **(£1.8m)** variance to plan.

We have had an exceptional unplanned benefit from the sale of an asset of **£0.3m**, however this is not included when comparing performance against our planned operating surplus / deficit.



Summary

The Trust's final 2022/23 plans were submitted on 20th June 2022, targeting a **£1.2m** planned surplus and supporting a balanced ICS financial plan submission. Due to later than normal final plan submissions, final detailed budget sign-off has been extended to **30th September**.

The year to date position is an operational deficit of **£2.4m** against a planned year to date deficit of **£0.6m,** resulting in a **(£1.8m)** variance to plan., representing **higher than planned expenditure.** Key observations for August were:

- Independent sector beds - the Trust required 580 bed days during August 2022 (577 for July 2022) at a cost of £0.6m, contributing to year to date expenditure of £2.1m and representing a year to date adverse variance compared to plan of £1.8m. The financial plan assumed no use of spot purchase beds during 2022/23 and no block contracted bed use beyond quarter one (£320k costs assumed in quarter one only). 5 block contracted beds are in place until the end of September 2022 due to operational pressures, largely driven by longer lengths of stay, with actions in train to reduce utilisation and expenditure. Whilst additional use of spot purchased bed capacity continued into quarter two, reductions in overall external bed use were seen in August and into September. This remains a key area of clinical and management focus.
- Agency expenditure as at August 2022 is £8.5m, which is £4.0m ahead of plan and includes material costs linked to inpatient rosters, medical cover and complex specialist packages of care.
- Computer hardware, software and maintenance expenditure is ahead of plan by £1.5m, further detailed analysis to review plan phasing and develop and implement a related action plan is in train, including consideration of accounting change for networked assets.
- Planned CRES performance as at August 2022 is behind plan by £1.3m, however unplanned interest receivable (£0.4m) is partially offsetting this resulting in a final CRES performance of £0.9m behind plan. Key variances relate to agency and independent sector bed pressures driving run rates significantly above 2021/22 levels.
- An exceptional £0.3m unplanned benefit from the sale of an asset is excluded when comparing performance against planned operating surplus / deficit.

To deliver expected annual plan requirements the Trust needs to tackle bed pressures and elevated temporary staffing run rate pressures in addition to planned CRES.

NOTE Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.

24) Financial Plan: SOCI - Final Accounts - Surplus/Deficit

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
Agency expenditure is high which is impacting on our financial plan and will impact on our Use of Resources Rating when it is reintroduced	• Processes to report and monitor E-roster efficiency information is being stood back-up • Pre-covid agency controls are being re-established • Medical Director liaising with other MH Medical Directors to explore price ceiling on agency rates paid and joint overseas recruitment. • LD complex package review to support onward discharge and reduce off framework agency use • Corporate Teams reviewing actions to reduce agency (August ESRG) CRES plans to mitigate initial targets and mitigate in-year run rate deterioration (reduce volume and off framework / premium rate use) to be completed by September 2022	Work continues with the development of CRES Schemes. The first cut of data was discussed at the Executive Strategy & Resources Group and Finance Sustainability Board in July 22 and the following agreed. • To review framework, price cap compliance and highest hourly rates and confirm recovery actions where appropriate by 30th September 2022 • Information relating to longest agency assignments to be shared with People & Culture to clarify any contractual issues by 31st August 2022 *(Update – this information has been shared with People & Culture)* • An establishment review paper for MHSOP and LD went to September Board meeting to consider temporary changes to flexible staffing into substantive recruitment and reduce agency premia, whilst addressing key quality and safety issues. Next steps during October is to establish a working group to operationalise.	One successful discharge of a complex LD package of care reducing agency premium costs Plans in train to switch agency provider for most expensive off framework LD care packages An alternative on framework supplier has been identified and is working with the Trust to reduce the off framework supply, particularly within LD complex packages.
Independent Sector Bed utilisation is high which is also impacting on our financial plan delivery	As above and further exploration of issues pertaining to bed pressures - *Please see action relating to the trust-wide working group within Bed Pressures: 08) Bed Occupancy (AMH & MHSOP A & T Wards) and 09) Number of inappropriate OAP bed days for adults that are 'external' to the sending provider*	*Please see progress update relevant to this action*	

NOTE Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.

24) Financial Plan: SOCI - Final Accounts - Surplus/Deficit

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
Agency expenditure and Independent Sector Bed utilisation is high which is impacting on our financial plan delivery	Plans to re-open Scarborough beds to mitigate Locality pressures - *Please see action relating to the increase of beds on Danby Ward within Bed Pressures: 08) Bed Occupancy (AMH & MHSOP A & T Wards) and 09) Number of inappropriate OAP bed days for adults that are 'external' to the sending provider*	*Please see progress update relevant to this action*	
Net expenditure run rates are consistently higher than planned, which is impacting on the financial plan delivery	Review of non recurrent mitigations including recommended discretionary expenditure controls / approval routes by 31st August 2022	Initial discussions have taken place around this action, however focus has been on higher impact agency and bed pressures. Care Groups and corporate functions to propose actions to inform Executive Directors Group deep dive 5th October 2022	
NEW – Significant unplanned expenditure relating to computer hardware, software and maintenance	• Review of expenditure including understanding of expenditure profile and onward impact on remaining expenditure plan for 2022/23 • Discussion with external audit regarding the possible accounting treatment of networked assets.	Initial review undertaken with further detailed analysis and action planning to complete during September. Findings to inform above deep dive	

NOTE Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.

25) Agency Spend

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are all committed to co creating a great experience for patients, carers, families, staff and Partners by ensuring we can manage our resources and finances effectively.

Update

Following approval by the Board of Directors on the 29th September 22, to revise this Finance measure to **Agency Spend**, work is now underway to complete the technical specifications and a development plan for implementation. Timescales for this work will be included in next month's report.

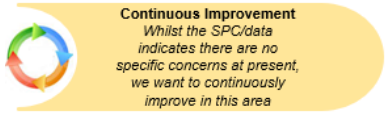
26) Use of Resources Rating - overall score

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are all committed to co creating a great experience for patients, carers, families, staff and Partners by ensuring we can manage our resources and finances effectively.

We would be capped as a **3** for the period ending 31st August 2022 against a planned rating of **3**.

0 variance to plan.



Summary

The **Use of Resources Rating** (UoRR) was impacted by Covid-19 with national monitoring suspended. However, the Trust has continued to assess the UoRR based on plan submissions and compared to actual performance.

