**COUNCIL OF GOVERNORS**
**THURSDAY 9 MARCH 2023**

**VENUE: THE WORKPLACE, AYCLIFFE BUSINESS PARK, HEIGHINGTON LANE, NEWTON AYCLIFFE, DL5 6AH AND VIA MS TEAMS**
**AT 2.00 PM**

**AGENDA**

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| **1.** | Apologies for absence | David Jennings<br>Chair | Verbal |
| **2.** | Welcome and Introduction | David Jennings<br>Chair | Verbal |
| **3.** | To approve the minutes of:<br><br>a) The meeting held on 17 November 2022<br><br>b) The Annual General and Members' Meeting held on 25 November 2022 | David Jennings<br>Chair | Draft Minutes |
| **4** | To receive any declarations of interest | David Jennings<br>Chair | Verbal |
| **5** | To review the Public Action Log | David Jennings<br>Chair | Report |
| **6** | To receive an update from the Chair | David Jennings<br>Chair | Report |
| **7** | To receive an update from the Chief Executive | Brent Kilmurray<br>Chief Executive | Verbal |
| **8** | Governor questions and feedback –<br>a) Governor questions and answers session<br>b) Governor feedback from events, including local issues, concerns and good news (please use the previously circulated Governor Feedback template).<br>*(All questions and feedback should be submitted in writing to the Corporate Affairs and Involvement Directorate at least 48 hours before the meeting. Please send them to tewv.governors@nhs.net).* | David Jennings<br>Chair | Schedule of Governor questions, responses and feedback to be circulated |

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| **9** | Quality update | Elizabeth Moody<br>Director of Nursing and Governance & Deputy Chief Executive<br><br>Bev Reilly<br>Non-Executive Director & Chair of QuAC | Report<br>*To follow* |
| **10** | To receive the following performance/compliance updates:<br><br>a) Integrated Performance Dashboard Report as at 31 December 2022<br><br>b) Trust's Finance Report as at 31 January 2023<br><br>c) CQC Compliance Update Report | <br><br>Mike Brierley<br>Assistant Chief Executive<br><br>Liz Romaniak<br>Director of Finance, Information & Estates/Facilities<br><br>Elizabeth Moody<br>Director of Nursing and Governance & Deputy Chief Executive | <br><br>Report<br><br>Report<br><br>Report<br>*To follow* |
| **11** | Update on the Council of Governors' Autism Task and Finish Group | Jules Preston<br>Non-Executive Director | Report |
| **12** | To receive an update from Operational Services | Patrick Scott<br>Managing Director for DTV&F Care Group<br><br>Zoe Campbell<br>Managing Director for NYY&S Care Group | Report<br>*To follow* |
| **13** | Update from the Involvement and Engagement Committee | Keith Marsden<br>Vice Chair of the I&E Committee | Report |
| **14** | Role of the Lead Governor | David Jennings<br>Chair | Report |
| **15** | Trust's Annual Report and Accounts 2021/22<br>https://www.tewv.nhs.uk/about/performance/annual-reports/ | David Jennings<br>Chair | Verbal |
| **16** | Date of next meeting | David Jennings<br>Chair | Verbal |

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| **17** | Exclusion of the public<br>The Chair to move:<br>*"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:*<br>*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.*<br>*Information which, if published would, or be likely to, inhibit -*<br>*(a) the free and frank provision of advice, or*<br>*(b) the free and frank exchange of views for the purposes of deliberation, or*<br>*(c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs".* | David Jennings<br>Chair | Verbal |

**David Jennings**
**Chair**
**1 March 2023**

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

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Tees, Esk and Wear Valleys NHS Foundation Trust

**ITEM 3a**

# MINUTES OF THE COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 17TH NOVEMBER 2022 AT 2.00PM, VIA MS TEAMS

**PRESENT:**
David Jennings - Chair
Rob Allison - Appointed Governor, University of York
Joan Aynsley - Public Governor, Durham
Gemma Birchwood - Public Governor, Selby
Mary Booth - Public Governor, Middlesbrough
Susan Croft - Public Governor, York
Dr Andrew Fairbairn - Appointed Governor, Newcastle University
John Green - Public Governor, Harrogate and Wetherby
Hazel Griffiths - Public Governor, Harrogate and Wetherby
Dominic Haney - Public Governor, Durham
Christine Hodgson - Public Governor, York
Joan Kirkbride - Public Governor, Darlington
Catherine Lee-Cowan – Appointed Governor, Sunderland University
Keith Marsden - Public Governor, Scarborough and Ryedale
Cllr Ann McCoy - Appointed Governor, Stockton Borough Council (Lead Governor)
Jacci McNulty - Public Governor, Durham
Cllr. Mary Ovens – Appointed Governor, Redcar and Cleveland Borough Council
Alicia Painter - Public Governor, Middlesbrough
Gillian Restall - Public Governor, Stockton-on-Tees
Zoe Sherry - Public Governor, Hartlepool
Stanley Stevenson - Public Governor, Hambleton and Richmondshire
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
Phil Bellas - Company Secretary
Ann Bridges - Director of Corporate Affairs and Involvement
Mike Brierley - Assistant Chief Executive
Dr Charlotte Carpenter - Non-Executive Director
Karen Christon – Deputy Company Secretary
Brian Cranna - Care Group Director of Operations and Transformation
Dr Hannah Crawford - Director of Therapies
Angela Grant - Corporate Governance Officer (CoG and Membership)
Jill Haley - Non-Executive Director
John Maddison - 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 & Forensics Care Group
Steve Double – Public

## 22/64 APOLOGIES

Apologies for absence were received from:

Lynne Ackland - Public Governor, Durham
Lee Alexander - Appointed Governor, Durham County Council
Sarah Blackamore - Staff Governor, North Yorkshire, York and Selby Care Group
Cllr. Moss Boddy – Appointed Governor, Hartlepool Borough Council
Emmanuel Chan - Staff Governor, Durham, Tees Valley and Forensics Care Group
Dr Martin Combs - Public Governor, York
Megan Harrison - Public Governor, Stockton-on-Tees
Lisa Holden - Public Governor, Scarborough and Ryedale
Dr Judy Hurst - Public Governor, Stockton-on-Tees
Kevin Kelly - Appointed Governor, Darlington Borough Council
Jane King - Staff Governor, Durham, Tees Valley and Forensics Care Group
Audrey Lax - Public Governor, Darlington
Heather Leeming - Staff Governor, Durham, Tees Valley and Forensics Care Group
Rachel Morris - Appointed Governor, Teesside University
Jean Rayment - Public Governor, Hartlepool
Graham Robinson - Public Governor, Durham
Kirsten Scothon - Public Governor, Durham
John Venable - Public Governor, Selby
Cllr Derek Wann - Appointed Governor, City of York Council
Judith Webster - Public Governor, Scarborough and Ryedale

Roberta Barker - Non-Executive Director
Brian Cranna - Care Group Director of Operations and Transformation
Dr Sarah Dexter-Smith - Director for People and Culture
Prof. Pali Hungin - Non-Executive Director
Dr Kader Kale - Medical Director
Jules Preston - Non-Executive Director
Liz Romaniak - Director of Finance, Information and Estates/Facilities
Zoe Campbell - Managing Director for North Yorkshire, York and Selby Care Group

## 22/65 WELCOME

The Chair welcomed attendees to the meeting and advised that it was the first meeting for some of the newly appointed Governors representing stakeholder organisations. He thanked them in advance for their help and support as Governors.

## 22/66 DECLARATIONS OF INTEREST

There were no declarations of interest.

## 22/67 MINUTES OF PREVIOUS MEETINGS

***Agreed – That the public minutes of the last meeting, held on 13th October 2022, be approved as a correct record and signed by the Chair.***

**22/68 PUBLIC ACTION LOG**

Consideration was given to the Council of Governors' Public Action Log. It was noted that:

- Minute 22/06 (08/03/22) - Board visits were now called Leadership Walkabouts and the most recent ones had been held on 14th November, visiting Mental Health Teams in prisons. A number of Governors had accompanied Board members on the visits.

  A. McCoy advised that she had taken part in a visit to an Immigration Removal Centre (IRC) in Consett. Prior to the visit, she had been contacted by an action group who had known she was visiting the centre. She was unsure of how they had obtained information about her visit but suggested it would be helpful if the Trust clarified whether details relating to some visits needed to be confidential.

  B. Kilmurray confirmed that, for security reasons, the names of people taking part in the visits had been provided to the prisons in advance. However, it would not be the standard process to publicise the names of Governors attending visits.

  The Chair acknowledged that the details of some visits may need to be treated with more sensitivity than others.

- Minute 22/09 (08/03/22) – would be addressed under Item 13 on the agenda.
- Minute 22/25 (12/05/22) – a meeting between J. Kirkbride, Dr. E Webb and Dr. S Bell had been arranged for 2nd December 2022 to discuss concerns relating to the misdiagnosis of Emotionally Unstable Personality Disorder (EUPD).
- Minute 22/28 (12/05/22) – a draft template for Governor feedback would be circulated to Governors for comments and approval.

  **Action – A. Bridges**

- Minute 22/28 (12/05/22) – Issues with 'guests' accessing the chat function in MS Teams were on-going however, A. Bridges advised that problems seemed to be linked to the device being used, rather than it being a Trust issue. It was noted that the chat function would not be used for formal communications during meetings.

  In response to a question as to why some Governors appeared on screen as 'guests' and others had their names displayed, A. Painter advised that when joining a meeting, there was an option to edit the name displayed on screen. Tutorials were also available online.

A. Bridges advised that, at a future Governor Development session, a member of the Trust's IT team would deliver a tutorial to Governors.

**Action – A Bridges**

- Minute 22/37 (14/07/22) – The Chair confirmed that he had laid a wreath on behalf of the Trust at a ceremony at Darlington Memorial Hospital. Also in attendance at the event were members from the Armed Forces, Police Service, Ambulance Service and cadet forces.

  H. Crawford advised that the intention was for the Trust lay a wreath annually, on a rotational basis across different geographical areas, and to involve service users and staff who are veterans, in those events.

- Minute 22/40 (14/07/22) – A. Bridges advised that a training schedule had been circulated to Governors.
- Minute 22/59 (13/10/22) – B. Kilmurray advised that although he had seen the Integrated Care Strategy for the North East and North Cumbria Integrated Care Board (ICB), he had yet to receive the one for the Humber and North Yorkshire ICB.

  A. Bridges confirmed that links to the consultation on the Integrated Care Strategy for the North East and North Cumbria ICB had been sent to Governors.

**22/69 CHAIR'S UPDATE**

Governors considered a short briefing document listing a number of events and meetings that the Chair had attended between 30th September and 27th October 2022. In a verbal update he advised that he had also:

- Visited Foss Park in York and had been impressed with the building and the environment. He considered the site to be first class with great accessibility and openness.
- Visited Orca House in York.
- Taken part in a wreath laying ceremony (see minute 22/68 above).
- Been very impressed by the commitment of, and work undertaken by, staff at Lanchester Road Hospital in Durham to deliver excellent care and he wished to thank them for their efforts.

He also advised that there had been a number of changes to the Council of Governors since its last meeting held in October 2022. There were 43 Governors in post and the changes were as follows:

  - Erik Scollay, Appointed Governor for Middlesbrough Council had resigned on 19th October and the Trust was awaiting confirmation of a new representative.
  - Sue Brent, Appointed Governor for the University of Sunderland had resigned on 26th October and had been replaced by Catherine Lee-Cowan on 27th October.

- Paul Leake, Public Governor for Durham had resigned on 7th November.
- Cllr Mike Young had resigned on 6th November and had been replaced by Cllr. Moss Boddy on 7th November.
- Cllr. Mary Ovens, Appointed Governor for Redcar and Cleveland Borough Council had been appointed on 3rd November.

**22/70 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:

- Following the publication of three reports on 2nd November 2022, regarding the deaths of three young women in 2019 and 2020, he wished to repeat his unreserved apology and confirmed that apologies had been issued separately to the families of the young women. It was important that the Trust implemented the actions listed in the reports and he also advised that three separate meetings had been arranged with the families of each of the young women.
- He thanked staff in the Trust's secure inpatient services for their hard work. There had been a number of issues relating to safeguarding, training and staffing and the improvements staff had made were starting to become visible in the service. However, further improvements were still required.
- The Trust had joined with NHS colleagues from the Humber and North Yorkshire ICB in partnering with the State of Kerala in India to support the recruitment of healthcare professionals to roles in the UK. Representatives from across the ICB, including TEWV, would be going to Kerala to attend a careers fair and interviews had been arranged with hundreds of potential recruits covering medical staff, nurses, allied health professionals, social workers and pharmacists. The Trust would be providing practical and pastoral support packages to people employed through this route.
- With regards to Our Journey to Change, an update on its delivery would be provided in the private session of the meeting.
- The Trust was one third of the way through its Covid and Flu vaccine programmes. There had been a delay in obtaining supplies but the programmes had started in October 2022 and, so far, there had been a 29% uptake of the Covid vaccine and a 34% uptake of the Flu vaccine.

Following discussions, it was noted that:

- R. Tuckett welcomed the apologies offered by B. Kilmurray to everyone affected by the reports issued on 2nd November 2022. He advised that feedback received from the Hambleton and Richmondshire Mental Health Forum had included calls for a public inquiry into why such incidents had happened at mental health trusts. He suggested that the inquiry would need to be led by someone outside of the NHS, with the aim of identifying 'blind

spots', issues with cultures and where there was a lack of continuity and oversight causing tragedies.

B. Kilmurray confirmed that it was helpful to hear the feedback from the Forum but the debate as to whether public inquiry should be held was for ministers.

- As someone who had worked for the Trust and had also been a service user, A. Painter suggested that a negative culture appeared to exist in relation to disability. Some service users' symptoms had seemed to be dismissed as behaviour, rather than being acknowledged and treated as part of their illness. Negative comments had been witnessed in relation to people accessing welfare as staff did not seem to understand the process. With regards to vaccinations, it had seemed that some staff had been reluctant to be vaccinated however, as some patients were vulnerable, hospital needed to be a safe space for them.

  B. KIlmurray stated that he was sorry to hear that A. Painter had had those experiences in the Trust and it was important for such behaviours to be 'called out'. The Trust's Clinical Journey to Change focused on respect and responsibility and it was recognised how damaging negative comments could be, particularly with regards to vaccines. Vaccine hesitancy existed and there were clearly mixed perspectives on them, however, being vaccinated was a patient safety issue and he hoped that staff would support and promote being vaccinated.

- A. McCoy advised that she also welcomed B. Kilmurray's apology and it had been well received.
- J. Green advised that he was a vaccinator in Knaresborough, having previously been a nurse, and 16,000 people had received Covid vaccinations from the team he had been part of. Most people had been happy to be vaccinated but providing information about vaccines was key to their uptake. With regards to recruiting staff from India, he appealed to the Trust to be cautious during that process, in particular to focus on ensuring individuals had excellent communication skills, as good communication was vital in providing effective patient care. He added that recruiting young people in the UK to be nurses needed to be made easier. He suggested a move away from universities and student loans to nursing schools in the UK would be preferable.

  In response, E. Moody advised that it was not a case of recruiting people from India or people from the UK, more a combination of both. Apprenticeships for nurses were already established, with students brought into the Trust on a Band 2 pay scale and supported until they became a registered nurse. The Trust currently worked with seven universities but she believed that this was still not enough. Colleagues recruited from India had to pass an English language test but she was also mindful that coming to work in the UK would be a huge culture shock for them. She had recently spoken to a doctor working for the Trust, who had moved from India 23 years previously, and he

had told her that he considered the Trust to be his 'home' now. Pastoral care and support would be key to the success of the recruitment and retention of colleagues from outside the UK and a compassionate culture in the Trust was essential.

B. Kilmurray added that colleagues from overseas were central and valued workers and he wanted to make people feel as welcome as possible.

Governors also drew attention to:

- The cultural challenges and language barriers that existed within the UK in communities and the importance of working with those local communities to ensure good communication existed.
- The Trust being a person-centred organisation where accent discrimination had no place.

**22/71 GOVERNOR QUESTIONS AND FEEDBACK**

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

It was noted that:

- R. Tuckett considered the responses to his questions on holding the Non-Executive Directors to account (questions 1-5) to be very interesting but suggested he may wish to discuss these further, outside of the meeting. With regards to responses he had received from Dr. E Webb and J. Preston (questions 8, 9, 10 and 11), he suggested that he would discuss elements of those responses with the Council of Governors' Autism Task and Finish Group.

  The Chair confirmed that a lot of time and effort had been taken to provide detailed responses to R. Tucket's questions.

- J. Kirkbride advised that she had not been content with the response to her question regarding to the Trust's Crisis service (question 6). In a programme filmed by the BBC in February 2022, she had noted that it had taken ambulance staff two and a half hours to contact the Darlington Crisis Team. However, Governors had received assurances about improvements being made to the service prior to February 2022. She recalled how a previous Director of Operations for the Trust had confirmed that staff in lower grades were going to be asked to triage calls to increase the number of staff available to answer crisis calls. She also expressed concern in relation to the figures quoted in the response provided for K. Marden's question on the Mental Health Crisis 24/7 telephone helpline (question 12). The response to a second question she had submitted, regarding a GP who had made a formal complaint to the Trust after someone had spent all day trying to get through to the Trust's Crisis service and the GP had had the same experience, had not

been shared with other Governors and she did not agree with the rationale given by the Trust for not doing so.

P. Scott confirmed that the Board recognised the on-going challenges in meeting demand for the Trust's Crisis services. He had joined the Trust in April 2022 and confirmed that improvement work was underway across all crisis services. Non-registered call responders were something the Trust had moved away from due to incidents that had occurred. He was now more confident in the quality of the service provided, in terms of the competencies of people answering the calls. The Trust was trying to transform the service with system partners.

K. Marsden stated that his question related to the Trustwide position in North Yorkshire, York and Selby (NYY&S) as problems with the Mental Health Crisis 24/7 telephone helpline had been evident for a long time. He stated that there had not been any improvements made to the service in NYY&S. He had taken part in an improvement event with Dr. Liz Herring, who worked for the Trust, where concerns and issues had been raised. He had also attended a Board visit to the Crisis Team at Roseberry Park in Middlesbrough. With regards to the response to his question, a 34% rate of answering calls meant that 66% were not answered and he was not clear on how well this had been recognised by the Trust. He had raised his concerns at Board level and with the Lead Governor previously. The importance of making improvements could not be understated and the figures in the response to his question, and reference made in the report at Item 9 on the integrated performance dashboard (3.1.2 d refers), showed things had worsened.

A. McCoy confirmed that the issue had also been discussed at the Governors' pre-meeting and had caused concern. She questioned whether it would be possible to add it to the action log so that improvements and progress could be monitored more closely. Issues with the Crisis Service had been raised with the previous Chair and he had also been concerned. As representatives of local communities, it was important that information was shared with Governors. She added that she had attended a visit to the Trust's Crisis Service, as a member of the Cabinet at Stockton Borough Council, and information had been passed to D. Gardiner who was the Care Group Director of Operations and Transformation for Adult Mental Health and Mental Health Services for Older People for that area. Improvements had been made following that but the issue needed addressing urgently.

S. Croft advised that she had visited Cross Lane Hospital in Scarborough where there had been frustration expressed by staff that when calls could not be answered by the York Crisis Service, they were re-directed to Scarborough.

B. Cranna advised that staff from the Trust had met with Commissioners on 16th December 2022 and he hoped that a new plan for service delivery could be implemented in the coming weeks. He expected there to be a noticeable improvement to the service by Christmas 2022.

B. Killmurray acknowledged that urgent attention to this matter was required, however, it was a multi-layered issue. There had been a 50% increase in demand on crisis lines and the Trust had considered offering other support lines. He confirmed that an item would be added to the agenda for the next meeting of the Council of Governors, expected to be held in February 2022, to update on the Crisis Service and to provide assurance to Governors. The current situation was not acceptable and the work that needed to be carried out would need to be transformational.

**Action – B. Kilmurray**

The Chair advised that during his recent visit to North Moore House in Northallerton, as part of a Leadership Walkabout, he learned that many of the people who called the crisis line had not necessarily required crisis help. Conversations with external partners were essential to address this issue to ensure the right support was made available to people and that they understood how to access it.

B. Reilly confirmed that the rise in demand on crisis services had been significant and she had seen this first hand on a visit to one of the Trust's hospitals.

**22/72 INTEGRATED PERFORMANCE REPORT (IPR)**

Governors considered the Trust's Integrated Performance Report as at 31st August 2022. It was noted that the purpose of the report was to provide assurance to the Council of Governors on the actions being taken to improve performance in the required areas.

In introducing the report, M. Brierley advised that

- The report highlighted all concerns and performance shifts to make it easier for Governors to read the reports.
- A controlled assurance framework, alongside performance, would be provided in the future. The aim was to get to a point where the Trust would be reporting only one month behind.
- Key areas of concerns were:
    - Clinical/Patient Reported Outcomes (measures 5-7)
    - Bed Occupancy and Out of Area Placements (measures 8 and 9)
    - Restrictive Interventions (measure 12)
    - Staff Leaver Rate (measure 18)
    - Unique Caseload (measure 23)
    - Financial Plan (measure 24)

- With regards to bed occupancy and out of area placements, the four independent sector beds mentioned in the report had now increased to six and this number was expected to fluctuate.

- The Council of Governors would receive more information on actions going forward.

  For assurance, the Chair confirmed that the IPR was taken to Board meetings after the QuAC, Mental Health Legislation Committee and other committees. The feedback from the questions and challenge posed at those committees was then provided to the Board.

  J. Kirkbride advised that the paragraph in the report relating to the Trust's Crisis service and a Trustwide improvement plan being underway [3.1.2 d refers] did not seem to reflect the information they had been provided with. Therefore, it had not provided her with assurance.

  M. Brierley confirmed that she was correct as the information in the report had been two months old. He reassured her that up to date intelligence was provided to the Board and reiterated that there would soon be a move to providing information in the report that was only one month behind.

In conclusion, the Chair confirmed that the Trust recognised that the most up to date information was required, alongside more analysis of what the numbers and data meant. The discussions held in the meeting had been a very helpful reminder of the 'temperature' of the Council of Governors in relation to the Crisis Service.

**22/73 CQC COMPLIANCE UPDATE**

A presentation was circulated to Governors prior to the meeting, giving them an overview of the CQC ratings for the Trust, must-do actions and the progress made on achieving those actions. E. Moody advised that:

- She had provided an overview of the ratings for specific services.
- She thanked staff for their hard work in making improvements.
- It was recognised that the improvement work needed to continue, particularly in relation to the 'safe' domain. All improvement work also needed embedding in the services.
- The improvement work carried out had been supported by NHS England and, as part of that work, the de-centralising of the incident reporting system had been rolled out.
- Overall, the Trust had been rated as 'Requires Improvement' and it was overdue a 'well led' inspection from the CQC.
- With regards to prisons, there were concerns about staffing.
- The most important thing was strengthening the line of sight form ward to Board.
- The Trust had sight on issues relating to staff sickness, staff turnover and staff skill sets on units.
- A report would be taken to the Board in November 2022 on closed cultures. Following the findings of patient abuse identified by Panorama at a mental health Trust in England, the National Director for Mental Health had written to all NHS Trusts requesting that Boards review specific areas of their organisations to identify whether closed cultures existed. Soft intelligence had

been used to make closed culture assessments and learning from the events at Mid Staffs, Whorlton Hall and others needed to be considered.
- She understood that people would be more likely to speak up if supported by their peers and if advocacy was present on wards.
- As part of triangulating data, people with lived experience would be visiting wards to 'see, hear and feel' the environment, focussing predominantly on service user and staff experience by listening to both staff and patients. The visits would focus on in-patient areas for the time being but would be rolled out to community services in due course.

Following questions from Governors, it was noted that:

- With regards to the service ratings provided, although it had been good to see a 'sea of green' in terms of progress, it would have been helpful for Governors to see an overall table with ratings for other services, such as adult inpatient.

  E. Moody confirmed that she could send that information to Governors.

  **Action – E. Moody**

- A television programme filmed at HMP Frankland had appeared to highlight concerns around the culture and high suicide rates at the prison. H. Griffiths asked what support staff had in relation to this.

  B. Kilmurray advised that he and E. Moody had visited HMP Frankland the previous week to meet with the Healthcare Team. During that meeting they had enquired about suicide rates at the prison. The Quality Assurance Committee (QuAC) had also requested a detailed update from the Health and Justice Department, to gain an understanding of the service, as it had been recognised that the Board did not understand the prison service as fully as it did other services in the Trust.

  E. Moody confirmed that the visit had been amazing.

  The Chair stated that the team at HMP Holme House, where he had visited, were also doing an amazing job.

  H. Griffiths advised that she had been disappointed not to have been chosen to attend recent leadership walkabouts.

**22/74 COUNCIL OF GOVERNORS AUTISM TASK AND FINISH GROUP**

Governors considered a report on the Council of Governors' Autism Task and Finish Group. As J. Preston, Chairman of the group, had been unable to attend the Council of Governors' meeting, the Chair presented the report on his behalf.

It was noted that the attached scoping paper [Appendix 1 to the report] had been a 'starter for ten' on developing Terms of Reference (ToR) for the group and questions and comments were welcomed from Governors.

R. Tuckett stated that he welcomed the establishment of the group, and the report from J. Preston, however he suggested that the statement in the report, confirming that it was Governors who had asked for the group to be formed, was incorrect. He had made a request to the previous Chair of the Trust to have a committee, which had then 'morphed' into the Autism Task and Finish Group. The first meeting of the group would be held on 1st or 2nd of December 2022.

The Chair confirmed that R. Tuckett's help, and support of the group, was appreciated and he looked forward to the initial deliberations. He also appealed to other Governors to provide input into the group.

H. Griffiths recommended that J. Preston speak to staff in the Autism Strategy Team, whom she supported in delivering autism training, to avoid duplication of work and prevent a disjointed approach to work relating to autism. She confirmed she would send her comments directly to J. Preston outside the meeting.

R. Tuckett advised that it was his understanding that J. Preston intended to speak to Kirsten White who worked in that team.

**22/75 GOVERNOR ARMED FORCES / VETERANS CHAMPION**

Governors considered a brief report on the appointment of a Governor Armed Forces / Veterans Champion which contained the nomination statements received from G. Robinson and A. Williams, both of whom had the required experience to fit the criteria set by the Trust's Armed Forces / Veterans Steering Group.

The Chair advised that a simple vote would be held with Governors so that they could select their preferred candidate.

**Action – P. Bellas**

Governors questioned whether, due to the large scale of the Trust, two champions could be appointed.

The Chair advised that further advice would be sought on that.

**Action - P. Bellas**

J. Green advised that he had experience as an Armed Forces veteran and would be happy to help on the steering group.

**22/76 DATE OF NEXT MEETING**

The next ordinary meeting of the Council of Governors was expected to be held in February 2023 but the date was yet to be confirmed. The Trust's Annual General and Members' meeting for 2022 would be held on 25th November as a MS Teams Live event.

J. Kirkbride requested that the next Council of Governors' meeting be held face to face as she missed interaction with her Governor colleagues.

## 22/77 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 3.49pm.

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David Jennings
Chair
9th March 2023

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**MINUTES OF THE ANNUAL GENERAL AND MEMBERS' MEETING HELD ON 25TH NOVEMBER 2022 AT 1.00PM, VIA MS TEAMS**

**PRESENT:**
David Jennings - Chair
Mary Booth - Public Governor, Middlesbrough
Lisa Holden - Public Governor, Scarborough and Ryedale
Keith Marsden - Public Governor, Scarborough and Ryedale
Cllr Ann McCoy - Appointed Governor, Stockton Borough Council (Lead Governor)
Cllr. Mary Ovens – Appointed Governor, Redcar and Cleveland Borough Council
Jean Rayment - Public Governor, Hartlepool
Roger Tuckett - Public Governor, Hambleton and Richmondshire
Jill Wardle - Public Governor, Durham

**IN ATTENDANCE:**
Brent Kilmurray - Chief Executive
Phil Bellas - Company Secretary
Ann Bridges - Director of Corporate Affairs and Involvement
Mike Brierley - Assistant Chief Executive
Zoe Campbell - Managing Director for North Yorkshire, York and Selby Care Group
Dr Charlotte Carpenter - Non-Executive Director
Karen Christon – Deputy Company Secretary
Dr Sarah Dexter-Smith - Director for People and Culture
Angela Grant - Corporate Governance Officer (CoG and Membership)
Jill Haley - Non-Executive Director
John Maddison - Non-Executive Director
Jules Preston - Non-Executive Director
Beverley Reilly - Non-Executive Director
Liz Romaniak - Director of Finance, Information and Estates/Facilities
Patrick Scott - Managing Director for Durham, Tees Valley and Forensics Care Group

| | |
|---|---|
| Members | 164 |
| Non-members | 21 |
| Organisations | 15 |

**22/78 APOLOGIES**

Apologies for absence were received from:

Lynne Ackland - Public Governor, Durham
Lee Alexander - Appointed Governor, Durham County Council
Rob Allison - Appointed Governor, University of York
Joan Aynsley - Public Governor, Durham
Gemma Birchwood - Public Governor, Selby
Sarah Blackamore - Staff Governor, North Yorkshire, York and Selby Care Group
Cllr. Moss Boddy – Appointed Governor, Hartlepool Borough Council
Emmanuel Chan - Staff Governor, Durham, Tees Valley and Forensics Care Group
Dr Martin Combs - Public Governor, York
Susan Croft - Public Governor, York
Dr Andrew Fairbairn - Appointed Governor, Newcastle University
John Green - Public Governor, Harrogate and Wetherby
Hazel Griffiths - Public Governor, Harrogate and Wetherby
Dominic Haney - Public Governor, Durham

Megan Harrison - Public Governor, Stockton-on-Tees
Christine Hodgson - Public Governor, York
Dr Judy Hurst - Public Governor, Stockton-on-Tees
Kevin Kelly - Appointed Governor, Darlington Borough Council
Jane King - Staff Governor, Durham, Tees Valley and Forensics Care Group
Joan Kirkbride - Public Governor, Darlington
Audrey Lax - Public Governor, Darlington
Catherine Lee-Cowan – Appointed Governor, Sunderland University
Heather Leeming - Staff Governor, Durham, Tees Valley and Forensics Care Group
Jacci McNulty - Public Governor, Durham
Rachel Morris - Appointed Governor, Teesside University
Alicia Painter - Public Governor, Middlesbrough
Gillian Restall - Public Governor, Stockton-on-Tees
Graham Robinson - Public Governor, Durham
Kirsten Scothon - Public Governor, Durham
Zoe Sherry - Public Governor, Hartlepool
Stanley Stevenson - Public Governor, Hambleton and Richmondshire
John Venable - Public Governor, Selby
Cllr Derek Wann - Appointed Governor, City of York Council
Judith Webster - Public Governor, Scarborough and Ryedale
Alan Williams - Public Governor, Redcar and Cleveland

Roberta Barker - Non-Executive Director
Dr Hannah Crawford - Director of Therapies
Prof. Pali Hungin - Non-Executive Director
Dr Kader Kale - Medical Director
Elizabeth Moody - Deputy Chief Executive / Director of Nursing and Governance

**22/79 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**22/80 WELCOME AND INTRODUCTION**

The Chair welcomed attendees to the meeting and advised that, following advice regarding the increased prevalence of Covid-19, a decision had been taken to hold the event online rather than in person. He expressed gratitude for the welcome he had received in his first three months as Chair of the Trust. As someone with personal experience of being a service user, and more specifically a carer, he advised that patient experience was close to his heart. Services needed to be flexible to meet the needs of individuals and he and the Board were fully committed to achieving Our Journey to Change. Key priority areas for him were:

- Rebuilding trust internally and externally
- Evidence of quality and safety
- Co-production and how to measure it
- Support to staff
- Being a good partner

He confirmed that questions could be submitted during the meeting and any unanswered questions would be responded to in due course. In keeping with the event's theme of 'Lived Experience and Cocreation' guest speakers Rachel (Rai) Waddingham (Behind the Label) and Chris Morton (TEWV Lived Experience Director) would talk about lived experience leadership and lived experience in TEWV.

## 22/81 GUEST SPEAKERS

The Chair introduced R. Waddingham, the founder of a training and consultancy organisation called 'behind the label' which specialised in innovative support for people with mental health conditions, particularly those who had struggled with psychosis, dissociation and post traumatic reactions.

**Rai Waddingham - The Value of Lived Experience Leadership**

(Presentation at Appendix 1)

In delivering her presentation, R. Waddingham advised that:

- It had been an honour to attend the event as a guest speaker and talk about the value of lived experience leadership.
- Although sometimes uncomfortable to hear, it was important to acknowledge and discuss the difficulties faced by people with lived experience so that progress would be made.
- The National Survivor User Network (NSUN) and Mind had commissioned her to produce a report on lived experience leadership in 2021. She had engaged with over 100 people in England and Wales about their experiences of lived experience leadership and some of the information in her talk had been sourced from that study, whilst also drawing on her experiences.
- Although difficult to define, she provided the following definition of what lived experience leadership was:

  *"People with personal experience of mental ill health, distress, diagnosis and/or mental health services using their experiences to effect change".*

  She acknowledged that the term 'leadership' could be a contentious one and was not appreciated by everyone.

- The reference to "standing on the shoulders of giants" in her presentation (see Appendix 1) had referred to those individuals and groups who had spoken out about mental ill health, and the value of lived experience, in a time in history when it had been difficult to do so. It was important to honour those people for the progress and sacrifices they had made. She suggested that someone like herself, with a diagnosis with Schizophrenia, would probably not have been given the opportunity to be a guest speaker thirty years earlier. In the past, people with mental ill health had been regarded as passive recipients of care rather than knowledgeable people who would contribute to their care.
- There were still barriers to overcome but if improvements to services were to be made, the voices of people using those services needed to be heard. Some still felt unable to speak out.
- Examples of what could go wrong if people were not listened to had been evident in:

  - A report produced by the Care Quality Commission (CQC) in 2020 on the use of seclusion and restraint.
  - A story published in 2021 on the use of Serenity Integrated Monitoring by NHS Trusts which had led to people being refused care and treatment.
  - Programmes such as Panorama, broadcast in 2022, exposing abuse at a mental health Trust in Manchester.

NHS Trusts needed to consider cultures and how and why things were going wrong.

