Tees, Esk and Wear Valleys
NHS Foundation Trust

COUNCIL OF GOVERNORS
THURSDAY 27TH JULY 2023

VENUE: GREAT NORTH AIR AMBULANCE SERVICE, PROGRESS HOUSE, URLAY NOOK ROAD, EAGLESCLIFFE, TS16 0QB AND VIA MS TEAMS AT 2.00 PM

AGENDA

1.	Apologies for absence	David Jennings Chair	Verbal
2.	Welcome and Introduction	David Jennings Chair	Verbal
3.	Governor Election and Induction Update	Phil Bellas Company Secretary Ann Bridges Director for Corporate Affairs and Involvement	Verbal
4.	To approve the minutes of the meeting held on 15th June 2023	David Jennings Chair	Report
5.	To receive any declarations of interest	David Jennings Chair	Verbal
6.	To review the Public Action Log	David Jennings Chair	Report
7.	To receive an update from the Chair	David Jennings Chair	Verbal
8.	To receive an update from the Chief Executive	Brent Kilmurray Chief Executive	Verbal
9.	Governor questions and feedback – a) Governor questions and answers session b) Governor feedback from events, including local issues, concerns and good news (please use the Governor Feedback template). *(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 Chair	Schedule of Governor questions, responses and feedback to be circulated

10.	To receive the following performance/compliance updates: a) Integrated Performance Dashboard Report as at 31st May 2023 b) Trust's Finance Report as at 31st May 2023	Mike Brierley Assistant Chief Executive Liz Romaniak Director of Finance, Information & Estates/Facilities	Report Report
11.	To receive an update from Operational Services	Dominic Gardner DTV&F Care Group Director for AMH and MHSOP Martin Liebenberg Care Group Director of Therapies NYY&S	Report Report
12.	Update from CoG Task and Finish Group: The Role of a NHS Foundation Trust Governor	David Jennings Chair	Verbal
13.	Date of next meeting: Thursday 23rd November 2023	David Jennings Chair	Verbal
14.	Exclusion of the public The Chair to move: *"That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:* *Any documents relating to the Trust's forward plans prepared in accordance with paragraph 27 of schedule 7 of the National Health Service Act 2006.* *Information which, if published would, or be likely to, inhibit -* *(a) the free and frank provision of advice, or* *(b) the free and frank exchange of views for the*	David Jennings Chair	Verbal

	purposes of deliberation, or *(c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs".*		

David Jennings
Chair
27th July 2023

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

MINUTES OF THE COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 15TH JUNE 2023 AT 2.00PM

VENUE: THE WORKPLACE, AYCLIFFE BUSINESS PARK, HEIGHINGTON LANE, NEWTON AYCLIFFE AND VIA MS TEAMS

PRESENT:
David Jennings - Chair
Rob Allison - Appointed Governor, University of York (MS Teams)
Joan Aynsley - Public Governor, Durham (MS Teams)
Cllr Nigel Ayre – Appointed Governor, City of York Council
Mary Booth - Public Governor, Middlesbrough
Dr Martin Combs - Public Governor, York
John Green - Public Governor, Harrogate and Wetherby
Hazel Griffiths - Public Governor, Harrogate and Wetherby (MS Teams)
Dominic Haney - Public Governor, Durham (MS Teams)
Christine Hodgson - Public Governor, York (MS Teams)
Dr Judy Hurst - Public Governor, Stockton-on-Tees (MS Teams)
Joan Kirkbride - Public Governor, Darlington
Heather Leeming - Staff Governor, Durham, Tees Valley and Forensics Care Group (MS Teams)
Cllr Ann McCoy - Appointed Governor, Stockton Borough Council (Lead Governor)
Alicia Painter - Public Governor, Middlesbrough
Jean Rayment - Public Governor, Hartlepool
Gillian Restall - Public Governor, Stockton-on-Tees
Zoe Sherry - Public Governor, Hartlepool
Jill Wardle - Public Governor, Durham (MS Teams)
Judith Webster - Public Governor, Scarborough and Ryedale (MS Teams)

IN ATTENDANCE:
Brent Kilmurray - Chief Executive
Roberta Barker - Non-Executive Director
Phil Bellas - Company Secretary
Ann Bridges - Director of Corporate Affairs and Involvement
Zoe Campbell - Managing Director for North Yorkshire, York and Selby Care Group (MS Teams)
Angela Grant - Corporate Governance Officer (CoG and Membership)
Prof. Pali Hungin - Non-Executive Director
Wendy Johnson –Team Secretary
Donna Keeping – Corporate Governance Manager
Dr Chris Lanigan - Associate Director of Strategic Planning and Programmes
Avril Lowery – Director of Quality Governance
Ashleigh Lyons - Head of Performance (Item 10a, minute 23-24/10 refers)
Beverley Murphy – Chief Nurse
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 & Forensics Care Group