- The **capital service capacity metric** assesses the level of operating surplus generated, to ensure Trusts can cover all debt repayments due in the reporting period. The Trust has a capital service capacity of 0.40x (can cover debt payments due 0.40 times), which is 0.79x (£2.3m) behind plan and is rated as a 4.
- The **liquidity metric** assesses the number of days' operating expenditure held in working capital (current assets less current liabilities). The Trust's liquidity metric is 28.7 days; this is behind plan and is rated as a 1.
- The Income and Expenditure **(I&E) margin metric** assesses the level of surplus or deficit against turnover. The Trust has an I&E margin of minus 1.3%, this is worse than plan (£1.8m) and is rated as 4.

Agency expenditure of £8.5m is £4.0m (89%) higher than planned, and rated as a 4. Whilst the agency expenditure metric within UoRR is currently suspended the Trust has continued to assess agency expenditure against planned levels. Expenditure limits have been set for each ICB derived from 22/23 provider financial plans, but with a minimum reduction of 10% from 2021/22 and maximum of 30%. The Trust's plans assumed agency costs of £9.3m or £4.5m YTD. It is unclear as yet what the Trust's share of the ICB system-level agency cap will be, however costs are significantly above plan.

Recent regional reporting of sickness levels suggests peer mental health providers have experienced similar challenges. The Trust's ability to reduce temporary (including agency) staffing reliance will in part link to sickness absence but equally to net new recruitment and securing alternative whole system models of care for specialist adult learning disability packages of care and high cost medical assignments. The agency expenditure metric would be rated 4 in this scenario. Actions are targeting all of those areas for improvement.

The Trusts financial performance results in an **overall UORR** as a **3** for the period ending 31st August 2022 and is **in line with plan**.

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
Agency expenditure is high which is impacting on our financial plan and will impact on our Use of Resources Rating and/or agency cost caps.	2022/23 CRES plans to mitigate initial CRES and mitigate in-year run rate deterioration (reduce overall utilisation and off framework / premium rate contracts) to be completed by September 2022	*Please see progress update relevant in measure 24*	

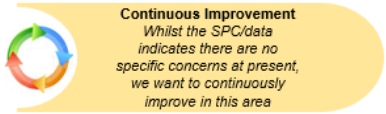
27) CRES Performance - Recurrent

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are all committed to co creating a great experience for patients, carers, families, staff and Partners by ensuring we can manage our resources and finances effectively.

We planned to deliver **£3.8m** recurrent Cash-Releasing Efficiency Savings (CRES) for the year to date and have delivered **£2.9m**.

£0.9m variance to plan.



Summary

The Trust continues to identify and consider schemes to deliver future recurrent requirements. Activities continue to disaggregate high level plan assumptions relating to CRES with key focus on:

- Individual scheme baseline assessment by Care Group, including identification and validation of targets.
- Quality impact assessments (QIA) to be completed for all schemes and signed off locally by relevant clinical and management leads, with final approval of schemes by Medical Director, Director of Nursing and Management Directors and Executive Director Group oversight.

CRES delivery is £0.9m behind plan with specific performance noted as:

- £0.2m CRES for OAPs contracted bed elimination is behind plan
- £0.7m CRES for agency rate compliance and usage reduction is behind plan
- £0.1m CRES for Crisis Line support from Vale of York CCG is behind plan
- £0.3m CRES for reduction in covid measures is behind plan
- £0.4m CRES for interest receivable and is ahead of plan

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
The delay in the commencement of CRES plans that were phased to commence July 2022 is impacting on the delivery of our financial plan	Actions highlighted in 24) Financial Plan: SOCI will mitigate in-part the under delivery on CRES and provide a sustainable footing and reduced run rate expenditure	2022/23 CRES plans to mitigate initial CRES and mitigate in-year run rate deterioration (reduce overall utilisation and off framework / premium rate contracts) to be completed by September 2022	

NOTE Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.

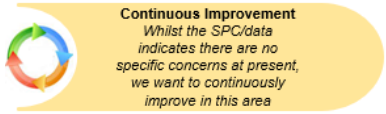
28) CRES Performance – Non-Recurrent

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are all committed to co creating a great experience for patients, carers, families, staff and Partners by ensuring we can manage our resources and finances effectively.

We planned to deliver **£0.6m** non-recurrent Cash-Releasing Efficiency Savings (CRES) for the year to date and have delivered **£0.6m**.

(£0.0m) variance to plan.



Summary

The Trust continues to identify and consider schemes to deliver future requirements. Activities continue to disaggregate high level plan assumptions relating to CRES with key focus on:

- Individual scheme baseline assessment by Care Group, including identification and validation of targets.
- Quality impact assessments (QIA) to be completed for all schemes and signed off locally by relevant clinical and management leads, with final approval of schemes by Medical Director, Director of Nursing and Management Directors and Executive Director Group oversight.

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
There are no key issues currently identified in relation to non-recurrent CRES	N/A		

NOTE Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.

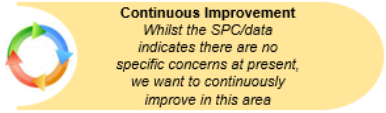
29) Capital Expenditure (Capital Allocation)

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are all committed to co creating a great experience for patients, carers, families, staff and Partners by ensuring we can manage our resources and finances effectively.

Capital expenditure at the end of August was **£3.5m** against planned expenditure of **£3.9m**.

(£0.4m) variance to plan.



Summary

Capital expenditure at the end of August was **£3.5m**, and is **£0.4m** below plan **(£3.9m)**. This includes some slippage on lifecycle and health and safety works, which are offset by an overspend on Teesside patient safety works.

The Trust has received confirmation of £3.4m additional capital funding to develop Crisis and Liaison team bases. Plans are in place to ensure this will complete within the 2022/23 financial year, with a business case confirming revenue assumptions to be circulated for approval in September.

The Trust is forecasting to **outturn in line with allocation**, though variances exist between planned schemes.

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
Delays to Health and Safety works may pose a risk to clinical safety and quality	Review of Health and Safety works programme to be progressed via Environmental Risk Group and re-programming as necessary. Capital team have escalated Health and Safety work programme to Environmental Risk Group to agree and identify any potential timeline risk.	The majority of schemes have now commenced – re-programming to be overseen by Environmental Risk Group and associated sub group.	

NOTE Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.