- She recognised that lived experience leadership would not fix all problems but it was important to acknowledge the ability of people with lived experience in being able to identify the 'gaps' in care and services that other people without lived experience may not be aware of. It was important that lived experience leadership was:

  - Valued for its difference
  - Independent
  - Supported
  - Resourced
  - Invested in
  - Connected
  - Woven through the organisation
  - Courageous
  - Surrounded by allies

- She welcomed the appointment by TEWV of Lived Experience Directors.
- The ultimate aim should be for lived experience leadership to be a part of creating responsive and compassionate services that she would be happy for her daughter to be supported by. Services needed to be compassionate and responsive to an individual's needs.

<u>Chris Morton – Lived Experience in TEWV</u>

(Presentation can be found at Appendix 1)

C. Morton advised that:

- He had been familiar with R. Waddingham's work and had found it a useful resource when applying to become a Lived Experience Director with the Trust.
- In terms of his own lived experience, he had struggled with anxiety from a young age and this had led to him avoiding school and being supported by social services. His father had died quite suddenly when he was 14 years old which had led to him experiencing episodes of depression and psychosis for approximately 10 years. His experience of mental health services in the late 1990s to early 2000s included a high reliance on the use of medication to treat patients. He had accessed the Crisis Home Treatment Support Service but had been extremely grateful to his family for supporting him and keeping him out of hospital.
- When working as a Social Worker, and later in the NHS, he had found that colleagues had struggled with how to approach his lived experience and some conversations had been more discriminatory than they should have been. However, as a manager, he had found his voice and had been able to bring lived experience into focus and raise its profile.
- The value of listening to people with lived experience was not a new concept. John Thomas Percival, a British army officer in the 1800s and son of British Prime Minister Spencer Percival had been institutionalised at the age of 28 for five years, in a number of private institutions. John had written a narrative about what had been important to his recovery. Factors had included access to the things he enjoyed, his relationships, his spiritual journey, his sense of belonging and being the voice of others. Due to his high profile in society, John had been listened to and he had recognised that the restraint used and treatment provided for people in the 'asylums'

had not been helping their recovery. He had gone on to campaign for the rest of his life for changes to the 'lunacy laws' of the time and for better treatments.

- In terms of lived experience, it was important to explore problems and be curious without becoming defensive or resistant. Ensuring diversity, being open minded and being inclusive of different voices would hopefully lead to positive handling of difficult conversations.
- TEWV was a large and complex organisation and rebuilding trust would be key. Significant engagement with people was underway and cocreation needed to be at the core of service development. Service users, carers, staff and others would be involved in that engagement and consideration needed to be given on how to best support cocreation.
- In terms of the Trust's Cocreation Journey, it was key to:

    - Ensure cocreation in care planning.
    - Grow, diversify and embed service user and carer involvement across the Trust.
    - Expand and develop lived experience roles and leadership, including peers.
    - Capture accurate patient experience data, including friends and family test, surveys, compliments, PALS and complaints and use to inform change.

- For information, he confirmed that his colleague Charles Nosiri was the Lived Experience Director for North Yorkshire, York and Selby Care Group and Sal Smith was the Head of Cocreation.
- Peer Support had had a direct impact on patient care in the Trust. The number of Involvement Peer Support Workers had increased from six to 26 and feedback had been positive. Mark Allen was the Peer Support and Recovery Lead for the Trust.
- There were a number of Children and Young People's Participation Groups in York and North Yorkshire and a Mental Health for Older People's Services User and Carer Participation Group. As part of the Tees Valley Community Mental Health Transformation, a lot of participation was underway in that area.
- Next steps were to:

    - Deliver the Cocreation Framework and support its roll out.
    - Build on the work already taking place.
    - Have uncomfortable conversations when needed.
    - Create networks where people's voices would be heard.
    - Ensure the Trust challenged and held itself to account in everything it did.
    - Help staff to contribute from their own lived experience.
    - Use his own lived experience to facilitate change.

The Chair thanked R. Waddingham and C. Morton for their thoughtful and inspiring presentations.

**22/82 QUESTIONS**

The following questions were asked in relation to lived experience:

Question 1

How will lived experience leadership make a difference to people using services now and how will the Trust know it is making a difference?

Answer

C. Morton confirmed that lived experience had been making a difference in a number of areas, both individually and collectively. Having Peer Support Workers in front-line services had provided service users with an opportunity to speak to someone without feeling overly analysed or assessed through a risk framework. In the last six months both he and C. Nosiri had challenged conversations and worked alongside colleagues to advise on how to successfully integrate cocreation into services. To understand whether lived experience leadership was making a difference, it was important to listen to service users and colleagues. They needed to feel included and involved as opposed to 'done to' and improvements to the quality and use of patient experience data was required. There were many challenges in mental health services and staff also needed to feel supported, with space for some time out.

R. Waddingham advised that, in her experience, some of the most difficult areas to measure the impact of lived experience leadership related to policies and changes to the structure of services and cultures. One would assume that it was making a difference if people were having a more positive experience in services, however, there were many other factors to consider. Lived experience leadership would be more successful if better resourced and more people were involved.

Question 2

Some people in services have no voice or are too ill to communicate. Carers have experience and information that is just as important but they don't feel listened to. How do you manage that?

Answer

R. Waddingham advised that open dialogue was very important. Hearing the voices of family members, loved ones and friends, and understanding the position from their perspective was essential.

C. Morton outlined work underway at Devon Partnership NHS Trust which related to open dialogue and added that careful consideration would need to be given to the findings of that work. Although much of the language used in the Trust regarding involvement referred to service users, the Trust would not have made progress in its Cocreation Journey and Our Journey to Change without the involvement and contributions of carers. He recognised the importance of using inclusive language.

Question 3

How would someone interested in becoming involved in lived experience roles, and wanting to use their own journey in a positive way, be able to find out more about getting involved with the Trust or any other Trust?
Answer

C. Morton advised that the Involvement and Engagement (I&E) Team supported the involvement of service users and carers in the Trust. The Volunteer Service offered slightly different roles and there was also the Peer Support Programme. All offered training, facilitation and a network of support for people who wanted to improve and strengthen care, TEWV policies and governance through their lived experiences. The Trust also needed to consider how best to hear the staff voice as, although groups existed in the Trust to facilitate hearing from staff, improvements were needed. He suggested that a Cocreation/Lived

Experience Board was required in the Trust's governance structure, to feed up to the Trust's Board. There were many other opportunities to be harnessed in relation to the Integrated Care Boards, other partners and charities.

In addition, R. Waddingham suggested that information about the National Survivor User Network (NSUN) could be helpful to some people, as connecting with others with lived experience could be very powerful and it was good to find out what opportunities there were for involvement nationally.

The Chair advised that links to information and contact details for teams and organisations mentioned by the two guest speakers, would be made available on the Trust's website.

Question 4

How do we encourage more people to tell their stories and what is the best way to tell those stories so that the stigma of mental ill health can be reduced and awareness can be raised?

Answer

R. Waddingham advised that people needed to feel heard and safe when telling their personal stories, as feeling unheard could be very harmful to them. People often had multiple stories and it was important to help and support them in understanding what they could comfortably share and what needed to remain private. Disclosing everything could do more harm than good and there was also a danger of people feeling used or unsafe afterwards. It was also important for staff to feel safe and able to connect with their own lived experience as this could be used in their work to help humanise services.

C. Morton concurred with R. Waddingham's response and added that it was essential for the Trust to create safe and reflective spaces for people to tell their stories. Staff also needed to be trauma informed to ensure spaces were psychologically safe. A network of people linked to cocreation and lived experience existed within the Trust, however that network needed to be promoted and made accessible to staff, service users and carers. The Cocreation Framework would be launching in January 2023 and would include training and support.

Question 5

How will the Trust find and reach the patient voices that do not usually speak out and how will the Trust ensure all communities are heard and it is not just the same voices always being heard?

Answer

R. Waddingham suggested that the Trust engage with outside communities, groups and spaces to improve its representation and hear from people who were not usually heard from. A reluctance from some people to come forward may exist, particularly if they felt they had already spoken out multiple times without any change. The Trust needed to go humbly, as an invited guest, to those groups and have processes in place to facilitate change as a result of that engagement. Truth and reconciliation was needed to rebuild trust. It was important that a variety of ways to get involved existed, as meetings were not always comfortable places for people to speak out.

C. Morton advised that consideration would need to be given to how best to use the increased resource in the Trust's I&E Team, to facilitate more voices being heard. New Community Development Workers would be recruited to connect and engage with hard to

reach communities. Leaders needed to support teams to incorporate cocreation and recruit their own involvement members and enable the patient voice to be brought into the Trust safely, proactively and productively. There needed to be spaces mirroring the Trust's governance structure so that if a new policy were created, or an existing one revised, it would be done through cocreation. The Trust needed to be clear on what cocreation meant and in ensuring that cocreation would be present throughout its services and the care it provides.

A. Bridges advised that a number of questions regarding the Lived Experience Directors had been submitted but those would need to be responded to after the event, to allow time for all items on the agenda.

The Chair thanked the guest speakers for their responses to questions and their openness and willingness to share their own stories. He appealed to C. Morton to act as a conscience for the Trust and to raise any issues with himself and the Chief Executive if there were any concerns.

**22/83 LEAD GOVERNOR'S REPORT**

Lead Governor, Cllr Ann McCoy, delivered a verbal report and advised that:

- Every three years, a Lead Governor was elected by the Council of Governors.
- Both guest speakers' had delivered very powerful presentations and Governors would welcome hearing from them again in the future.
- On behalf of the Governors, she wished to express appreciation for the dedication and commitment of all clinical and non-clinical staff across the Trust. Governors understood that, although rewarding, staff could also find their jobs very stressful. Staff morale had been high on the agenda for Governors, and there had been some concern. On a positive note, they had spoken informally to members of staff and been advised that morale was improving. Reasons for this had included staffing increases and reassurance from the Board that it was committed to improving services.
- It had been a very challenging, worrying and emotional time for everyone connected with the Trust however Governors had been assured that the Chief Executive, Chair and the rest of the Board recognised those difficulties. Governors would continue to monitor, question and challenge the Board to ensure the management changes in 2022, and Our Journey to Change, were achieving the desired improvements for service users, carers, friends and families. It was important that confidence and trust in TEWV be restored.
- Governors had suggested to the Board that specific services required more in-depth reviews. Autism had been one of the services mentioned and an Autism Task and Finish Group of the Council of Governors had recently been established. Members of the group consisted of Governors who were extremely passionate about improving autism services and all had lived experience of autism.
- A few years prior, Governors had taken part in a review of the way they held the Non-Executive Directors to account for the performance of the Board. Following a number of changes to the Board and the Council of Governors, it seemed timely to re-visit that work.
- Governors had attended development days and received training and those who had attended external training had provided feedback on events.
- Governors wanted to ensure that the voice of TEWV as a mental health trust would be heard, particularly in relation to the new integrated care system.

- Governors had enjoyed being able to meet face to face on a few occasions following the pandemic.
- Governors had been involved in the appointment of the new Chair. They had welcomed his appointment and looked forward to working with him, along with the Chief Executive and the Board, to improve the services provided by TEWV.

The Chair thanked A. McCoy and the Governors for the welcome he had received and for their involvement in the process to appoint him. As Chair he was very aware of the Governors' desire for clarity and delivery, and of the importance of the Board being visible to Governors. It was essential for Governors to feel able to hold the Board to account and he supported their request to review the work on how Governors hold Non-Executive Directors to account for the performance of the Board.

**22/84 REVIEW OF THE YEAR AND FUTURE PLANS**

B. Kilmurray provided a verbal review of the year and details on the Trust's future plans. He advised that:

- He fully acknowledged the difficulties experienced by a number of people involved with the Trust. With regard to the independent reports recently published, highlighting significant failings of the Trust in 2019 and 2020, he wished to offer his heartfelt apologies to the families and others who had been affected by the incidents and issues detailed in the reports. The Trust was responsible for taking forward improvements to address those failings and would do everything possible to make sure such tragic events were not repeated. Improvement work had been undertaken and many of the reports' recommendations addressed.
- The Trust was on an improvement journey that included the previously mentioned work relating to lived experience as well as work on clinical models, training, recruitment and other key initiatives.
- Since joining TEWV as the new Chief Executive in the summer of 2020, thousands of people had engaged in a listening exercise called Our Big Conversation and information had been gathered on how best to shape the Trust's new Journey to Change.
- He accepted that some people joining the event might not recognise their current experience of the Trust as being reflected by Our Journey to Change and apologised if that were the case. He confirmed that the Trust was fully committed to delivering the key goals outlined.
- There had been a number of key challenges including:
    - The Covid-19 pandemic and he wished to acknowledge the hard work from staff during that time. During 21/22 the Omicron strain of the virus had been prevalent which had affected staffing levels. Although restrictions had ended and people were learning to live and work with Covid-19, challenges still existed.
    - The recruitment and retention of staff and, although improvements had been made, the focus would be on recruiting the right people into the right roles. The Trust had also considered opportunities to work with higher education organisations, development of apprenticeships and working with local communities to increase opportunities.
    - Care Quality Commission inspections and challenges relating to regulatory processes. Immediate steps being taken to make improvements and demonstrate to the CQC that the Trust had taken concerns it had raised in its reports seriously. It had been challenging and he again apologised to anyone

that had been affected by failings identified in the Trust's services. He thanked everyone who had worked hard to make improvements.
  - A new landscape for the NHS following significant changes to the health and care system during 2022. Since April 2022 the Trust had worked with Integrated Care Boards alongside colleagues from health and care organisations, local authorities, the community sector and others as a provider collaborative.
  - A new interim Chair and significant changes within the senior leadership of the Trust. P. Murphy had been an excellent Interim Chair alongside his Deputy Interim Chair, S. Richardson. He thanked them both for their contribution and support and looked forward to working with the new Chair over the coming months and years.

- The Trust's three goals were:

  - 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

  In his presentation (attached at Appendix 1) he had provided details of the progress made towards each goal, how the Trust had managed challenges and how it planned to make further progress. He advised that:

  - Improvements to Children and Adolescent Mental Health Services (CAMHS) were still required, particularly for those young people awaiting an autism or Attention Deficit Hyperactivity Disorder (ADHD) assessment. The Trust's diagnostic processes were still greatly challenged however improvements had been made and he hoped to be able to provide more positive news on this at the AGM in 2023.
  - With regard to the launch of the Trust's cocreated Carers Charter, he wished to thank all carers who had been involved in that piece of work. He went on to thank all carers who had worked with, or continued to work with, the Trust to make improvements to its delivery of care and in shaping its services.
  - The Prime Minister, whilst in his previous role as Chancellor, had visited North Moor House. This was a new community mental health hub in Northallerton serving the Hambleton and Richmondshire area. Another newly opened facility was Orca House in York which provided mental health services for children and young people. He thanked everyone involved in helping to open those new premises.
  - With regard to the Armed Forces Covenant, the Trust had made a very important step in formally committing to this. The Trust served many communities with strong connections to the armed forces including Catterick Garrison, one of the largest military bases in Europe. The Trust had a Veterans Staff Network which had undertaken important work with veterans and their families and had worked with colleagues at Catterick Garrison to deliver a careers event aimed at recruiting people leaving the Armed Forces.
  - To achieve and maintain a highly trained and motivated workforce, it was essential that Trust staff be well supported, well developed and well-led. Much work had taken place to improve communications, connectedness and support amongst staff across the Trust.
  - Recruitment and retention of staff remained one of the top priorities and 700 staff had been recruited since the start of the Covid-19 pandemic.
  - The Trust was a third of the way through its Covid vaccination programme.

  - He thanked the Information Department for working hard to establish a number of key information systems and for providing support to staff. He also thanked all Trust staff for their hard work in delivering great patient care whilst supporting each other through difficult times.
  - Following the pandemic, more flexible ways of working had been established. The key had been to find a balance between establishing effective and flexible ways to connect and support people, whilst utilising the available resources and meeting the needs of the organisation.
  - The Trust had received criticism that it was sometimes difficult to work with so better partnership working and breaking down barriers had been a focus. Part of the work undertaken had included mental health nurses being based in GP surgeries and providing Mental Health Support Teams to schools. The Trust wanted to be open to conversations with voluntary and community sectors, local GPs, other NHS organisations, Local Government and the independent sector locally and nationally.

- In terms of next steps:

  - There was much to do as part of the Our Journey to Change five year plan.
  - Quality and patient safety remained paramount and there needed to be a continued focus on the cocreation agenda.
  - Regulators had acknowledged improvements made by the Trust and those needed to continue.
  - CITO, the new electronic patient record system, needed to be rolled out and was expected to be a transformational development for the Trust. It would help staff to work with service users in cocreating their care records and care plans, leading to more clarity in relation to outcomes and their experiences.
  - New opportunities for staff recruitment would need to be considered, including international recruitment and working with universities, schools and third sector organisations.
  - There needed to be significant emphasis on making services more autism-friendly as autism was a core part of all services provided by the Trust.
  - With regard to NHS commitments to become carbon neutral, the Trust had updated its Sustainability Management Plan and had been engaging with colleagues to understand how it could ‘go green’ in the future.
  - He acknowledged the challenges posed by the cost of living crisis and industrial action taking place across healthcare settings and other sectors. These would have an impact on the communities served by the Trust and work was underway to better understand the situation and how to support people. Practical support had been put in place for staff in relation to this.

- Lastly, he highlighted the positive work that had taken place in the Trust, thanking everyone involved with those initiatives. The Trust did make a difference to many people’s lives and it was important to recognise that. He thanked everyone who had worked for and with the Trust and also those who had challenged it. All had contributed to making improvements.

The Chair thanked B. Kilmurray for a comprehensive update. As Chair, he wished to once again offer a most sincere apology for the events that had happened at West Lane Hospital three years prior and to confirm that there was an absolute commitment to make improvements in response to those tragic events. It had been clear from B. Kilmurray’s update that the organisation was a very different one from three years prior, however, more work was required.

## 22/85 ANNUAL ACCOUNTS 2021/22

(The presentation from L. Romaniak can be found at Appendix 1)

L. Romaniak provided an update on the Trust's Annual Accounts for 2021/22. She advised that:

- The Annual Accounts had reported an unadjusted financial deficit of £4.2m, including £10.7m net impairments on buildings.
- The adjusted surplus had been £5.9m (1.5% turnover) or £1.18m above plan.
- It had been a challenging time as the NHS started to move away from the previous national financial arrangements, brought in as a result of the Covid-19 pandemic. Although the Trust had received £11.4m in Covid funding to support the pandemic response, this had been a reduction from the £17.6m received in 2020/21 and there would be further reduction in this funding in 22/23.
- Pay costs remained the most significant for the Trust and there had been an overall increase of £27.7m in year, including 3% pay award (£10.2m) and Long Term Plan investments in Mental Health.
- There had been a £3.4m investment in computer hardware to support smarter working and to enable new clinical reporting software.
- There had also been a £2.6m increase in purchased healthcare, including £1.44m to support bed pressures. Pressures on beds in Adult Mental Health Services and Psychiatric Intensive Care beds had been significant and had resulted in the use of independent sector beds towards the end of the year.
- There had been significant investment in infrastructure and estates with a capital expenditure of £16.5m to ensure environments remained safe to support colleagues and people in the Trust's care.
- The cash position remained strong, ending the year with £80.9m which had been £4.4m ahead of the £76.5m plan.
- In terms of the Use of Resources Ratings (UoRR), of the five metrics, the Trust had scored one on four of those. However, due to the score received for one metric relating to staffing pressures and rising agency costs, the Trust had received an equivalent overall score of three.
- 95.6% of invoices had been paid within 30 days, achieving the national target of 95% for the Better Payment Practice Code.
- A breakdown of operating income for the Trust of £443.6m and the operating income excluding impairments of £433.9m could be found in her presentation at Appendix 1.
- The impact of Covid-19 had been evident in terms of sickness absence cover and also in demand for and capacity of Trust services. No equivalent mental health recovery fund existed nationally which compared to the elective recovery fund in place for acute hospitals and this had been a challenge.
- Although 81% of the Trust's operating expenditure had been spent on pay costs, that figure had differed to the national average assumption. Therefore, the Trust was facing pressures from national mechanisms related to funding pay inflation.
- She thanked colleagues for their support over the last year. Although times would be financially challenging, the Board was committed to prioritising quality and safety. Part of her role as Finance Director was to advocate for fair access to resources and to ensure progress continued to be made around parity of esteem for mental health, learning disabilities and autism services.

## 22/86 EXTERNAL AUDITOR'S REPORT

The Chair advised that the Trust's external auditors were completely independent of the Trust and had been appointed through an open-competition process, overseen and led by the Council of Governors.

In introducing the report, G. Barker advised that:

- Mazars were fully aware of the challenges faced by the NHS and other organisations.
- Details of the role of the external auditor could be found in the attached presentation at Appendix 1.
- An unqualified audit opinion had been issued for the Trust's financial statements on 22nd June 2022. The consolidation schedules produced by the Trust had been consistent with its financial statements and there had been no inconsistencies to report in the Annual Report or Annual Governance Statement.
- A good working relationship existed between Mazars and the Trust and all figures quoted by the Trust had been checked and verified to reach the audit opinion provided.
- One of the most significant matters discussed had been the PFI liability relating to Roseberry Park in Middlesbrough. The PFI contract that had been terminated in 2018, due to issues with the site, but Mazars remained comfortable with the way the Trust had reflected that in the Financial Statements as a contingent liability.
- The Financial Statements had been received on time, were of good quality and managers within the Trust had fully cooperated with Mazars.
- In terms of Value for Money (VFM), reported in the Auditor's Annual Report, there were three criteria that Mazars had considered. These were financial sustainability, governance and improving economy, efficiency and effectiveness. In terms of improving economy, efficiency and effectiveness, Mazars had considered how efficient and effective the Trust had been in assessing its own performance, how effectively it had worked in partnership with others and how it had used processes to commission services. There had been one area of significant weakness reported and a recommendation made. This had related to specific CQC findings reported in December 2021 in relation to a CQC inspection where the forensic mental health inpatient services had been rated as inadequate. Also, in relation to the warning notice issued by the CQC, Mazars had recognised that the Trust had been actively responding to the issues raised.
- An Audit Certificate had been issued on 17th August 2022.

## 22/87 QUESTIONS AND ANSWERS

Over 100 questions and comments had been received however, the following questions were responded to at the meeting:

Question 1

Is patient safety the number one priority for the Trust?

Answer

The Chair confirmed that patient safety was the number one priority for the Trust.

B. Kilmurray added that patient safety and patient experience continued to be fundamental to the Trust and remained a priority. Safety had been a key part of discussions relating to the

Trust's clinical, safety and quality journeys. Improvements had been made to safety and care plans, there had been improvements to ward areas and training had been provided on restrictive interventions and sexual safety.

Question 2

Do we think that complaints should take longer than six months before a response is provided and how do we think this affects very ill and young people?

Answer

B. Kilmurray confirmed that waiting six months to have a complaint answered was not acceptable and he apologised to anyone who had waited that length of time to receive a response. Responses should be provided within 60 days and all complaints should be triaged for urgent issues relating to safety. A number of complaints had exceeded the 60 day response deadline but they varied in number and complexity, with some easier to respond to than others. The Lived Experience Directors, and the Director for Corporate Affairs and Involvement, would complete a review of the Trust's complaints process. More needed to be done to meet people's expectations and improve on the quality of responses.

Question 3

What specific work has been done, or progress made, to bring volunteers into all aspects of the Trust's day to day strategic working Boards so that they are at the start of any seeds opportunity and are used as an ongoing team within the Trust?

Answer

B. Kilmurray confirmed that the Trust's volunteers and its Volunteer Service were critical. He had been delighted to learn that the Trust had received a national positive practice award in relation to volunteers. He considered volunteering to be part of a pathway, with some people happy to remain a Volunteer whilst others would also become involvement members and/or Peer Involvement Workers.

Question 4

With regard to autism services, is the Trust going to ensure that all teams are aware of the Care and Treatment Review Process, which is integral to their care, especially in supporting the prevention of admission? Many teams have not heard of it and they have no idea of how it applies, including inpatient units.

Answer

The Chair advised that, as mentioned earlier by the Lead Governor, the Governors of the Trust had focussed on improvements made in relation to autism services and would address a number of concerns through the Autism Task and Finish Group. Governors had been very clear and helpful in the dialogue they had with the Board in relation to that. Governors with lived experience of autism were members of the group and this was invaluable. The task and finish group and the Autism Project Group would be in contact with each other to reduce the chance of duplication.

Mr. Kilmurray advised that the Trust would consider how the Autism Project could be integrated Trustwide as an established service. This would require appropriate training to be provided to staff and consultation in relation to certain aspects of care design and delivery.

Engagement with people to understand the experiences of those with autism would require high quality involvement work to take place. He had spoken to a parent earlier in the year who had raised a concern in relation to knowledge about care and treatment reviews. This had been escalated to colleagues in the Autism Project Team and general awareness work had taken place for inpatient services. One of the Trust's Governors had also been involved in a piece of national work regarding 'Oliver McGowan Training'. This training would provide staff at all levels in the Trust with an awareness of autism and understanding of some of the key processes. There had been an increased prevalence of people with autism on wards in the Trust. In terms of admissions, the Trust had worked with colleagues in other parts of the care system to make much needed improvements. The preference would be to enable service users to stay in their own home with access to the right support, wherever possible.

Question 5

Is Yorkshire the 'poor relation' of the Trust? More specifically, the South Care Group remains relatively underfunded but it is still about 45% of the Trust's population. Its influence seems low and there seem to be more headquarters staff from the North East than from Yorkshire. The Trust seems to look after the North East and North Cumbria ICB than the one in the South.

Answer

The Chair advised that, due to the Trust's current geography and size, it had the advantage of covering two ICBs. This allowed the Trust to act as a bridge between the two organisations and highlight any differences that existed in terms of commissioned services and what value those services had. This would also be highlighted in the Trust's business planning process and questions would be asked of partners in terms of if and/or why differences existed. It was not acceptable for services to be a 'postcode lottery'.

B. Kilmurray advised that some variation in services would be inevitable, however the Trust continued to advocate for investment. It was working well with both the North East and North Cumbria and Humber and North Yorkshire ICBs. He was the Co-Chair of the Mental Health and Learning Disability Autism Workstream in the North East and North Yorkshire and was the Senior Responsible Officer for the Mental Health and Learning Disability and Autism Programme Collaborative in Humber and North Yorkshire. An example of where the Trust had advocated for and received investment was in Perinatal services, Improving Access to Psychological Therapies (IAPT) and Early Intervention in Psychosis (EIP).

L. Romaniak confirmed that significant investment decisions had been made when the Trust had taken over the contracts for providing services in North Yorkshire. New facilities such as Foss Park, Orca House and North Moor House had opened, with £50 million of investment into the South of the Trust and on-going revenue commitments along with that. Decisions had been made Trustwide to ensure consistent standards in the North and South.

In response to the comment that headquarters staff were mainly from the North East, B. Kilmurray stated that staff in Corporate Services had worked extremely hard to be fair and equitable in the way that Care Groups were supported.

The Chair added that, in his first three months as Chair, he had visited more services and premises in North Yorkshire and York than he had in Teesside and County Durham. North Yorkshire was certainly not considered to be the 'poor relation'.

Question 6

How would you ensure that the Trust engages with people who are less likely to use our services, such as those from the Traveller Community and others, to make sure that we are asking the right questions and offering appropriate support?

Answer

B. Kilmurray confirmed that the Trust needed to work with and listen to all communities. It was important to consider how that could be done effectively and he advised that community engagement work had been included in the Trust's Community Transformation Project. The Trust had commissioned Healthwatch to work with them to make improvements and he had received a very helpful report from Teesside Healthwatch. North Yorkshire and York Healthwatch were currently looking into similar matters in their area, for the Trust. People from the LGBT community and other seldom heard groups were invited by the Trust to talk to staff about their experiences during 'lunch and learn' sessions. There was always more that could be done and he welcomed any ideas on how to improve this.

The Chair advised that the role of the Council of Governors was very important and there had been many conversations held between Governors and the Board around how they could challenge the Board and act as advocates for their communities, particularly for seldom heard communities.

Question 7

Would the Trust support a public enquiry?

Answer

The Chair advised that the decision on whether to hold a public enquiry was one for ministers and not the Trust.

B. Kilmurray concurred that it would be a ministerial decision. The Trust was a highly regulated organisation which reported monthly to a Quality Board. That Board was chaired by NHS England and attended by the CQC, local authorities and others who were responsible for monitoring the Trust's progress. The recently published reports had been thorough, the recommendations had been clear and the Trust had provided statements on the progress made. The Board was keen to learn from the reports, work with regulators and continue to make progress.

Question 8

What improvements have been made to the Adult Learning Disability wards at Lanchester Road Hospital in Durham following the CQC report?

Answer

B. Kilmurray advised that the Trust had immediately responded by closing the service to admissions and then commissioned Mersey Care NHS Foundation Trust to carry out a peer review. They had offered expertise in restrictive interventions and were a leading organisation in the delivery of Adult Learning Disability and Autism Services in England. They had provided the Trust with clear guidance on making improvements. In addition, multi-disciplinary teams, staff and leadership on the wards had been strengthened and increased support provided. Individual care plans had been reviewed and improved, including the

reduction of restrictions. Training development and support had also been provided to staff in those services and that work was on-going. The service would not open to new admissions until the Trust was confident that sufficient improvements had been made. Nationally, the requirements for this area of care needed to be developed and careful consideration was required to ensure real transformation. This view had been shared by other partners. There were good intentions behind the Transforming Care Initiative, and progress had been made with regard to people being treated in the community rather than in hospital, however the acuity and complexity of care required for those needing hospital treatment had significantly increased and some facilities in the Trust had not been fit for purpose. It was vital that the health and care systems worked in partnership to provide the right health and social care pathways for patients.

**22/88 MEETING CLOSE**

The Chair thanked all attendees for joining the meeting and colleagues for their effort and support throughout the year. He also thanked colleagues who had provided support in delivering the AGM.

Bringing the discussion to a close, the Chair confirmed that the Trust was committed to delivering change and would strive to once again receive a 'good' rating from the CQC for its patients and carers.

The meeting closed at 4.01pm.

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David Jennings
Chair
9th March 2023

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**Public 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 | 22/09 | 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 | - | G. Robinson and A. Williams both appointed as Champions 28/11/22 |
| 12/05/22 | 22/28 | Consult with Trust's Information Department regarding difficulty in 'guests' accessing the chat function on MS Teams. | DoCA&I | Mar-23 | Member of Trust's IT Department to deliver a tutorial to Governors at Governor Development Session on 16th March 2023 |
| 14/07/22 | 22/37 | Trust to lay a wreath annually on Remembrance Sunday | Chair | - | Wreath laid on Remembrance Sunday 2022 by Trust Chair. Intention to lay wreath annually |
| 14/07/22 | 22/40 | Annual schedule of Governor training to be provided to Governors | DoCA&I | - | Training schedule circulated to Governors |
| 13/10/22 | 22/59 | ICBs Consultation on how they will deliver the Health Inequalities Strategy, and a briefing on the impact it would have on the Trust, to be shared with Governors | CE / DoCA&I | Mar-23 | Consultation circulated by A Bridges. |
| 17/11/22 | 22/68 | Draft template for Governor feedback to be circulated to Governors for comments and approval. | DoCA&I | - | Template circualted to Governors by email 07/12/22 |
| 17/11/22 | 22/71 | Update on the Trust's Crisis Service to be provided at the next Council of Governors' meeting on 09/03/2023 | CE | Mar-23 | Item 9 |
| 17/11/22 | 22/73 | Table of CQC ratings for Trust services to be provided to Governors | DoN&G | Mar-23 | Open |
| 17/11/22 | 22/75 | Appointment of Governor Veterans/Armed Forces Champion - Governors to vote for preferred candidate | Co Sec | - | Superseeded |
| 17/11/22 | 22/75 | Advice to be sought on whether two Governor Veterans/Armed Forces Champions could be appointed | Co Sec | - | Advice sought on 21/11/22 from the Director for People and Culture. Confirmation received that two champions could be appointed (see minute 22/09 above) |

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# Chair's Report: 25th November 2022 – 12th January 2023.

**Headlines:**

**External:**

- Meetings with West Lane Families
- Meeting with Humber & North Yorks ICS Chair
- Meeting with North Tees & South Tees Chair
- Weekly MH Chairs' Network
- Meeting Teesside MP
- Visit to CommuniTea Group, Selby
- Visit to Worsley Court, Selby
- Meeting with Teesside University
- Durham Care Partnership event

**Governors**

- Council of Governors Development Day

**Internal**

- Judging, and giving, Living the Values Awards
- STAR Awards
- Leadership Walkabout Positive & Safe Team, Lanchester Road
- Session on Cyber & Digital
- Various meetings & discussions with executive officers

- Two weeks self-isolating with COVID January 2023.