23-24/01 APOLOGIES

Apologies for absence were received from:

Lee Alexander - Appointed Governor, Durham County Council
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
Susan Croft - Public Governor, York
Megan Harrison - Public Governor, Stockton-on-Tees
Lisa Holden - Public Governor, Scarborough and Ryedale
Kevin Kelly - Appointed Governor, Darlington Borough Council
Jane King - Staff Governor, Durham, Tees Valley and Forensics Care Group
Audrey Lax - Public Governor, Darlington
Catherine Lee-Cowan – Appointed Governor, Sunderland University
Keith Marsden - Public Governor, Scarborough and Ryedale
Jacci McNulty - Public Governor, Durham
Cllr. Mary Ovens – Appointed Governor, Redcar and Cleveland Borough Council
Graham Robinson - Public Governor, Durham
Stanley Stevenson - Public Governor, Hambleton and Richmondshire
Cllr Roberta Swiers – Appointed Governor, North Yorkshire County Council
John Venable - Public Governor, Selby
Alan Williams - Public Governor, Redcar and Cleveland

Mike Brierley - Assistant Chief Executive
Dr Charlotte Carpenter - Non-Executive Director
Dr Hannah Crawford - Director of Therapies
Dr Sarah Dexter-Smith - Director for People and Culture
Jill Haley - Non-Executive Director
Dr Kader Kale - Medical Director
John Maddison - Non-Executive Director

23-24/02 WELCOME

The Chair welcomed attendees to the meeting.

23-24/03 DECLARATIONS OF INTEREST

There were no declarations of interest.

23-24/04 MINUTES OF PREVIOUS MEETINGS

Agreed – That the public minutes of the Council of Governors' meeting held on 9th March 2023 be approved as correct records and signed by the Chair.

23-24/05 PUBLIC ACTION LOG

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

- Action 23/95 (09/03/23) - Home Office (HO) and Department of Health (DoH) consultation document, on mental health in the community, to be shared with Governors.

  B. Kilmurray advised that this action would be addressed as part of his Chief Executive's update.

- Action 23/95 (09/03/23) - Summary of matters discussed at a Board to Board meeting held with Integrated Care Board and NHS England/Improvement colleagues, to be shared with Governors.

  A summary had been circulated to Governors prior to the meeting and the action closed.

23-24/06 CHAIR'S UPDATE

The Chair thanked B. Reilly for deputising for him during a recent period of leave. He confirmed that it had been good to come back to TEWV and he had been pleased to hear that interviews with colleagues, led by the Care Quality Commission (CQC), had gone well. He also thanked the CQC for their style and approach to those interviews and inspection of the Trust's services. Although challenging, there had been a sense that the CQC had listened. Teams within the Trust had welcomed the opportunity to showcase their services and, regardless of the outcome, the process followed had appeared to be a positive one.

He provided an update on changes to the Council of Governors, since its last meeting on 9th March 2023. They had included:

- The resignation of L. Ackland, Public Governor for Durham, on 25th April 2023.
- The appointment of Cllr R. Swiers as an Appointed Governor for North Yorkshire County Council on 21st March 2023.
- Cllr N. Ayre replacing Cllr D. Wann as the Appointed Governor for City of York Council on 06th May 2023.

  He welcomed Cllr. Swiers and Cllr. Ayre to the Council of Governors.

With regard to the Governor election for 2023, he advised that it would be closing on 29th June 2023 and results would be published on 30th June 2023. Governors leaving the Council of Governors on 30th June 2023 would include:

- Keith Marsden (Public, Scarborough and Ryedale)
- Audrey Lax (Public, Darlington)
- Megan Harrison (Public, Stockton-on-Tees)
- Jacci McNulty (Public, Durham)

- John Venable (Public, Selby)
- Sarah Blackamore (Staff, North Yorkshire York and Selby Care Group)
- Emmanuel Chan (Staff, Durham Tees Valley and Forensic Care Group)

He thanked all Governors who would be leaving, for their service to the Trust.

He advised that a ballot would be held in the following constituencies:

- Public - Durham
- Public - Hambleton and Richmondshire
- Public - Middlesbrough
- Staff - Durham, Tees Valley and Forensics Care Group

He advised that the following uncontested candidates would be appointed / re-appointed as Governors on 1st July 2023 and that he would be welcoming them to their new role:

- Joan Kirkbride – Darlington, Public
- Zoe Sherry – Public, Hartlepool
- Judith Webster – Public, Scarborough and Ryedale
- Gemma Birchwood - Public Selby
- Gillian Restall – Public, Stockton-on-Tees
- Gary Emerson – Public, Stockton-on-Tees
- Cheryl Ing – Staff, Corporate Directorates

He advised that a number of vacancies would not be filled. He also confirmed that no valid nominations had been received in the following areas:

- Public Harrogate and Wetherby
- Public Redcar and Cleveland
- Public Rest of England
- Staff North Yorkshire, York and Selby Care Group

The Chair confirmed that the Trust was intent on building its membership and more work was required to ensure the Council of Governors was as representative as it could be for the community the Trust served. He reminded Governors that he would be available to them if they had any questions regarding his update.