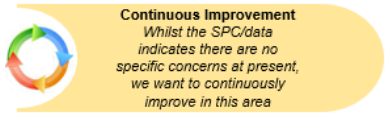
30) Cash balances (actual compared to plan)

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are all committed to co creating a great experience for patients, carers, families, staff and Partners by ensuring we can manage our resources and finances effectively.

We have an actual cash balance of **(£79.8m)** against a planned year to date cash balance of **(£78.4m).**

(£1.4m) Favourable variance from plan



Summary

Cash balances were **£79.8m** at 31st August 2022, which is **£1.4m** higher than plan **(£78.4m)**. This is mainly linked to the slippage on the capital programme (£0.4m) and accrued pay award (£2.1m) due for cash payment in September 2022 being offset by the current deficit against plan, and working capital movements.

The Trust achieved the 95% Better Payment Practice Code (BPPC) target compliance for the prompt payment of NHS suppliers, but failed to meet the target for non-NHS suppliers during August, achieving a combined BPPC of 94.20%. We continue to support the use of Cardea to make processes as efficient as possible, and ensure suppliers are paid promptly.

The value of debt outstanding over 90 days is higher than targeted (£1.9m excluding amounts being paid via instalments), but £0.7m of this is from a single supplier. We are working with them to facilitate payment in line with contract terms, but currently they owe the Trust £2.2m in total (for context total debt is £4.2m). None of the amounts outstanding are currently disputed, the delay in payment is linked to process delays within organisations e.g., purchase orders not raised, invoices mislaid, and requests for additional back up information.

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
The delay in debt recovery from a single supplier is contributing to debt outstanding over 90 days being higher than target, which increases PDC expenditure and lower interest receivable.	Accounts Receivable team to escalate debt recovery to contract management meeting for resolution.	Discussion took place during September and an agreement for regular payments in line with contract agreed.	All debt> 90 days outstanding has been cleared during September

NOTE Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.

Which strategic goal(s) within Our Journey to Change does this measure support?

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Measures		Goal 1 - To co-create a great experience for our patients,	Goal 2 - To co-create a great experience for our colleagues	Goal 3 - To be a great partner
BIPD_01	Percentage of Patients surveyed reporting their recent experience as very good or good	√	√	
BIPD_02	Percentage of carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for	√	√	
BIPD_03	Percentage of inpatients reporting that they feel safe whilst in our care	√	√	
BIPD_04	Percentage of CYP showing measurable improvement following treatment - patient reported	√		
BIPD_05	Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported	√		
BIPD_06	Percentage of CYP showing measurable improvement following treatment - clinician reported	√	√	
BIPD_07	Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported	√	√	
BIPD_08	Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	√	√	√
BIPD_09	Number of inappropriate OAP bed days for adults that are 'external' to the sending provider	√		
BIPD_10	The number of Serious Incidents reported on STEIS	√	√	
BIPD_11	The number of Service Reviews relating to incidents of moderate harm and near misses	√		
BIPD_12	The number of Restrictive Intervention Incidents	√	√	
BIPD_13	The number of Medication Errors with a severity of moderate harm and above	√		
BIPD_14	The number of unexpected Inpatient unnatural deaths reported on STEIS	√		
BIPD_15	The number of uses of the Mental Health Act	√		√

Which strategic goal(s) within Our Journey to Change does this measure support?

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

	Measures	Goal 1 - To co-create a great experience for our patients, carers and families	Goal 2 - To co-create a great experience for our colleagues	Goal 3 - To be a great partner
BIPD_16	Percentage of staff recommending the Trust as a place to work	√	√	√
BIPD_17	Percentage of staff feeling they are able to make improvements happen in their area of work	√	√	√
BIPD_18	Staff Leaver Rate	√	√	√
BIPD_19	Percentage Sickness Absence Rate	√	√	√
BIPD_20	Percentage compliance with ALL mandatory and statutory training	√	√	√
BIPD_21	Percentage of staff in post with a current appraisal	√	√	√
BIPD_22	Number of new unique patients referred	√	√	√
BIPD_23	Unique Caseload (snapshot)	√	√	
BIPD_24	Financial Plan: SOCI - Final Accounts - Surplus/Deficit			
BIPD_25	Underlying Performance - run rate movement			
BIPD_26	Use of Resources Rating - overall score			
BIPD_27	CRES Performance - Recurrent			
BIPD_28	CRES Performance - Non-Recurrent			
BIPD_29	Capital Expenditure (CDEL)			
BIPD_30	Cash balances (actual compared to plan)			

Which risk(s) within our Board Assurance Framework does this measure support/provide assurance towards?

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

	Measures	1. Recruitment and Retention	2. Demand	3. Involvement and Engagement	4. Experience	5. Culture & Wellbeing	6. Safety	7. Infrastructure	8. Cyber Security	9. Regulatory Action	10. Influence	11. Governance & Assurance	12. Roseberry Park	13. West Lane	14. CITO	15. Financial Sustainability
BIPD_01	Percentage of Patients surveyed reporting their recent experience as very good or good			√	√	√	√			√						
BIPD_02	Percentage of carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for			√	√	√	√									
BIPD_03	Percentage of inpatients reporting that they feel safe whilst in our care			√	√	√	√			√						
BIPD_04	Percentage of CYP showing measurable improvement following treatment - patient reported			√	√		√					√				
BIPD_05	Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported			√	√		√					√				
BIPD_06	Percentage of CYP showing measurable improvement following treatment - clinician reported			√	√		√					√				
BIPD_07	Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported			√	√		√					√				
BIPD_08	Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	√	√		√	√	√					√				√
BIPD_09	Number of inappropriate OAP bed days for adults that are 'external' to the sending provider		√		√							√				√
BIPD_10	The number of Serious Incidents reported on STEIS			√	√		√			√						
BIPD_11	The number of Service Reviews relating to incidents of moderate harm and near misses			√	√		√			√		√				
BIPD_12	The number of Restrictive Intervention Incidents			√	√	√	√			√						
BIPD_13	The number of Medication Errors with a severity of moderate harm and above				√		√			√						
BIPD_14	The number of unexpected Inpatient unnatural deaths reported on STEIS			√	√	√	√									
BIPD_15	The number of uses of the Mental Health Act		√	√	√	√	√			√		√				

Which risk(s) within our Board Assurance Framework does this measure support/provide assurance towards?