# Chair's Report: 13th January 2023 – 16th February 2023.

**Headlines:**

**External:**

- Meeting  with Humber & North Yorks ICS Chairs
- Meeting with North Tees & South Tees Chair
- Meeting North East & North Cumbria ICB Board & FT Chairs
- North East & North Cumbria ICB Development Session, including East Kent Maternity findings
- Weekly MH Chairs' Network including National Rapid Review of in patient data
- Meeting Darlington MP
- Board to Board with NHSE and North East & North Cumbria ICB colleagues
- Meeting with North East & North Cumbria ICB Chair
- Meeting North Tees & South Tees NHS Trust Chair

**Governors**

- Meetings with one Governor

**Internal**

- Judging, and giving, Living the Values Awards
- Leadership Walkabouts
- Visit to Auckland Park
- Visit to Easington CAHMs
- Visit to North Moor House MHSOP Community MH Team
- Various meetings & discussions with executive officers
- Chief Nurse appointment interviews

Tees, Esk and Wear Valleys NHS Foundation Trust

**ITEM NO. 9**

| | | |
|---|---|---|
| **Committee Key Issues Report** | | |
| **Report Date to Council of Governors – 9 March 2023** | | |
| **Date of last meeting: 2 February 2023** | | **Report of: The Quality Assurance Committee** |
| | | Quoracy met: Apologies from Z Campbell |
| 1 | **Agenda** | The Committee considered the following matters:<br>• The management of relevant risks included in the BAF<br>• Risks relating to Quality and Safety<br>• Executive Quality, Assurance & Improvement Group (EQAIG)<br>• Progress on delivery of the CQC Action Plans<br>• Integrated Performance Dashboard & Trust Level Quality & Learning Report<br>• Trust Quality and Clinical Journeys<br>• NICHE Actions Assurance Report<br>• Update on Safety Alerts (matter escalated by Audit & Risk Committee)<br>• Internal Audit Reports: (matter escalated by Audit and Risk Committee)<br>• Safe staffing<br>• Update report on TEWV's response to findings identified at Edenfield Ward, Greater Manchester MH NHS FT – 'closed cultures'<br>• Adult Learning Disability Services (ALD) Improvement Plan<br>• Long term seclusions ICTRs |
| 2a | **Alert**<br><br>Leading | The Committee alerts the Board on the following matters:<br><br>**1. Executive Quality, Assurance & Improvement Group (EQAIG)**<br>Work continues to improve the flow of information through this group for more streamlined governance and to avoid duplication.<br>The key alerts raised at the Group were:<br><br>The lack of progress with serious incident reviews. Executive Directors will be considering seeking external agency support and are developing a recovery plan. Some assurance can be provided that each SI is reviewed on an individual basis in daily huddles where, if necessary, a rapid review can be commissioned so that early learning can be identified and actioned. Members expressed their concerns over the lack of requested support to help alleviate the number of backlog cases.<br><br>Current temporary closure of adult learning disabilities admissions has led to several LD related admissions in adult services, which isn't the appropriate environment with the suitably skilled staff. Discussion took place that the most appropriate place may need to be an out of area bed in such circumstances.<br><br>Bed occupancy remains a concern with up to 113% in Teesside – the ambition being 85%. The bed oversight group are monitoring this closely however together with staffing levels this presents a risk to the delivery of high-quality care.<br><br>**2. Safe Staffing**<br>There is little change to the ongoing challenges for safe staffing, which was related to December 2022 data. There is a positive development as staff can now view data at ward level. A significant risk remains in relation to appropriate skill mix. There remains a low fill rate for registered nurses in some areas. The two PICU's are demonstrating exceptionally high fill rates for Health Care Assistants (420% and 346%) impacting negatively on skill mix.<br><br>13 wards had more than 25% of bank staff fulfilment which is a risk to the delivery of safe care. Agency use remains high with 41 teams use of greater than 4% (an increase of 6 since last month) |

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| | | Staffing levels remain a concern. For both in patient and community services, there are clear escalation protocols.<br><br>**3. Adult Learning Disabilities Improvement Plan**<br>QUAC received a very clear update from the Care Group and noted that the temporary closure of two in patient units at Lanchester Road has been delayed, with one patient remaining, where an external review has been commissioned to ensure the appropriate care plan is in place.<br><br>Assurance was detailed in the paper in terms of communication, engagement and overall processes, with good progress on the actions completed by the service but as Board and regulators are aware, the actions remaining require wider support from within the Trust and the wider system. Members welcomed a further upcoming visit to the services from colleagues from Mersey Care NHS MH Trust.<br><br>**4. Update on Safety Alerts (matter raised at Audit & Risk Committee)**<br>Following concerns raised by ARC, The Chair of QuAC asked to receive an update on our approach and overall position in relation to the management of safety alerts across the Trust. The Committee received reasonable assurance on the design, compliance and control of our processes in relation to the management of safety alerts. However, our performance is disappointing and therefore the Committee agreed that there was overall limited assurance, impacted by capacity and capability. The Chair will advise ARC of the outcome and actions at its next meeting on 17 March 2023. |
| 2b | **Assurance** | The Committee wishes to draw the following positive assurances to the attention of the Board:<br><br>**1. Board Assurance Framework (BAF)**<br>That there is good assurance that the strategic risks assigned to the Committee are being managed effectively. However, the Chair advised that the Committee need to see positive movement in some areas going forward. The full review with Executive Directors will take place during February 2023. The Committee approved the reviewed risk appetite statements agreed informally by Board in December 2022.<br><br>**2. Delivery of the CQC Action Plan 2021 and CQC Inspection 2022**<br>There continues to be good assurance relating to system oversight and delivery of the action plans with no new gaps in assurance or the mitigating actions. The proposal to extend deadlines to three actions from the Core Service and Well Led 2021 inspection were supported to 30 June 2023, as delivery is interdependent on a Trust wide workstream.<br><br>**3. Risks to Quality and Safety**<br>Following review by the Executive Risk Group of all risks on the Corporate Risk Register (CRR), there has been positive movement in the overall position. Good assurance can be provided that there are effective controls in place to manage the corporate risks assigned to the Quality Assurance Committee.<br><br>It was reported that there had been a significant drop in performance of the number of risks that were overdue for review from 95% compliance to 50%. On questioning, it was acknowledged that it was over the Christmas period. It was also noted that the organisational cultural visits were operationalized, which was a priority agreed by Board and QUAC. There may have also been IT issues with a delay in alerts. The Committee were advised that the overdue reviews have been picked up, and performance will improve again.<br>Overall members recognised there have been considerable improvements made in the last year on managing risks and the focus is now to roll out corporate risk training.<br><br>**4. NICHE Assurance Actions (relating to BAF risk 12)**<br>The Committee agreed the outlined governance processes in the approach to learning from the deaths of three young women in our services in 2019/20. A fourth governance report is imminent. |

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| | | NHSE/I have commissioned NICHE to return to the Trust within six months of publication of all the reports (by the end of May 2023), to undertake an assurance review against the actions taken by the Trust in response to the recommendations.<br>Internal Audit are undertaking an audit and the Trust has also commissioned an independent review around Duty of Candour from NECS. The Committee should have this by April 2023.<br><br>**5. Internal Audit Reports: Providing assurance to the Audit and Risk Committee (ARC)**Following discussions with Internal Audit and Chair of ARC a cycle of reporting will be agreed to ensure that the relevant Committees of the Board have sight on the outcome of internal audit reports, and where appropriate, receive updates on areas of concern for consideration.<br><br>**6. Update report on TEWV's response to findings identified at Edenfield Ward, Greater Manchester MH NHS FT – 'closed cultures'**<br>The Committee welcomed this very important piece of work that has been supported by the Board in relation to the Trusts response to reports from Edenfield Centre, Greater Manchester Mental Health Trust. In total, 48 wards have received cultural visits over a short period of time. The results have been presented to the Executive Directors Group. An overview report was presented to the Committee. Overall, a lot of positive assurance was received around visibility of leaders, staff knowing their patients, kind and compassionate care being observed, however some recommendations, including some environmental issues will be taken forward via the Care Groups. The feedback has been themed into the following domains: Leadership and management, experience of service users, experience of staff, environment, use of restrictive interventions and oversight. Further consideration of how such an approach can be used to triangulate quality information along with the quality assurance schedule will be given.<br><br>The Chair, on behalf of the Committee thanked teams for the monumental effort of covering such a large geographic area of ward areas in such a short time and noted the open, honest and transparent next steps. |
| 2c | **Advise** | The Committee wishes to advise on the following matters to the attention of the Board:<br><br>**1. Trust Clinical and Quality Journeys**<br>Members of the Committee welcomed the two documents presented. Both had been subject to significant journeys, having emanated from The Big Conversation and then Our Journey to Change.<br>*i) The Clinical Journey be recommended to the Board of Directors for approval, subject to referencing more strongly the need for improved system partner working and the effective engagement for children and adult LD services.*<br>*ii) The Quality Journey is still subject to further consultation, but the Committee provided feedback and supported the recommendation that it be approved by the Board of Directors, following some wider consultation.*<br><br>**2. Integrated Performance Dashboard (QuAC) and Trust Level Quality & Learning Report**<br>These items were taken together on the agenda as five of the 10 metrics relate to both and a suite of metrics will combine both reports in future. Recent serious incidents in November and December 2022 in CAMHS were noted. The four quality and safety indicators showing cause for concern, incidents, incidents per 1000 caseload, seclusion and feeling safe were all considered with overall good assurance relating to the CQC domains. Reporting of the IPR through to Care Groups is having a positive impact with further work underway to streamline the Quality and Learning report information to that level in the governance structures. The Committee welcomed this proposal and asked for an update at a future meeting.<br><br>**3. Update on long term seclusions (ICETR Themes)**<br>This second update report to the Committee provided reasonable assurance that individuals with a learning disability and/or autism in long term segregation have had their |

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| | | care independently reviewed. (Currently 14 patients within long term segregation or prolonged seclusion). Eight of these patients are in LD services and the remaining patients within Secure Inpatient Services at Roseberry Park Hospital. Of these patients, four have no diagnosis of a learning disability and are therefore exempt from the ICTR process. Seven patients have had an ICTR reviewed with one awaiting a date and a further two waiting agreement with commissioners. For each of the patients who have received an ICTR, there have been agreed patient actions.<br><br>Themes include access to speech and language assessment and treatment, sensory assessment and dietetic input, consistent application of positive behaviour support plans, staff to have training in autism and trauma informed care, access to appropriate housing (each of the seven are delayed in their discharge).<br><br>Further work to develop standard processes for identification, escalation and assurance of ICTR processes and in collaboration with the Integrated Care Boards is underway. Nine out of the 14 patients continue to have their care reviewed by the Reducing Restrictive Interventions panels.<br><br>A separate piece of work requested by QuAC to review 317 incidents of restrictive interventions categorised as “other” has provided the Committee with the relevant background information. Within datix there are 14 different types of restrictive intervention with seven of these being condensed into an ‘other’ category for reporting processes (this has now been renamed as ‘all other forms of restrictive intervention’. To provide assurance to QUAC, the Nurse Consultant for Positive and Safe reviewed 317 incidents that had in a previous report to QUAC been recorded as other. This work provided the committee with good assurance through a breakdown of the type of restrictions used and to follow up data<br>quality issues in 67 of the incidents and re-categorise these, as well as picking up areas for further training. |
| 3 | **Report compiled by** | Bev Reilly, Non-Executive Director, Deputy Chair of the Trust, Chair of the Committee,<br>Elizabeth Moody, Director of Nursing & Governance,<br>Donna Keeping, Corporate Governance Manager |

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

**Item 11a**

## COUNCIL OF GOVERNORS

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| **DATE:** | **23rd February 2023** |
| **TITLE:** | **Board Integrated Performance Report as at 31st December 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 December 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 monthly IPR will also include, by exception, the key ambitions agreed with Commissioners in the Long-Term Plan (LTP) that have not been delivered. On a quarterly basis the IPR will provide progress against the System Oversight Framework (the regulatory framework).

**3 Key Issues:**

This Executive Summary is split into two distinct sections: the first section focuses on the latest IPR and the second section focuses on the broader key issues/work in relation to Quality, Inpatient Pressures, People & Culture and Finance which is supplemented by the two Care Board Summaries.

**3.1 Part 1: Integrated Performance Report**

3.1.1 IPD Key Changes

The following section highlights the key changes in the IPD from the previous report:

- **Bed Occupancy (measure 8)** now has positive controls assurance (previously negative assurance)
- **Percentage of staff recommending the Trust as a place to work (measure 16)** now assessed as having limited performance assurance (previously reasonable)
- **Percentage of staff feeling they are able to make improvements happen in their area of work (measure 17)** now assessed as having limited performance assurance (previously reasonable)
- **Number of new unique patients referred (measure 22)** now has neutral controls assurance (previously positive assurance)
- **Financial Plan SOCI – Financial Accounts – Surplus/Deficit (measure 24)** now assessed as having reasonable performance assurance (previously limited)

3.1.2 IPD Areas of Concern

The following section highlights the areas of concern within the IPD where we have limited performance assurance and negative controls assurance.

a) **Percentage of staff recommending the Trust as a place to work (measure 16)** The Trust is in the lowest performing quartile (a position of concern); 48 out of 51 Mental Health & Learning Disability Trusts. Whilst our People and Culture Journey work could have a positive impact in this area, we currently have limited assurance in terms of specific actions to improve this position.

b) **Staff in post with a current appraisal (measure 21)** We continue to have special cause concern at Trust level and in both Care Groups; however, we are now back within the process control limits which is positive. Routine monitoring is continuing and all areas below the agreed standard of 85% have a trajectory/timescale of when they will achieve this. There is currently limited assurance pending completion of the actions identified to improve the position.

c) **Unique Caseload (measure 23)** We continue to have special cause concern at Trust level and in both Care Groups. The Executive Strategy & Resources Group received initial high-level analysis in January 2023 showing those 6 team types (by Care Group) accounting for the majority (84%) of the Trust-wide caseload increase (5-6 team types) and also the percentage and absolute increase for each team type (in isolation of workforce changes). The caseload data has been overlaid with whole time equivalent staffing information and historical service changes, to understand how teams have changed structurally since the 1st April 2021. This work was targeted to complete by end January 2023. The next step is to review analysis to understand reasons for the increase in caseloads compared to increases/decreases in staffing (funded and contracted) and changes to contracts. This will include linkage with the services to gather general intelligence on other factors that may be impacting the teams, including sickness. This work will be completed by the end of February 2023, with an interim update to Strategy and Resources Committee on 7th February 2023. There is currently limited assurance pending completion of this further analysis and the identification of related improvement actions.

d) **Financial plan: Agency Expenditure (measure 25a)** The Trust is overspending compared to planned agency costs for 2022/23. Monthly run rates for agency staff costs considerably exceed 2021/22 levels, meaning that the financial plan including associated CRES are not being delivered. There is limited assurance with elevated levels of agency expenditure being a cause 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, 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

The Board is aware of modest positive signs of improvement, including relating to some reductions in the use of off-framework agency staffing assignments following the successful discharge of an individual with a complex care package, and due to actions to move away from the most expensive off-framework agency supplier for Learning Disability services (without impacting quality or safety). However, despite wider discussions, including through regional Quality Board, there are limited agreed system plans for the discharge of a small number of individuals supported through complex Trust Care Packages.

e) **Financial plan: Agency price cap compliance (measure 25b)** Agency usage includes shifts fulfilled on hourly rates above the price cap. There is limited assurance due to the pressures highlighted at 24 and 25a) above driving staffing pressures.

f) **Use of Resources Rating – overall score (measure 26)** The Trust is not achieving its planned Use of Resources Rating (UoRR). The issues highlighted in measures 24, 25a and 25 b above have impacted metrics across the UoRR measure (except for liquidity).

g) **CRES Performance Recurrent (measure 27)** The Trust is not achieving its recurrent CRES savings target. This is being compensated by good assurance on measure 28 (non-recurrent); however, in addition this is impacted by the limited assurance we have for agency and OAPs. 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.

3.1.3 IPR Other points to note

Most measures where we have reasonable performance assurance and negative controls assurance are being managed via various programmes of work; however please note the following updates discussed at Executive Directors Group (EDG):

a) **Financial plan (measure 24)** The Trust is not in line with its year-to-date financial plan; with a year-to-date deficit of £5.0m (£5.2m worse than plan) and including unfunded pay award pressures. However, mitigating action plans, confirmed contract changes, national year-end guidance and the impacts of schemes approved against national discharge funding have materially improved forecasts to the extent that the Trust now expects to achieve the £1.16m planned surplus.

There have been 3 consistent key operational drivers of financial performance: elevated bed occupancy/delayed transfers of care, independent sector bed

utilisation and elevated agency staffing pressures. In addition, adverse financial impacts of the nationally negotiated pay review body outcomes on NHS staff pay have been reported since month 6 (effective payment date). If remitted on the nationally allocated basis of a 1.66% contract uplift, the Trust would have a £2.5m year to date pressure (included in the Month 9 position, or £3.3m full year, assumed fully funded before adjusting for National Insurance reduced c contributions).

Due to escalating financial pressures and risks to delivery of the planned surplus, the Board considered papers in private session in both November and December 2022 on the best and most probable case forecast outturn positions, and next steps to mitigate and/or manage the position, including working closely with NENC ICS system partners.

Board colleagues had considered the prospect that, subject to discussions regarding pay award funding and/or mitigation of the £3m recovery risk, the Trust may need to invoke the NHSE 'Protocol for changes to in-year revenue financial forecast' (constituting a breach of statutory duty), and consequential Board assurance statements in that event.

Via month 9 reporting, pursuit/completion of recovery actions, confirmed contract and education funding and confirmed national year-end guidance relating to the discount rate, the Trust's forecast has improved materially, to the extent that the Trust's probable case mitigates the previously expected £3m plan risks and would deliver the £1.16m planned surplus.

The Trust Board met again in Private in January 2023 and agreed to maintain a forecast of the £1.16m planned surplus, based on the probable case forecast outturn. On this basis the new NHSE Reporting Protocol would not need to be invoked.

b) EDG feels the current level of assurance is reasonable in relation to the latest Long-Term Plan ambitions and there are no specific areas to highlight from the System Oversight Framework that are not already covered within this summary.

The more detailed assurance supporting the Integrated Performance Dashboard (IPD) including the latest IPD Performance and Controls Assurance Framework Assessment and Long-Term Plan ambitions is contained in Appendix A.

**3.2 Part 2: Broader Key Issues/Work**

3.2.1 Quality

**Safe Staffing**
Business Continuity Arrangements remained in place during December 2022 for the following service areas: Secure Inpatient Services, Durham & Darlington Crisis Team, the AMH wards at RPH Dalesway (4 admission wards and PICU), CAMHS Community York, CAMHS Community Northallerton, CAMHS CRHT, and DTV&F Inpatient Adult Learning Disability Services. These service areas continue to be closely monitored within the care groups who also report to the Executive Directors Group regarding workforce figures.

Registered Nurse fill rates continue to remain consistently low across a significant number of wards (37) for day shifts. The number of wards with low fill rates for RN night shifts have also increased but are as significant as seen on days shifts. There

are 22 wards reporting as less than or equal to two thirds of their RN fill rate, 11 of which are adult wards (including PICUs). It is noted that Thistle ward was closed from the 14th December 2022.

HCA fill rates for day shifts show there are a significant number of wards with high fill rates for HCAs, 20 wards are exceeding 150% of their budgeted establishment – 13 of these wards are AMH wards - the highest being the PICUS (Bedale and Cedar) having fill rates of 420% and 346% respectively. HCA fill rates for night shifts similarly show a significant number of wards with high fill rates for HCAs, with 28 wards exceeding 150% of their budgeted establishment – 12 of these wards are AMH wards, with the highest being the Bedale at 533%.

The high HCA fill rates are due to:

- where additional HCAs have been rostered over the funded establishments to fill RN deficits.
- high patient acuity and dependency requiring additional staff – this can be seen to impact the skill mix on the wards
- limited RN availability on the bank and agency, which will then be filled by the more available HCA resource

The number of missed breaks has increased over the previous month, alongside a small decrease in shifts worked that were greater than 13 hours. Red flags show an increase over the previous month despite seeing the same amount of Datix reports for staffing levels as per November. We are undertaking work to enable improved granularity regarding the number of wards impacted with an individual Datix report for staffing levels. This will also reduce administrative overheads for clinical staff without losing the required detail and aims to improve reporting outcomes.

Temporary staffing requests however continue to remain high over the last 6 months. December has seen reduction in the number of unfilled temporary staffing shifts with a corresponding increase of agency filled shifts – bank has remained static in its fill rate.

**Environmental Risks**
In response to the Niche recommendations and our continuous improvement work in relation to environmental risk assessments we have been reviewing the environmental survey procedure and strengthening processes between services and EFM and clarifying escalation processes. A procedure has been developed that supports the identification prioritisation and management of works that have arisen from an environment risk survey or patient safety event.

3.2.2 Inpatient Pressures

**Bed Occupancy**
In December 2022 a revised bed occupancy reduction plan and suite of metrics were presented by the Durham, Tees Valley operational team. The aim of this revised plan is to reduce the independent sector beds usage to 4 and release an efficiency saving of £360K whilst also addressing the requirements of the NHS England 100-day discharge challenge, all with a delivery date by 31st March 2023.

The production of a revised plan has initiated the undertaking of a second deliverability diagnostic assessment, the results of which showed no change to the original RAG rating: Amber ‘medium risk’ (60% probability of delivery).

The plan and intended impact are to be monitored by the Beds Oversight Group, via a scorecard. The scorecard has been developed for testing, comprising the agreed primary and secondary metrics these include:

- Number of Independent Sector bed day usage (primary metric)
- Actual Spot Purchase spend per month (primary metric)
- % Bed Occupancy (primary metric)
- Average Length of Stay (secondary metric)
- % Delayed Transfers of Care (secondary metric)

Metric baseline data has also been identified and where applicable a measure of improvement (target) applied. In addition, several indicators that will have an interdependency on the impact of this plan have also been identified for monitoring purposes only i.e., admission rates, readmission rates etc. Other interdependent metrics such as PICU transfers and repatriation numbers may need to be considered in this data set when reviewing the impact on bed occupancy levels.

The Beds Oversight Group will continue to monitor the impact of the plan whilst immediate consideration is given to the identification of other potential short-term actions to bolster the Durham, Tees Valley Adult Mental Health plan and help delivery of the agreed outcomes as well as other actions that may need to be taken Trust-wide (supported by the Beds Oversight Group, Programme Management Office and Advancing Our Clinical & Quality Safety Journey Sub-portfolio Programme Board).

Further areas of work (medium to long term) that are being considered for further scope by the Beds Oversight Group are:

- Development of other speciality bed occupancy level reduction plans
- Admissions pathway (plus activity linked to CMHF plans and timelines)
- Readmissions pathway
- Discharge pathway (linked to Crisis)
- Length of Stay
- Rehabilitation pathway (inpatients)
- Bed modelling
- Clinical decision making

3.2.3 People & Culture

**Workforce Planning**

The Trust's biggest challenge and risk is the recruitment and retention of it's workforce, which is echoed widely both regionally and nationally. The introduction of Strategic Workforce Planning will enable the Trust to design and deliver the right workforce, with the right skills, in the right place at the right time. To understand critical gaps and plan for the workforce we need in the short, medium and long term to deliver the right quality of care and to ensure our staff are supported, valued and have both career pathways and opportunities that will encourage them to stay. Safe staffing levels whilst critical for quality of care, hugely affect staff experience, health and wellbeing and the creation of effective teams which impact upon recruitment, retention and also staff absence levels.

Currently Workforce Planning capability and capacity within the Trust is limited, however demand is high. A new workforce planning function has been built into the Improvement and Design Service to align closely with the Workforce Information and

Quality Improvement (QI) teams to provide the quantitative and qualitative information we need to build effective workforce plans together with our managers and services. In October and November 22, a series of thirteen "Introduction to Workforce Planning Sessions" were delivered virtually over MST which were well received. Work has also started with Services to identify priority areas and a Toolkit Guide developed to support managers with a consistent, evidence-based approach. Linking closely with our regional workforce planning leads in the NENC and H&Y, building networks and undertaking specific national training has helped to increase capability, however capacity remains an issue, to meet increasing demand within services and the frequency and complexity of national workforce planning submissions/data requests. To increase capacity and resource, a new workforce Planning and Redesign Lead post has been developed and is currently being advertised, with the aim for the post to be filled early into the new financial year 23/24.

3.2.4 Finance

**Agenda for Change (AFC) and Other Pay Awards**

The Trust has an existing accumulated funding shortfall relating to impacts of prior year Agenda for Change pay awards of around £7.8m due to the disproportionate impacts from funding via national annual 'tariff' uplifts applied to provider contract values. The impact of the outcome of the 2022/23 Pay Review Bodies was estimated by all organisations within the NENC Integrated Care System (ICS) to be a composite shortfall of £20m compared to the national average uplift of 1.66% (applied to related contracts with each ICS provider in September). If allocated to providers as a flat rate percentage uplift, this would have generated an additional in-year pressure for the Trust because a higher percentage of our cost base is pay. NENC ICB worked responsively with all providers to review the funding methodology and explore alternate mechanisms that better reflect actual provider costs. NENC ICS partners agreed to assume the funding gap will be mitigated by March 2023 (fully funded) but to report adverse in-year variances from Month 6 (the initial effective payment date).

As part of recent forecasting work coordinated via NENC Finance Directors and ICB discussions with NHSE, additional non-recurrent ICB funding has been secured to mitigate ICS partner pressures.

3.2.5 Care Board Summaries

**Durham Tees Valley and Forensic Care Group**

*Key Areas of Concern identified from the Integrated Performance Dashboard (IPD) with triangulation of any other relevant information:*

- The Percentage of inpatients reporting that they feel safe whilst in our care is a concern for us. Key actions are in place, with our Director for Lived Experience and include the development of an action plan in AMH services which includes the recruitment of 2 Senior Peer Worker posts (Lived Experience roles) to support our inpatient services. These are currently out to advert. A plan is to be developed in MHSOP services and will be in place by March 2023. Further work has commenced to triangulate the different aspects of the "feeling safe" workstream including mutual expectation, patient safety learning, feeling safe focus groups, etc.
- Pressures on our inpatient services are continuing; our bed occupancy remains high within our adult and older people wards although we are starting to see some reductions alongside a significant reduction in our use of independent

sector beds. Actions within our Bed Occupancy reduction plan have been mapped against those of the National 100 day discharge challenge and new actions added to support this work.

- The outcomes within our CYP and AMH services are not where we would like them to be, although we have seen improvements in CYP clinician reported outcomes. Actions are in place across all specialties and continue to progress.
- We continue to have long waiting times for assessment within our CYP neurodevelopmental service. Action plans have been completed and service reviews remaining ongoing working with commissioning colleagues.
- Within the Long-Term Plan, we continue to see improvements within our Children's Eating Disorders service however we are keen to continue these. Several actions remain ongoing including working with County Durham and Darlington Foundation Trust around the provision of dieticians, a workshop will take place before the end of January to develop a decision-making matrix of care to ensure roles and responsibilities of each trust are defined. The development of a temporary Service Level Agreement continues to progress following feedback from CDDFT.
- Fewer people are accessing our IAPT service than we would like. Further work is ongoing to understand this in more detail and enable us to set actions.

*The areas of positive assurance identified within the IPD:*

- Within our IAPT services we are achieving the standard for patients achieving recovery and we continue to have excellent waiting times, achieving the 6- and 18-week standards for accessing our services.
- We continue to exceed standards consistently for The Number of people who receive two or more contacts from NHS or NHS-commissioned community mental health services for adults and older adults with severe mental illnesses and the Number of CYP aged under 18 supported through NHS-funded mental health with at least one contact. We have also achieved standards around 72 hour follow ups following discharge from our inpatient facilities and the number of patients within our EIP service who are treated with NICE approved care packages within 2 weeks of referral
- The Percentage of staff feeling they are able to make improvements happen in their area of work and who would recommend the Trust as a place to work have improved across all specialties other than ALD. We are looking at shared learning from areas that have shown the greatest improvement.

*Other key information, issues, and risks (not already included in the IPD) that the Care Group wishes to highlight and/or escalate:*

- Within our Crisis services, a quality improvement event took place w/c 12/Dec/22 to look at service redesign that would increase capacity and our ability to respond to people in crisis. A new approach to screening has been developed with training currently being rolled out for a pilot in D&D AMH crisis team. The process will be implemented within this team on 30th January 23.

**North Yorkshire, York & Selby Care Group**

*Key Areas of Concern identified from the Integrated Performance Dashboard (IPD) with triangulation of any other relevant information:*

- Pressures on our inpatient services are continuing; our bed occupancy remains high within our adult, older people and adult learning disability wards however, collective effort has retained the reduction of the number of patients admitted to the independent sector for North Yorkshire, York & Selby. As at 12th January 23 we have 1 patient in an independent sector bed.

- Whilst we have seen some improvements in compliance with mandatory training and appraisals, issues remain with staff capacity as a result of high caseloads, staff leavers and recruitment challenges and day to day operational pressures.
- Memory waiting times is impacted as capacity is outstripping demand and with no further investment to improve capacity. A demand and capacity exercise was due to commence in December, this has been delayed due to sickness and service demands, this will therefore commence at the end of January 23 which will inform next steps.

*The areas of positive assurance identified within the IPD:*

- Within Long Term Plan as at the end of December 22, we continue to have excellent waiting times within IAPT and are achieving the 6- & 18-week standards for accessing our services and are meeting the IAPT access and recovery standard for Vale of York Sub-ICB location. 72 hours follow up standard is achieved for North Yorkshire Sub-ICB locations and Child Eating Disorder service has achieved 100% for urgent referrals during the month of December 22.

*Other key information, issues, and risks (not already included in the IPD) that the Care Group wishes to highlight and/or escalate:*

- All-age Crisis phone line remains a risk, daily oversight remains in place to ensure planned staff are in place to respond to the 0800 calls, although short notice staffing gaps continues to have an impact daily. Within NYY, the percentage of calls responded to was 48%. A number of actions are in place including safe screening of calls by any practitioners, is in the final stages of development, (led by the Trust urgent care lead) as well as the case note and activity requirements for any filtered call. This will reduce the call duration and record requirements as triage is not required for all.
- System wide pressures are ongoing. The CGB have identified pressure/underfunded areas during annual planning. Discussions are ongoing within the system

3.3 **Summary of Key Risks**

3.3.1 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 adult 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 and nationally negotiated 2022/23 pay deals (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

- **(BAF Risks 1 and 5) Recruitment and Staff Retention** There is a risk that our inability to recruit and retain sufficient qualified and skilled staff (a common risk shared by all providers) might jeopardise our ability to provide high quality/safe services. In addition, there are multiple factors that could contribute to staff not choosing to stay with the Trust once we have recruited them. This will undermine the provision of safe and sustainable services as well as putting individual staff and patients at risk of harm. Oversight and escalation processes are well embedded to maintain safe staffing levels.

- EDG confirmed there were no "new" emerging risks as its meeting on the 25th January 2023.

**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.

Appendix A

Tees, Esk and Wear Valleys
NHS Foundation Trust

# Board Integrated Performance Report



# As at 31st December 2022

**Report Produced by: Ashleigh Lyons, Head of Performance**
**Date the report was produced: 23 January 23**

**For any queries on the content of this report please contact: Sarah Theobald, Associate Director of Performance**
**Contact Details:** sarah.theobald@nhs.net

journey to change

# CONTENTS

# Chapter 1

# Integrated Performance Dashboard (IPD)

# Our Guide To Our Statistical Process Control Charts

Tees, Esk and Wear Valleys 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/plan is achievable is now included for a number of measures. Standards for the remaining ones will be reviewed in the new financial year.**

# Our Approach to Data Quality and Action

Tees, Esk and Wear Valleys NHS Foundation Trust

**Data Quality**
On a bi-annual basis we undertake a data quality assessment on our Board measures as part of our assurance to the Board. Our data quality assessment focuses on 4 key elements: robustness of the measure, data source, data reliability and audit. Work is underway to understand the resources and timescales required to establish a local audit framework; therefore, the audit element has been omitted from the initial assessment.

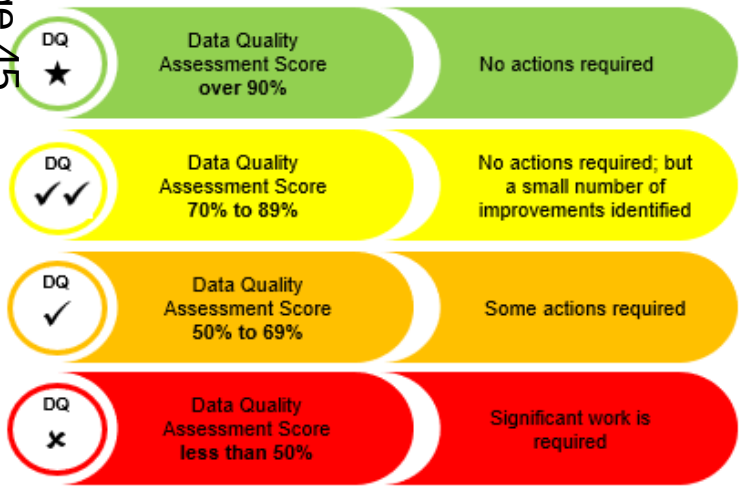
**Please note** an assessment has not yet been undertaken on the following new measures. An assessment of these will be included in the March 2023 report.

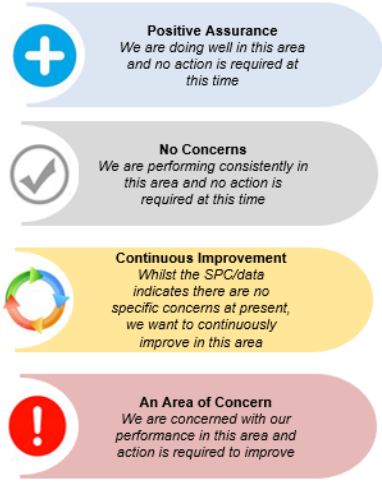
11) The number of Incidents of moderate harm and near misses
25a) Financial Plan: Agency expenditure compared to agency target
25b) Agency price cap compliance

**Action Status**
Our action status is informed by a combination of current performance, performance over time (including trends) and general intelligence.

When we interpret a Statistical Process Control chart we look at the current variation depicted within the chart, how our performance is compared to what we are trying to achieve, whether we have assurance that we will achieve the standard (if applicable) and whether our performance over time is improving.