23-24/07 CHIEF EXECUTIVE'S UPDATE

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

B. Kilmurray advised that, with regard to Industrial Action:

- 70% of the Trust's junior doctors had taken part in industrial action relating to their pay.
- The Trust had a 'well-rehearsed' plan in place for managing the impact of industrial action and minimising the level of disruption caused. The main aim had been to ensure that services remained safe. The Trust had been given sufficient notice of the intention to strike and this had made planning easier. Peak holiday times would be an area of concern to be monitored closely.

- The British Medical Association (BMA) had been balloting consultants and it had been expected that, should consultants take part in striking, this would cause significant issues which would need to be carefully managed.
- The Royal College of Nursing (RCN) had also held a ballot regarding pay and the result had been expected at the end of June 2023. This had followed the acceptance of a pay offer, which the majority of health unions had accepted, but the RCN and Unite union had not.

With regard to Right Care, Right Person Initiative:

- In relation to Action 23/95 (09/03/23) - Home Office and DoH consultation on mental health in the community, he advised that the document would be circulated to Governors as a confidential paper.
- Following comments made by Sir Mark Rowley, Metropolitan Police Commissioner, about the police's role in mental health incidents in the community, he advised that it was important that the Trust fully engaged with local police forces.

It was noted that:

- A. McCoy, in her role at Stockton Borough Council, had questioned a Chief Constable on this matter when he had delivered a presentation to her and her colleagues. The Chief Constable had confirmed that, although he had not been able to provide specific details, he would expect his officers to deal with incidents on a case by case basis. She added that she had found the comments from Sir Mark Rowley, and the lack of information available, very worrying and would appreciate being kept informed as things progressed. She also had concerns that people could be criminalised if their mental health conditions were not recognised.

  B. Kilmurray advised that he and P. Scott would be meeting with the Chief Constable of Cleveland Police the following week, to discuss a number of concerns, including the stigma attached the mental health and possible discrimination. There were also plans to meet with senior teams in the other two police forces covering the Trust's patch.

  The Chair confirmed that he shared concerns voiced by colleagues and Governors regarding this matter. At an urgent meeting of NHS Chairs, held the previous week, it had been clear that a history of productive partnerships between the NHS and the Police existed. Trusts needed to fully understand requirements in the future, explore options with the Government and ensure concerns would be made clear.

With regard to the CQC Prosecution, B. Kilmurray advised that:

- The Trust had been in court on 12th May 2023 and was now involved in a live legal process.

- The Trust would be in court again on 26th September 2023 and an update would be provided to Governors when possible. However, it was essential not to discuss the matter any further.

  The Chair confirmed that, although he had not been at the court hearing, he understood that the judge had been extremely clear that all parties should maintain confidentiality and respect legal process. The Trust would continue to do this in the context of the legal advice it had received.

With regard to the CQC Well-led Inspection:

- B. Kilmurray thanked Governors who had taken part in a CQC focus group. He echoed the Chair's comments regarding the CQC's positive approach to the inspection but acknowledged a lot of work would still be required. The Board recognised contributions of staff and all involved in the inspections.

23-24/08 GOVERNOR QUESTIONS AND FEEDBACK

Governors considered a schedule of Governor questions and responses, circulated prior to the meeting.

The Chair:

- Thanked Governors who had submitted questions and staff who had provided responses to them.
- Advised that Governors would be less likely to receive a detailed response prior to, or during, a meeting if a question were submitted close to the deadline.

It was noted that:

- In relation to her question (Q9) on criteria for placing people out of area, J. Kirkbride asked whether the Trust would consider social aspects, and the vulnerability of a patient, when deciding whether to send them out of area or whether it would only be based on bed availability. She had been aware of a person, estranged from their family, who had been sent out of area. This person had had no visitors and had been extremely vulnerable. She also asked how the Trust ensured relatives and loved ones were informed that they could claim travel expenses after visiting someone out of area.

  P. Scott confirmed that the Trust remained connected with patients who had been staying out of area, however, he acknowledged that more could be done to improve keeping people in touch.

  With regard to how relatives and loved ones would be informed that they could claim travel expenses, he advised that he would consult with his team and report back to the Council of Governors.