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

	Measures	1. Recruitment and Retention	2. Demand	3. Involvement and Engagement	4. Experience	5. Culture & Wellbeing	6. Safety	7. Infrastructure	8. Cyber Security	9. Regulatory Action	10. Influence	11. Governance & Assurance	12. Roseberry Park	13. West Lane	14. CITO	15. Financial Sustainability
BIPD_16	Percentage of staff recommending the Trust as a place to work	√		√	√	√	√			√	√	√				
BIPD_17	Percentage of staff feeling they are able to make improvements happen in their area of work	√	√	√	√	√	√			√	√	√				
BIPD_18	Staff Leaver Rate	√				√	√					√				√
BIPD_19	Percentage Sickness Absence Rate	√	√			√	√			√						√
BIPD_20	Percentage compliance with ALL mandatory and statutory training	√		√	√	√	√		√	√		√				√
BIPD_21	Percentage of staff in post with a current appraisal	√			√	√	√			√		√				
BIPD_22	Number of new unique patients referred		√				√					√				√
BIPD_23	Unique Caseload (snapshot)		√			√	√					√				√
BIPD_24	Financial Plan: SOCI - Final Accounts - Surplus/Deficit									√		√				√
BIPD_25	Underlying Performance - run rate movement															
BIPD_26	Use of Resources Rating - overall score									√		√				√
BIPD_27	CRES Performance - Recurrent									√		√				√
BIPD_28	CRES Performance - Non-Recurrent									√		√				√
BIPD_29	Capital Expenditure (CDEL)							√		√		√	√			√
BIPD_30	Cash balances (actual compared to plan)									√		√	√			√

Chapter 2

Long Term Plan Ambitions

Long Term Plan Ambitions

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

There are 16 Mental Health Long Term Plan ambitions where we have agreed plans for delivery or national standards. Four of these measures are monitored at Trust level with the remainder (12) monitored at ICB sub location (what was CCG).

Trust Level Long Term Plans

Our performance against the Trust level plans are provided in the table below.

Quality, access and outcomes: Mental Health Trust Standards	Agreed Standard for 22/23	Q1	Q2 (Jul-Aug)		FYTD
13a: Number of inappropriate OAP bed days for adults by quarter that are either 'internal' or 'external' to the sending provider	Q1 606 Q2 185 Q3 0 Q4 0	1081	1086		1086
13b: Number of inappropriate OAP bed days for adults by quarter that are 'external' to the sending provider	Q1 606 Q2 185 Q3 0 Q4 0	1081	1086		1086
Percentage of adults discharged from CCG-commissioned mental health inpatient services receive a follow-up within 72 hours.	85%	91.69%	88.05%		90.17%
Data Quality Maturity Index	93.00	97.50	97.40		97.40

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
We currently have a risk to deliver our planned reduction in out of area placements. Individual trajectories were agreed in both Integrated Care Systems; both are performing above the agreed ambition.	*Please see actions relating to 09) Number of inappropriate OAP bed days for adults that are 'external' to the sending provider*	*Please see progress update relevant to this action*	

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

The remaining 12 are monitored at Sub-ICB Location level and the following ambitions are currently at risk of delivery:

County Durham Sub-ICB Location

There are currently **4** measures at risk of delivery for both quarter 2 and the financial year

	Measure	Agreed CCG/Sub-ICB location Ambition	Q1	Q2 (Jul-Aug)		FYTD
1. IAPT Roll-Out	**Total access to IAPT services** - Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy	12448	2828	1437		4265
4. IAPT in-treatment pathway waits	Percentage of people who have waited more than 90 days between first and second appointments	<10%	28.43%	35.35%		31.34%
8. & 9. Waiting times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services	The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (rolling 12 months)	Q1 50% Q2 75% Q3 95% Q4 95%	36.71%	50.00%		50.00%
11. Number of people accessing Individual Placement and Support	Number of people accessing IPS services as a rolling total each quarter	169 at Quarter End	140	115		115

Tees Valley Sub-ICB Location

There are currently **5** measures at risk of delivery for both quarter 2 and the financial year

	Measure	Agreed CCG/Sub-ICB location Ambition	Q1	Q2 (Jul-Aug)		FYTD
1. IAPT Roll-Out	**Total access to IAPT services** - Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy	2260	600	292		892
4. IAPT in-treatment pathway waits	Percentage of people who have waited more than 90 days between first and second appointments	<10%	30.05%	39.15%		33.70%
8. & 9. Waiting times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services	The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (rolling 12 months)	Standard	75.82%	80.85%		80.85%
	The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment (rolling 12 months)	Standard	66.67%	69.57%		69.57%
11. Number of people accessing Individual Placement and Support	Number of people accessing IPS services as a rolling total each quarter	216 at Quarter End	166	157		157

North Yorkshire Sub-ICB Location

There are currently **5** measures at risk of delivery for both quarter 2 and the financial year

	Measure	Agreed Sub-ICB location Ambition	Q1	Q2 (Jul-Aug)		FYTD
1. IAPT Roll-Out	**Total access to IAPT services** - Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy	8272	1676	1166		2842
2. IAPT recovery rate	IAPT: The proportion of people who are moving to recovery	50.00%	50.05%	48.62%		49.49%
8. & 9. Waiting times for Urgent and Routine Referrals to Children and Young People Eating Disorder Services	The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment (rolling 12 months)	Q1 50% Q2 60% Q3 70% Q4 80%	55.56%	55.56%		55.56%
11. Number of people accessing Individual Placement and Support	Number of people accessing IPS services as a rolling total each quarter	123 at Quarter End	60	54		54
17. Number of women accessing specialist community perinatal mental health services	Number of women accessing specialist community PMH services in the reporting period (cumulative)	Q1 71 Q2 142 Q3 213 Q4 284	71	88		88

Vale of York Sub-ICB Location

There are currently **6** measures at risk of delivery for both quarter 2 and the financial year and **1** measure at risk for delivery at year end

Measure	Agreed Sub-ICB location Ambition	Q1	Q2 (Jul-Aug)		FYTD
Total access to IAPT services - Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy	6282	1441	951		2392
IAPT: The proportion of people who are moving to recovery	50.00%	47.12%	51.37%		48.70%
Percentage of people who have waited more than 90 days between first and second appointments	<10%	17.65%	19.86%		18.50%
The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (rolling 12 months)	Q1 55% Q2 60% Q3 70% Q4 80%	56.34%	57.97%		57.97%
The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment (rolling 12 months)	Q1 50% Q2 60% Q3 70% Q4 80%	46.15%	54.55%		54.55%
Number of people accessing IPS services as a rolling total each quarter	92 at Quarter End	68	72		72
Number of women accessing specialist community PMH services in the reporting period (cumulative)	Q1 60 Q2 120 Q3 180 Q4 240	50	67		67

Process for key issues and actions:

- For all IAPT measures, key issues and actions have been identified by each of the Care Groups and are being monitored by the Executive Directors Meeting.