# Performance & Controls Assurance Overview

Tees, Esk and Wear Valleys NHS Foundation Trust

| Controls Assurance Rating | Performance Assurance Rating: Substantial | Good | Reasonable | Limited |
|---|---|---|---|---|
| Positive | | *CRES Performance – Non-Recurrent | *Bed Occupancy (AMH & MHSOP A & T Wards) | |
| Neutral | | *Serious Incidents reported on STEIS<br>*Restrictive Intervention Incidents<br>*Medication Errors with a severity of moderate harm and above<br>*Unexpected Inpatient unnatural deaths reported on STEIS<br>*Capital Expenditure (Capital Allocation) | *Patients surveyed reporting their recent experience as very good or good<br>*Carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for<br>*CYP showing measurable improvement following treatment - clinician reported<br>*Incidents of moderate harm and near misses<br>*Uses of the Mental Health Act<br>*Percentage Sickness Absence Rate<br>*New unique patients referred | *Staff feeling they are able to make improvements happen in their area of work |
| Negative | | *Inappropriate OAP bed days for adults that are 'external' to the sending provider *Cash balances (actual compared to plan) | *Inpatients reporting that they feel safe whilst in our care<br>*CYP showing measurable improvement following treatment - patient reported<br>*Adults and Older Persons showing measurable improvement following treatment - patient reported<br>*Adults and Older Persons showing measurable improvement following treatment - clinician reported<br><br>*Staff Leaver Rate<br>*Compliance with ALL mandatory and statutory training<br>*Financial Plan: SOCI - Final Accounts - Surplus/Deficit | *Staff recommending the Trust as a place to work<br>*Staff in post with a current appraisal<br>*Unique Caseload (snapshot)<br>*Financial Plan: Agency expenditure compared to agency target<br>*Agency price cap compliance<br>*Use of Resources Rating - overall score<br>*CRES Performance - Recurrent |

# Board Integrated Performance Dashboard

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

| Rep Ref | Our Quality measures | Committee Responsible for Assurance | Variation | Assurance | Standard (FYTD) | Actual (FYTD) |
|---|---|---|---|---|---|---|
| 1) | Percentage of patients surveyed reporting their recent experience as very good or good | QAC | | ? | 92.00% | 91.78% |
| 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 | | ? | 75.00% | 71.76% |
| 3) | Percentage of inpatients reporting that they feel safe whilst in our care | QAC | L | ? | 75.00% | 57.26% |
| 4) | Percentage of CYP showing measurable improvement following treatment - patient reported | QAC | L | F | 35.00% | 24.25% |
| 5) | Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported | QAC | L | F | 55.00% | 46.83% |
| 6) | Percentage of CYP showing measurable improvement following treatment - clinician reported | QAC | | F | 50.00% | 44.57% |
| 7) | Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported | QAC | L | F | 30.00% | 20.22% |
| 8) | Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards) | S&RC | L | | | 99.03% |
| 9) | Number of inappropriate OAP bed days for adults that are external to the sending provider | S&RC | H | | | 431 |
| 10) | The number of Serious Incidents reported on STEIS | QAC | | | | 94 |
| 11) | The number of Incidents of moderate harm and near misses | QAC | | | | 1,462 |
| 12) | The number of Restrictive Intervention Incidents | QAC | | | | 5,853 |
| 13) | The number of Medication Errors with a severity of moderate harm and above | QAC | | | | 10 |
| 14) | The number of unexpected Inpatient unnatural deaths reported on STEIS | QAC | | | | 2 |
| 15) | The number of uses of the Mental Health Act | MHLC | | | | 3,214 |

| Rep Ref | Our People measures | Committee Responsible for Assurance | Variation | Assurance | Standard (FYTD) | Actual (FYTD) |
|---|---|---|---|---|---|---|
| 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 | | | 12.92% |
| 19) | Percentage Sickness Absence Rate (month behind) | PC&D | | | | 6.21% |
| 20) | Percentage compliance with ALL mandatory and statutory training (snapshot) | PC&D | L | P | 85.00% | 85.13% |
| 21) | Percentage of staff in post with a current appraisal (snapshot) | PC&D | L | ? | 85.00% | 82.95% |

| Rep Ref | Our Activity measures | Committee Responsible for Assurance | Variation | Assurance | Standard (FYTD) | Actual (FYTD) |
|---|---|---|---|---|---|---|
| 22) | Number of new unique patients referred | S&RC | | | | 74,520 |
| 23) | Unique Caseload (snapshot) | S&RC | H | | | 62,300 |

| Rep Ref | Our Finance Measures | Committee Responsible for Assurance | Assurance | Plan (FYTD) | Actual (FYTD) |
|---|---|---|---|---|---|
| 24) | Financial Plan: SOCI - Final Accounts - (Surplus)/Deficit | S&RC | F | -216,000 | 4,718,089 |
| 25a) | Financial Plan: Agency expenditure compared to agency target | S&RC | F | 7,245,937 | 16,285,967 |
| 25b) | Agency price cap compliance | S&RC | F | 100% | 64% |
| 26) | Use of Resources Rating - overall score | S&RC | F | 2 | 3 |
| 27) | CRES Performance - Recurrent | S&RC | F | 8,242,000 | 6,482,000 |
| 28) | CRES Performance - Non-Recurrent | S&RC | P | 1,044,000 | 1,044,000 |
| 29) | Capital Expenditure (CDEL) | S&RC | F | 7,492,000 | 6,262,000 |
| 30) | Cash balances (actual compared to plan) | S&RC | F | 72,630,000 | 70,734,000 |

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

Tees, Esk and Wear Valleys 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.

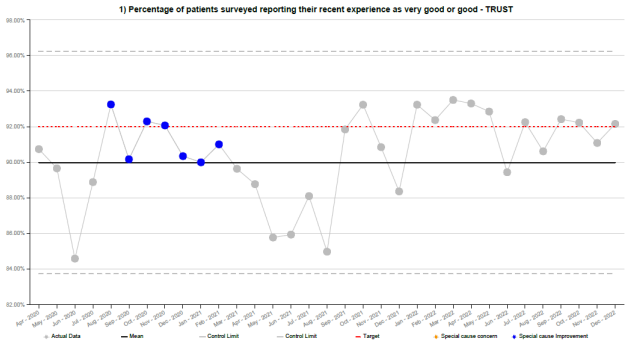
During December, **803** patients responded to the overall experience question in the patient survey: Question: "Thinking about your recent appointment or stay overall how was your experience of our service?". Of those, **740 (92.15%)** scored "very good" or "good"

No significant change in the data during the reporting period shown

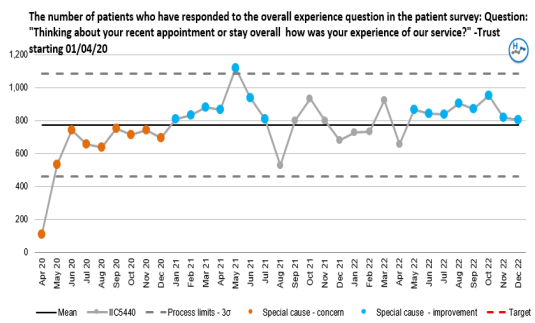
Our performance is not consistent and we regularly achieve and miss the standard we have set ourselves

DQ ★ 93%

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

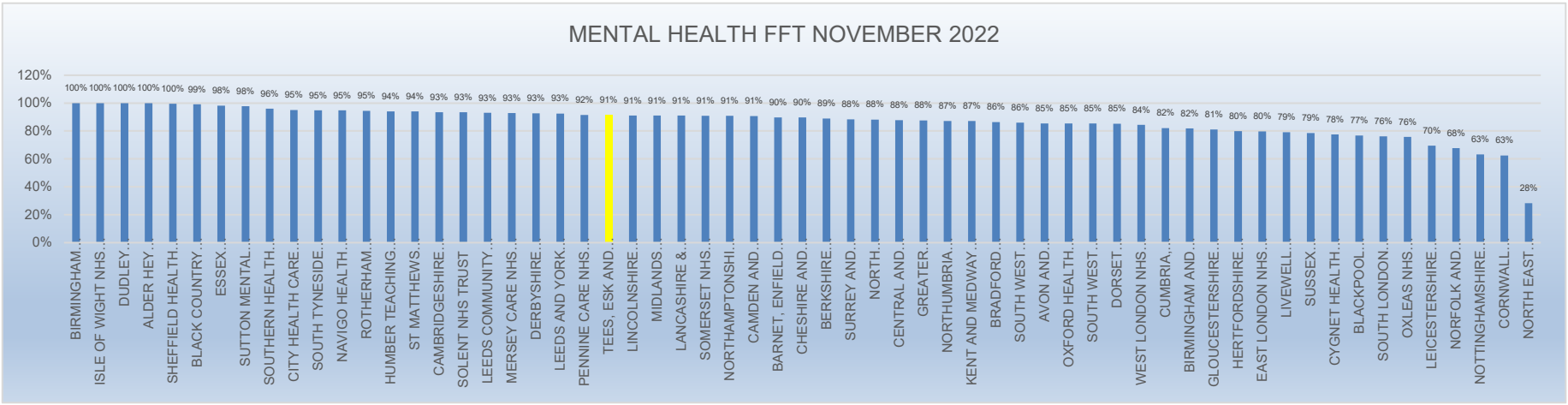



| Care Group \Directorate | Variation | Assurance |
|---|---|---|
| TRUST | | |
| DURHAM, TEES VALLEY AND FORENSIC | | |
| NORTH YORKSHIRE, YORK AND SELBY | | |






**National Benchmarking - Mental Health Friends and Family Test (FFT) data - November 2022** (latest data available)**.** 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 **84%**, our Trust is identified by the yellow bar in the chart below. We are ranked 23 in the list of providers shown.



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

Tees, Esk and Wear Valleys 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:* Patient Experience Task & Finish to establish a service improvement action plan, including a set of clearly defined improvement actions, for each Care Group Board by the end of ~~January~~ March 2023. | | |

# 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 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 December, **241** 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, **171 (70.95%)** scored “yes, always”.

No significant change in the data during the reporting period shown

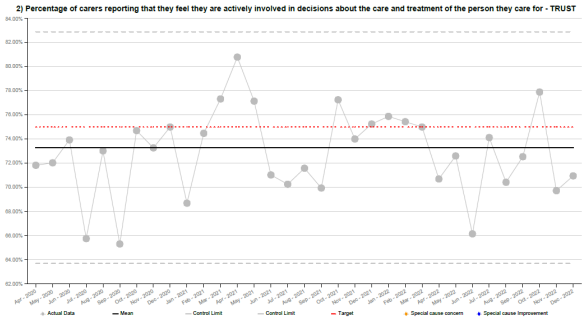
Our performance is not consistent and we regularly achieve and miss the standard we have set ourselves

DQ

87%

**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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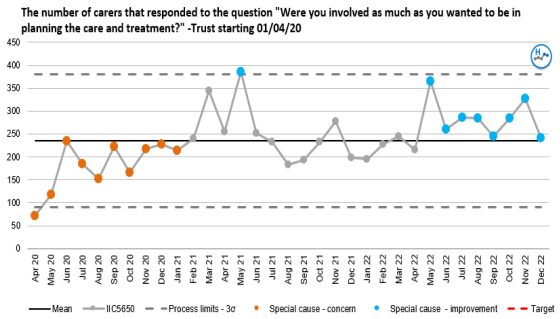



There are currently no specific trends or areas of concern identified at Trust or Care Group level. Any issues identified at specialty level are being addressed by the Care Groups.

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

Tees, Esk and Wear Valleys 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.

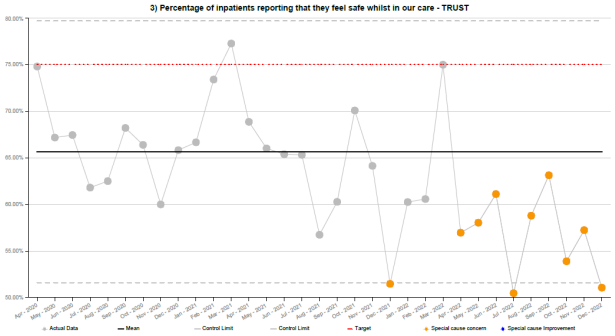
During December, **141** patients responded to the overall experience question in the patient survey: Question: “During your stay, did you feel safe?”. Of those, **72 (51.06%)** scored “yes, always"

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

Our performance is not consistent and we regularly achieve and miss the standard we have set ourselves

DQ ★ 93%

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

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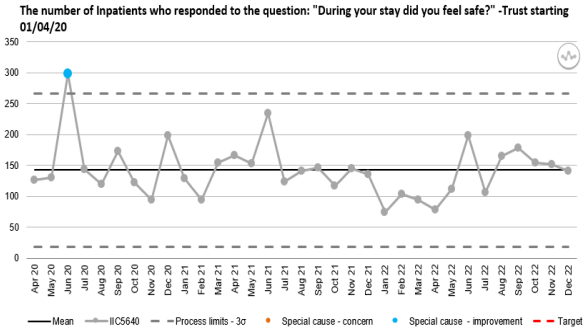



| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| We are concerned that inpatients in our Secure Inpatient Services (SIS) do not feel as safe as we would like during their stay with us | *Enabling action*: Care Group Director for SIS to develop a service improvement plan in October 2022. Originally delayed to December 2022, this will now be completed by the end of January 2023. | | |
| ‘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. | Of the 4 actions, 2 are complete 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 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*: Patient Experience Task & Finish to establish a service improvement action plan, including a set of clearly defined improvement actions, for each Care Group Board by the end of January 2023. | *Please see update in respect of 01) Percentage of Patients surveyed reporting their recent experience as very good or good* | |
| | ***NEW** Enabling action:* The Patient Experience Team are to expand the focus groups to Mental Health Services for Older People and Learning Disabilities during February; findings will be reported to the Care Boards in March 2023. | | |

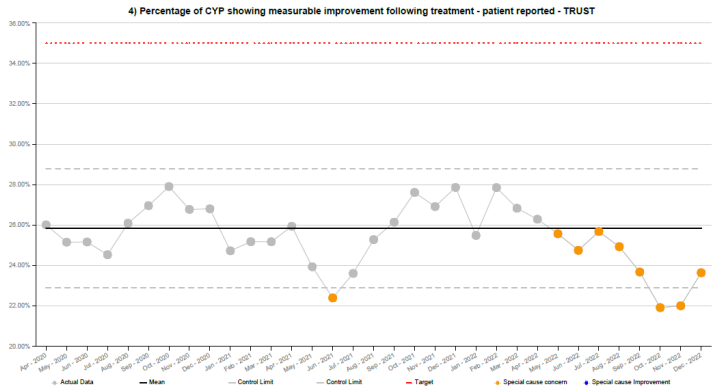
## 04) Percentage of CYP showing measurable improvement following treatment - patient reported

Tees, Esk and Wear Valleys 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 December, **702** patients were discharged from our CYP service with a patient rated paired outcome score. Of those**, 166 (23.65%)** 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.

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

Our system is expected to consistently fail the target/expectation

93%

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

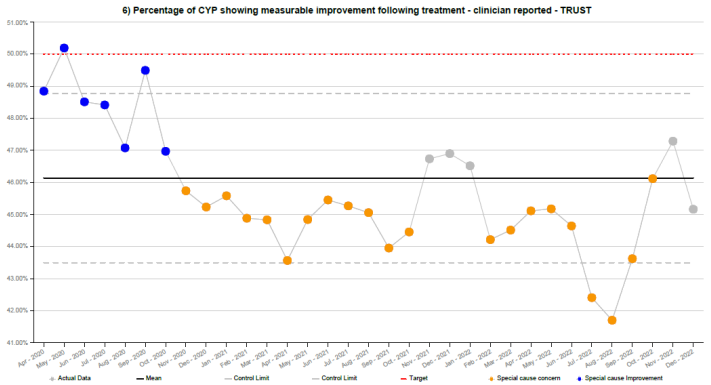


## 06) Percentage of CYP showing measurable improvement following treatment - clinician reported

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 December, **817** patients were discharged from our CYP service with a clinician rated paired outcome score. Of those**, 369 (45.17%)** 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)

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| NORTH YORKSHIRE, YORK AND SELBY | L | ? |

No significant change in the data during the reporting period shown

Our system is expected to consistently fail the target/expectation

93%

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

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

Tees, Esk and Wear Valleys NHS Foundation Trust

| Current Focus | Current Improvement Action(s) | Progress Update | Actual 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. 8 staff attended the monthly session in December; 5 Durham, Darlington and Teesside, 3 North Yorkshire and York. | |
| | *Enabling action:* The CYP Specialist Practitioner in Clinical Outcomes Development will provide 3 refresher sessions for all staff by January 2023. | **Complete.** The 3 refresher sessions have now been delivered, with approximately 40 staff attending the final session in January 2023. | |
| To support continuous improvement there is a focus on the completion of ROMs to support clinical practice within Caseload Management Supervision | CYP Services to roll out the Caseload Management tool in all teams by the end of March 2023 to support clinical practice and ensure that ROMs are completed. | The tool is available on IIC and the training programme is being finalised. Live reporting will be available from 1st April 2023. | |

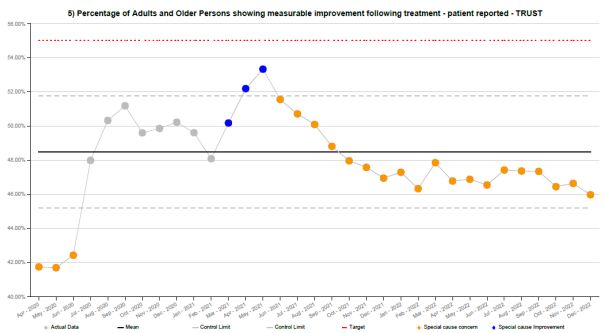
## 05) Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported

Tees, Esk and Wear Valleys 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 December, **2001** patients were discharged from our Adults and Older Persons services with a patient rated paired outcome score. Of those**, 920 (45.98%)** made a measurable improvement.

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




| Care Group \Directorate | Variation | Assurance |
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| NORTH YORKSHIRE, YORK AND SELBY | L | F |

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

Our system is expected to consistently fail the target/expectation

DQ ★ 93%

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

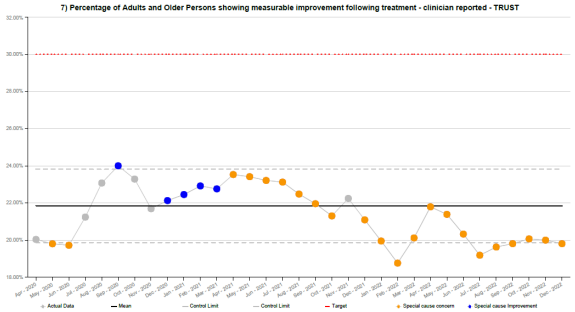


## 07) Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported

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 December, **3160** patients were discharged from our Adults and Older Persons services with a clinician rated paired outcome score. Of those**, 626 (19.81%)** made a measurable improvement.

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




| Care Group \Directorate | Variation | Assurance |
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| NORTH YORKSHIRE, YORK AND SELBY | L | F |

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

Our system is expected to consistently fail the target/expectation

DQ ★ 93%

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

## 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

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| 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. | **Complete.** The group is meeting regularly and work is continuing to scope the development of a new clinical outcomes dashboard in the IIC. | |
| | The Cross-Specialty Task & Finish Group to oversee the development of an easily accessible and meaningful 'Outcomes Dashboard' focused on the needs of clinicians and services users. Timescale to be confirmed. | Services have been asked to identify their specific requirements. Timescales for completion of the dashboard will be confirmed once scoping work is complete. | |
| There needs to be appropriate care group representatives at the Trust Clinical Network meetings in order to effect change. | *Enabling Action:* 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. | **Complete.** Medical Directors from Durham Tees Valley & Forensics and North Yorkshire, York & Selby are the agreed representatives. | |
| Clinical teams should have regular oversight of their progress regarding outcome measures. | *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. | The tool is available on IIC and the training programme is being finalised. Live reporting will be available from 1st April 2023 | |

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

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

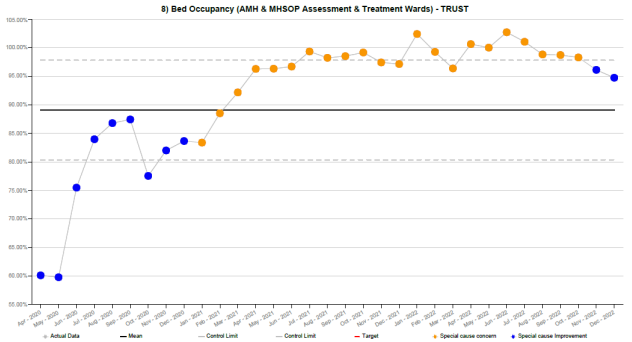
We want to ensure that we use our inpatient beds as effectively as possible to meet the needs of our patients. We are committed to co creating a great experience by ensuring all patients are treated in a hospital that helps retain contact with family, carers, friends and their community. It is important 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 December, **11,098** daily beds were available for patients; of those, **10,518 (94.77%)** were occupied.

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

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

DQ ★ 93%

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



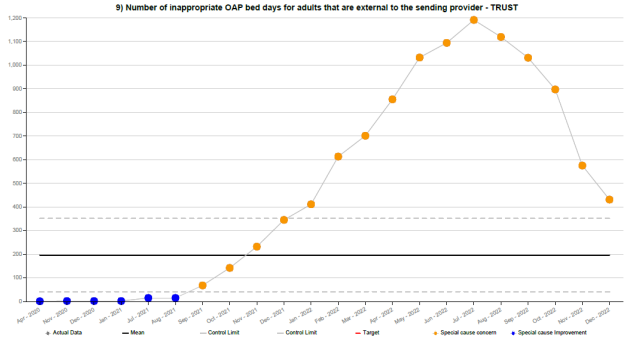
We want to ensure that we use our inpatient beds as effectively as possible to meet the needs of our patients. We are committed to co creating a great experience by ensuring all patients are treated in a hospital that helps retain contact with family, carers, friends and their community.

For the 3 month rolling period ending December, **431** days were spent by patients in beds away from their closest hospital.

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 ✓✓ 73%

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### Supporting Measure

| | | 2022 - 2023 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | FYTD |
| **Overall Occupancy** including Trust, block booked (Priory) and independent sector bed usage | Number of occupied bed days | 10,926 | 11,535 | 11,352 | 11,681 | 11,492 | 10,908 | 11,190 | 10,450 | 10,585 | **100,119** |
| | Number of available bed days | 10,578 | 11,253 | 10,890 | 11,253 | 11,253 | 10,890 | 11,098 | 10,740 | 11,098 | **99,053** |
| | Percentage Bed Occupancy | **103.29%** | **102.51%** | **104.24%** | **103.80%** | **102.12%** | **100.17%** | **100.83%** | **97.30%** | **95.38%** | **101.08%** |

## 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

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| 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. | The Bed Oversight Group to oversee a full review of current bed allocation and develop new proposals for the number of beds, type, location and resource/staffing impact across the next 5 years by the end of June 2023. | | |
| We need to ensure that our inpatient pathways are effective and support efficient management of patients from referral to discharge. | *Enabling action:* The General Manager (AMH Urgent Care) supported by the Quality Improvement Team to lead a 2-day Trust-wide rapid improvement event to redesign and relaunch the Purposeful Inpatient Admission process by the end of January 2023. | | |
| The Advancing Our Clinical, Quality and Safety Journeys (AOCQSJ) Programme is designed to support Trust teams to improve the quality of care they deliver while making efficiency savings as per the financial recovery plan and to improve performance within key areas to enable the overarching Journey to Change. | *Enabling Action:* Programme Management Office to support the Durham and Tees Valley Adult delivery teams to manage risk to delivery by:<br>• Assessing plans using agreed criteria<br>• Prioritising areas that are high risk<br>• Facilitating teams to strengthen existing plans<br>• Facilitating data intelligence and benchmarking to establish concept and rationale, and identify top 5 actions for delivery<br>This work will be completed by the end of March 2023. | To date, work has been undertaken to triangulate the Durham Tees Valley Adult Mental Health bed occupancy reduction plan (short term) to the financial recovery plan and key metrics. A scorecard detailing the metrics has been developed and will be shared at the AOCQSJ Sub-Programme Board Meeting in January and then discussed at the Beds Oversight Group in February. | |
| **NEW** We are committed to learning from the national 100 day challenge to ensure that people who are clinically ready to leave a hospital bed in a mental health or community health inpatient service setting are not delayed. | The General Manager (Durham & Tees Valley Adult Mental Health Urgent Care) to review the Care Group Bed Reduction Occupancy Plan to ensure it supports the initiatives of the 100 day challenge. | **Complete.** The plan has been finalised and shared with the Integrated Care Board. | |
| | *Enabling action:* North Yorkshire, York & Selby General Managers to work with the Integrated Care Board to assess services against the 10 good practice points by the end of January 2023, with a view to developing an action plan if required. | | |

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# 10) The number of Serious Incidents reported on STEIS

Tees, Esk and Wear Valleys NHS Foundation Trust

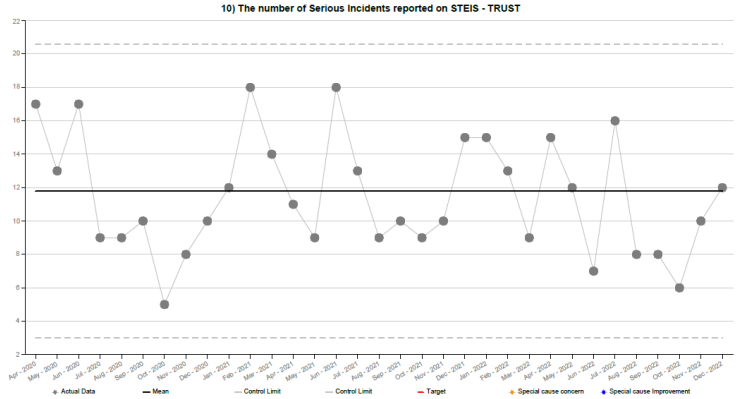
We are committed to ensuring that all our patients are cared for in a safe and secure environment. When serious incidents occur, it is important to understand why and how they have occurred so that we can learn from them, ensuring that any improvements are identified and implemented to maintain the safety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

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

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*

DQ
87%

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| NORTH YORKSHIRE, YORK AND SELBY | |

There were no specific themes in the 12 serious incidents reported in December. Any issues identified at specialty level are being addressed by the Care Groups.

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

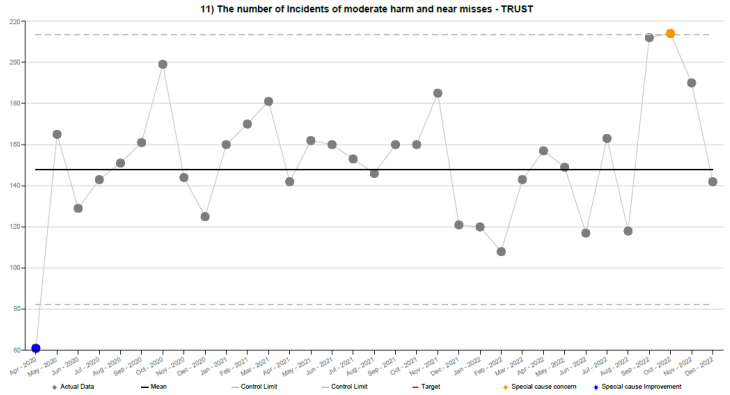
Tees, Esk and Wear Valleys NHS Foundation Trust

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.

**142** incidents of moderate harm or near misses were reported during December.

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 |
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| TRUST | |
| DURHAM, TEES VALLEY AND FORENSIC | |
| NORTH YORKSHIRE, YORK AND SELBY | |

There are currently no specific trends or areas of concern identified at Trust or Care Group level. Any issues identified at specialty level are being addressed by the Care Groups.

## Additional Intelligence in support of continuous improvement

In Durham and Tees Valley alongside a focus on transforming our crisis offer, work is underway in the short term to increase capacity to improve our call pick up rates further. The Governance around our Crisis services has been amended to create a single crisis line work program with Project Management Office support. This work reports in directly to the Clinical Quality and Safety Program Board. In North Yorkshire and York actions are being taken to improve the current call answering rate by reducing the record keeping time following each call; working with commissioners to identify additional support services that may be able to answer calls and provide a level of support increasing our capacity to support those people that need the level of support provided by mental health clinicians.

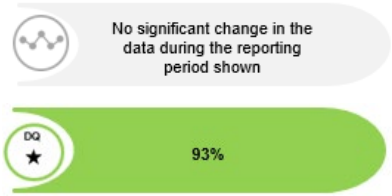
Progress on the crisis offer is discussed at Executive level on a weekly basis and we will continue to review the data to ensure that we address any emerging issues. We are confident that we are taking all possible steps to improve our crisis line answer rates.

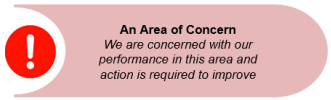
# 12) The number of Restrictive Intervention Incidents

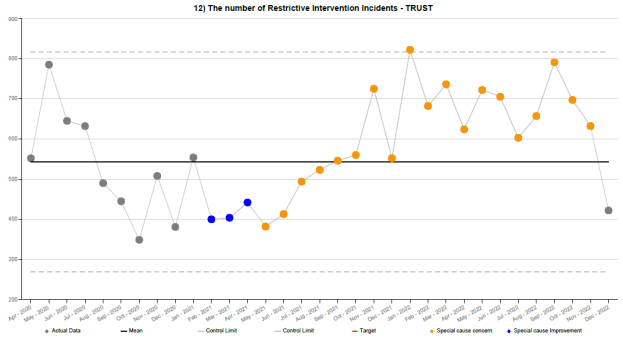
Tees, Esk and Wear Valleys NHS Foundation Trust

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.

**422** number of Restrictive Intervention Incidents took place during December.





| 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. | One patient at Lanchester Road Hospital has been discharged to their community placement, although they will remain open to the Trust under section care until February 2023.<br><br>There are currently 7 patients ready for discharge:<br>• 2 patients from Bankfields have had their discharges delayed and will be discharged by the end of April and May 2023. One of these patients is currently on leave from the ward.<br>• 1 patient at Lanchester Road will be transferred to Bankfields, pending the discharge of the patients above. However, a community placement is the preferred option and is still being actively explored; a provider is in place but a placement has not been confirmed.<br>• 2 further patients within Bankfields have identified providers and placements; transition plans are being developed and discharge is expected to be in quarter 1 2022/23.<br>• 1 patient has an identified provider but no placement.<br>• 1 has no provider or placement identified.<br><br>The service is receiving bespoke support in both units from an independent provider to expedite transfers.<br><br>The Positive & Safe Dashboard has confirmed that the majority of the interventions are in respect of 3 patients with complex needs. | |

## 12) The number of Restrictive Intervention Incidents

Tees, Esk and Wear Valleys NHS Foundation Trust

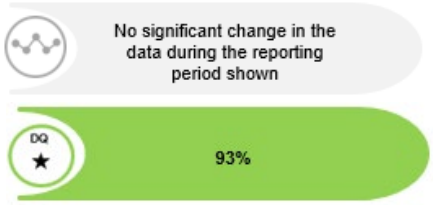
| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| Following feedback from the Care Quality Commission, we have identified a training need within our Adult Learning Disability services. | The General Manager and Associate Clinical Director to ensure all Adult Learning Disabilities Inpatient staff attend the bespoke training by December 22. | 51% of all staff have been trained. The Learning Disabilities Service is confident that all staff that required training have now been trained and approval will be sought at the Care Group Quality Assurance & Improvement Group in February 2023 to close this action within the Care Quality Commission Action Plan. | |
| We must be assured that we have a robust Restrictive Intervention Reduction Programme that meet national standards and reflects best practise | *Enabling action:* The Nurse Consultant for Positive and Safe Care to complete a gap analysis on the currently agreed Restrictive Intervention Reduction workstreams to ensure compliance with the Use of Forces Act. This work will be completed by December 2022. | **Complete.** The gap analysis has been completed. | |
| | *Enabling action:* The Nurse Consultant for Positive and Safe Care to table the gap analysis on the currently agreed Restrictive Intervention Reduction workstreams at the Care Group Positive & Safe meetings in January and February 2023, following which any improvement actions will be identified | | |
| 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. | Positive & Safe Groups at Care Board level are established and are on track for delivering the Restraint Reduction Plan. | |
| 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. A business case will be developed by the end of December 2022. | **Complete.** The business case has been developed. | |
| | *Enabling action:* The Nurse Consultant for Positive and Safe Care to share the business case for additional resources with the Care Groups during January and February 2023 to agree the next steps prior to submitting for approval. | | |

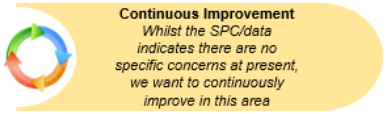
# 13) The number of Medication Errors with a severity of moderate harm and above

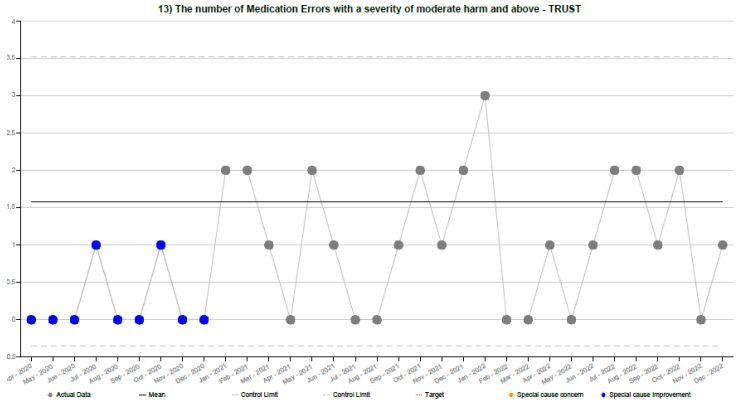
Tees, Esk and Wear Valleys NHS Foundation Trust

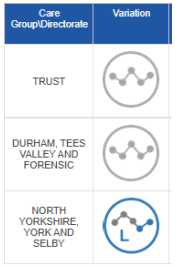
We are committed to ensuring that all our patients are cared for in a safe and secure environment. When medication errors occur, it is important to understand why and how they have occurred so that we can learn from them, ensuring that any improvements are identified and implemented to maintain the safety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

**1** medication error has been recorded with a severity of moderate harm, severe or death during December.



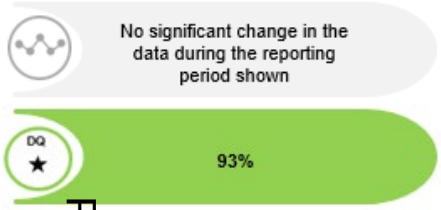

| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| Clozapine is a “high-risk” medication and was being taken in 6 of the incidents above. We need to improve staff education and introduce effective resources that enable high quality discussions with 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. | There are 27 overall improvement actions identified. Of these, 17 have been completed. Some capacity challenges within the Pharmacy Team have meant that the remaining 9 have not progressed. 2 of these actions are being prioritised for completion by end of February 2023. | |
| Depot antipsychotic injections are linked to 3 of the incidents above. | The Safe Medication Practice Group has co-created a set of depot-focused improvement actions. This will include a complete revision of the depot procedures by the end of January 2023. | There are 8 improvement actions identified. Of these, 6 have been completed and the remaining 2 are on track for delivery. The completed action was the priority action to revise the Trust depot procedures. These are now published. | |

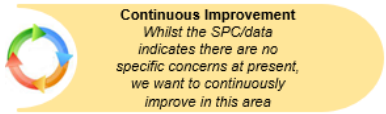
# 14) The number of unexpected Inpatient unnatural deaths reported on STEIS

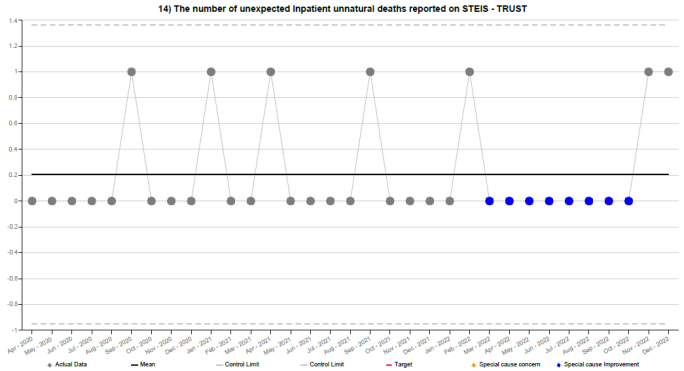
Tees, Esk and Wear Valleys NHS Foundation Trust

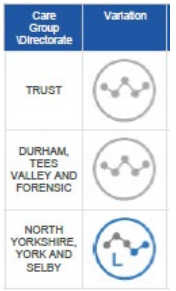
We are committed to ensuring that all our patients are cared for in a safe and secure environment. When any deaths occur within our services that are not attributable to natural causes, it is important to understand why and how they have occurred so that we can learn from them, ensuring that any improvements 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.