Action – P. Scott

- With regard to question 16 and the future provision of respite services for the families of adults with profound and multiple learning disabilities, M. Booth apologised for its late submission. However, she advised that she had submitted the question on the same day she had met with a concerned constituent. She had wanted to gain assurance from the Trust that those taking the matter forward had an understanding of the of the level of disability of the adults involved. She had also wanted to know how the group had been involved in cocreation with the Trust.

  P. Scott confirmed that he, Mike Brierley and Amanda Hazelwood had been responsible for taking this matter forward. He advised that A. Hazelwood had been the Care Group Director for Child and Adolescent Mental Health Services and Adult Learning Disability Services in the Durham and Tees Valley and Forensics Care Group so she had had a clear understanding of the adults' complex needs. Senior clinicians had also been driving the work and had been familiar with the adults' needs.

  With regard to cocreation, one of the Trust's Lived Experience Directors had joined the group and a meeting had been arranged with the concerned constituent for the following week, to establish how best to involve the families and carers of the adults.

23-24/09 OUR JOURNEY TO CHANGE DELIVERY PLAN 2023/24

Governors considered a report on the Trusts' Our Journey to Change Delivery Plan for 2023/24. The delivery plan had been provided as Appendix 1 to the report.

In presenting the plan, C. Lanigan advised that:

- The plan had replaced the Trust's Business Plan and outlined in detail how the Trust planned to deliver its Journey to Change. It would enable the Board to monitor the delivery of Our Journey to Change and to inform Trust communications with service users, carers and partners.
- A planning event had been held in February 2023 and, as a result of feedback from that event, 'culture' was now one of the 17 priorities included in the plan.
- It had been approved by the Board at its April 2023 meeting.
- Page 5 of the document had provided an overview of the Plan.
- The new planning process would soon begin and service user, carer, staff and partner engagement would be essential. Governors would also be involved. He encouraged Governors to review the plan and highlight any areas they would like to be addressed during the planning process for the 2024/25 plan.

B. Kilmurray advised that, through the Trust's revised governance structure, the Board would be ensure the plan was followed and Our Journey to Change progressed.

The Chair added that Governors would be able to hold the Board accountable for the delivery of the Our Journey to Change Delivery Plan.

M. Booth confirmed that she had found the plan very clear and easy to read.

C. Lanigan thanked M. Booth for her comments and confirmed that it was essential that all plans were made accessible.

23-24/10 INTEGRATED PERFORMANCE DASHBOARD (IPD) REPORT

Governors considered a report on the Trust's Integrated Performance Dashboard, as at 30th April 2023, which aimed to provide them with reasonable assurance regarding the oversight of the quality of services being delivered by the Trust. IPD changes from the previous report, and full details on broader key issues, had been provided in Appendix A and B and the full Integrated Performance Dashboard had been provided in Appendix C to the report.

A Lyons advised that:

- Details relating to areas of concern, where the Trust had limited assurance and negative controls assurance, had been identified within the IPD and provided in Appendix A. Areas of concern had been identified as:

    - Unique Caseload
    - Financial Plan – Agency expenditure compared to agency target
    - Financial Plan – Agency Price cap compliance
    - CRES Performance Recurrent

    Performance Improvement Plans (PIPs) had been developed for some areas, to demonstrate to the Board that important issues had been focussed on and that progress had been made in a timely manner. SMART actions had also been developed as part of this, where performance had not been to the standard it should be. PIPs had been shared with Executive Directors for approval and a list of areas those PIPs were focused on could be found on page 2 of the report. These had included:

    - Bed Pressures
    - Percentage of children and young people showing measurable improvement following treatment, both in terms of being reported by patients and clinicians
    - Percentage of older people showing measurable improvement following treatment, both in terms of being reported by patients and clinicians
    - Percentage of inpatients feeling safe in the Trust's care

- Improvements had also been required on broader key issues relating to inpatient pressures, people and culture and finance as follows:

    - Duty of Candour
    - Bed Occupancy
    - Staff Survey action plans

  - Agenda for Change and other pay awards

- With regard to mental health priorities, including national standards, the Trust would be at risk of not achieving its planned reduction in out of area placements. A table on page 6 (Appendix A) of the report contained details of areas where the Trust had also been at risk of not achieving its agreed trajectories.

The Chair advised that, in addition to the Board discussing high level issues within the IPD in detail, its sub Committees were responsible for 'deep diving' into more specific issues.

M. Booth thanked A. Lyons for producing the report.

The Chair stated that the report provided Governors with an awareness of key risks in the Trust and what actions the Board had been taking to address them.

23-24/11 TRUST FINANCE REPORT 2022/23 AND FINANCIAL PLAN 2023/24

Governors considered the Trust's Finance Report for 2022/23 and Financial Plan for 2023/24.