- The remaining measures were impacted by the cyber security incident and became available after the monthly reports had been shared with the Care Boards. That data has been included within this report, but it is important to note that the Care Boards have not had oversight of this through the governance route and whilst ongoing actions have continued, they have not had an opportunity to address any new concerns.

  Going forward, we will look to provide assurance of all key areas of focus and actions being taken, within this report.

Quality Governance Team

Tees, Esk and Wear Valleys
NHS Foundation Trust

CQC Inspection update to Council of Governors

Elizabeth Moody

Director of Nursing and Governance

17/11/2022

CQC Update

Tees, Esk and Wear Valleys NHS Foundation Trust

Inspections undertaken in the last 6 months:

- Secure Inpatient Services and Community Child & Adolescent Mental Health Services follow-up inspection in relation to 29a (July 4th 2022 –July 20th 2022)
- Adult Learning Disability Inspection (29th May – 24th June 2022)

- Reports formally published:
  - CAMHS September 2022
  - SIS October 2022
  - ALD - October 2022

- Action plans submitted to CQC:
  - CAMHS – 22/09/2022
  - SIS – due 23/11/2022
  - ALD – due 11/11/2022

New Service Specific Ratings

Tees, Esk and Wear Valleys NHS Foundation Trust

	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED	OVERALL
CAMHS Sept 22	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
SIS October 22	Inadequate	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
ALD Inpatients October 22	Inadequate	Inadequate	Requires improvement	Requires improvement	Inadequate	Inadequate

Other Service Ratings

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED	OVERALL
Community Mental Health service for Working age adults	Good Dec 21	Good Dec 21	Good Dec 21	Requires Improvement Dec 21	Requires Improvement Dec 21	Requires Improvement Dec 21
Crisis Services and home based places of safety	Good Dec 21	Good Dec 21	Good Dec 21	Good Dec 21	Good Dec 21	Good Dec 21
Long stay or rehabilitation for working age adults	Requires improvement Feb 20	Good Feb 20	Good Feb 20	Good Feb 20	Good Feb 20	Good Feb 20
Wards for older people with mental health problems	Requires improvement Feb 20	Good Feb 20	Good Feb 20	Good Feb 20	Requires improvement Feb 20	Requires improvement Feb 20
Community based mental health services for older people	Good Feb 20	Good Feb 20	Good Feb 20	Good Feb 20	Good Feb 20	Good Feb 20
Community based services for people with learning disabilities or autism	Good Sept 18	Requires improvement Sept 18	Outstanding Sept 18	Good Sept 18	Good Sept 18	Good Sept 18
Specialist eating disorders service	Requires improvement Feb 20	Outstanding Feb 20	Good Feb 20	Good Feb 20	Good Feb 20	Good Feb 20

CareQuality Commission

CAMHS Must Do and Should Do actions

Tees, Esk and Wear Valleys
NHS Foundation Trust

Must Do actions:

1. The trust must ensure that there are enough staff in each team to meet the demands of the service. (Regulation 18(1)(2)(a))
2. The trust must ensure that all staff are appropriately trained in the mandatory skills required to fulfil their roles. (Regulation 18(1)(2)(a))
3. The trust must continue to review waiting times and ensure that children and young people receive treatment in a timely manner. (Regulation 9(1))

Should Do actions:

1. The trust should ensure that all children and young people who require safety plans have them in place.
2. The trust should ensure all staff have access to personal alarms.
3. The trust should ensure all rooms where appointments take place are adequately sound proofed.

SIS Must Do actions

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Must Do actions:

1. The trust must ensure that all patients are safeguarded from abuse; all patients are treated with kindness and respect and that safeguarding referrals are sent to the local authority when appropriate to do so, and action taken to safeguard patients is documented in line with the safeguarding adults policy. (Regulation 13)
2. The trust must ensure any restrictions placed on patients are individualised, proportionate, regularly reviewed and removed as soon as possible. (Regulation 13)
3. The trust must ensure that all staff receive and are compliant with a mandatory training programme which meets the needs of all patients within the service and that staff have completed appropriate training to meet the needs of people with a learning disability and autistic people. (Regulation 18)
4. The trust must ensure that the wards within the service are staffed in accordance with its assessed safe staffing numbers so that care and treatment is delivered in a safe way; patients have access to activities, psychological interventions, occupational therapy, escorted Section 17 leave and staff can take their breaks. (Regulation 18)
5. The trust must ensure that patients have comprehensive discharge plans in place, which are developed from the point of admission. (Regulation 9)
6. The trust must ensure that staff update all ward noticeboards so that patients and staff have easy access to the most up to date information about the ward and wider service, including access to easy read information. (Regulation 9)

SIS Must Do actions

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Must Do actions (continued):

7. The trust must ensure that all ward environments are clean, well maintained and fit for purpose and that the generator testing issues on Fern ward are rectified. (Regulation 15).
8. The trust must ensure that all incidents within the service have been reported by staff using the trust's incident reporting procedure and that there are systems in place to monitor this. (Regulation 17)
9. The trust must ensure that seclusion reviews are carried out as outlined in the MHA code of practice and ensure that seclusion rooms contain a two-way intercom that is fit for purpose and a clock. (Regulation 12)
10. The trust must ensure that patients health is appropriately monitored, including HDAT, blood glucose and where appropriate bowel monitoring. (Regulation 12)
11. The trust must ensure that regular team meetings take place on all the wards within the service to ensure staff can escalate and receive key information on the service. (Regulation 17)
12. The trust must ensure that information and documentation within its care records system is easily accessible for all staff within the service and that systems used to document patient information are in full working order. (Regulation 17)

SIS Should Dos

Tees, Esk and Wear Valleys
NHS Foundation Trust

Should Do actions:

1. The trust should ensure that all staff receive regular managerial and clinical supervision.
2. The trust should ensure that action has been taken to make all ward environments as low risk as possible.
3. The trust should ensure that all oxygen cylinders are stored securely.
4. The trust should ensure that care records are developed and documented to include the patient voice.
5. The trust should ensure that patient capacity to consent is assessed and recorded clearly.
6. The trust should ensure that patients can freely access drinks and snacks on the ward

ALD Must Do actions

Tees, Esk and Wear Valleys
NHS Foundation Trust

Must Do actions:

1. The service must ensure that there are sufficient suitably qualified, competent, skilled and experienced staff deployed. Staff must have received appropriate training, supervision and support to enable them to have the skills and knowledge to meet the needs of people with learning disabilities and/or autistic people. (Regulation 18 (1) (2)(a) Staffing).
2. The service must ensure that people's care and treatment is designed and delivered in a way that meets their individual needs. The trust must ensure that plans are in place to reduce the routine use of intramuscular medication to control people's behaviour. (Regulation 9 (2) (b) Person Centred Care).
3. The trust must ensure that effective governance systems and processes are in place to keep people safe and meet their individual needs. Managers must ensure that there is learning from incidents. (Reg 17 (2) (b) Good Governance)
4. The service must ensure that restrictions imposed on people's freedoms are only in place when these are necessary and proportionate. Staff must record and ensure safeguards are in place for all episodes of seclusion and segregation. (Reg 12 (2) (b) Safe Care and Treatment)

HMIP/CQC inspections

Tees, Esk and Wear Valleys NHS Foundation Trust

Recent joint HMIP/CQC inspections of prisons undertaken have received positive informal feedback to date. Inspections undertaken have included:

HMP Northumberland: Week Commencing 05-09/09/22:

- Inspectors noted that the team responded to patient need, ran a safe service, and offered good support to patients. Assessments were noted to be timely, patients were reviewed appropriately, formulated and care plans were being developed with patients. Inspectors were also particularly impressed by the full-time
- Speech and Language Therapist with regard to records, communication and support with neurodiverse needs.
- Significant concerns were raised regarding current staffing across Healthcare within the prison, however, there was recognition of the ongoing recruitment and new staff due to commence in post within the Mental Health Team. Waiting times for counselling and MHA transfers to secure beds were also noted as too long.

Immigration Removal Centre: Week Commencing 22/08/22:

- Initial informal feedback received following the inspection was extremely positive. It was noted that staff understand and respect detainee's needs (culture, trauma and social).
- There was seamless partnership working with Rethink and a good range of skills. Great effort had been made in translating information/ care plans. Pre-release work and support was also commended.

HMIP/CQC inspections

Tees, Esk and Wear Valleys NHS Foundation Trust

HMP Lancaster Farms: Week Commencing 15/08/22:

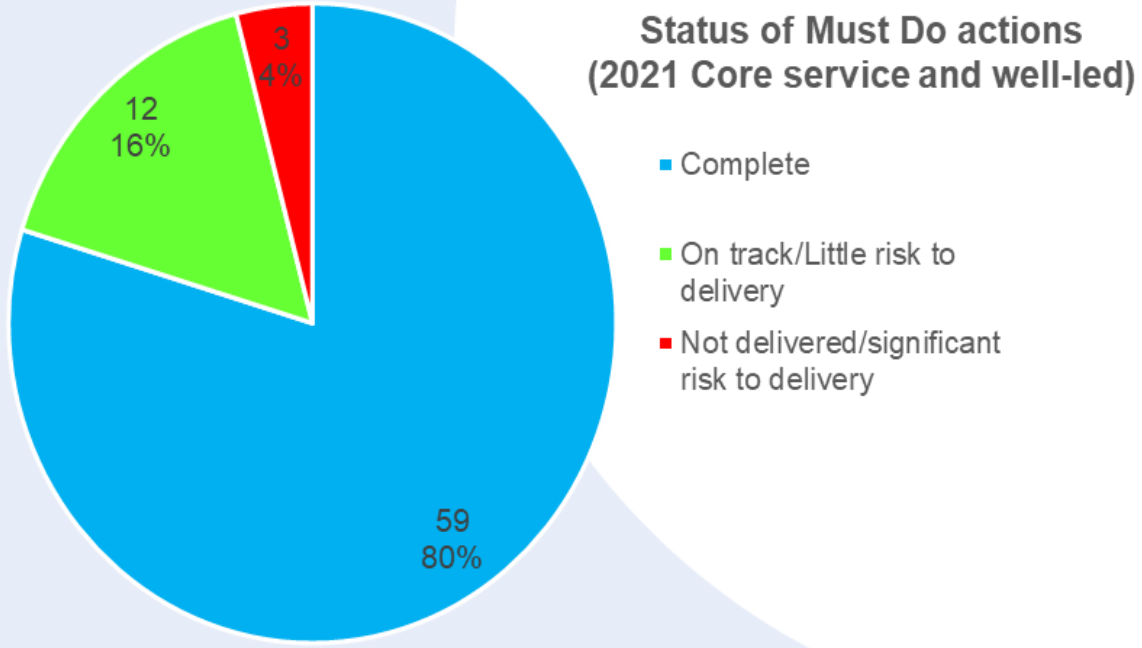
- Inspection feedback was generally positive regarding the mental health team. The service model was noted to work well and the investment in capacity and skill mix will also make a positive difference for the team. Mental Health records were excellent, with a clear plan to follow a patients journey from assessment to discharge.
- However, waiting times were noted to be high for primary care services and access to patients difficult at times due to the impact of roll call on clinics. There was noted to be no robust model for the Personality Disorder pathway currently. Incident reporting also needs to be made more accessible to staff.