**1** unexpected Inpatient unnatural death was reported on the Strategic Executive Information System (STEIS) during December.




| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| A Quality Governance-led collaborative review with clinical services has indicated that whilst the quality of risk assessments has improved across the organisation, leave plans are not always sufficiently robust. | *Enabling action:* Quality Governance team to review a sample of leave plans as part of the Quality Assurance Schedule work on a monthly basis from January 2023 to enable any immediate improvement actions to be identified and undertaken by inpatient teams. | | |

# 15) The number of uses of the Mental Health Act

Tees, Esk and Wear Valleys NHS Foundation Trust

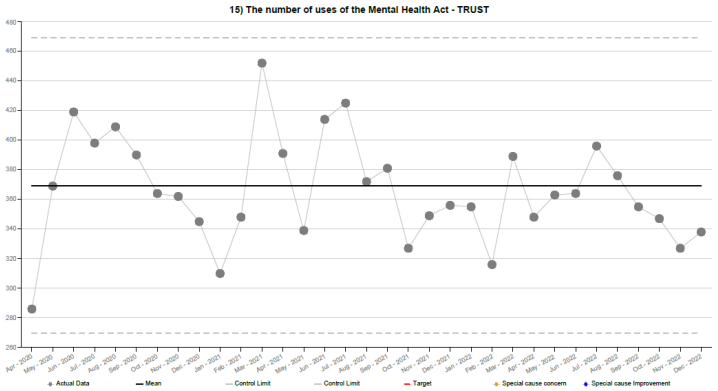
We are committed to co creating a great experience by ensuring all patients that are admitted to our beds feel secure, supported and safe within our services. It is important that we support all patients that are treated within our hospitals equally and support them to retain contact with family, carers,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

There were **338** uses of the Mental Health Act during December.

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
60%




| 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 |
|---|---|---|---|
| As a result of monitoring and analysing this measure, we have identified through the IPA process, that some refinement is required. | Head of Performance to engage with the Head of Business Intelligence and Mental Health Act teams by the end of January 2023 to review the measure proforma and action a change request. | | |

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

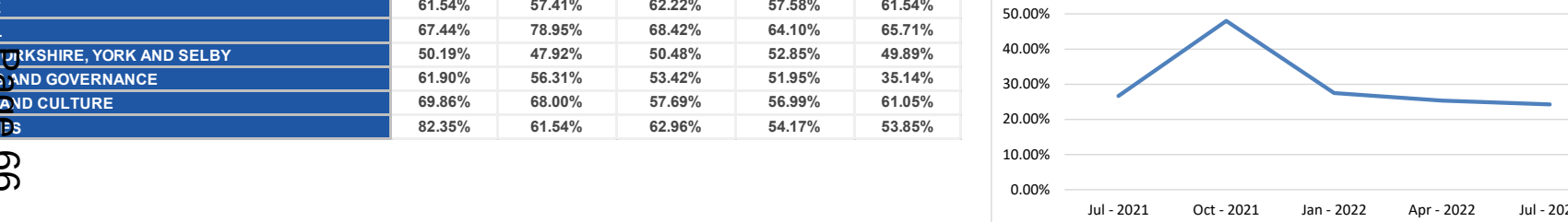
NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

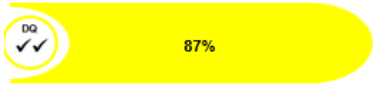
We are all committed to co creating a great experience for our colleagues. We want to ensure that we support all our staff to maximise their health and wellbeing and enjoy coming to work, as we recognise staff recommending the Trust as a place to work is an indication of a high level of job satisfaction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

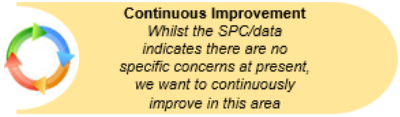
**2056** staff responded to the July 2022 National Quarterly Pulse Survey question "I would recommend my organisation as a place to work" Of those, **1102 (53.60%)** responded either "Strongly Agree" or "Agree". ***Please note this is not "new" data as survey is only undertaken once a quarter***

| | Jul - 2021 | Oct - 2021 | Jan - 2022 | Apr - 2022 | Jul - 2022 |
|---|---|---|---|---|---|
| TRUST | 54.23% | 52.46% | 52.54% | 55.01% | 53.60% |
| ASSISTANT CHIEF EXEC | 69.23% | 60.94% | 51.61% | 61.29% | 47.83% |
| DIGITAL AND DATA SERVICES | 68.09% | 60.50% | 70.13% | 68.00% | 57.65% |
| DURHAM, TEES VALLEY AND FORENSIC | 51.50% | 50.76% | 50.72% | 54.63% | 54.64% |
| ESTATES AND FACILITIES MANAGEMENT | 57.14% | 52.43% | 46.92% | 50.38% | 50.76% |
| FINANCE | 61.54% | 57.41% | 62.22% | 57.58% | 61.54% |
| MEDICAL | 67.44% | 78.95% | 68.42% | 64.10% | 65.71% |
| NORTH YORKSHIRE, YORK AND SELBY | 50.19% | 47.92% | 50.48% | 52.85% | 49.89% |
| NURSING AND GOVERNANCE | 61.90% | 56.31% | 53.42% | 51.95% | 35.14% |
| PEOPLE AND CULTURE | 69.86% | 68.00% | 57.69% | 56.99% | 61.05% |
| THERAPIES | 82.35% | 61.54% | 62.96% | 54.17% | 53.85% |






Response rates for the Quarter 2 2223 NHS Pulse Survey ranged between 0.10% and 52.08%.
**Note:** October 2021 in the chart reflects the annual Staff Survey that is undertaken by Picker

**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 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.

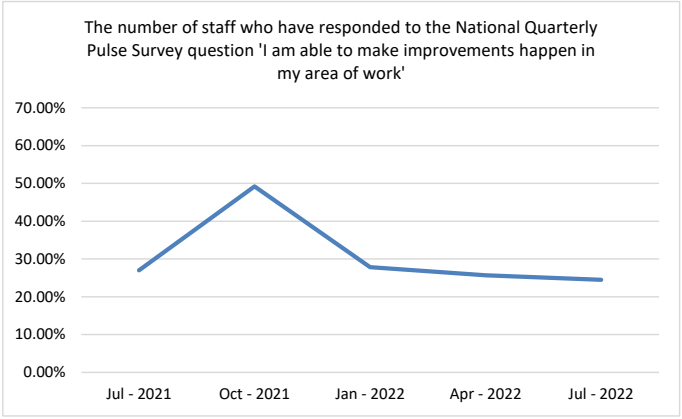
**2079** staff responded to the July 2022 National Quarterly Pulse Survey question "I am able to make improvements happen in my area of work" Of those, **1229 (59.11%)** responded either "Strongly Agree" or "Agree". ***Please note this is not "new" data as survey is only undertaken once a quarter***

| | Jul - 2021 | Oct - 2021 | Jan - 2022 | Apr - 2022 | Jul - 2022 |
|---|---|---|---|---|---|
| TRUST | 57.10% | 57.11% | 57.50% | 58.76% | 59.12% |
| ASSISTANT CHIEF EXEC | 76.92% | 67.19% | 67.74% | 74.19% | 65.22% |
| DIGITAL AND DATA SERVICES | 65.96% | 72.27% | 74.03% | 72.00% | 65.88% |
| DURHAM, TEES VALLEY AND FORENSIC | 56.23% | 54.59% | 57.00% | 57.98% | 58.94% |
| ESTATES AND FACILITIES MANAGEMENT | 55.24% | 26.04% | 53.08% | 52.67% | 51.52% |
| FINANCE | 65.38% | 61.11% | 64.44% | 69.70% | 71.79% |
| MEDICAL | 67.44% | 73.68% | 81.58% | 79.49% | 68.57% |
| NORTH YORKSHIRE, YORK AND SELBY | 54.44% | 56.48% | 54.35% | 56.45% | 55.77% |
| NURSING AND GOVERNANCE | 61.90% | 66.99% | 65.75% | 63.64% | 59.46% |
| PEOPLE AND CULTURE | 78.08% | 77.60% | 73.08% | 73.12% | 69.47% |
| THERAPIES | 94.12% | 58.97% | 81.48% | 70.83% | 69.23% |



DQ 87%

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




Response rates for the Quarter 2 2223 NHS Pulse Survey ranged between 0.10% and 52.08%.
**Note:** October 2021 in the chart reflects the annual Staff Survey that is undertaken by Picker

## 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 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~~ December 2022 for a period of 3 months. | Two invitations to complete the survey have been sent; however, the response rate has been very low to date from the pilot areas, potentially due to technical issues impacting access to the survey. Work is currently underway to improve functionality for the February survey request. | |
| 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. | **Complete.** The Trust maintained a good staff survey response rate compared to a number of other trusts who saw a much higher fall in response. A roadshow approach and incentives were offered for the main survey. | |
| | *Enabling action:* Organisational Development to review the option of offering incentives for the quarterly pulse by the end of March. | | |

## 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 Foundation Trust

### Additional Intelligence in support of continuous improvement

The Trust has embarked on a 5-year stepped approach to Quality Improvement (QI) Training to support staff to identify where improvements can be made and to feel empowered to suggest and develop those improvements. The aims of the programme are to:

- Enable 100% of staff to access Foundation training, which highlights why we have a QI approach, some basics of QI and how to get involved. Foundation level consists of three 6 minute video clips that people can access at their own pace.
- To have trained 50% of staff at Intermediate level, which is designed to provide a good overview of the fundamentals of Quality Improvement. This course is a blend of workbook-based activities and virtual webinars.
- To have15% of staff trained at Leader level. The QI Leader programme builds on the learning from QI Intermediate with a consolidation of the QI tools and concepts already taught, explores some of those in greater depth, as well as an introduction to some additional QI tools. It is a mix of webinar and workbook based tasks, and with the support of a QI mentor staff work through and deliver a QI project within their own service
- To have 1% of staff trained at Expert level. QI Expert level training builds upon previous QI training and develops skills in supporting people through QI activity, facilitating QI activity and how to prepare for formal QI activities (1-5 day events). It is a mix of classroom based learning, workbook based tasks and an assessed 5 day RPIW. As part of the Expert level training, staff will also be expected to either already be a Master coach or internally accredited coach or to undertake internal accreditation as part of their expert journey

Trust-wide communication for the launch of the Foundation training was scheduled from the week commencing the 30th January 2023.

# 18) Staff Leaver Rate

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

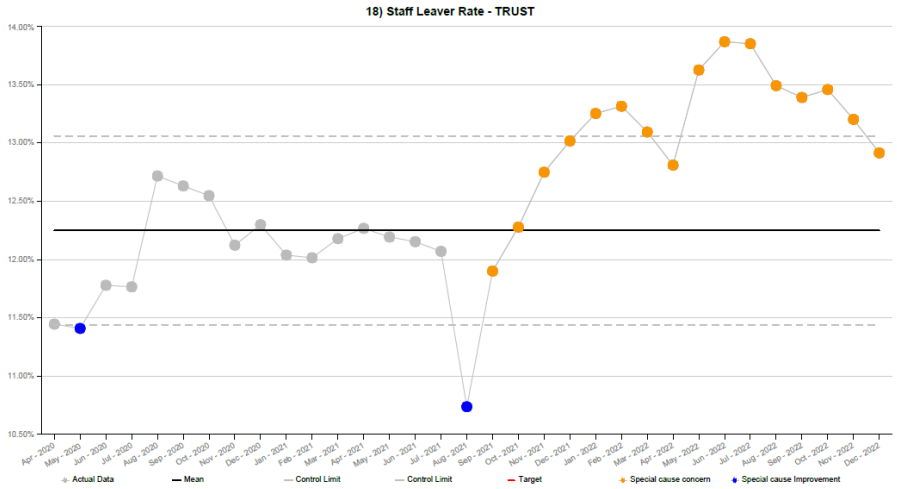
We are all committed to co creating a great experience for our colleagues so that they will feel they can continue to develop their careers within the organisation. By ensuring that we do not have an excessively high staff leaver rate, we will be retaining experienced staff helping us to ensure continuity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

From a total of **6457.61** staff in post, **834 (12.92%)** had left the Trust in the 12 month period ending December.

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

DQ 80%

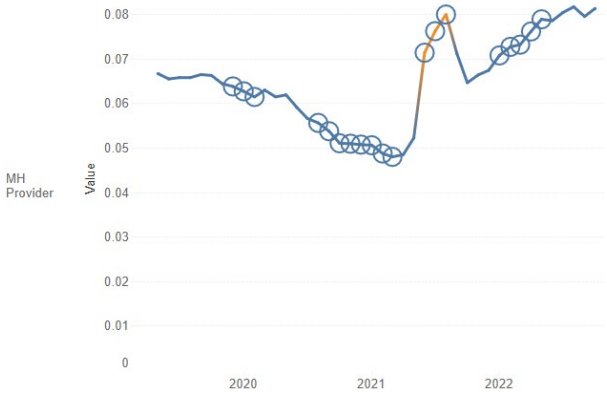
**An Area of Concern**
*We are concerned with our performance in this area and action is required to improve*




| Care Group \Directorate | Variation | Care Group \Directorate | Variation |
|---|---|---|---|
| TRUST | H | FINANCE | H |
| ASSISTANT CHIEF EXEC | | MEDICAL | H |
| COMPANY SECRETARY | H | NORTH YORKSHIRE, YORK AND SELBY | L |
| CORPORATE AFFAIRS AND INVOLVEMENT | L | 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 – September 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. We were ranked 17 of 71 Trusts (1 being the best with the lowest leaver rate) and are placed in the highest performing quartile range.



## 18) Staff Leaver Rate

Tees, Esk and Wear Valleys 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:* Organisational Development to combine the data from the forms that come in, the group and the independent interviews and produce shared learning. | **Complete.** The initial analysis on received forms has been completed and was shared with Trust Board in January. Analysis is now being undertaken monthly with data from any feedback route and forms part of the monthly workforce updates. Numbers are relatively low coming through the new process and at the People & Culture Subcommittee this month, a target of 20 per month was agreed with a major launch in April once the process has been reviewed. Our People Partners are engaging with services about the new process and how to access it, as well as the outcomes | |
| | **NEW** *Enabling action:* Human Resources to review the Leavers Policy by the end of February 2023 to ensure the processes available for submitting feedback are up to date. | | |
| | **NEW** *Enabling action*: Upon completion of the Leaver Policy, Organisational Development and Human Resources to ensure all staff are aware of the processes available within the Trust to submit their feedback | | |



**Additional Intelligence in support of continuous improvement**

- Work has been undertaken to strengthen the Trust Preceptorship Programme to minimise the number of newly qualified nurses leaving our service. We have implemented a 3-week training programme prior to placing our nurses on inpatient wards, strengthened our local inductions and established bi-monthly check-ins with a view to support nurses that may be thinking of leaving the Trust. It is too early at this stage to see whether this will reduce the number of newly qualified nurses leaving our Trust; however the success of the programme is being monitored.
- Work is underway to provide clarity on local induction for all services and a new starter managers guide has been approved for use.
- Short videos on working in the Trust have been developed so that people joining the Trust have a better understanding of what it is like to work here.
- The new staff handbook is being well received by new starters and is now being disseminated to all staff.

# 19) Percentage Sickness Absence Rate

Tees, Esk and Wear Valleys NHS Foundation Trust

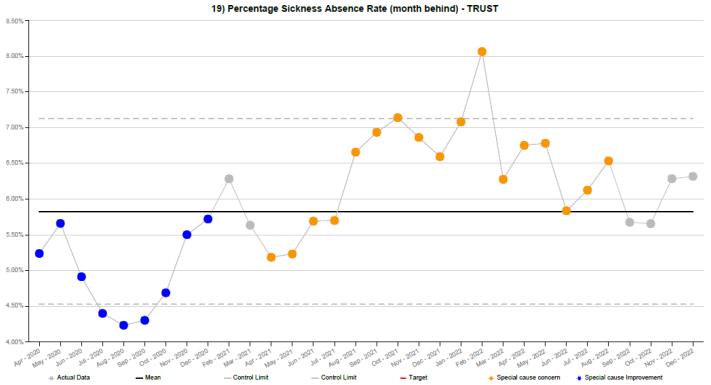
We are all committed to co creating a great experience our colleagues. We want to ensure that we support all our staff to maximise their health and wellbeing and enjoy coming to work as we know this also impacts on the quality of care we provide to our patients.

There were **215,809.68** working days available for all staff during November (reported month behind); of those, **13,635.72 (6.32%)** 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 87%

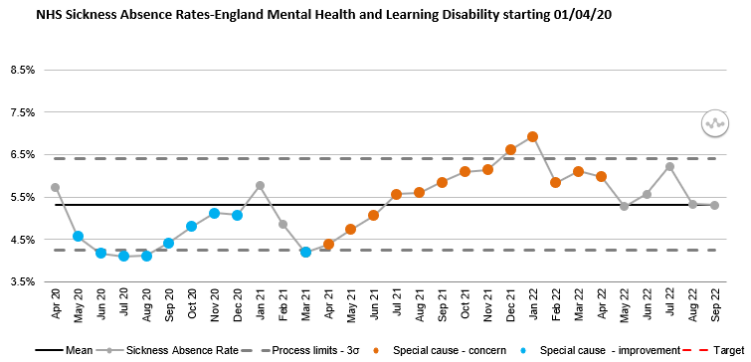



| Care Group /Directorate | Variation | Care Group /Directorate | Variation |
|---|---|---|---|
| TRUST | | FINANCE | |
| ASSISTANT CHIEF EXEC | H | MEDICAL | |
| COMPANY SECRETARY | | NORTH YORKSHIRE, YORK AND SELBY | H |
| CORPORATE AFFAIRS AND INVOLVEMENT | | NURSING AND GOVERNANCE | L |
| DIGITAL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

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

NHS Sickness Absence Rates published 26th January 2023 (data ending September 22) for Mental Health and Learning Disability organisations shows a similar trend to that shown for our Trust. The national mean (average) for the period shown is 5.32% compared to the Trust mean of 5.89%.

**Regional Benchmarking:** We have seen a rise in our sickness absence rates during November and as at the 17th January 2023, we were positioned 5th (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), it is now above the 5.83% mean (average) for the period shown and the level of sickness absence remains an area of concern especially given the indications that covid is affecting acute trust sickness rates already.

As at the 19th January 2023, sickness absence is 7.41% for January 2023.

## 19) Percentage Sickness Absence Rate

Tees, Esk and Wear Valleys 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. | High level information has been shared, including the support and interventions currently in place to address increased absence. The group is focusing on the top 10 services/teams with the highest absence and reviewing the action plans in place with a view to this continuing this on a quarterly basis. | |
| | *Enabling Action:* Deputy Director of People & Culture and Associate Director of Operational Delivery and Resourcing to oversee the implementation of increased monitoring of sickness data and trends from January 2023 with a view to providing targeted interventions and support for teams struggling with sickness. | Increased monitoring started in January, initially at Improvement & Delivery group level. This will feed up through the Care Group People, Culture & Diversity Group and into the Executive People, Culture & Diversity Group on a monthly basis. | |

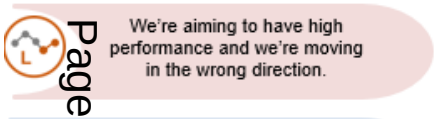
# 20) Percentage compliance with ALL mandatory and statutory training

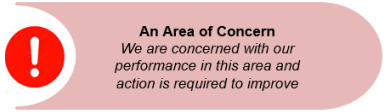
NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

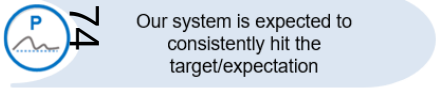
We are all committed to co creating a great experience for patients, carers families and our colleagues by ensuring colleagues feel engaged in the organisation and appraisals offer one opportunity for staff to get and give feedback on their experience of working for the Trust. We also ensure that our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

**121,700** training courses were due to be completed for all staff in post by the end of December. Of those, **103,602** (**85.13%**) courses were actually completed.

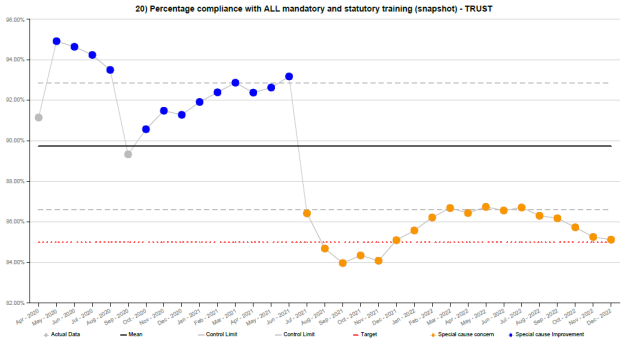
**Percentage Compliance with Information Governance & Data Security Training.** As required by the Information Governance Tool Kit the Trust must achieve 95% staff compliance by December 2022. As at end of December, **7230** were due for completion, **6561 (90.75%)** were actually completed.

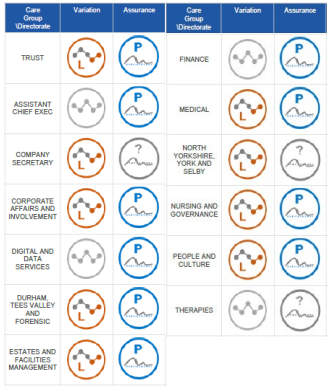







**NOTE:** we failed to achieve the Information Governance Tool Kit requirement to achieve 95% staff compliance by the 31st December 2022. We have been granted an extension to the 28th February 2023 and will be issuing increased communications to all staff.

| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| 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*: Workforce Team to proactively contact all teams with less than 85% compliance for their overall training and those services where face to face/ patient safety training is under 85% from December 2022, with a view to supporting increased compliance. | There are no plans to proactively contact all teams with less than 85% compliance. As we continue to embed the People Partners, monitoring reports will be embedded into the monthly Improvement & Delivery Groups. | |

## 20) Percentage compliance with ALL mandatory and statutory training

Tees, Esk and Wear Valleys NHS Foundation Trust

| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| Information Governance training – Data Security Awareness Level 1 compliance has been impacted due to clinical/operational pressures | Information Governance team to offer face to face Information Governance training out of hours during January and February 2023 to support staff improved compliance. New dates are to be published once a technical issue has been resolved | | |

# 21) Percentage of staff in post with a current appraisal

NHS
Tees, Esk and Wear Valleys
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.

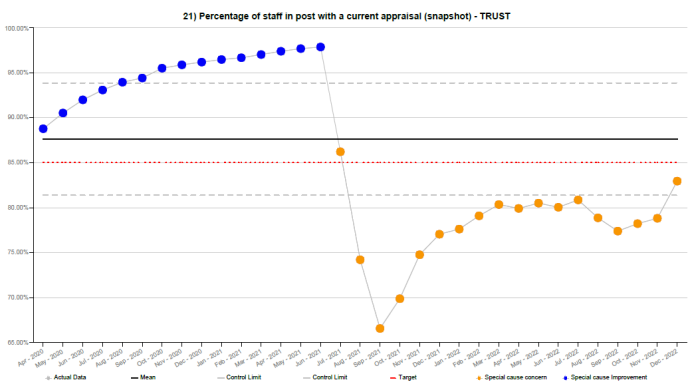
Of the **6388** eligible staff in post at the end of December; **5299** (**82.95%**) had an up to date appraisal

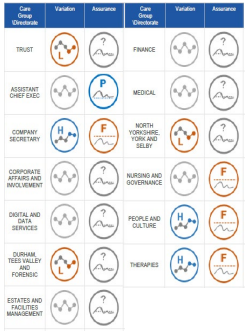
We're aiming to have high performance and we're moving in the wrong direction.

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

Our performance is not consistent and we regularly achieve and miss the standard we have set ourselves

DQ
93%




| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| We need to better understand why appraisals are not being undertaken in a timely manner in a number of our services. | *Enabling action:* Organisational Development to review all teams with compliance rates between 75% - 85% by the end of February 2022, to identify any specific areas of support that are required. | 86 managers have been identified, accounting for 348 staff. An initial finding is that a number of managers were unaware of their responsibility of adding this to the Electronic Staff Record; guidance has been distributed. | |
| | *Enabling action:* Organisational Development to link in with all teams performing at less than 75% to identify whether there is any specific support required. This work will be completed by the end of February 2023. | | |

# 22) Number of new unique patients referred

Tees, Esk and Wear Valleys 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.

**7270** patients referred in December 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 ★ 93%


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

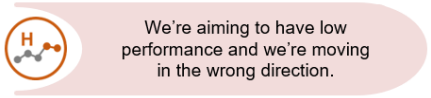
There are currently no specific trends or areas of concern identified within this measure.

# 23) Unique Caseload (snapshot)

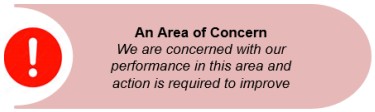
Tees, Esk and Wear Valleys NHS Foundation Trust

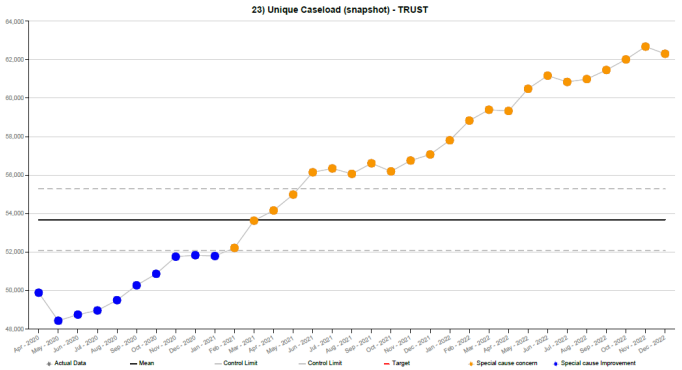
We are all committed to co creating a great experience for patients, and carers and families by ensuring that they experience support to achieve their goals and care that is right for each individual. Understanding the levels of patients that are referred to our services, assessed and taken on for treatment 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.

**62,300** cases were open, including those waiting to be seen, as at the end of December 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*: Task & Finish Group to progress the first phase of analysis at team level to identify which specific teams are indicating a concern. Timescales to complete this phase will be confirmed once the initial scoping has been completed by Digital and Data Services. | **Complete.** Newly developed team-level SPC charts have been validated. A number of individual teams were highlighted for further investigation to be able to confirm they are a concern. | |
| | *Enabling action:* Task & Finish Group to complete the gathering of wider intelligence by the end of January 2023. This will include aligning the data gathered with whole time equivalent staffing changes over the relevant periods and with performance intelligence to understanding the implications of the analysis. | | |



## Additional Intelligence in support of continuous improvement

The Executive Strategy and Resources Committee met on 17th January and received additional analysis of high level locality, speciality and team type caseload changes, with 6 locality team types accounting for 89% of the composite unique caseload increase (North Yorkshire York & Selby Autism/Attention deficit hyperactivity disorder (ADHD) and Child & Adolescent Mental Health Services (CAMHS) and Durham, Tees Valley Adult Community, Adult Autism/ADHD , CAMHS community and CAMHS neurodevelopmental). Potentially with the exception of the Durham, Tees Valley adult community teams (largest increase proportionately), these pinch points have been highlighted previously.

## 23) Unique Caseload (snapshot)

Tees, Esk and Wear Valleys NHS Foundation Trust

**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. The programme of team caseload 'deep-dives' is nearing completion for a number of teams in CAMHS; that in the Scarborough Community and Attention Deficit Hyperactivity Disorder teams has commenced in January and will be followed by one in Selby.The Caseload Management Policy within Adult Services has been rolled out in January 2023.

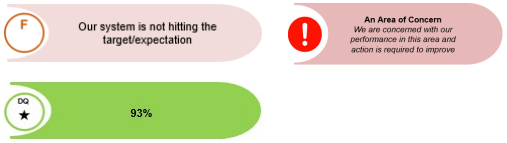
# 24) Financial Plan: SOCI - Final Accounts – (Surplus)/Deficit

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 **£5.0m** deficit (to break even) to 31st December 2022 against a planned year to date surplus of **(£0.2m),** resulting in a **£5.2m** 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 year to date position is an operational deficit of **£5.0m** against a planned year to date surplus of **(£0.2m),** resulting in a **£5.2m** variance to plan, representing **higher than planned expenditure.** Key observations for December were:

- **Independent sector beds** - the Trust required 98 bed days during December 2022 (155 for November 2022) at a cost of £0.1m (includes estimates for unvalidated periods of occupancy and average observation levels pending billing). This was a reduction in 66 bed days. Year to date expenditure was £3.1m, or £2.8m above plan. Plans assumed no use of spot purchased beds during 2022/23 and no block contracted beds beyond quarter one (£0.3m costs assumed in quarter one only). Block contracting was terminated from the 1st October, with additional capacity being spot purchased. This remains a key area of clinical and management focus.
- **Agency expenditure** as at December 2022 is £16.3m, which is £9.0m ahead of plan and includes material costs linked to inpatient occupancy and rosters, medical cover and complex specialist packages of care.
- **Computer hardware, software and maintenance** Computer Hardware is £1.8m ahead of plan. This is partly offset by a surplus to plan on computer software and maintenance of (£1.15m), resulting in a net deficit to plan of £0.65m. The associated recovery action for capitalisation of IT hardware (where appropriate) has been accelerated from M12 to M9 with a benefit to the revenue position at M9 of £0.7m.
- **Planned CRES performance** as at December 2022 is behind plan by £3.2m, however unplanned schemes to the value of £1.5m provide a partial offset, resulting in net CRES performance that is £1.7m behind plan. Key variances relate to agency and independent sector bed pressures driving run rates significantly above 2021/22 levels. Further risks and mitigations are being identified to offset under performance of CRES.
- **Pay Award** – Since September 22 Trusts have accounted for the nationally negotiated pay awards (including arrears for month 1 to 5 in month 6). Costs are partly offset by an inflationary tariff uplift of 1.66%, or £5.0m to month 9, resulting in a net pay award pressure of £2.5m (£3.3m full year). The Integrated Care Board is considering alternative methodologies for distributing funding and has escalated system level funding pressures to NHS England for their consideration. Forecasts (consistently across the ICB) assume that pay award costs are fully funded.
- **Sale of Asset** - An exceptional £0.3m unplanned benefit from the sale of an asset is excluded when comparing performance against planned operating surplus / deficit.
- **International Recruitment** – Exceptional costs associated with international recruitment of £0.1m in Month 9. Future months costs are still to be determined with a business case in train.
- There have been improvements in M9 to the previously reported deficit position relating to additional interest income received, additional income from commissioners and Health Education England and a reduction in independent sector expenditure for a patient where costs are not the responsibility of TEWV

To deliver plan requirements the Trust needs to mitigate bed pressures and elevated temporary staffing run rate pressures in addition to planned CRES and recovery actions.

## 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 significantly impacting our financial plan and will impact on our Use of Resources Rating when reintroduced; therefore, we need focused work to reduce. | *Enabling Action:* The Financial Management Team have established recovery meetings to monitor the ongoing impact of increased agency expenditure, to identify and establish appropriate mitigating actions. In addition pre-covid agency controls are being stood up. | Financial recovery meetings commenced in October and will be ongoing with risks and mitigations to the deliverability of the planned surplus identified.<br><br>Care Group Inpatient Roster review meetings took place on 5th December 2022 (DTVF) and 20th December 2022 (NYYS)<br><br>Approval assurance in train relating to agency rule breaches (off framework, above £100 per hour or under £100 but 50% above price cap) | Run rates for complex packages reduced following discharge. (Expected to reduce further with transition to reduced rate on framework agency).<br><br>An increase of 504 agency shifts in December compared to November. |
| We need to reduce Trust use of independent sector beds. | *Please refer to progress for measures - 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* | | |
| The cost of Computer Hardware is high and we need to mitigate overspend in this area. | The Digital and Data Team to continue to progress arrangements for Centralised Asset Management, including agreeing annualised capital and revenue budget requirements for 2023/24 Business Planning with the organisation. | Comms released w/c 28th November to support centralised asset management processes.<br><br>Recovery action for capitalisation of IT hardware (where appropriate) has been accelerated from M12 to M9 | Centralised CIO / Deputy CIO level approvals for all hardware to improve resource and asset management<br><br>Capitalisation of revenue expenditure of £0.8m |
| Independent Sector Bed and agency staffing pressures have driven adverse performance compared to CRES plans phased to commence from July 2022 and impacting on the delivery of our financial plan. | *Please refer to progress for measure - 25a) Agency & 27) CRES Performance – Recurrent* | | |



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

## 25a) Financial Plan: Agency expenditure compared to agency target

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.

Agency expenditure of £16.3m is £9.0m **(125%)** higher than target.

F Our system is not hitting the target/expectation

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

### Summary

Agency expenditure of £16.3m is £9.0m (125%) higher than target. Expenditure limits have been set for each ICB derived from 2022/23 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 (fixed as our share of the ICB agency cost cap) for 2022/23 or £7.2m YTD resulting in a breach of this cap by £9.0m.