L. Romaniak advised that:

- The Trust had faced a challenging time financially since March 2023.
- The Trust's draft Annual Accounts for 2022/23 had reported a composite deficit of £7.27m, which had been £8.43m worse than planned.
- From an operational perspective, there had been a surplus of £1.21m which had been £0.05m better than planned.
- Issues that had challenged the Trust in 2022 were still prevalent and higher than planned costs for 2022/23 had been evident in the following areas:
  - Elevated bed occupancy, driven by increased lengths of stay and delayed transfers.
  - Elevated and increasing levels of agency expenditure, driven by absence and vacancy cover and impacting on safe staffing
  - Ongoing need for independent sector bed placements, driven by rising bed pressures for Adult Mental Health (AMH) assessments and treatment and Psychiatric Intensive Care Unit beds.

- Cash balances had been £75.2m and £10.6m above plan as at 31st March 2023, incorporating higher than planned working balances and additional commissioner funding for cost pressures.
- The Capital Position for 2022/23 had been broadly on plan at £9.7m, or £0.4m below plan on 31st March 2023.
- Due to an increasing net reduction in medics, the Trust had been focused on international recruitment.
- The Trust had been working with the external auditor, Mazars LLP, to reduce any outstanding issues.

- The Trust's Financial Plan for 2023/24 had been submitted to NHS England (NHSE) on 4th May 2023, in line with the national deadline. There was a significant amount of work to undertake. Board members were fully aware of the challenges the new financial plan posed.
- For 2023/24 there was a requirement to make 4.6% Cash Release Efficiency Savings (CRES), which would exceed the national tariff levels of 1.1%. However, this had been in line with reginal partner plans and national expectations. More details had been provided within the Financial Plan 2023/24.
- The Trust was underfunded for Agenda for Change due to tariff funding.
- As contracts were coming to an end, financial pressures were becoming apparent in relation to contract renewals.
- With regard to Our Journey to Change, she was mindful of not compromising but the Trust needed to be creative with solutions to financial pressures and making savings.

It was noted that:

- A. McCoy asked when 'being creative' would become real financial concerns. Particularly as any reduction in spending on services would affect patient care.

  L. Romaniak advised that safeguards had been built into CRES plans to understand what impact, if any, they would have on patient care. Quality Impact Assessments would be carried out by the Nursing and Governance Directorate and any decision relating to patient safety would be made independently of L. Romaniak and the Finance Department. The main areas targeted by CRES savings were agency staffing costs, Value for Money (VFM) issues and the cost of complex care packages where a care package had not been appropriate for the patient and costs relating to staff providing that care was high.

- Following a question from P. Hungin, L. Romaniak advised that colleagues internationally recruited by the Trust had care packages in place to help support them.

- M. Booth asked what the financial consequences would be if the Trust received a large fine from the court, in relation to the prosecution.

  L. Romaniak advised that provisions and adjustments had been incorporated into the Trust's accounts over the previous two years, following legal advice, to take any large fines into account.

- A. Painter asked whether there were any plans to increase wages of bank workers from the minimum wage.

  L. Romaniak advised that, in an ideal situation, everyone would receive the same pay for the same jobs. However, bank workers had different terms and conditions to those with substantive contracts with the Trust. Any increase in

pay for bank workers would have to be taken from somewhere else. A paper would be discussed at a meeting of the Executive Directors to understand the implications of increasing those wages.

23-24/12 CQC COMPLIANCE UPDATE

Governors considered an update report on CQC compliance. The report provided Governors with information on the status of actions arising from the CQC Trust core services inspection and well-led inspection in 2021, the focused inspections of other key services in 2022 and provided them with an update on inspection activity from 29th March to 26th May 2023. The aim of the report had been to provide good assurance to Governors regarding oversight and delivery of the CQC action plan.

At the meeting, B. Murphy also updated Governors with early feedback from the CQC. She confirmed that a presentation delivered at the meeting would be shared with Governors as soon as possible.

Action – B. Murphy

She advised that:

- On 29th March 2023, the CQC had commenced inspecting the following core services in the Trust:
    - Acute Adult Mental Health (AMH)
    - Mental Health Services for Older People (MHSOP)
    - Adult Learning Disability (ALD) wards and day services
    - Community ALD teams
    - Secure Inpatient Services (SIS)
    - Community AMH Services
- A Well-led inspection had then taken place between 24th – 26th May 2023. Many clinical and corporate staff had been involved and the Trust had provided over 300 pieces of information to the CQC. Only 15 information requests remained outstanding.
- The presentation provided details on improvements that had taken place and what was still required.
- With regard to Acute wards and Psychiatric Intensive Care Units (PICUs):
    - The Trust had requested further information from the CQC on their findings regarding patients having limited access to therapeutic activities. Staffing had been increased and it had not been clear exactly where this had been identified as an issue.
    - Additional training and training venues had been established to address with issue of staff not being compliant with mandatory and statutory training.
    - In terms of areas of good practice identified by the CQC, they had included how staff had been able to confidently discuss learning from recent incidents and to make appropriate changes as a result. There

had also been an improved safety culture on wards and evidence of Multi-Disciplinary Teams (MDTs) discussing care.