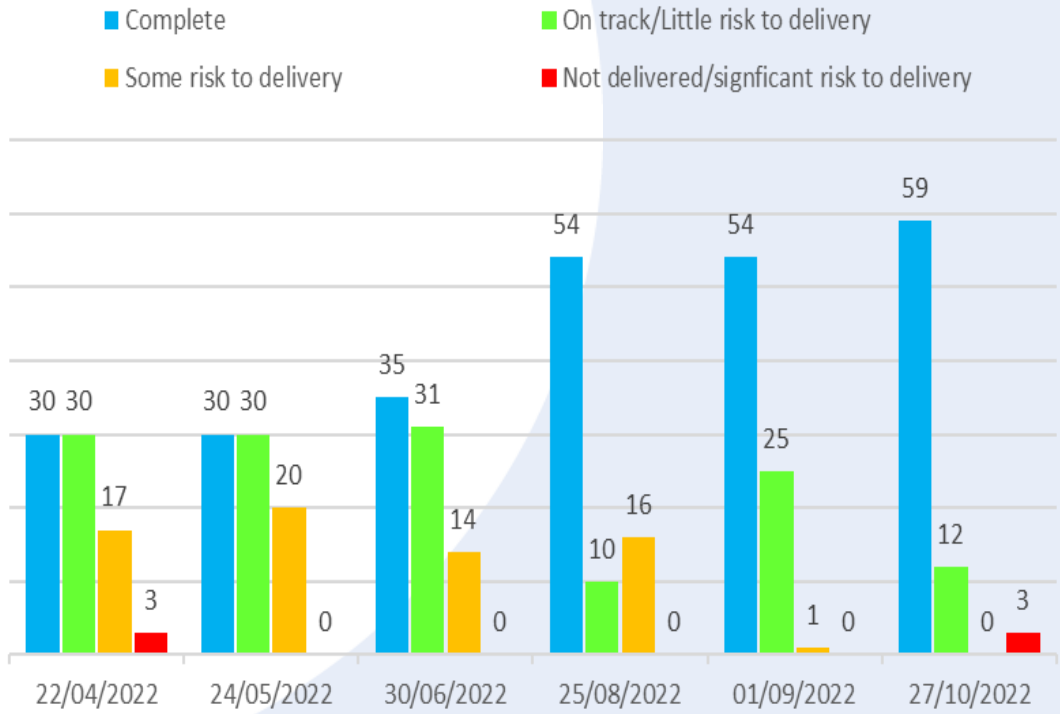
It is anticipated that there may be some Regulatory actions for the Health & Justice Services following publication of theses inspection reports.

Progress on Trustwide Action Plan

Tees, Esk and Wear Valleys NHS Foundation Trust

The chart provides the current status (as at 27/10/22) against all Must Do actions within the Trust CQC action plan and progress against previous reporting positions. Overall, there is good progress noted. Where actions are complete, the focus remains on embedding the changes in practice and sustaining compliance with the Regulations.





Trustwide Should Dos

Tees, Esk and Wear Valleys NHS Foundation Trust

- The core service inspection report published included 21 Should Do recommendations (many of these actions were aligned to must do actions).
- During August 2022, a full review of the should do actions was undertaken with 20 of the 21 actions fully reviewed. There remains 1 action which is undergoing further review and is likely to require amendment following the organisational restructure in April 2022.

Of the 21 should do actions the reporting status as at 21/09/22 was as follows:

- 13 (62%) actions are complete
- 6 (28%) are on track with little risk to delivery
- 1 (5%) action has some risk to delivery

CQC Update – Key actions taken

Tees, Esk and Wear Valleys
NHS Foundation Trust

- We continue to have ongoing meetings and dialogue between the CQC and CEO/ Director of Nursing and Governance.
- CQC Engagement meetings continue with spotlight sessions planned for Long-term Segregation, ICETR and ALD Improvement Plan
  - Next meeting 10.11.22
- We continue to monitor implementation of all actions associated with CQC inspections reporting through established governance and assurance processes within theTrust.

Advancing the Clinical and Quality Journey

- Programme Board established
- Key work programmes identified and agreed
- Accelerated improvement journeys

Thank you

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Director of Nursing and Governance

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Tees, Esk and Wear Valleys
NHS Foundation Trust

ITEM NO. 11

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**17 November 2022**
TITLE:	**Council of Governors' Autism Task and Finish Group**
REPORT OF:	**Jules Preston, Non-Executive Director**
REPORT FOR:	**Council of Governors**

This report supports the achievement of the following Strategic Goals:	
To co create a great experience for our patients, carers and families	✓
To co create a great experience for our colleagues	✓
To be a great partner	✓

Report:

- One definition: 'Autism is a neurodevelopmental condition of variable severity with lifelong effects that can be recognised from early childhood, chiefly characterised by difficulties with social interaction and communication and by restrictive and repetitive patterns of thought or behaviour.' Because there are vast differences in symptoms and behavioural characteristics autism is now considered to be a 'spectrum' disorder and is often known as Autism Spectrum Disorder (ASD)

- Members of the Council of Governors (CoG) have requested that a Task and Finish Group be formed to look at the future for Autism services as delivered by the Trust. This coincides with the ambitions of the Trust to be known as an exemplar Trust in the delivery of Mental Health, Learning Disability and Autism. The need to develop and improve the service is fully endorsed by the Board. That clinical journey is described in the scoping paper attached.

- At the previous meeting of the Council of Governors members were asked to express an interest in being members of the group. Six members were identified as having lived experience of autism and they have agreed to be members of the Task and Finish group:

    - Christine Hodgson (Public, York)
    - Heather Leeming (Staff, Durham, Tees Valley and Forensics (DTV&F))
    - Alicia Painter (Public, Middlesbrough)
    - Graham Robinson (Public, Durham)
    - Roger Tuckett (Public, Hambleton and Richmondshire)
    - Jill Wardle (Public, Durham)

- A draft scoping document has been circulated to members of the group. This is copied at Appendix 1 for the information of all Governors. The scoping document will

form the basis of agreeing the Terms of Reference for the work. The first meeting of the group is to be agreed whilst the Trust agrees an executive input.

- This approach fully supports the Strategic Goals of the Trust.

Recommendation

- The Council of Governors is asked to note the establishment of the group.
- The Council of Governors is also asked to comment on the scoping document such that members of the group are cognisant of the wider views.

Jules Preston
Non-Executive Director
9th November 2022

Appendix 1

Council of Governors

Task and Finish Group Scoping Paper

Title of Review:	Improving the experience of autistic people.
Background:	Autism is a lifelong neurodevelopmental condition which can lead to social and economic exclusion. It is often overlooked by healthcare, education and social care professionals, which creates barriers to accessing support and services. Autistic people are also more likely to have coexisting mental and physical health conditions. National research has found wide variation in rates of identification and referral for diagnostic assessment, waiting times for diagnosis, models of multi-professional working, assessment criteria and diagnostic practice for people with features of autism. In 2009 the Government committed to ensuring the needs of autistic people were considered in all areas of life and this was enshrined into law through the Autism Act. The National Autism Strategy was published in 2014 and was subsequently updated in 2021. This guidance sets out various obligations for Health and Social Care providers, including staff training in autism awareness and making reasonable adjustments for autistic service users. The Trust responded to the national position via the work of the Trust-wide Autism Project which began in 2016. Our Clinical Journey (draft) sets out the Trust's ambition for autism as: *"An autistic person accessing TEWV services experiences mental health and/or learning disability support and interventions that are reasonably adjusted and autism informed. People receive rapid assessment and accurate diagnosis, identifying any co-morbidity and associated needs. Where treatment is required, it is safe, evidence-based, and personalised."* The Trust aims to be known as an exemplar autism trust. To achieve its ambition and model of care, the Trust will be bringing together existing resources to develop a Trustwide Specialist Autism Service. This is intended to provide long term, sustainable training to support community and inpatient teams meet the needs of all autistic people accessing mental health services and to inform and guide the provision of all Trust services for autistic people and their carers.
Purpose:	The purpose of the task and finish group is: (1) To review the present and forecast prevalence of autism, and comorbidities, amongst service users and the general population