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.

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| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| Agency expenditure is significantly impacting our financial plan and will impact on our Use of Resources Rating when reintroduced; therefore, we need focused work to reduce. | *Please refer to progress for measure – 24)* Financial Plan: SOCI - Final Accounts – (Surplus)/Deficit | | |

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

## 25b) Agency price cap compliance

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.

During December 2022 there were 4,541 agency shifts worked, with 2,914 shifts compliant **(64%).**

F Our system is not hitting the target/expectation

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

### Summary

During December 2022 4,541 agency shifts were worked (504 more than November).

Of these, 2,914 or 64% shifts were compliant (66% compliance prior month).

Of the non-compliant shifts 1,321 or 29% breached price caps (up from 1,097 shifts and 27% prior month) and 306 or 7% breached framework compliance (up from 276 shifts and 7% prior month).

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.



| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| Agency expenditure is significantly impacting our financial plan and will impact on our Use of Resources Rating when reintroduced; therefore, we need focused work to reduce. | *Please refer to progress for measure – 24)* Financial Plan: SOCI - Final Accounts – (Surplus)/Deficit | | |

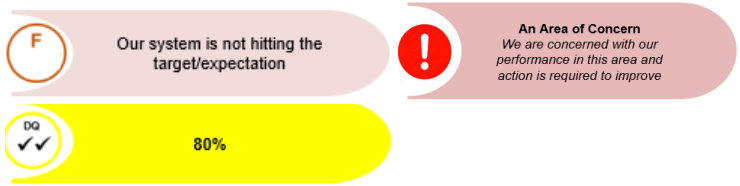
**NOTE** Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.

## 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 December against a planned rating of **2**.
**1** behind plan.




### Summary

The **Use of Resources Rating** (UoRR) was impacted by Covid-19 with national monitoring suspended. The Trust has continued to assess the UoRR based on plan submissions 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 minus 0.30x, which is 1.14x or £6.0m 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 25.1 days; this is behind plan by 5.3 days 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 1.42%, this is worse than plan by £4.9m and is **rated as a 4**.
- The **agency expenditure** metric assesses agency expenditure against a capped target for the Trust. Costs of £16.3m are £9.0m (125%) higher than plan, and would be **rated as a 4**.

Specifically for agency please refer to **25a) Financial Plan: Agency expenditure compared to agency target & 25b) Agency price cap compliance**

The Trust's financial performance results in an **overall UORR** of **3** for the period ending 31st and is **behind plan by 1**.

| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| Agency expenditure is significantly impacting our financial plan and will impact on our Use of Resources Rating when reintroduced; therefore, we need focused work to reduce. | *Please refer to progress for measure – 24)* Financial Plan: SOCI - Final Accounts – (Surplus)/Deficit | | |

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

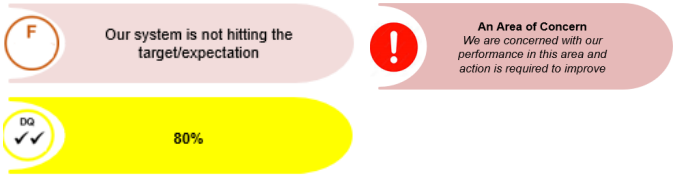
# 27) CRES Performance - Recurrent

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 **£8.2m** recurrent Cash-Releasing Efficiency Savings (CRES) for the year to date and have delivered **£6.5m**.

**£1.7m** variance to plan.




## Summary

The Trust continues to identify and consider schemes to deliver future recurrent requirements. Activities continue to aim to mitigate adverse in year performance on CRES with key focus on:

- Individual scheme baseline assessment by Care Group, including actions to support delivery.
- 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 £1.7m behind plan with specific performance noted as:

- £0.7m CRES for OAPs contracted bed elimination is behind plan
- £2.0m CRES for agency rate compliance and usage reduction is behind plan
- £0.2m CRES for Crisis Line support from Vale of York CCG is behind plan
- £0.3m CRES for reduction in covid measures is behind plan
- £1.0m CRES for interest receivable and is ahead of plan
- £0.3m CRES for PDC
- £0.2m CRES for other schemes including contract overhead contribution and salary sacrifice benefit

| 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 | *Please refer to progress for measure - 24) Financial Plan: SOCI - Final Accounts – (Surplus)/Deficit as this will mitigate in-part the under delivery on CRES and provide a sustainable footing and reduced run rate expenditure* | | |

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

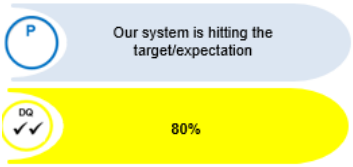
# 28) CRES Performance – Non-Recurrent

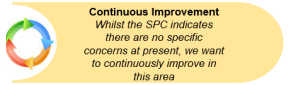
Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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 **£1.0m** non-recurrent Cash-Releasing Efficiency Savings (CRES) for the year to date and have delivered **£1.0m**.

**(£0.0m) favourable** 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.

**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 December was **£6.3m** against planned expenditure of **£7.5m**

**£1.2m** underspend against plan.


## Summary

Capital expenditure at the end of December was **£6.3m**, and is **£1.2m** lower than plan of **£7.5m**. This includes slippage on health and safety works and LD Environment changes, which are partially offset by an overspend on Teesside patient safety works. Work on LD environments (Park House and Bankfields Court) is forecast to defer into next financial year as the Trust's proposed model of care is revisited. Slipped health and safety works schemes have been re-programmed and are overseen at Environmental Risk Group. Networked IT assets have been capitalised in December, back dated to April 22 (which has resulted in a benefit to the revenue position).

The Trust is in discussion with ICB colleagues to manage system delivery of financial targets. The Trust has received confirmation of £3.5m additional capital funding to develop Crisis and Liaison services, and £1.7m capital funding to support IT frontline digitisation spend. The full balance must be spent during 2022/23 financial year.

All delays to health and safety schemes are escalated to Environmental Risk Group as soon as they are known to manage / mitigate any risks to clinical safety and quality. All schemes have now commenced.



| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| Not spending the full capital allocation in year could lead to pressure in future years as annual plans are managed at ICS level. | The Capital Development Team continue to review the forecast and deliverability of schemes alongside central ICB colleagues to manage projected aggregate spend.<br><br>Key residual actions include evidence collection to support capitalisation of IT grouped network assets.<br><br>This will be completed by the 31st March 2023 | Current forecast is to breakeven with plan.<br><br>Frontline digitisation funding has been confirmed in line with requested amount (£1.7m this year). | |

**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 **£70.7m** against a planned year to date cash balance of **£72.6m.**

**£1.9m** adverse variance from plan


### Summary

Cash balances were **£70.7m** at 31st December 2022, which is **£1.9m** lower than plan of **£72.6m**. This is linked to the Trust's deficit financial position, which is being offset by underspends on capital and working capital variances to plan.

The Trust did not achieve the 95% Better Payment Practice Code (BPPC) target compliance for the prompt payment of NHS suppliers, but did to meet the target for non-NHS suppliers during November, achieving a combined BPPC of 94%. 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 at 31st December 2022 was £6.0m. This has increased from November as material NHS contract variations reached final agreement and could be raised as an invoice. The amount over 90 days overdue is higher than targeted (£0.5m excluding amounts being paid via instalments and PIPS loan repayments), but this has again reduced in month, and 5 suppliers account for 70% of total debts greater than 90 days old. We have not been notified of challenge for any outstanding debt values, and progress continues to be made to receive payment for the older debts.

| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| *Please refer to progress for measure – 24)* Financial Plan: SOCI - Final Accounts – (Surplus)/Deficit | | | |

**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?

NHS
Tees, Esk and Wear Valleys
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_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 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?

NHS
Tees, Esk and Wear Valleys
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_25a | Financial Plan: Agency expenditure compared to agency target | | | |
| BIPD_25b | Agency price cap compliance | | | |
| 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?

NHS
Tees, Esk and Wear Valleys
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 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?

NHS
Tees, Esk and Wear Valleys
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_25a | Financial Plan: Agency expenditure compared to agency target | | | | | | | | | √ | | √ | | | | √ |
| BIPD_25b | Agency price cap compliance | | | | | | | | | √ | | √ | | | | √ |
| 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 Foundation Trust

There are 16 Mental Health Long Term Plan ambitions where we have agreed local plans for delivery or delivery of 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 | Q3 | FYTD |
|---|---|---|---|---|---|
| **13a:** Number of inappropriate OAP bed days for adults by quarter that are either 'internal' or 'external' to the sending provider | Q1 606<br>Q2 185<br>Q3 0<br>Q4 0 | 1094 | 1031 | 431 | 431 |
| **13b:** Number of inappropriate OAP bed days for adults by quarter that are 'external' to the sending provider | Q1 606<br>Q2 185<br>Q3 0<br>Q4 0 | 1094 | 1031 | 431 | 431 |
| Percentage of adults discharged from CCG-commissioned mental health inpatient services receive a follow-up within 72 hours. | 85% | 91.56% | 88.60% | 86.59% | 88.86% |
| Data Quality Maturity Index | 93.00 | 97.50 | 97.30 | 97.00 | 97.00 |



| 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* | |

The remaining 12 measures are monitored at Sub-ICB Location level. The Trust agreed LTP trajectories with the former CCGs in Spring 2022. We only agreed to improved trajectories where there was either 2021/22 investment that had not fully worked through into improved performance; where additional 2022/23 investment was agreed, or where quality improvement work held out the prospect of increased performance. It was acknowledged by both CCGs and TEWV that there was insufficient financial resources to deliver on all LTP trajectories therefore a number of "recovery plans" were developed. The following pages detail the ambitions currently at risk of delivery.

# Long Term Plan Ambitions - County Durham Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

There are **6** measures that have not been delivered at quarter 3, of which **4** are at risk of delivery for the financial year.

| Measure | Agreed Sub-ICB location Ambition | Q1 | Q2 | Q3 | 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 | 12448 | 2828 | 2209 | 2480 | 7517 |
| IAPT: The proportion of people who are moving to recovery | 50.00% | 52.97% | 52.54% | 48.71% | 51.49% |
| Percentage of people who have waited more than 90 days between first and second appointments | <10% | 28.43% | 30.70% | 14.65% | 25.14% |
| 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%<br>Q2 75%<br>Q3 95%<br>Q4 95% | 37.50% | 52.05% | 68.75% | 68.75% |
| 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 55%<br>Q2 75%<br>Q3 95%<br>Q4 95% | 73.91% | 88.89% | 90.32% | 90.32% |
| Number of people accessing IPS services as a rolling total each quarter | 169<br>at Quarter End | 140 | 138 | 129 | |



| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| **Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy<br>Percentage of people who have waited more than 90 days between first and second appointments** | | | |
| We are concerned that the recruitment challenges are masking any further issues that may be impacting on our access rates. | *Enabling Action*: Senior Performance Manager and IAPT Service Manager to conduct an in-depth review by the end of January 2023 to understand all circumstances impacting on our achievement of the agreed trajectories and to identify any further improvement actions. | | |
| We need to ensure we are offering sufficient choice for people that may be considering access to our IAPT service. | The Service Manager to continue recruitment for 3 fixed term Therapy Support Workers to enable the addition of a further online workshop that would enable more people to access our service. | **Complete.** The 3 applicants are now in post and the additional workshop started in January. | We would anticipate seeing the impact as the workshops progress. |

# Long Term Plan Ambitions - County Durham Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| **IAPT: The proportion of people who are moving to recovery** | | | |
| We need to understand why a number of our IAPT patients are not moving to recovery. | *Enabling Action*: IAPT Team managers to conduct a deep dive of November data by end of January 23 to gain an understanding of any underlying issues and identify any improvement actions that need to be put in place. | **Complete**. The service reviewed all patients and identified increase acuity of patients as a result of concerns around cost of living and winter heating anxiety and physical ill health concerns. | |
| **NEW** We need to ensure that as many patients as possible who use our service achieve recovery. | The Service Manager to review the possibility of specialist supervision for staff to enable them to adapt therapy to the cost of living crisis. Review work will be complete by the end of January 23. | | |
| | *Enabling action:* The Service Manager to ensure the recovery tracker, which details the pathway of all patients that do not achieve recovery, is updated by all therapists on a weekly basis with immediate effect. This will enable the service to understand why our patients do not achieve recovery and identify any improvement actions. | | |
| **The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment**<br>**The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment** | | | |
| Dieticians are crucial members of our Children's Eating Disorder Service and a shortage of dieticians within the team and nationally is impacting the team's capacity to deliver assessments and start patient treatment. | The CED Team Manager to continue recruitment for 3 WTE dietician posts to increase the number of initial assessments available to be offered. | Two dieticians are now in post; the service is readvertising the final vacancy. | |

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# Long Term Plan Ambitions - County Durham Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| **The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment<br>The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment** | | | |
| The CED service is currently providing dietetic support into County Durham and Darlington Foundation Trust (CDDFT) paediatric wards to support patients presenting with an eating disorder, which is further impacting staff capacity. | Care Group Director to progress a temporary Service Level agreement with CDDFT. | CDDFT have raised a number of queries in respect of the proposed agreement, which the Service are addressing. The Service response will be provided by the end of January 2023. | |
| | **NEW** The General Manager for Children & Young People's Services to represent the service at a workshop with CDDFT to develop a decision-making matrix of care for the two Trusts to follow to ensure joined up working, with clear responsibilities identified The workshop will take place by the end of January 23. | | |
| **Number of people accessing IPS services** | | | |
| We need to better understand our data for Individual Placement & Support (IPS) service, to identify the underlying reasons for not meeting our locally agreed trajectories with commissioners. | Head of Performance to work with the Service Manager and Finance and Business Intelligence colleagues to develop an evidenced-based paper by the end of November 2022, to inform next steps. | **On hold:** Following discussions and detailed analysis, a data quality issue has been identified that must be resolved before the paper can be completed. | |
| A number of interventions have been recorded using incorrect codes; these require resolution to enable us to understand the impact on this measure. | IPS Service Manager to facilitate correction of those IPS contacts that have been incorrectly coded by the end of January 2023, to ensure all IPS staff are correctly recording their activity. | **Complete.** All incorrect coding has now been corrected and all IPS advisors are aware of the correct codes to use. | |
| | *Enabling action:* Paris Team to investigate options to enable IPS staff to be easily identified within Paris by the end of January 2023. This will facilitate improved reporting, ensuring that only IPS contacts by IPS staff are counted within this measure. | | |

# Long Term Plan Ambitions – Tees Valley Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

There are **7** measures that have not been delivered at quarter 3, of which **4** are at risk of delivery for the financial year.

| Measure | Agreed Sub-ICB location Ambition | Q1 | Q2 | Q3 | 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 | 2260 | 600 | 436 | 501 | 1537 |
| IAPT: The proportion of people who are moving to recovery | 50.00% | 52.41% | 54.14% | 49.84% | 52.18% |
| Percentage of people who have waited more than 90 days between first and second appointments | <10% | 30.05% | 33.60% | 18.03% | 27.89% |
| 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% | 82.29% | 85.29% | 85.29% |
| 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% | 73.68% | 66.67% | 66.67% |
| Number of people accessing IPS services as a rolling total each quarter | 216 at Quarter End | 166 | 186 | 150 | |
| Percentage of adults discharged from Sub-ICB location-commissioned mental health inpatient services receive a follow-up within 72 hours. | 85% | 89.93% | 89.97% | 84.36% | 87.96% |



| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| **Percentage of adults discharged from Sub-ICB location-commissioned mental health inpatient services receive a follow-up within 72 hours** | | | |
| We need to understand why a number of our patients in our Adult Mental Health Service have not been followed up within 72 hours of discharge from our adult inpatient services. | *Enabling action:* Business Manager to establish a consistent, robust process for weekly monitoring across all teams with a view to improving compliance. The process will be tabled at the December Improvement and Delivery Group for approval. | **Complete.** A new standard process has rolled out from January 2023. | We would anticipate seeing the impact as the process becomes embedded |

# Long Term Plan Ambitions – Tees Valley Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| *For all IAPT commentary, please see the Long Term Plan section for County Durham Sub-ICB Location* | | | |
| *For all Children's Eating Disorders commentary, please see the Long Term Plan section for County Durham Sub-ICB Location* | | | |
| *For all IPS commentary, please see the Long Term Plan section for County Durham Sub-ICB Location* | | | |

# Long Term Plan Ambitions – North Yorkshire Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

There are **5** measures that have not been delivered at quarter 3, all are at risk of delivery for the financial year.

| Measure | Agreed Sub-ICB location Ambition | Q1 | Q2 | Q3 | 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 | 8272 | 1676 | 1816 | 1812 | 5304 |
| IAPT: The proportion of people who are moving to recovery | 50.00% | 50.05% | 49.23% | 42.52% | 47.28% |
| 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%<br>Q2 60%<br>Q3 70%<br>Q4 80% | 57.81% | 58.93% | 64.91% | 64.91% |
| Number of people accessing IPS services as a rolling total each quarter | 123 at Quarter End | 67 | 82 | 92 | |
| Number of women accessing specialist community PMH services in the reporting period (cumulative) | Q1 71<br>Q2 142<br>Q3 213<br>Q4 284 | 70 | 96 | 125 | 125 |



| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| **Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy** | | | |
| To improve access to our North Yorkshire & York IAPT services, there is a need to increase awareness of what is offered and generate additional referrals. | Service Managers have established a marketing plan to improve awareness within local GP practices; all actions to be completed by the end of December 2022. | **Complete.** IAPT Marketing material has been refreshed and a marketing tool kit has been created including posters, social media posts, website QR codes and IAPT banner added GP practice websites. | We would anticipate seeing a positive impact as awareness increases. |

# Long Term Plan Ambitions – North Yorkshire Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| **IAPT: The proportion of people who are moving to recovery** | | | |
| We need to understand why a number of our IAPT patients are not moving to recovery. | *Enabling Action:* North Yorkshire IAPT Team managers to conduct a deep dive of October data by end of December 2022 to gain an understanding of any underlying issues and identify any improvement actions that need to be put in place. | **Complete.** The deep dive was completed in December. | |
| **NEW** The deep dive into to understand why a number of our patients were not moving to recovery identified that a number would have achieved recovery if they had been offered more sessions. | *Enabling action:* Team managers to establish a daily recovery huddle by the end of January 2023 to ensure patients are offered all opportunities to move to recovery when they are close to treatment completion. | | |
| **Percentage of people who have waited more than 90 days between first and second appointments** | | | |
| Our North Yorkshire IAPT service has a number of vacancies, which has impacted their ability to respond to an increase in the number of people placed directly onto step 2 Guided Self Help and Step 3. | IAPT Service Manager to continue recruitment for 9.97wte Psychological Wellbeing Practitioners (PWP) and 1.2 wte High Intensity Worker (HIW). | 2 HIW posts remain vacant and are to be readvertised. The recruitment for the PWPs has been placed on hold at this point to avoid over-establishment as the service is in the process of recruiting 9 trainee PWPs to start with the service in March 2023. | |
| **The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment**<br>**The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment** | | | |
| Within our North Yorkshire, York & Children's Eating Disorder Services there is a need to review the pathway from referral to the initial assessment, to ensure all information required to assess patients is available at the point of referral and to enable assessments to be booked timely | *Enabling Action:* Team Manager to arrange a second Kaizen event to review the pathway from referral to the initial assessment. This is an extension of the initial Kaizen which focused on the initial assessment only. | **On hold.** This remains a priority, but has temporarily been placed on hold to enable the Team Manager to focus capacity and resources and to support the staff through the number of changes that are currently in progress, including the establishment of the Eating Disorders Home Treatment Service, implementing the Medical Emergencies in Eating Disorders (MEED) requirements and embedding the changes from the first Kaizen event. | |

# Long Term Plan Ambitions – North Yorkshire Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| **The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment<br>The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment** | | | |
| Within our North Yorkshire, York & Children's Eating Disorder Services there is a need to ensure sufficient information is provided on referral from GPs, to enable the service to assess patients within the national standards. | Service Managers to work with commissioners to introduce an Eating Disorders specific referral form by the end of June 22. This will improve the triage process to enable more efficient booking of new initial assessment appointments. | **On hold.** Service Managers presented proposed referrals forms to the North Yorkshire & York Local Medical Committee Officers and TEWV Liaison on 15th September; these were not supported by the wider primary care network to progress roll out due to not being able to incorporate the referral form in their electronic system. | |
| | *Enabling action:* The team manager to draft a business case to adopt a CED specific referral form. This will be presented to the November North Yorkshire, York & Selby Quality Assurance & Improvement Subgroup. | **Complete.** North Yorkshire, York & Selby Quality Assurance & Improvement Subgroup has approved the business case and this will be rolled out with immediate effect | We would anticipate seeing a positive impact as use of the referral form increases. |
| **Number of women accessing specialist community PMH services.** | | | |
| Access to our North Yorkshire, York & Selby perinatal services is being impacted by team capacity as a result of staff on long term sickness, maternity leave and vacancies. | The service manager to progress a recruitment exercise for 5.6 wte vacancies by the end of November 2022. | 1 clinical nurse is recruited and will start in post in June 23, the Specialist Psychological therapists have been recruited and are due to start in March and the team manager has been recruited and is awaiting start date. 1.6 Clinical Nurse posts are being readvertised in January. | |
| *For all IPS commentary, please see the Long Term Plan section for County Durham Sub-ICB Location* | | | |

# Long Term Plan Ambitions – Vale of York Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

There are **5** measures at risk of delivery at quarter 3, of which **4** are at risk of delivery for the financial year.

| Measure | Agreed Sub-ICB location Ambition | Q1 | Q2 | Q3 | | 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 | 1405 | 1734 | | 4580 |
| Percentage of people who have waited more than 90 days between first and second appointments | <10% | 17.65% | 15.52% | 12.34% | | 15.34% |
| 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%<br>Q2 60%<br>Q3 70%<br>Q4 80% | 56.34% | 60.00% | 60.94% | | 60.94% |
| Number of women accessing specialist community PMH services in the reporting period (cumulative) | Q1 60<br>Q2 120<br>Q3 180<br>Q4 240 | 49 | 72 | 93 | | 93 |
| Percentage of people experiencing a FEP treated with a NICE approved care package within 2 weeks of referral | 60% | 63.33% | 77.78% | 48.84% | | 61.00% |



| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| **IAPT: The proportion of people who are moving to recovery** | | | |
| We have a significant number of patients under the age of 25 that are not moving to recovery. | *Enabling Action:* Service Manager to agree a pilot with commissioners by the end of November 2022 for a new service pathway for under 25s that will include increased face to face appointments, with a view to improving recovery rates. | We are awaiting confirmation from commissioners to progress the pilot, which is expected by the end of January 2023. | |

# Long Term Plan Ambitions – Vale of York Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

| Current Focus | Current Improvement Action(s) | Progress Update | Actual Impact |
|---|---|---|---|
| **Percentage of people who have waited more than 90 days between first and second appointments** | | | |
| There has been an increase in the number of people placed directly onto step 2 Guided Self Help and Step 3 as the first treatment option due to increased acuity seen in patients, impacting staff capacity | Service Manager to continue recruitment for 1.8 Psychological Wellbeing Practitioners (PWP) and 2.6 wte High Intensity Therapists (HIT). | The PWP posts have been recruited. 1.4 HIT posts have been re-advertised. 1 HIT trainee will start in post in January and a further trainee post is to be re-advertised in January. | |
| There are currently administrative vacancies within the team, which are impacting clinical capacity as clinical staff must factor time into their day to arrange appointments. | Service Manager to lead recruitment of 1.4 wte Administrator. This will be completed by January 2023. | | |
| **Percentage of people experiencing a FEP treated with a NICE approved care package within 2 weeks of referral** | | | |
| The team's capacity to assess and commence treatment for people experiencing a first episode of psychosis is currently being impacted by 3 staff vacancies, maternity leave and long term sickness absence. | Pending recruitment to the substantive vacant posts, the York & Selby team manager to recruit 3 agency members of staff to improve staffing capacity from December 2023. | Following recruitment challenges, all 3 posts have been re-advertised in January. To mitigate the risk staff are being offered overtime and support is being provided by the North Yorkshire EIP teams. | |
| *For all Access to IAPT commentary, please see the Long Term Plan section for North Yorkshire Sub-ICB Location* | | | |
| *For all Children's Eating Disorders commentary, please see the Long Term Plan section for North Yorkshire Sub-ICB Location* | | | |
| *For all Perinatal Services commentary, please see the Long Term Plan section for North Yorkshire Sub-ICB Location* | | | |
| *For all IPS commentary, please see the Long Term Plan section for County Durham Sub-ICB Location* | | | |

# Chapter 3

# NHS Oversight Framework

# NHS Oversight Framework

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

**Introduction:**

The NHS Oversight Framework is built around five national themes:

1) Quality of care, access and outcomes
2) Leadership and capability
3) People
4) Preventing ill health and reducing inequalities
5) Finance and use of resources, and a sixth theme focusses on local strategic priorities.

The 5 themes are underpinned by 23 key performance measures and sub-measures and Trust/ICB performance is monitored via an allocation to a top, inter- or bottom quartile. Those typically within the top quartile indicate the higher performing Trusts.

To provide an overview of the level and nature of support and the oversight arrangements required across systems, Integrated Care Boards and Trusts are allocated to one of four 'segments', determined by the scale and nature of their support needs, ranging from no specific support needs (Segment 1) to intensive support needs (Segment 4).



**Summary:**

The Trust is currently placed within **Segment 3** which is "*Bespoke mandated support, potentially through a regional improvement hub, drawing on system and national expertise as required*"

There are a number of measures where we are placed in the lowest performing quartile which indicates a position of concern or where we are not achieving the Oversight Standard These are:

- Inappropriate OAP bed days for adults that are either internal or external to the sending provider*
- Access rate for IAPT services*
- Overall CQC rating
- NHS Staff Survey compassionate culture people promise element sub score
- NHS Staff Survey compassionate leadership people promise element sub score
- CQC well led rating
- Staff survey engagement theme score
- Sickness absence rate*
- Proportion of staff in a senior leadership role who are from a BME background
- Agency spending

**Please see the relevant sections within the Integrated Performance Dashboard and Long Term Plan*

Further details on our performance is included in the pages overleaf.

## 1) Quality, Access & Outcomes: Mental Health

There are 4 Mental Health measures monitored as part of the 2022/23 Framework; 1 is monitored at Trust level and 3 are monitored at ICB level. Our achievement against these has been provided in the tables below.

| Tees, Esk & Wear Valleys NHS Trust | Oversight Standard | Q1 | Q2 | Q3 | Latest National Position |
|---|---|---|---|---|---|
| Number of inappropriate OAP bed days for adults by quarter that are either 'internal' or 'external' to the sending provider | 0 | 1094 | 1031 | 431 | |

*Please see the Bed Pressures section within the Integrated Performance Dashboard from slide 20.*

| North East & North Cumbria ICB | Oversight Standard | Q1 | Q2 | Q3 | Latest National Position |
|---|---|---|---|---|---|
| Access rate for IAPT services | 100.00% | 93.23% | 71.93% | 81.07% | Lowest performing quartile (a position of concern) as at September 2022<br>36 out of 42 ICBs |
| Number of children and young people accessing mental health services as a % of population | 100.00% | 112.57% | 111.28% | 111.46% | |
| Access rates to community mental health services for adult and older adults with severe mental illness | 100.00% | 225.41% | 228.48% | 231.74% | |

| Humber & North Yorkshire ICB | Oversight Standard | Q1 | Q2 | Q3 | Latest National Position |
|---|---|---|---|---|---|
| Access rate for IAPT services | 100.00% | 85.67% | 88.53% | 97.46% | Interquartile range as at September 2022<br>21 out of 42 ICBs |
| Number of children and young people accessing mental health services as a % of population | 100.00% | 145.29% | 149.66% | 148.93% | |
| Access rates to community mental health services for adult and older adults with severe mental illness | 100.00% | 258.94% | 250.05% | 244.73% | |

*Please see the relevant measures within the Long Term Plan section from slide 54.*

**NOTE:** Following the release of new guidance, we have revisited the construction of the **Access rates to community mental health services for adult and older adults with severe mental illness** measure currently reported within this report. The examples provided have changed our interpretation of the original guidance and we are now taking action to amend the construction of our measure and the refreshed data will be presented in the March report.

## Quality of care, access and outcomes; Safe, high-quality care

| Quality of care, access and outcomes; Safe, high-quality care | Oversight Standard | Q1 | Q2 | Q3 | Latest National Position |
|---|---|---|---|---|---|
| National Patient Safety Alerts not completed by deadline | 0 | 0 | 0 | 0 | Data as at November 2022 |
| Consistency of reporting patient safety incidents | 100.00% | 100.00% | 100.00% | 100.00% | Data as at November 2022<br>Highest performing quartile (a positive position) as at September 2022 (100%)<br>1 out of 72 Trusts |
| Overall CQC rating | N/A | Requires Improvement | | | Lowest performing quartile (a position of concern) as at November 2022<br>54 out of 69 Trusts |
| NHS Staff Survey compassionate culture people promise element sub-score | | 6.9 | 6.9 | 6.9 | Lowest performing quartile (a position of concern) as at 2021 survey<br>63 out of 70 Trusts |
| NHS Staff Survey raising concerns people promise element sub-score | | 6.7 | 6.7 | 6.7 | Interquartile range as at 2021 survey<br>49 out of 70 Trusts |



## Leadership and Capability; Leadership

| Leadership and Capability; Leadership | Oversight Standard | Q1 | Q2 | Q3 | Latest National Position |
|---|---|---|---|---|---|
| NHS Staff Survey compassionate leadership people promise element sub-score | As per staff survey benchmarking | 7.17 | 7.17 | 7.17 | |
| CQC well-led rating | N/A | Requires Improvement | | | Lowest performing quartile (a position of concern) as at August 2022<br>56 out of 69 Trusts |

## People; Looking after our people

| People; Looking after our people | Oversight Standard | Q1 | Q2 | Q3 | Latest National Position |
|---|---|---|---|---|---|
| Staff survey engagement theme score | As per staff survey benchmarking | 7.00 | 7.00 | 7.00 | Lowest performing quartile (a position of concern) as at 2021 survey (6.79)<br>64 out of 70 Trusts |
| Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers | As per staff survey benchmarking | 8.00% | 8.00% | 8.00% | Interquartile range as at 2021 survey (8.33%)<br>32 out of 70 Trusts |
| Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues | As per staff survey benchmarking | 14.00% | 14.00% | 14.00% | Interquartile range as at 2021 survey (13.80%)<br>28 out of 70 Trusts |
| Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public | As per staff survey benchmarking | 25.00% | 25.00% | 25.00% | Interquartile range as at 2021 survey (24%)<br>20 out of 70 Trusts |
| NHS Staff Leaver rate | None | 13.87% | 13.39% | 12.91% | Highest performing quartile (a positive position) as at September 2022 (8.13%)<br>14 out of 71 Trusts |
| Sickness absence rate (working days lost to sickness) | None | 6.45% | 6.11% | 6.09% | Interquartile range as at July 2022 (6.53%)<br>49 out of 71 Trusts |



## People; Belonging in the NHS

| People; Belonging in the NHS | Oversight Standard | Q1 | Q2 | Q3 | Latest National Position |
|---|---|---|---|---|---|
| Proportion of staff in senior leadership roles who a) are from a BME background b) are women c) disabled staff | | | | | |
| BME background | 12% | 1% | 1% | 1% | |
| Women | 62% | 66% | 67% | 64% | Interquartile range as at June 2022 (66.88%)<br>42 out of 69 Trusts |
| Disabled staff | 3.20% | 4% | 4% | 6% | |
| Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age | As per staff survey benchmarking | 56.00% | 56.00% | 56.00% | Interquartile range as at 2021 calendar year (60.50%)<br>28 out of 70 Trusts |

## Finance and use of resources

There are 4 measures and sub measures monitored as part of finance and use of resources; of these, a Trust assessment has not been possible at this stage. Work is currently underway to develop the Agency measures.

| Finance and use of resources | Oversight Standard | Q1 | Q2 | Q3 | Latest National Position |
|---|---|---|---|---|---|
| Financial efficiency - variance from efficiency plan - Recurrent | N/A | £1,208,577 | £3,871,945 | £6,482,000 | Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position. |
| Financial efficiency - variance from efficiency plan - Non-Recurrent | N/A | £361,173 | £722,346 | £1,044,000 | |
| Financial stability - variance from break-even | N/A | £1,296,930 | £4,290,781 | £4,718,089 | |
| Agency spending: Agency spend compared to the agency ceiling | 100% | Not currently available | 208.23% | 224.76% | |
| Agency spending: Price cap compliance | 100% | Not currently available | 64% | 64% | |

Tees, Esk and Wear Valleys
NHS Foundation Trust

# Finance Update

Council of Governors – March 2023

## 2022/23 Financial Performance Summary - Month 10 (to 31st January 2023)

**The Trust reported a deficit of £3.98m for the period ending 31 January 2023, which is £4.22m higher than planned.** The position now includes a £0.3m profit on disposals which, following updated technical guidance received during M10, can now be included as part of the assessment of the Trust's financial performance.

**Excluding the Impacts of national pay review body awards** which have been accounted for from month 6, the Trust would be **£1.63m deficit.** A national additional 1.66% tariff uplift allocated to Integrated Care Boards (ICBs) to cover additional pay award costs (over and above the 2% pay award assumed nationally at plan and funded). Compared to the 1.66% tariff funding uplift there is a £2.59m funding shortfall to 31st January (£3.0m full year). However, the North East North Cumbria (NENC) ICB has identified non-recurrent funding to support pay award pressures , and receipt is expected during March.

**The 2022/23 Financial Plan targeted a £1.16m surplus, requiring delivery of stretching £13.7m, or 3% Cash Releasing Efficiency Savings (CRES),** and supporting the submission of a balanced composite financial plan for the NENC Integrated Care System (ICS).

**Year to Date Revenue Position:** The month 10 deficit reflects higher than planned costs in several key areas, including:

- **Adult Mental Health bed pressures** driven by longer lengths of stay and exacerbated by increasing delayed transfers to non-NHS settings and / or packages of care, have resulted in elevated **Independent Sector bed placements** for adult assessment and treatment and PICU admissions, with **costs to month 10 of £3.28m which is £2.96m higher than plan**. Improvements have been seen since Month 5, with bed usage reducing from a requirement for 21 beds at the end of July, to 7 at the lowest point in January, plans assumed no external beds would be used from 1 July. A Beds Oversight Group, chaired by the Medical Director, is coordinating actions to:
  - support the management of in-year pressures, and
  - consider the Trust's longer-term bed requirements.