- With regard to inpatient mental health wards for older people:
    - In terms of areas requiring improvement, new risks relating to environmental issues had been identified but the Estates Team had addressed them quickly. It had also been noted that documents needed to be consistent across all areas.
    - In terms of improvements, the CQC had seen evidence of teams working well together, evidence of innovative practice and were particularly positive about a newly established Namaste room.

- With regard to wards for people with a learning disability:
    - An environmental issue identified by the CQC as requiring improvement had been addressed and recognised as being the personal choice of a patient.
    - The CQC had been very clear that improvements made to these areas had far outweighed the improvements that were still required. Good practice had been identified in relation to staff on wards being caring, knowledgeable and person centred.

- With regard to community services:
    - Areas identified as requiring improvement had included North Tees patients having issues with accessing therapies, which had been impacted by staffing challenges associated with psychology and long-term sickness. There had also been issues with staff in North Yorkshire accessing face to face training.
    - Improvements identified had included staff being kind and highly passionate about their roles and providing people with person centred and individualised care. A strong and effective MDT approach had also been recognised, with a seamless referral process between teams.

- With regard to SIS:
    - She was hoping to see some of the CQC's feedback change in relation to seclusion facilities not being in use and fit for purpose. One site been closed during the inspection and one site had experienced intercom issues but others had been in working order.
    - The CQC had noted continued improvements across the site including refreshed leadership, with a stronger focus on safety. Staff had been passionate about their roles and the support they had received from the Trust.

- With regard to AMH Community Mental Health Services:

    - Areas for improvement had included staff vacancies and long waiting times.
    - Areas of improvement identified had included medicine records, administration and storage being well managed across all sites. Staff delivering personalised and individualised care and treatment to patients and daily huddles that had provided staff with good oversight of risks.

- Well-led inspection:

    - Positive feedback had been received by the Board on diversity, culture and constructive challenge in the Trust. Commitment to the Trust's strategy and direction, and its clear understanding of its vision and values, had been noted. Leaders were recognised as having a range of skills and being knowledgeable about risks and issues in the Trust. There had also been recognition of the improvements made to the Trust's governance. More needed to be done to ensure service user and carer experience was heard and embedded in the Trust.
    - The Trust had access to a wealth of data but it needed to be clearer.
    - Improvements to mandatory training compliance had also been required.
    - Staffing challenges had been cited as the most common factor affecting staff morale.
    - The Trust's Observations Policy had been amended and was back in practice after receiving feedback from the CQC that the policy had not outlined the manner in which staff should record observations of patients who were on enhanced levels of observation.

- Next steps:

    - Draft reports were expected on 2nd August 2023 and would be checked for factual accuracy.
    - Letters had been received from the CQC, acknowledging a range of improvements made.

(G. Restall left the meeting)

It was noted that:

- A. McCoy questioned whether there was a policy on staff wearing a uniform.

  B. Murphy advised that a dress code policy existed in the Trust. However, uniforms were not required for all staff. There had been no evidence to suggest that uniforms reduced the chance of infection but more information had been requested from the CQC on this, to understand their concerns.

- With regard to improvements required on wards for people with a learning disability, J. Wardle questioned why a patient at Lanchester Road Hospital had been found to not have a high quality care plan in place. Governors had been assured that improvements had been made and this had caused her concern.

  B. Murphy confirmed that the CQC had acknowledged that they had not been aware of all plans in place for the patient in question and had been advised that a high quality Personal Behaviour Support (PBS) plan had been in place for that individual.

  J. Wardle confirmed that this had been reassuring to hear.

- J. Kirkbride expressed concerns regarding all staff not understanding how to support people who regularly self harmed, referred to as an area for improvement on acute wards and PICUs.

  B. Murphy advised that the Trust had enquired with the CQC as to whether this had referred to one or two members of staff or if the issue had bee more widespread.

- J. Kirkbride also questioned whether certain types of training were prioritised for staff. For example, training for lifting and handling.

  B. Murphy confirmed that the Trust had invested in additional equipment, staff and training so that staff could prioritise and attend training. Safety drills were also held at the beginning of staff handovers to support operational scrutiny.

  P. Scott advised that rosters were regularly reviewed to ensure staff with the right skills were available and to identify whether staff needed to be deployed to other areas.

  B. Murphy added that the CQC had recognised that the Trust services were safe.

The Chair confirmed that, regardless of the final outcome, he was grateful to everyone involved in the inspections.