	and the implications of any changes for future service delivery. (2) To review the present arrangements, including commissioning arrangements and performance, for the assessment and diagnosis of autism; the level of awareness of staff of autism; and the delivery of reasonable adjustments for autistic service users. (3) To gain an understanding of the current experiences of autistic people and their families, staff and partners in regard to the identification and diagnosis of autism and receipt/provision of services including the provision of reasonable adjustments. (4) To review the progress of the Trustwide Autism Project, since its inception in 2016, identifying any learning which might inform future service delivery. (5) To undertake an assessment of the plans for the development of the Trustwide Specialist Autism Service and to make recommendations for mitigating any issues or risks identified in regard to: ▪ The achievement of the Trust's vision for autism. ▪ The involvement and engagement of service users and carers in the development and delivery of the service. ▪ Improving the experiences of people with autism as identified through (3) above. ▪ Collaboration with partners. ▪ The adequacy of resourcing. (6) To review and gain assurance on the arrangements for ensuring the Trustwide Specialist Autism Service has its intended impact and make recommendations if it is considered improvements are required. (7) To review and gain assurance that the Trust's vision and model of care are aligned to and support system-wide approaches, and those of individual partners, to improve the experience of autistic people and their families and make recommendations if it considers changes are required.
Group Membership:	Non-Executive Director Chair – Jules Preston. Four Members of the Council of Governors (the majority being Public Governors). A service user and carer with experience of autism. The Medical Director.
Research Methodology:	The research methodology will be determined by the Task and Finish Group but it is expected that it may include: ▪ A review of relevant literature e.g. the National Strategy, NICE guidance, Our Clinical Journey, recent research papers, project documentation and performance reports. ▪ Interviews with service users and their families, staff, relevant partners and stakeholders (e.g. third sector organisations), other providers and national experts. ▪ Case studies. ▪ Surveys.

Budget:	To be determined once the methodology and plan have been developed.
Resources:	Administrative support will be provided from within the Task and Finish Group. The costs of meeting rooms, equipment and consumables will be met by the Trust. Expenses will be paid in accordance with the Trust's policies. Reasonable travel and subsistence costs and loss of earnings of those invited for interview will be met by the Trust. Some resources will be required for undertaking surveys, communications, etc. These will need to be agreed with the Director of Corporate Affairs and Involvement.
Expected Outcomes:	A report to the Council of Governors which provides: (1) An appraisal of whether the Trust's approach to autism will deliver the Trust's vision and improve the experience of autistic people and their families in a sustainable way. (2) An understanding of the risks to the delivery of the Trust's vision for autism and assurance that adequate mitigations have been put in place by the Trust and are being delivered. (3) Recommendations on how the Trust, by itself or through collaboration, can further improve the experience of autistic people and their families.
Timescale	The report to be delivered to the Council of Governors within 12 months of the commencement of the review.

ITEM NO. 12

FOR GENERAL RELEASE

COUNCIL OF GOVERNORS

DATE:	**17th November 2022**
TITLE:	**Governor Armed Forces/Veterans Champion**
REPORT OF:	**Phil Bellas, Company Secretary**
REPORT FOR:	**Update and Decision**

This report supports the achievement of the following Strategic Goals:	
To co create a great experience for our patients, carers and families	✓
To co create a great experience for our colleagues	✓
To be a great partner	✓

Report:

1 At its meeting held on 8th March 2022 (minute 22/09 refers) the Council of Governors supported the appointment of a Governor Armed Forces/Veterans Champion.

2 Following discussions with the Trust's Armed Forces/Veterans Steering Group it was considered that:

(a) The Governor Champion should be a member of the Armed Forces Community which includes veterans, reservists and their families

(b) The role of the Champion would evolve over time but, initially, they would attend meetings of the Steering Group to enable:

- Feedback to be provided to the Council on the Group's work.
- Further discussions to be held with the Group on how the Champion would be able to provide support going forward.

3 At that time no nominations were received that met the criteria under 2(a) above.

4 Further expressions of interest have now been sought and nominations have been received from the following Governors:

- Graham Robinson (Public Governor for Durham).
- Alan Williams (Public Governor for Redcar and Cleveland).

Statements in support of their nominations are attached to this report.

5 In the circumstances it is recommended that, subject to the Council of Governors accepting the nominations, a poll of Governors be held (by email) with the appointment being ratified by the Chair based on its results.

Nominations - Governor Armed Forces/Veterans Champion

Statement from Graham Robinson (Public Governor for Durham)

I'd like to be considered for this position as it is for me something that has always interested me.

I had a Grandfather, who died before I was born, who was a Sergeant in the Army.

As a teenager I looked up his career as far as I could in those days, long before the internet was introduced.

It whetted my appetite about the Forces and for part of my GCE, I wrote about County Durham's mining link with the Forces in World War 11.

It was while researching this I also came across the Durham PALS for the first time and found it fascinating.

The PALS were young men from the Durham villages who enlisted for the forces in the First World War. They signed up and then marched together from their villages to leave for war. Sadly very few returned.

As a young journalist my interest continued and I travelled with the TA to follow them during a week's training in Gibraltar.

It was a fascinating insight into the TA. Whilst there I also linked up with the Army, Navy and Air Force based there.

I did express an interest in representing TEVW when this was first muted and I hope I'm considered worthy of consideration for this position.

Statement from Alan Williams (Public Governor for Redcar and Cleveland)

Although I have never served I have had involvement in armed forces welfare; my eldest son is serving and was stationed in Afghanistan where he was involved in an IED explosion which caused a death of a passenger. My cousins son is in the RAF.

I did six years with SSAFA as a caseworker and a spell as a mentor. It was during this time I saw many veterans with mental health issues, and homelessness. One veteran had been diagnosed with PTSD and his wife with Complex PTSD.

I go to Catterick on a regular basis as the lads marriage had broken down and his wife gets very little support. She has no family in the UK. Highlighting that it is the whole family that can be affected.

I do appreciate that a serving member or veteran would be better suited but one thing I do not want is to see this chance waisted.