- **Premium agency costs** linked to higher than planned reliance on temporary staffing, including due to:
  - Increased and high **bed occupancy** (beyond commissioned levels) requiring additional safer staffing
  - Increased inpatient and medical staffing **vacancy and sickness cover**
  - Support through **complex care packages** to a number of Adults with a Learning Disability

- **Computer Hardware and Software** costs are higher than planned; however, £0.5m grouped networked assets were capitalised as of month 10. Plans to procure digital assets centrally will support procurement and management of related revenue costs.

- **Transport costs** are higher than planned, and predominantly relates to increased secure transport and taxi usage. Care Group are implementing additional controls to ensure oversight of taxi usage.



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

Tees, Esk and Wear Valleys
NHS Foundation Trust

# Finance Update

Council of Governors – March 2023

## Revenue Forecast Outturn 2022/23:

The Trust has continued to forecast delivery of a planned surplus of £1.16m whilst detailed work to review forecasts with Care Groups and Corporate Directorates completed and recovery actions were progressing. Significant staged reviews of outputs from this work have been reviewed by the Executive Directors Group, Strategy and Resources Committee and Board of Directors since October.

**The Board agreed in January 2023 to continue to forecast delivery of the planned £1.16m surplus.** The ICB sought written confirmation that the Trust planned to maintain the planned position, supporting achievement of ICS collective break even. A response was sent on 2nd February 2023.

**Cash balances were £74.0m and £3.4m above plan** as of 31st January 2023. This reflects the receipt of national capital funding, slippage on programmed capital expenditure and working capital variations which offset the Trust's year to date revenue deficit (including £2.6m unfunded pay award).

**Year to Date Capital Position: Capital expenditure was £7.1m and £1.6m below plan** to 31st January 2023.

**Capital Forecast Outturn:** The Trust forecasts to outturn in line with plan, with key risks to achieving this being the completion of lifecycle works, delivery of IT equipment and patient safety doors by 31 March 2023.

Board oversight of the capital plan is through the Strategy and Resources Committee.

## 2023/24 Financial Plan:

Operational planning guidance was issued on 23rd December 2022. ICB funding mandates were received 31st January 2023 to inform draft financial plans.

Non-recurrent national funding that has supported the NHS since April 2020 will reduce significantly as the NHS returns on a 'glidepath' to pre-Covid funding levels. This includes a 0.7% 5Convergence reduction in allocations and 77% reduction in Covid funding.

Pay and non-pay inflation of 2.9% is offset by a national 1.1% efficiency requirement, with a cash uplift of 1.8% being applied to contracts.

Whilst Mental Health Investment Standard (MHIS) growth is set at 5.03%, MHIS does not cover Autism, ALD or older adult services and provider allocation were limited to the 1.8% tariff inflation at the draft plan stage. Finalising allocations is a key ICB workstream in the run up to final plan submissions

NENC ICS partners agreed to include a consistent minimum 3% efficiency target at draft plan, in recognition of the challenging financial context.

Draft plans were submitted to NHSE on 23rd February and suggest significant financial challenge nationally, and for the NENC ICS (within which the Trust's whole financial performance is reported). The Trust had a £24m opening underlying recurrent financial deficit that was mitigated non recurrently in 2022/23. The 2023/24 financial outlook is similarly challenging and will require significant ongoing focus.

Final plans will be considered by Executive Directors Group, Strategy and Resources Committee and Board of Directors during March to support the end of March final 2023/24 plan submissions.



Copies of the monthly Finance Reports to Board can be available at: ww.tewv.nhs.uk/about-us/board-of-directors/board-meetings

Quality Governance Team

Tees, Esk and Wear Valleys
NHS Foundation Trust

# CQC Inspection Update to the Council of Governors



Elizabeth Moody

Director of Nursing and Governance

09/03/2023

Agenda Item 10c

# CQC Inspections and Activity Update

Tees, Esk and Wear Valleys NHS Foundation Trust

## CQC Well-led inspection

- CQC inspectors will be attending Board and other Committees in March 2023
- CQC Well-led Executive Oversight Group established and meeting weekly
- Communications Strategy developed

## Cultural Assessment visits

- 48 wards independently visited.
- Feedback was reviewed for positive and negative themes.
- Any immediate concerns were escalated and remedial action taken.
- Positive feedback received regarding the approach from Care Groups and visiting teams.
- Reported to 02 February 2023 Quality Assurance Committee and discussed within the Strategic Fundamental Standards Group 03 February 2023.



## Whorlton Hall:

- Overview of the Safeguarding Adults Review commissioned by Durham Safeguarding Adults Partnership and system findings shared via the Strategic Fundamental Standards Group 03 February 2023.

## Thornaby Road

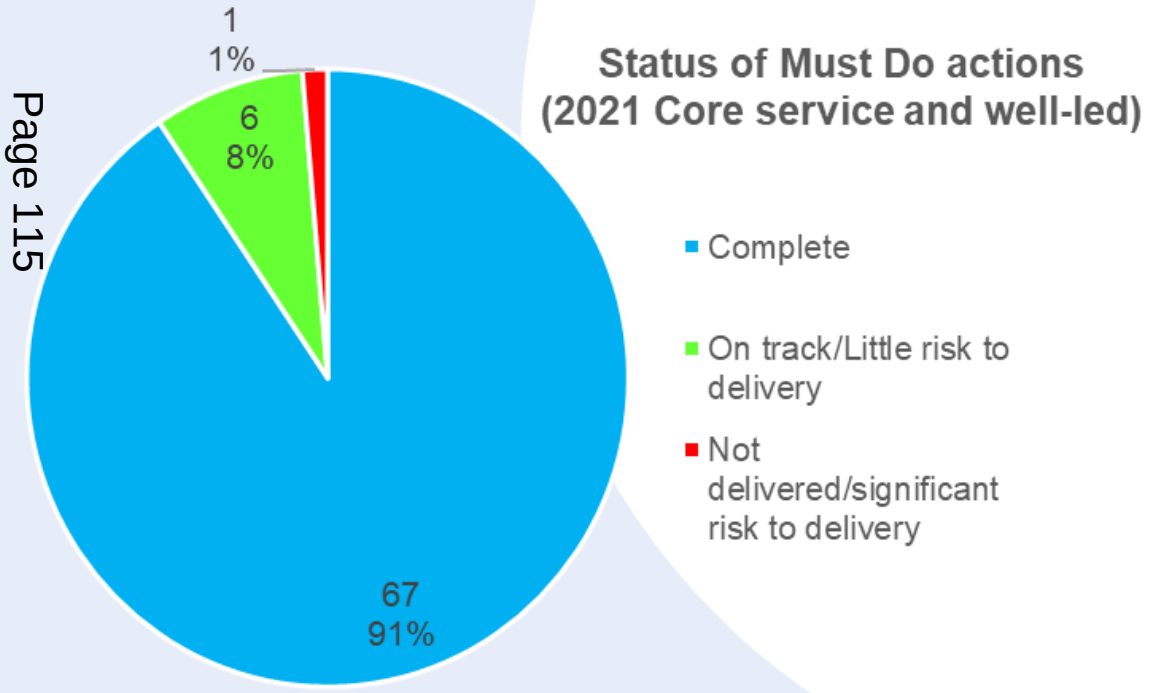
- Unannounced inspection of the service due.  Service previously rated as ‘Good’.

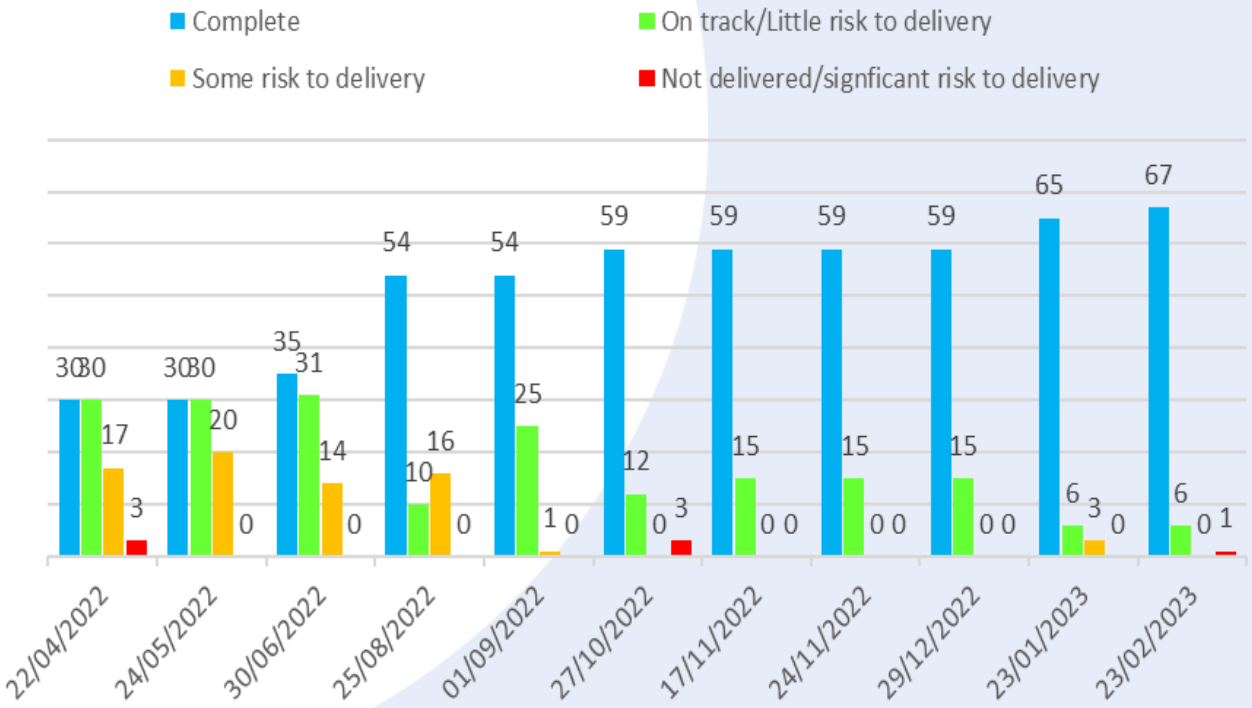
# Progress on Trustwide Action Plan

Tees, Esk and Wear Valleys NHS Foundation Trust

The chart provides the current status (as at 23/02/23) 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 Regulatory Framework.



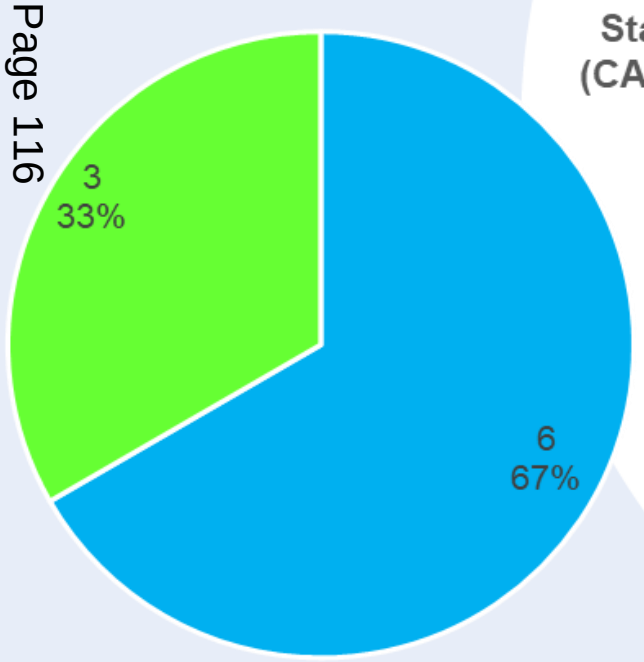



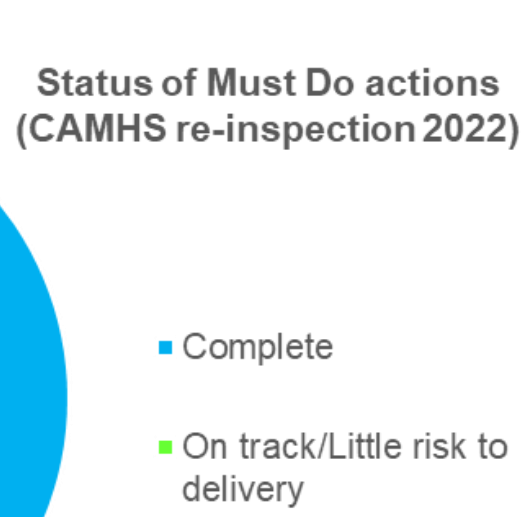
# Progress on CAMHS Community re-inspection actions

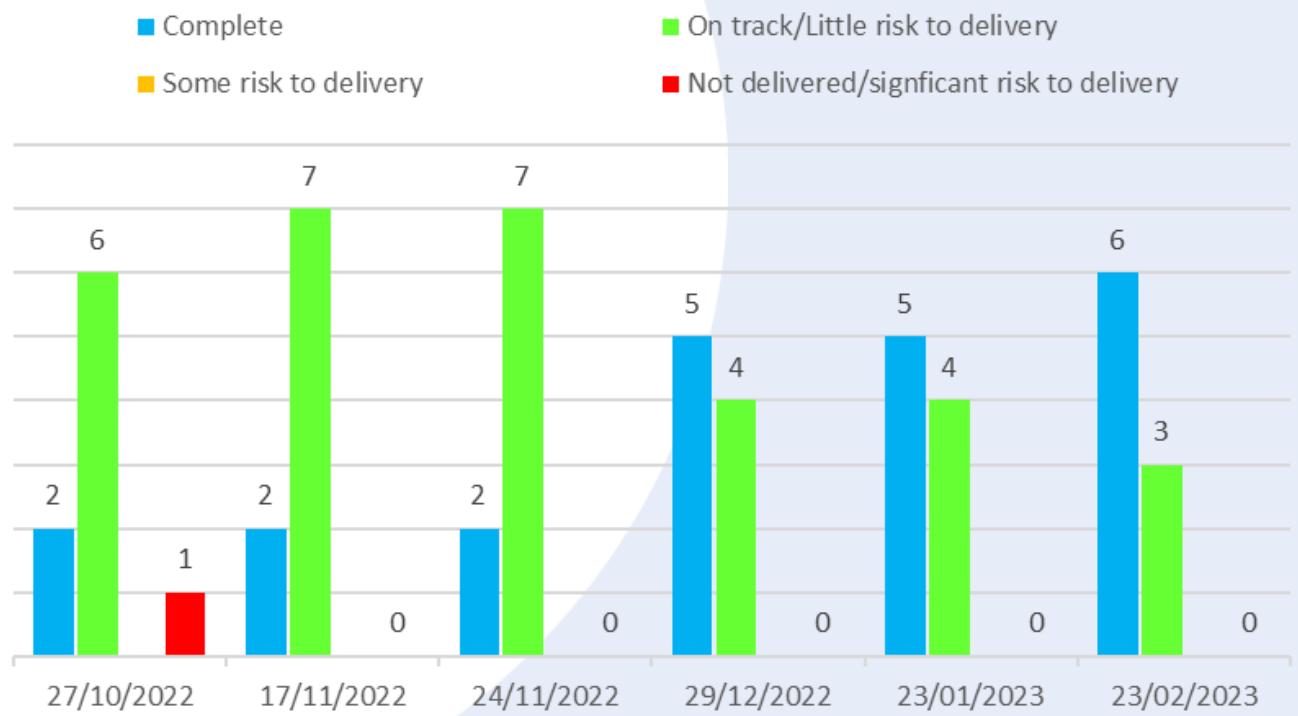
Tees, Esk and Wear Valleys NHS Foundation Trust

The chart provides the current status against CAMHS Community Must Do actions from the current re-inspection:





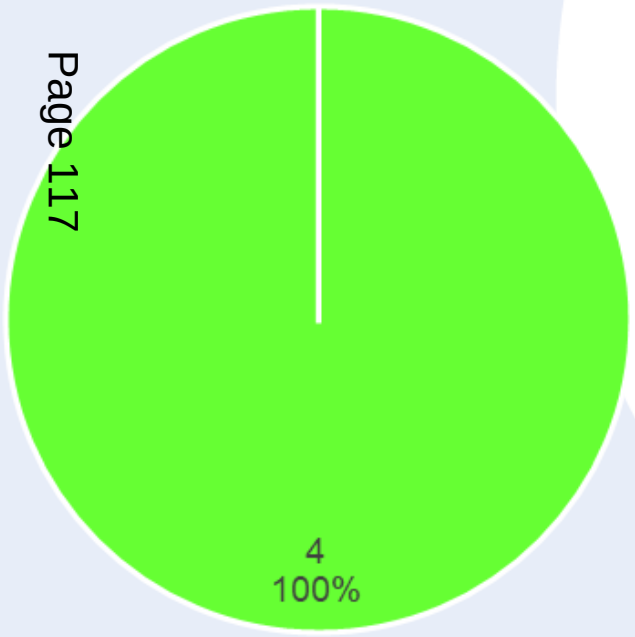



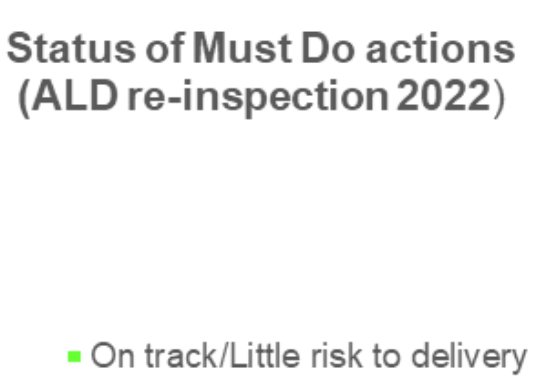



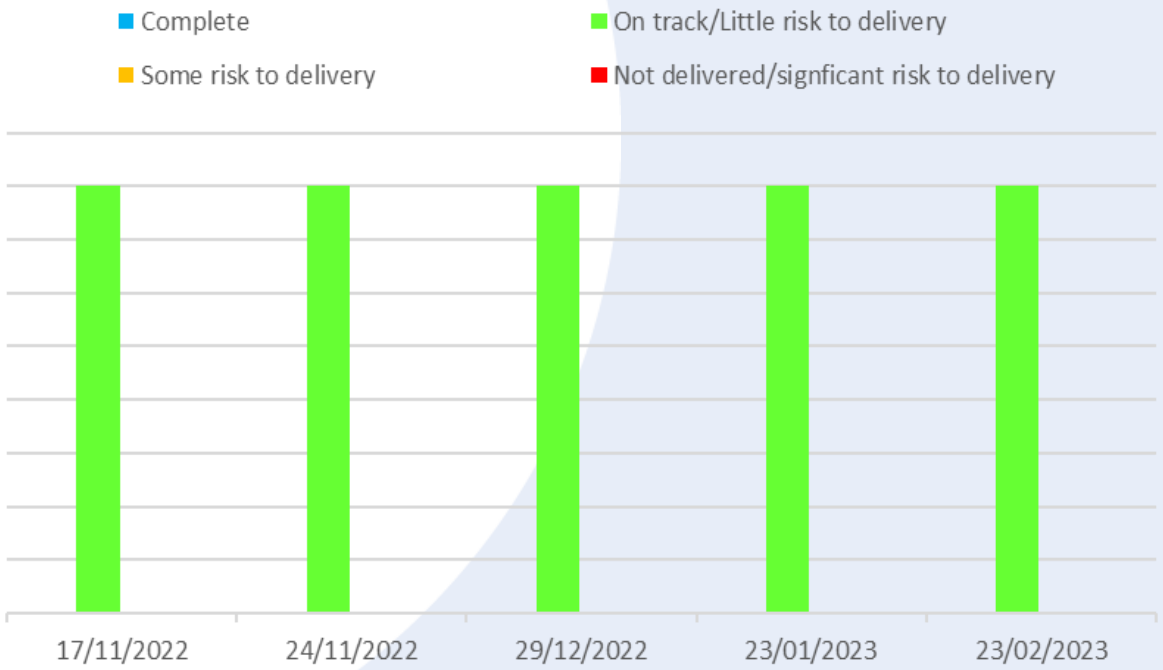
# Progress on ALD inpatient re-inspection actions

Tees, Esk and Wear Valleys NHS Foundation Trust

The chart provides the current status against ALD Must Do actions from the current re-inspection:



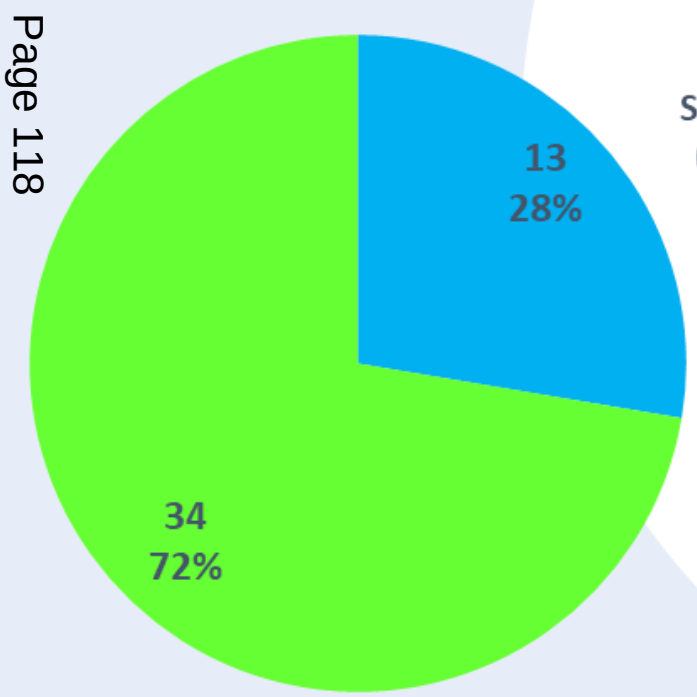



# Progress on SIS inpatient re-inspection actions

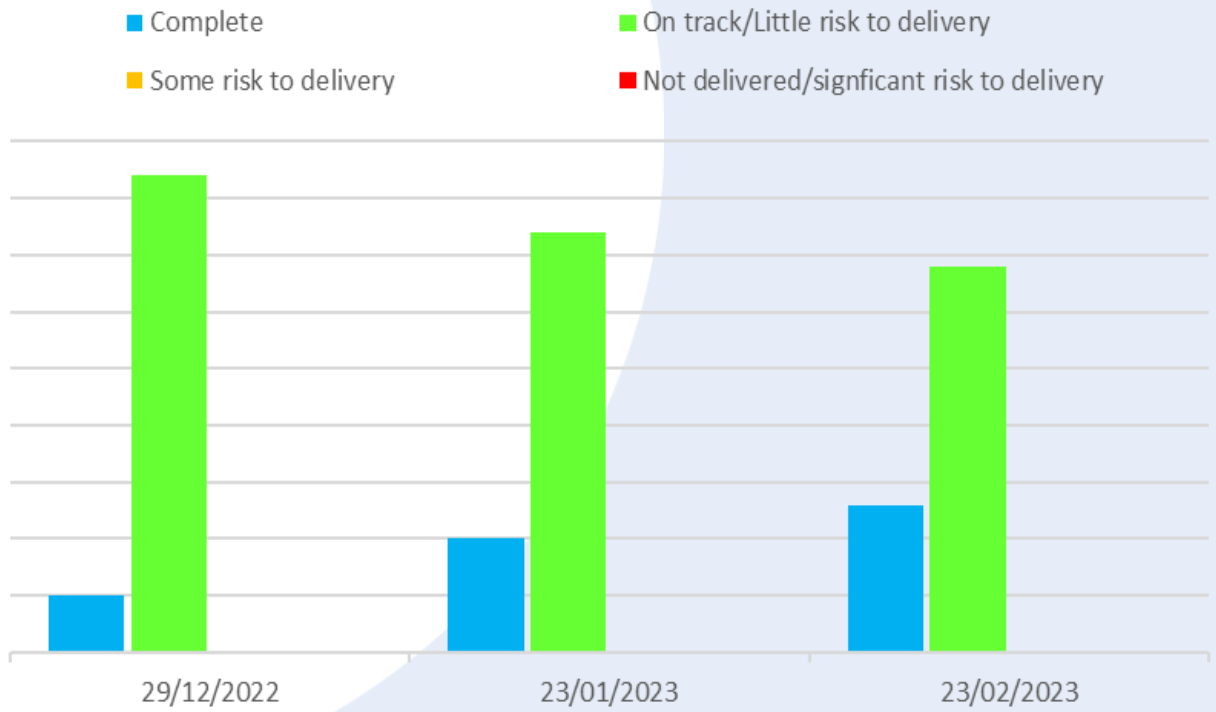
Tees, Esk and Wear Valleys NHS Foundation Trust

The chart provides the current status against SIS Must Do actions from the current re-inspection:









# Update on Key Improvements

- Safe Staffing investment and improved recruitment
- Improved personalised, co-created care plans
- Reducing restrictive interventions
- Revised Seclusion and Segregation Policy
- Mandatory and statutory training compliance
- Supervision recording system
- Caseload Management Tool
- Updated Safeguarding Policy
- CAMHs Keeping in Touch Processes
- Quality Assurance and Improvement Programme
  - Demonstrating significant improvements in engagement and observation, the quality of safety summaries/ plans and care planning
- Enhanced governance arrangements / oversight

# Trustwide Should Dos

- The core service inspection report published included 21 Should Do recommendations (many of these actions were aligned to must do actions).
- The CAMHS re-inspection included 3 Should Do recommendations, and the SIS re-inspection included 6 Should Do recommendations. No should do recommendations were indicated for ALD services.
- Although overall 30 Should Do recommendations were indicated, 37 individual actions were developed by the service to address these.
- The current position of the 37 should do actions is as follows:
  - 19 (51%) actions are complete
  - 14 (38%) are on track with little risk to delivery
  - 4 (11%) action has some risk to delivery

# Advancing the Clinical and Quality Journey

- Programme Boards and key projects established
- Learning Library well established
  - Patient Safety Briefings
  - Live Learning Sessions
- PSIRF implementation
  - Revised processes for review of serious incidents
  - Revised Incident Reporting Framework and Policy
- Enhanced Communications for staff
  - Brent's Blogs and monthly Webinars
  - #Team TEWV

# Thank you



**Elizabeth Moody**

Director of Nursing and Governance

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Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

**ITEM 11.**

**For General Release**

| | |
|---|---|
| **Meeting of:** | **Council of Governors** |
| **Date:** | **9 March 2023** |
| **Title:** | **Report on Progress of Autism Task & Finish Group** |
| **Non-Executive Sponsor:** | **Jules Preston** |
| **Author:** | **Jules Preston** |

| **Report for:** | | | | |
|---|---|---|---|---|
| | ***Assurance*** | **√** | ***Decision*** | |
| | ***Consultation*** | | ***Information*** | **√** |

**Strategic Goal(s) in Our Journey to Change relating to this report:**

| | |
|---|---|
| ***1: To co-create a great experience for our patients, carers and families*** | **√** |
| ***2: To co-create a great experience for our colleagues*** | **√** |
| ***3: To be a great partner*** | **√** |

**Strategic Risks relating to this report:**

| ***BAF ref no.*** | ***Risk Title*** | ***Context*** |
|---|---|---|
| ***4*** | **Experience** We might not always provide a good enough experience for those who use our services, their carers and their families, in all places and all of the time (see also BAF refs 1 (recruitment and retention), 2 (Demand) and 6 (Learning)) | All members of the Group have experience as service users or carers or staff or a combination of more than one. Consensus reached re priorities based on their experiences. Assurance in itself that the work will progress as proves necessary. Actions and recommendations will flow from the Group deliberations |

**Executive Summary:**

***Purpose:*** The purpose of the report is to provide re-assurance to the Council of Governors (CoG) that progress is being made as they intended when establishing the Task & Finish Group.

***Proposal:*** The purpose of the report is to re-assure Governors that the Task & Finish Group is making progress against the Terms of Reference agreed by the CoG.

That the CoG accept the report as demonstrating progress in determining a Governor view as to what the Trust needs to achieve in order to be an 'exemplar provider of autism services'. This will culminate in a number of recommendations against which the Trust (the Board) can be held to account.

The 'wish list' suggested by members of the Group as described below goes beyond the suggestions in the scoping document agreed by Governors but all will be considered should timescales allow.

***Overview:***

The Group all have experience of autism either as service users, carers, family members or staff colleagues. Some have more than one type of experience.

The group agreed to meet using TEAMS on the first Friday of every month. Membership of the Group comprises Jill Wardle, Graham Robinson, Roger Tuckett, Alicia Painter, Christine Hodgson and Heather Leeming. It is chaired by Jules Preston, NED, as confirmed by the group at its first meeting. The group is also assisted by Dr Kedar Kale, or a deputy, being in attendance.

**1st Meeting**: Outcomes from this meeting included an agreement of the way forward starting with TEWV. What needed to be improved within existing provision? Following that, the group will consider Commissioning and, as a third step, national policy. A wish list, generated by the Group, was agreed. (Some are abridged to keep this update to a reasonable length):

1. *There is a need to improve communications - the value of clear and concise Communications. Staff need to practice the values of the Trust treating service users and carers with Sensitivity, Understanding, and Respect. Staff need to have greater awareness realising that everyone is different.*

2. *Involve autistic people, carers, families and friends to identify their priorities and map the good, the bad and ugly. Aim: to involve those that use our services.*

3. *Provide a snapshot position of the number of people of all ages in TEWV services (at a given point) with a diagnosis of Autism, the number of people on the diagnostic pathway, where they are - community, in-patient, care group. Aim: To understand the current scale and spread. Could this possibly be extended to the significant problem of patients being misdiagnosed with personality disorders.*

4. *Invest (time not necessarily money) in clinical leadership setting explicit standards of behaviour and linked to the journey for change. Aim: to ensure effective communication, compassion, kindness and professionalism as a priority to change the culture.*

5. *Map out the key actions from SUI's, complaints, CQC reports etc. that link to autistic people and establish the current position and further work to be undertaken. Aim: to have a clear position on lessons learned and further work needed in relation to Autism.*

6. *Review the Trust position on atypical Autism presentations e.g. PDA (Pathological Demand Avoidance) and establish a clear position on the diagnosis of Personality Disorder and Autism. Aim: To be evidence based and a leading Autism provider.*

7. *Establish a clear and funded position on the future of the Autism Project Group with clear priorities with at least a five year plan. Aim: to ensure Autism training and service development remains a priority and the team have a forward plan.*

8. *A full understanding and appreciation of Autistic Burnout. Talked about extensively within the Autism community, barely at all by professional clinicians. And a likely big cause of suicides.*

9. *Start to be a true partner in working with all other system players. LAs, ICBs, SEND, third sector, other providers of all types. Respect their ideas and challenges.*

10. *Read and implement this list of six ideas for addressing the Autism mental health crisis, written by Prof Will Mandy and published earlier in the year.*

In order to consider the first step it was agreed to invite the TEWV Autism Project Team to meeting two to inform items 1 and 7 above.

It was also agreed to invite a family to talk to the group. This family had contacted the Lead Governor after the AGM and they will now attend on 3rd March. In addition visits have been arranged to the Northdale Unit. Community Services Is also on the list for desired visit .This will help inform item 2 above.

**2nd Meeting**: Primarily consisted of a presentation from Kirsten White (Project manager) and Dr Elspeth Webb (Consultant Clinical Psychologist) on the work of the Project Team within TEWV. Both were encouraged to be open about their wish list e.g. longer term funding. A very healthy Q&A session concluded that there was a significant amount of synergy between the two wish lists (refer to third meeting) particularly in relation to the expectations we have of TEWV.

**3rd Meeting**: We had hoped that the family mentioned above were to talk to us but mother was not well. That has been re-arranged for the meeting on 3rd March. In between the meetings February & March the members of the T&F Group visited the Northdale Unit to talk to in-patient service users and staff.

At this meeting the Group were able to consider a draft of the Trust's proposed Clinical Strategy for 2023 and beyond; at least the section on Autism. The whole strategy had been before the Trust's Quality Assurance Committee but had not yet been approved by the Board. It will also have formed part of the deliberations at the workshop held on 20th February, with Governors.

The Strategy was generally welcomed by the group particularly confirmation that the Durham Tees Valley Adult Specialist Autism Team resource will be brought together with the resources of the Autism Project Team thereby providing long term training and

support across services. The longer term funding of the Project Team has also been agreed. The Strategy re-iterated the intention of TEWV to genuinely become an 'Autism Trust'.

In welcoming the Strategy there was some concern expressed at some of the terminology used to describe what can be expected. Words such as 'adequate', 'timely' and 'support' do not define promises sufficiently tight enough.

Two actions have already emanated from various discussions. One is that the Board has agreed, and which is now recommended by NHS England, that NHS Boards should undergo the appropriate level of autism awareness training. This has been added to the Board's seminar schedule for 2023-24. Secondly, the need for reasonable adjustments, for both service users and staff, is increasingly important especially given the range of presentations and needs required for those with autism (and other neuro-developmental issues). The reasonable adjustments questionnaire developed by the Autism Project Team is excellent but must be implemented for all service users with neuro-developmental as they enter TEWV services. It should also be kept under regular review.

Copies of any of the meeting notes are available should governors wish to see a fuller description of the considerations.

***Prior Consideration and Feedback***

Hopefully this report compares favourably with the Terms of Reference agreed by the Council of Governors.

***Implications:***

The next step is for the Group to compare and contrast the Terms of Reference with their wish list to match against the Trust's clinical strategy for Autism thereby highlighting any outstanding points before moving to stage 2.