23-24/13 QUALITY ACCOUNT 2022/23

Governors considered a report on the Trust's Quality Account 2022/23 and the final draft of the Trust's Quality Account for 2022/23 which had been attached as Appendix 1 to the report.

A. Lowery advised that:

- Every NHS provider had to complete and publish a Quality Account annually and it had to be submitted by 30th June 2023, in a format pre-determined by the Government. She welcomed the opportunity to produce an easy read

version of the document and would welcome working with colleagues in the Communications Department to discuss how to do that.

- Quality Reports had to include statutory reports on the previous year's quality data, updates on the completion of quality improvement priorities for the previous year and include between three and five quality priorities for the year ahead.
- The Quality Report had been approved by the Quality Assurance Committee on 1st June 2023.
- Good consultation had been essential in producing the document.
- Significant work had been undertaken regarding the delivery of the Trust's Quality Journey and quality goals and patient safety continued to be the main focus.
- The Trust's quality priorities had been identified as:

    - Improvements in patient safety, supported by a positive culture.
    - Safe, kind and compassionate care informed by evidence with outcomes that matter.
    - Empowering patients and carers to be equal partners and help address barriers in care.
    - Cocreating holistic, responsive and integrated models of care.
    - Supporting people to be active members of their community.
    - Being inclusive, trauma-informed and recovery-focused.
    - Having a skilled workforce supported to provide high quality care.

- Varying improvements had been made to the previous year's priorities, personalised care, care planning and patients feeling safe. CITO had been trialled as part of this improvement work. In terms of patients feeling safe, it was important that patients were asked about this in the correct way.
- The Trust was on a quality journey and there was still much work to do.

It was noted that:

- As a Healthwatch Lead, Z. Sherry suggested that although the format of the document had been predetermined, the Trust should have included more information in the Quality Account about TEWV as an organisation, what services it provided, who the document was aimed at, who it was about and what was important to the Trust.

  A. Lowery advised that the document was still at a stage where changes could be made and she thanked Z. Sherry for her comments.

- The Chair questioned whether partners had been involved with producing the document.

  A. Lowery advised that they the Trust had involved partners and those had included Healthwatch and Local Authorities (LAs).

- Z. Sherry questioned whether face to face events would be held, as they had been in the past, for collecting feedback on the Quality Account.

- A. Lowery confirmed that the plan would be to hold face to face events in 2024.

- A. Painter confirmed that a lot of good feedback had been collected and, in terms of the formatting the document, suggested that perhaps the utilisation of bionic reading could be considered.

23-24/14 OPERATIONAL SERVICES UPDATE

Governors considered two reports updating them on operational services in the Trust. One report covered updates from the Durham, Tees Valley and Forensics (DTV&F) Care Group and the other from North Yorkshire, York and Selby (NYY&S) Care Group.

For DTV&F Care Group, P. Scott advised that:

- A number of key appointments had been made including:
    - Jamie Todd, Director of Operations and Transformation for CAMHS and LD.
    - John Savage, General Manager for LD.
    - Ranjeet Shah, Care Group Medical Director.

- His report outlined key activity undertaken in relation to the Trust's three main goals.
- Transformation work had been taking place across all specialities.
- Key pressures had been identified as:
    - Workforce, which continued to be the biggest risk and challenge.
    - Demand, across inpatient and community services.
    - System Pressures relating to Social Care and external service providers.
    - Teams in Business Continuity Plan.

- Work had been undertaken to reduce the length of meetings and reduce the amount of time leaders were in meetings and create a better 'line of sight'.

(M. Combs left the meeting)

With regard to NYY&S Care Group services, Z. Campbell advised that:

- Headings had been missed of the tables contained within the report and she apologised for this.
- The challenges faced by services had all been outlined in the Trust's IPR and Finance Report, considered earlier in the meeting.
- Key pressures identified in her area had included:
    - Training and supervision and increasing completion rates for those.

  - Financial risk associated with out of area bed use and the use of agency staff. Delayed transfers had also impacted on the use of out of area beds.
  - All age crisis line. Although response rates had improved (approx. 40%), further improvements had been required. Capacity continued to impact on the ability to increase pick-up rates.
  - Staffing which remained a challenge.

- Cocreation, community mental health transformation, performance and governance continued to be priority areas.
- It had been excellent to see improvements on waiting times for patients accessing Children and Young People's services and talking therapies.
- The REACH Project in Scarborough had been accredited and Nursing Times Award.

23-24/15 COG INVOLVEMENT AND ENGAGEMENT COMMITTEE UPDATE

Governors considered a report, updating them on the last meeting of the Council of Governors' Involvement and Engagement Committee.