***Recommendations:***

**The Council of Governors is asked to note the progress of the Task & Finish Group to date and to offer any comment or direction that Governors feel appropriate.**

Tees, Esk and Wear Valleys
NHS Foundation Trust

# Council of Governors
## 9th March 2023

Patrick Scott

Managing Director - DTVF

Operational Update

journey to change

# Introduction

Tees, Esk and Wear Valleys NHS Foundation Trust

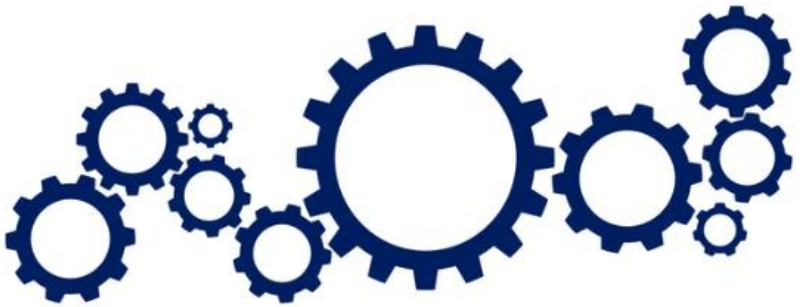
- The Care Group covers the following service areas:

  - Durham, Tees Valley & Forensics
    - Adult Mental Health & Mental Health Services for Older People
    - Children and Young People's Services and Adult Learning Disability Services
    - Health and Justice Services
    - Secure Inpatient Services

# Operating Context

Tees, Esk and Wear Valleys NHS Foundation Trust

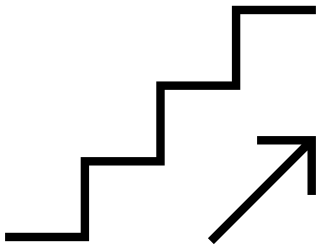
- New Care Group, Leadership and Governance Structures
- Continued workforce pressures across most services
- Demand pressures across many services
- Changes  to the systems within which we operate



# Year One of the new structure

Tees, Esk and Wear Valleys NHS Foundation Trust

- It's about delivering Our Journey to Change
- It's been tough….but
  - ✓ We have a lot of good people doing great work in difficult circumstances
  - ✓ New structures are bedding in, the Care Group is finding its way and its place internally and externally
  - ✓ We are making progress in many areas including those linked most closely to regulatory concerns
- But there is much more to do…..



# Care Group Priorities

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

- Our People ……all of our people
- Activating Co-Creation
- Feeling and being safe in our services
- Ensuring we maintain open, listening and learning cultures
- Embedding an integrated approach to Quality Improvement, Think on Coaching and Organisational Development
- Delivering on the Governance review
- Delivering our Care Group Delivery plan against our 3 priorities……more on that to come

# Current key pressures

Tees, Esk and Wear Valleys NHS Foundation Trust

**Workforce**

- Biggest risk and challenge for us
- Particular concern across Adult Mental Health/Secure Inpatient/Adult Learning Disability inpatient services, but also challenges within IAPT, crisis and some community services (adults and children's services)
- Daily staffing oversight and escalation in place across all services up to care group level.

**Demand**

- Across our inpatient estate and many of our community services, including ASD & ADHD for adults and children.

**System pressures - Social Care & Providers**

- Staff shortages and lack of suitable placements especially for patients with complex LD needs due to closure of independent providers – the impact of this on the capacity of case management and delayed discharges

**Teams in Business Continuity Plan**

- Daily monitoring continues to be in place across services in BCP to monitor safe staffing levels with senior clinical and operational oversight of improvement planning and temporary reallocation of resource to maintain core service function, when needed.
- Teams in BCP currently include: Roseberry Park Adult Mental Health inpatient services, Adult Mental Health Community Easington South, Durham and Darlington Adult Mental Health Crisis Services, Adult Learning Disability inpatient service, Secure Inpatient Service.

# Key work in train

| OJTC BIG GOALS | KEY WORK |
| --- | --- |
| **To co-create a great experience for our patients, carers and families** | • Trust-wide All Age Crisis Project to support single point of access for crisis call support 24/7.<br>• Bed Management work – to address barriers and ensure patients are in most suitable clinical setting<br>• 100-day discharge plan work to address high occupancy levels in adults and older people's wards.<br>• We have put ourselves forward in first wave of Mental Health, Learning Disability and Autism National improvement programme for inpatient services<br>• Service improvement work in Adult Learning Disability inpatient services following feedback from CQC and from independent providers, with continued focus on Reducing Restrictive Practices<br>• Community Mental Health Transformation - workplan for all localities to go live with the hub and treatment model by Quarter 3 2023. Pilot sites now operational in Chester-le-Street and Hartlepool<br>• In services for children and young people, focus on giving quality advice and improve quality of initial decision-making at point of referral to ensure that young people receive the right support from the right place, with pilot in North Durham.<br>• Investment and capital works on Ridgeway's Activity Centre to improve access and range of activities.<br>• A number of initiatives across Health and Justice services to improve the quality and safety of care in prisons e.g. working with HMP Durham to review flow and support for prisoners coming into custody to enhance safety practices in the first 72 hours. |

# Key work in train

| OJTC BIG GOALS | KEY WORK |
| --- | --- |
| **To co-create a great experience for our colleagues** | • Workforce transformation within community and inpatient services across all services.<br>• Trialling new recruitment approaches within female pathways across Health and Justice and Secure Inpatient Service.<br>• Reports to review our staffing establishments are being discussed and approved through our governance processes, with high-risk areas identified.<br>• Focused work on caseload management supervision processes for staff.<br>• Staff Wellbeing – wide range of activities to support staff wellbeing, including reviewing rostering, weekly staff support sessions and comms, refreshing staff wellbeing (wobble) rooms and rest rooms, bespoke staff induction, clinical leadership and breaks.<br>• Closed Culture Work - Regular self assessment has begun in all Ridgeway wards/teams on actions that need to be taken to improve our culture and reduce risk |

# Key work in train

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

| OJTC BIG GOALS | KEY WORK |
| --- | --- |
| **To be a great partner** | • Community Mental Health Transformation across Adult Mental Health and Mental Health Services for Older People.<br>• I-thrive pathway work for children and young people.<br>• Neurodevelopmental pathway under review with involvement from key stakeholders.<br>• Planning a system wide summit in relation to Adult Learning Disability transformation<br>• Provider Collaborative working within Secure Inpatient Service to review service model and bed provision across TEWV and CNTW.<br>• Working with community organisations to improve Secure Inpatient Service patients' integration into community. |

# What comes next…… our Delivery Plan Priorities

Tees, Esk and Wear Valleys NHS Foundation Trust

| OVERARCHING PRIORITIES | |
|---|---|
| **WORKFORCE** | • Need to further develop and strengthen our workforce and workforce plans<br>• Need to reduce spending on bank and agency |
| **CULTURE** | • Ensure staff feel supported in their roles and empowered to carry them out effectively |
| **PARTNERSHIP/SYSTEM WORKING** | • Recognition that we can't achieve our goals working in isolation, need to ensure the whole system is working together |

# Delivery Plan Priorities

Tees, Esk and Wear Valleys NHS Foundation Trust

| OJTC BIG GOALS | OUR PRIORITIES |
| --- | --- |
| **To co-create a great experience for our patients, carers and families** | A number of more detailed initiatives that will help us to deliver<br>• Activating co-creation programme<br>• Transformation and improvement of urgent care pathway<br>  ○ Improve patient flow, reduce occupancy levels, remove unnecessary barriers or delays in patient journey to improve patient experience and safety.<br>  ○ Improve all age access to crisis and responsiveness (including telephony).<br>• Community Mental Health transformation programme<br>  ○ Including working with partners to increase the range of venues we can see people of all ages.<br>• Implement I-thrive model in Children and Young People's Services<br>  ○ Increase the advice, signposting and getting help offer (including Single Point of Access/Contact).<br>• Transformation in Adult Learning Disabilities<br>  ○ To provide least restrictive care and to promote early intervention/prevention in mental and physical health.<br>• Transformation of Secure Inpatient Service<br>  ○ Implement Bed Configuration in line with NE&NC Provider Collaborative Review. |

# Delivery Plan Priorities

Tees, Esk and Wear Valleys NHS Foundation Trust

| OJTC BIG GOALS | OUR PRIORITIES |
| --- | --- |
| **To co-create a great experience for our colleagues** | • Development of Care Group Workforce Plans and Wellbeing Strategies, linked to Trust initiatives.<br>• Exploring alternative roles and developmental posts – be innovative and creative!<br>• Clearly defined career pathways (clinical and operational) to support talent management and development planning.<br>• Explore alternative workforce models<br>• Review medical establishment and model.<br>• Reduce occupancy on adult and older people's wards and Psychiatric Intensive Care Units (PICUs) to improve safety and staff wellbeing and retention<br>• Introduce the replacement for CPA and implement CITO<br>• Culture:<br>❖ Effective leadership that promotes bottom up change<br>❖ Transparent, open, honest communication |

# Delivery Plan Priorities

Tees, Esk and Wear Valleys NHS Foundation Trust

| OJTC BIG GOALS | OUR PRIORITIES |
|---|---|
| **To be a great partner** | • Delivery of Community Mental Health Transformation including local deliverables, ensuring that older adults' needs are built into new models<br>• To work with a range of agencies to offer comprehensive support for older people and those with dementia.<br>• With Acute Trusts, continue to improve the interface and working with CDDFT to support young people admitted to paediatric beds<br>• Neurodevelopmental assessment service – work with partners to develop options for sustainable provision which reduces/eliminates the waiting list and maintains an effective accessible service going forward.<br>• Continue to support and influence the system so that a commissioning and delivery plan for a comprehensive I-thrive model is in place.<br>• Respond to business opportunities in line with the approach agreed by the Executive Board, including Health & Justice tenders<br>• Work as a system to reduce blockages to effective and timely discharge |


# And finally…….

**Everything we do needs to be focused on enabling front line staff to deliver high standards of care**

- Any Questions ?

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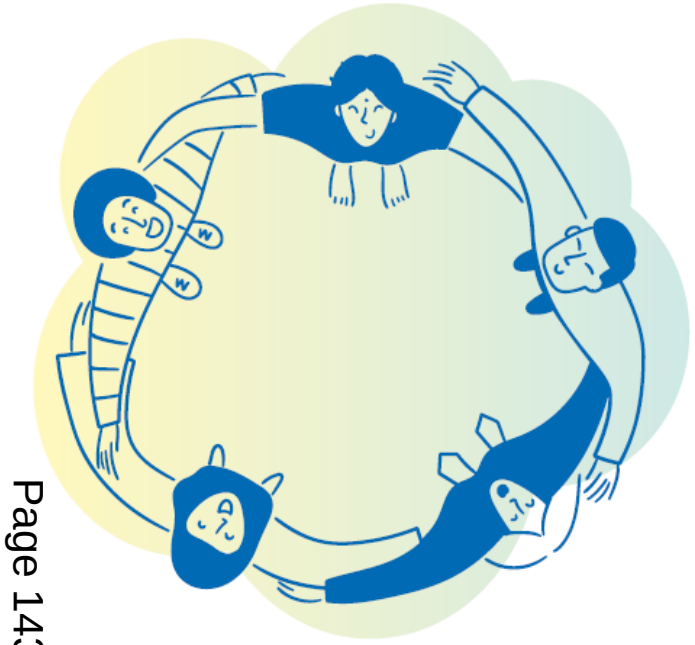
Tees, Esk and Wear Valleys
NHS Foundation Trust



# North Yorkshire, York, Selby

## #TeamTEWV

## Council of Governors, March 2023

**Zoe Campbell**
**Managing Director**
**NYYS Care Group**



Agenda Item a appendix

# Who are we?

# Property Distribution

**Trust area = 14,396km2.**

Durham & Tees Valley
Area = 3,020 km²
Population = 1,210,319
Population density = 400 people / km2

North Yorkshire & Yok
Area = 8,185 km²
Population = 1,474,902
Population density = 180 people / km2




NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Tees, Esk and Wear Valleys
NHS Foundation Trust

# Cross Lane, Scarborough

# Foss Park, York

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

## Some more in-patient services…

- The Orchards, Malton
- Springwood, Ripon

## …& other services

- IAPT
- Perinatal
- Eating disorders
- Acute hospital liaison
- Crisis
- Early intervention in psychosis
- Memory assessment

# Newly formed Care Group Board

Tees, Esk and Wear Valleys NHS Foundation Trust

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

## Locality Leadership Personalities

**Zoe Campbell**
Managing Director
PA : Claire Redmile

**Brian Cranna**
Care Group Director of Operations & Transformation
PA : Jaylan Crompton

**Tolu Olusoga**
Group Medical Director
Secretaries : Janet Mitchell & Carol Richards

**Charles Nosiri**
Lived Experience Director
PA : Jaylan Crompton

**Helen Day**
Group Director of Nursing & Quality
PA : Mandy McMurray

**Martin Liebenberg**
Group Director of Therapies
PA : Jaylan Crompton

# General Managers

Tees, Esk and Wear Valleys NHS Foundation Trust

| Liz Herring | Bridget Lentall | Mel Woodcock |
| --- | --- | --- |
| **AMH**<br><br>7 service management group. includes in-patients | **MHSOP**<br><br>4 service management groups. includes in-patients | **CAMHS & LD**<br><br>4 service management groups |

# Associate Directors

Tees, Esk and Wear Valleys NHS Foundation Trust

## Therapies

**Stephanie Common**

**Claire Snodgrass**

## Nursing & Quality

**TBC**

# Where are we right now?

Storming, forming, norming

Wider system still settling

Carrying some history

# How we're meeting our goals

Tees, Esk and Wear Valleys NHS Foundation Trust

## Goal 1

**To co-create a great experience for our patients, carers and families**

- Co-creation Workshop 30th Jan
- Developing a NYYS Co-Creation action plan
- Establishing a Co-Creation Board
- Engagement in each service area and annual planning
- Learning from PALs, complaints and compliments

# How we're meeting our goals

Tees, Esk and Wear Valleys NHS Foundation Trust

## Goal 2

**To co-create a great experience for our colleagues**

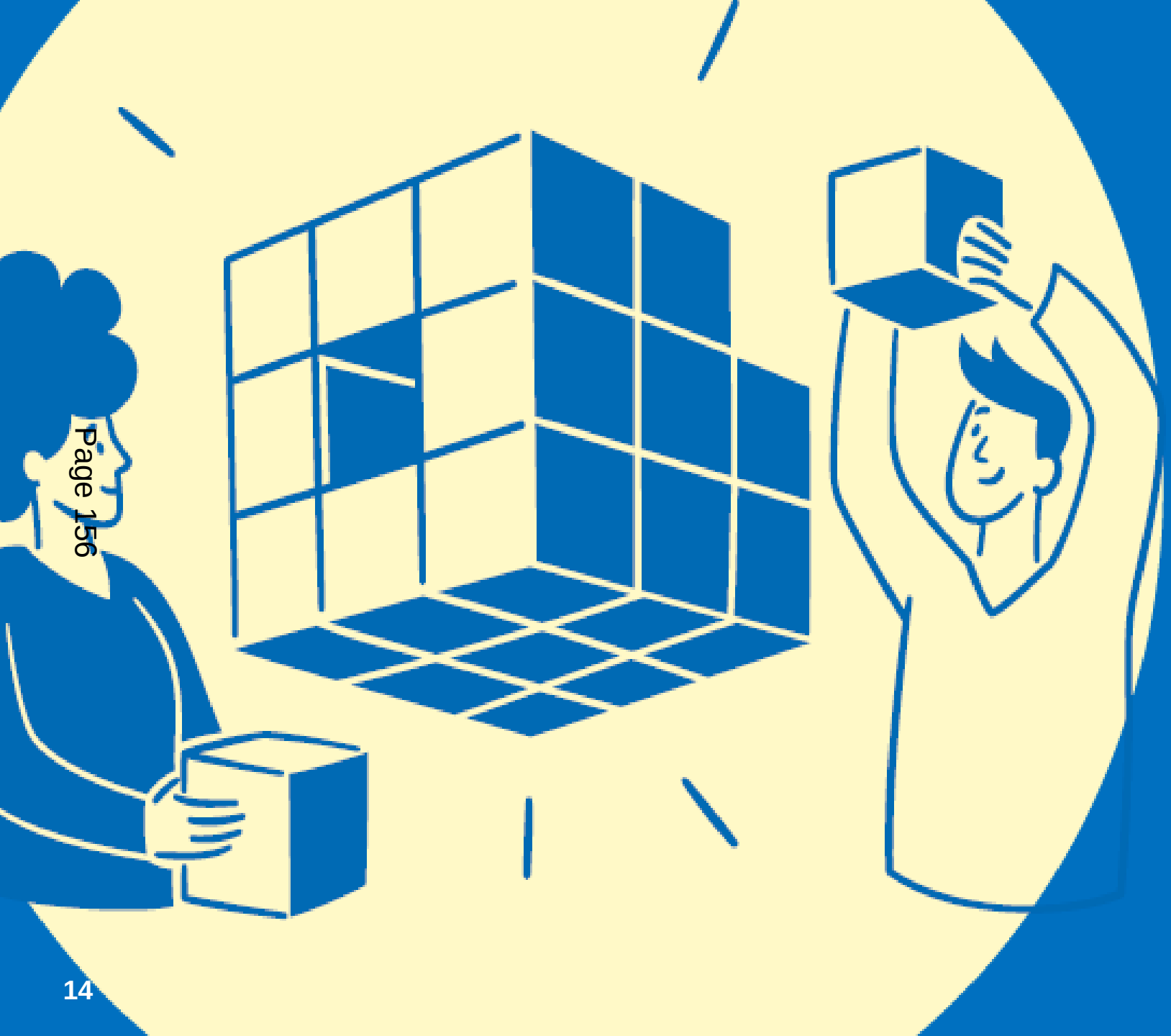
- Workforce Planning
- Reviewing staffing establishments & rostering
- Caseload management
- Staff Wellbeing
- Working with other areas of the Trust
- Feedback & local comms plan

# How we're meeting our goals

Tees, Esk and Wear Valleys NHS Foundation Trust

## Goal 3
## To be a great partner

- HNY ICS
  - Place – NY & York
  - Provider Collaboratives
  - EPRR
- Community Mental Health Transformation
- Work with VCS partners
- MoD, Catterick
- Primary care
- Acute



# Current pressures and challenges

- Workforce and recruitment
- Demand and acuity
- System pressures
- The £’s
- National context

- Wellbeing
- Capacity to meet demand
- Out of area placements
- Delayed transfers of care
- Our goals

- 3 CAMHS services in business continuity
- Low response rates in crisis telephone line
- Spend on independent sector beds and agency staff is too high
- 136 suite in Scarborough
- Low patient and consultant reported outcome measures
- Memory wait times
- Senior Psychology provision within Scarborough, Whitby and Ryedale

# Financial Position

Tees, Esk and Wear Valleys NHS Foundation Trust

Deficit of circa £2.5m, with a forecast deficit of circa £4m.

Financial recovery plans have been developed which have mitigated this deficit to £3.3m.

Recovery actions fall into 3 broad headings;

- Reduction of Agency Spend (£0.1m)
- Reduction of Independent Sector Beds (to stay at Zero)
- Limit discretionary spend (£0.7m)

Un-funded commitments across all of our services

# “I like the dreams of the future better than the history of the past.”

## Thomas Jefferson

NHS
Tees, Esk and Wear Valleys

# Where are we going?

## Our priorities for 2023/24

# Care Group wide priorities

- Co-creation & involvement
- Safety
- Quality
- Improvement
- Wellbeing

# Care Group wide priorities

- Community mental health transformation
- Trauma informed care
- Neuro diversity
- 16-25 pathway
- Research

# Adult Mental Health

Tees, Esk and Wear Valleys NHS Foundation Trust

| Service Development Priority | Reason Why |
|---|---|
| **Broaden benefits of core offers** - (EiP (ARMS), IAPT (LTC etc.), Adult Eating Disorders (capacity, physical health support etc.), Perinatal, IPS (capacity) | To address demand & capacity issues and provide the appropriate needs led care for our patients. To support achievement of our LTP Target commitments. |
| **ASD Service Offer** – Improve access to ASD expertise and capacity to support interventions, specialist team to support decision-making and intervention across AMH | Be better equipped to respond and adapt to the needs of people with ASD. To support achievement of LTP Targets, |
| **Telephone Mental Health Support and Crisis offer** | Improve service performance by addressing identified issues i.e. response rates/call retention and provide a fit for purpose offer. Support achievement of LTP Targets. |

# Mental Health Services for Older People

Tees, Esk and Wear Valleys NHS Foundation Trust

| Service Development Priority | Reason Why |
|---|---|
| **Memory Service Demand & Waiting Lists -** develop solutions and proposals to manage increased referrals, reduce historic waiting lists and identify capacity requirements. Review the memory assessment and diagnosis pathway and test opportunities to diagnose and record within Primary care. | To enable improved access to assessment and care and structure the service to manage increasing demand, particularly post-Covid demand growth. Align the service structure with future investment proposals to develop a resilient and sustainable Memory Service across MHSOP.<br>To improve the experience of people waiting for a diagnosis.<br>To support the service in achieving waiting time standards. |
| **Older Adults Pathway -** to ensure 7 day availability for assessment and treatment - (locality based as part of the SWR intensive support offer) and ensure consistency of offer across the service. | Provide the capacity and capability to respond in a timely manner to people in crisis. To support reduction in admissions and contribute to alleviation of bed pressures. Support achievement of LTP targets. |

# Children and Young Peoples Services

Tees, Esk and Wear Valleys NHS Foundation Trust

| Service Development Priority | Reason Why |
|---|---|
| **Capacity; Crisis and HIT –** seek additional investment to address service operational and resource issues. | Locality wide offer is proving difficult to 'operationalise' as resource issues resulting in dilution of service. |
| **Support partners to understand/contribute to the i-thrive model –** build a partnership approach to development and implementation through co-production & engagement. Ensure clarity and understanding of System & TEWV service offers. | To enable true coproduction and buy-in to the i-thrive model and to ensure model is not 'all about TEWV'. Need to be explicit about our offer and how it works with/integrates with the system CAMHS offer. |

# Adult Learning Difficulties

Tees, Esk and Wear Valleys NHS Foundation Trust

| Service Development Priority | Reason Why |
|---|---|
| **Define core service offer –** identify core provision & interactions with other support agencies. Identify resource/provision gaps in core offer. Develop transparent & robust internal & external communications. | To ensure service users receive the best care from the right provider. To support better use of limited resource. To support continued transformation of LD services. |
| **Better Co-production with external partners** – identify solutions enabling improved co-production & co-creation of plans with partner agencies (stronger relationships, understanding of partner offers). | To enable comprehensive support utilising the full potential of multi-partner, multi-agency approach. To support continued transformation of LD services. To support an IST approach. |
| **Better 'internal' working/co-production –** strengthen internal partnerships, improve care-plan sharing across changing w/force, provide joint thinking/reflective space. | Access internally available skills/expertise. Broaden cooperation to improve service user/carer experience. To support continued transformation of LD services. To support an IST approach. |
| **Service user and carer involvement –** enable better & more consistent service user & carer coproduction. | To ensure service users and carers influence design of their services. To support continued transformation of LD services. |

Tees, Esk and Wear Valleys NHS Foundation Trust

**Item 13**

**Council of Governors' Involvement and Engagement Committee Update**

The Committee last met on the 19th January 2023. In the absence of the Chair Graham Robinson, the Vice-Chairman Keith Marsden chaired the meeting.

Graham Robinson advised that he was stepping down as Chairman, and as a member of the Committee and asked for the following to be read out in the meeting:

*"The changes to the I&E Group have left me disillusioned and it is no longer the group that I have supported for the last six years.*

*"Perhaps I am wrong, and I sincerely hope so, but I feel as a Governor, I am now here to merely make up the numbers, to fulfil the rules of the Committee. This is not for me.*

*"It has been an honour to represent this group, especially as Chairman, but rightly or wrongly, hidden agendas, appear to be creeping into our dealings and I want no part of this.*

*"The group is no longer Governor-led which was never the case and I therefore, with great sadness, stand down forthwith as Chairman and group member.*

*"To my fellow hard-working Governor colleagues, I wish you well for the future and thank you for the kindness and support you have shown during my term in office."*

*Best wishes to you all in the future.*

*Graham Robinson."*

Committee members expressed appreciation for Graham and his contributions as Chairman and a member of the Committee.

The Director for Corporate Affairs and Involvement wished to thank Graham for his time as Chair and was saddened to hear that he was stepping down. She hoped there would be an opportunity to understand his reasons.

The Committee discussed the following in the meeting:

**Potential changes to the Committee's Terms of Reference (ToR)**

Before making changes to its ToR, committee members:

- Will consider whether the remit of the Committee has changed, following the organisational restructure of the Trust in 2022.
- Want to better understand what cocreation means in the Trust.
- Will wait until the Cocreation Framework had been agreed before confirming changes to the Committee's ToR.

It's hoped that revised ToR will be agreed at the next meeting of the Committee on 18th May 2023. Any changes will be brought to the Council of Governors for approval.

**The Annual General and Members' Meeting 2022 and future engagement events**.

James Burman, Communications Manager, updated the Committee on the AGM 2022 and spoke about future engagement events. He advised that:

- Although disappointing that the event could not be held face to face, it had been a success with over 200 people joining online.
- A number of questions had been responded to during the event and the rest had been answered after the event and published on the Trust's website.
- It may be more suitable for the Trust's formal AGM to be held online in the future, however, there was a need for smaller face to face engagement events/AGMs/roadshows to be held in conjunction with this in a number of localities across the Trust.

Committee members:

- Considered that face to face meetings enabled attendees to have confidence that people had the opportunity to ask questions; however challenging, and this would support in rebuilding trust in TEWV.
- Spoke about Positive Practice events held in previous years and how members, staff and the public had enjoyed them. These kinds of events would be welcomed in the future.

The Director for Corporate Affairs and Involvement and J. Burman agreed to consider plans to hold the next formal AGM online but will also bring ideas and suggestions for future face to face events and roadshows back to the next meeting of the Committee May 2023.

**Trust Membership**

Committee members noted the public and staff membership of the Trust as at 31st December 2022. The report provided the Committee with the number of staff and public members in the Trust, how many members had been lost during 2022/23 and demographic information.

It was noted that:

- The Trust's membership is broadly representative of the community it serves.
- On 1st April 2022 there were 9,206 public members and on 31st December 2022 there were 8,849.
- On 1st April 2022 there had been 7,719 staff members and on 31st December 2022 there had been 7,776.

Committee members:

- Suggested that member recruitment events should be incorporated into future Trust engagement events.
- Recognised the benefits of attending externally organised events where possible, as the Trust had done in the past. This included events organised by local authorities, other organisations, other health providers and local groups.
- Welcomed Governors being invited to attend member recruitment events. They had been invited to such events prior to the pandemic and had enjoyed the opportunity to speak to people. They were and were keen to do that again.

- Noted that, although membership recruitment needed to be reinstated, the Director for Corporate Affairs and Involvement was trying to recruit to a new post to support that work. Funding had been secured and a job description created. A member engagement and recruitment plan would also need to be established and it this will be incorporated into the engagement events/roadshows previously mentioned.
- If Governors are aware of any events being held in their local area, it would be helpful to provide that information to the Committee.

**Update on Cocreation Journey**

The Committee received a briefing update on the Trust's Cocreation Journey. It was noted that:

- The Trust's Involvement and Engagement Team had expanded and there were plans to recruit a further four Involvement and Engagement Officers and Community Development Workers.
- The Trust valued lived experience and had employed two Lived Experience Directors.
- The ambition for cocreation was that the service user and carer voice be sought out, listened to and acted upon at every level in the Trust.
- Cocreation workshops were being held on 30th January and 6th February 2023 and Governors would be invited to attend those.
- It had been hoped that the Cocreation Framework and Cocreation Charter would be finalised by the end of January 2023.
- An update on CITO, from the Trust's Chief Information Officer, was planned to be provided at the next Governor Development Session on 7th March. This was in relation to how improvements will be made to care planning through cocreation.

**Future Priorities**

The Committee Future Priorities are:

- Planning the Trust's Annual General and Members' Meeting 2023
- Planning other engagement events and roadshows Trustwide, incorporating member recruitment and involving local services both internally and externally
- Periodically reviewing and refreshing the Committee's Terms of Reference.
- Overseeing public member recruitment in the Trust
- Monitoring the delivery and implementation of the Trust's Cocreation Framework
- To consider the future approach to member and Governor communications

A replacement Chairman will be sought at the next meeting of the Committee on 18th May 2023. Keith Marsden will be the Acting Chairman until a Chairman is elected.

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Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

**ITEM NO. 14**

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| **Meeting of:** | **The Council of Governors** |
| **Date:** | **9th March 2023** |
| **Title:** | **Lead Governor** |
| **Sponsor(s):** | **David Jennings, Chair of the Trust, and Jules Preston, Senior Independent Director** |
| **Author(s):** | **Phil Bellas, Company Secretary** |

| **Report for:** | | | | |
|---|---|---|---|---|
| | ***Assurance*** | | ***Decision*** | ✓ |
| | ***Consultation*** | | ***Information*** | |

**Strategic Goal(s) in Our Journey to Change relating to this report:**

| | |
|---|---|
| ***1: To co-create a great experience for our patients, carers and families*** | ✓ |
| ***2: To co-create a great experience for our colleagues*** | ✓ |
| ***3: To be a great partner*** | ✓ |

**Strategic Risks relating to this report:**

| *BAF ref no.* | *Risk Title* | *Context* |
|---|---|---|
| 11 | Governance & Assurance | The Trust has a minimal appetite for regulatory risks and has recognised that, whilst exposure will remain above tolerance, urgent action needs to be taken to strengthen controls. |

**Executive Summary:**

***Purpose:*** This report is intended to support good governance by providing clarity on the role of the Lead Governor.

***Proposal:*** The Council of Governors is asked to approve the draft role description for the Lead Governor appended to this report.

***Overview:*** Monitor, the then regulator, required Foundation Trusts to establish the role of a Lead Governor in 2009. The aim of the role was to facilitate communications between the Council of Governors and the regulator in a limited number of circumstances where it might not be appropriate to use the usual channels of the Chair and Company Secretary.

Further guidance on the role was, subsequently, included in the Code of Governance.

Since its inception Foundation Trusts, including this Trust, have expanded the role to meet their local circumstances recognising the support which can be provided by the Lead Governor to the Chair. In many cases these reflect custom and practice and the personal approaches taken by chairs.

It is now considered appropriate to document these additional functions of the Lead Governor in a formal role description. This will aid understanding of the role within the Council of Governors

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| | and the broader Trust.<br><br>A draft role description has been prepared and is attached to this report for consideration.<br><br>It is planned to reflect the key elements of the role of the Lead Governor in the Constitution during a full review to be undertaken during 2023. |
| ***Prior Consideration and Feedback*** | The Chair of the Trust and the Senior Independent Director have been involved in the development of the draft role description.<br><br>Consultation has also been undertaken with the present Lead Governor, Cllr Ann McCoy. |
| ***Implications:*** | None |
| ***Recommendations:*** | The Council of Governors is asked to approve the role description for the Lead Governor as attached to this report. |

# Lead Governor

# Role Description

**Accountability:**

The Lead Governor is accountable to the Council of Governors collectively as a serving Member of the Council.

**Role:**

- In accordance with the NHS Code of Governance, to act as a point of contact to facilitate direct communications between NHS England and the Council. Further, to have authority to take action, as may be appropriate, including calling meetings to enable the Council to respond to any matters raised by NHS England.

  *(Note: NHS England considers that contact with the Lead Governor will only take place in a limited number of circumstances where it considers that it might not be appropriate to communicate via the Chair or the Company Secretary. In the main these will relate to where the regulator:*
  - *Has concerns about Board leadership and risks that the Trust is breaching, or has breached, the provisions of its Licence.*
  - *Has been made aware that the process for the appointment of the Chair or other members of the Board, or elections for governors or other material decisions, may not have complied with the Trust's Constitution, or alternatively, may be inappropriate).*

- To be a source of advice to the Council where, during a dispute with the Board of Directors, the Council considers that it might be appropriate:
  - To inform NHS England that the Board has not responded constructively to concerns about the Trust's compliance with its Licence.
  - To refer a matter to NHS England's Panel in accordance with paragraph 18 of the Constitution.
  - To make a direct referral to the Care Quality Commission if it considers the issue giving rise to the dispute will lead to the Trust failing to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

- To act as the main contact point for individual Governors wishing to contact NHS England if requested by the Council.

- To support effective communications and engagement between the Governors and the Board of Directors. This may include:
  - Providing advice to the Chair on matters relating to the Council.
  - Chairing informal meetings of the Governors in order to gather their views and opinions.
  - Representing the Council in discussions with the Board of Directors and regulators.
  - Holding regular meetings with both the Chair and Chief Executive.

- With the consent of Governors to chair meetings of the Council if, for whatever reason, the Chair of the Trust and the Non-Executive Directors are unable to undertake the role.

- To report on the activities of the Council including contributing to Annual Reports and Annual General and Annual Members' meetings.

- To contribute to the appraisal of the Chair in accordance with the framework developed by NHS England.

- To be notified of any complaints received about the conduct of the Chair or a non-executive director as these might, in due course, be of interest to the regulators.

- To produce a written report to the Council of Governors on his/her activities when the appointment to the role is due for review.

- To have a role, as may be determined by the Council on a case-by-case basis, in disciplinary proceedings relating to Governors.

- To undertake other duties as may be agreed by the Council.

**Appointment:**

The Lead Governor shall be appointed by the Council. All Governors are eligible for appointment to the role.

It shall be for the Council to determine the period of office of the Lead Governor, normally a period of up to three (3) years, after which the Council shall review the appointment.

The appointment of the Lead Governor shall be overseen by the Chair.

Where a vacancy in the role of the Lead Governor arises:

- The timetable for the appointment shall be determined by the Chair.
- Nominations for appointment shall be sought from all Governors.
- Governors seeking appointment shall be required to notify the Company Secretary and provide a personal statement supporting their nomination by the date and time set for the close of nominations.
- The names of nominated Governors and their personal statements shall be circulated to all Governors.
- A secret ballot of Governors, either as part of a meeting of the Council or separately, shall be arranged by the Chair. The outcome of the ballot and the appointment of the Lead Governor shall be reported to a formal meeting of the Council.

**Termination of the appointment of the Lead Governor:**

The Lead Governor may resign from the role at any time during the term of their office by giving notice in writing to the Company Secretary.

The role of Lead Governor shall be relinquished where the Governor appointed to it ceases to be a Governor of the Trust.

The Lead Governor may be removed from the role upon on a motion (on notice) being passed to that effect by the Council of Governors.

**Remuneration:**

The role of the Lead Governor is not remunerated.

The Lead Governor may claim reimbursement of any expenses reasonably incurred in performing their role.

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