M. Booth, as Acting Chair of the last meeting of the Committee, advised that:

- The Committee had last met on 18th May 2023.
- The Council of Governors was being asked to approve the Committee's revised Terms of Reference. As part of those changes, the name of the Committee would be changing to the Cocreation Committee in line with the Trust's ambitions around cocreation. Committee members had spent time understanding what cocreation was and what that meant in the Trust before accepting the proposed changes to the Terms of Reference.
- The Committee had discussed:

  - The TEWV Cocreation Journey and Draft Cocreation Framework. It was noted that the Trust's Lived Experience Directors would be coming to the next meeting of the Committee to update on work relating to cocreation and care planning.
  - Changes to its Terms of Reference.
  - Trust Membership.
  - Involvement and Engagement in the Trust.
  - The Annual General and Members' Meeting
  - Future Priorities which were:

    - Planning the Trust's Annual General and Members' Meeting 2023.
    - Planning other engagement events and roadshows Trust-wide, 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.

- She wished to encourage other Governors to become a member of the Committee and, if interested, to contact the Company Secretary's Department. The Chair of the Committee would be leaving their Governor role at the end of June 2023 and a new Chair would need to be appointed.

Approved – That the revised Terms of Reference (Appendix 1 to the report) and proposed change of name from the Involvement and Engagement Committee to the Cocreation Committee, be approved.

23-24/16 COG AUTISM TASK AND FINISH GROUP UPDATE

Governors considered a report on meetings of the Council of Governors' Autism Task and Finish Group.

J. Preston advised that:

- The purpose of the report had been to provide re-assurance to Governors that progress had been made and to assist Governors in determining what the trust needed to achieve to be an 'exemplar provider of autism services'.
- There was still much work to do and community transformation was key.
- It had become apparent that patients with autism who had a learning disability appeared to have a choice of a wide range of services whilst, for those without a learning disability, there appeared to be far less services available.
- Members of the group were energetic and enthusiastic and he thanked them for their contributions.

(J. Preston left the meeting)

23-24/17 COG ROLE OF A GOVERNOR TASK AND FINISH GROUP

The Chair provided a verbal update to Governors on the first meeting of the Council of Governors' Task and Finish Group on the Role of a NHS Foundation Trust Governor.

He advised that:

- In the first virtual meeting held on 12th June 2023, group members had discussed the group's Term of Reference.
- There had been discussions around a skills audit, to identify life experience and professional skills of Governors. However, consideration had also been given to who would be party to that information and what the information would be used for.
- They had considered a Governor development strategy, how best to communicate with Governors and discussed behaviours and conduct.

- It was important for Governors to recognise that discussions held within the group had not related to any current wider Governor issues.
- The group would aim to meet every three weeks, where possible.
- At their next meeting, group members would be reading guidance from Good Governance Institute (GGI).
- After a question from B. Reilly, regarding whether the group would be considering how Governors could work better with Non-Executive Directors (NEDs), the Chair confirmed that the group would be looking at the role of Governors, NEDs and Executive Directors.
- The aspiration was to be a high functioning Council of Governors.

23-24/18 DATE OF NEXT MEETING

The next two ordinary meetings of the Council of Governors would be held on Thursday 27th July and Thursday 23rd November 2023.

23-24/19 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 4.04pm.

_____

David Jennings
Chair
27th July 2023

Public Action Log

Item 6

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
09/03/23	23/95	Summary of matters discussed at Board to Board meeting held with ICB and NHSE/I colleagues, to be shared with Governors.	CE	-	Circulated via email 14/06/23
09/03/23	23/95	Home Office and Department of Health consultation document, on mental health in the community, to be shared with Governors when possible.	CE	-	Circulated via email 27/06/23
15/06/23	23-24/08	Information on how relatives and loved ones visiting patients 'out of 'area' are informed that they can claim travel expenses, to be provided to Governors.	PS	Jul-23	Circulated via email 06/07/23
15/06/23	23-24/12	Presentation on early CQC feedback, delivered at the meeting on 15/06/23, to be circulated to Govenrors.	BM	-	Circulated via email 21/06/23

Tees, Esk and Wear Valleys
NHS Foundation Trust

Agenda Item 9a

Council of Governors

27 July 2023

Governor Questions

Q1: Mary Booth A verbal response to this question was provided at the last CoG meeting in June 2023. This written response has been provided in an addition to the verbal response.	**Question:** I have been approached by a constituent about respite services for the families of adults with profound and multiple learning disabilities. Discussion with families about the future of these services I understand has been ongoing for four years or more. The families understand that the longer-term future of these services depends on commissioners. However, the larger group that included parents was disbanded in February. It has been clear that several of the decision-makers in the past have not understood the level of brain damage and learning disability of these adults. None are verbal, or mobile, they must have special equipment such as chairs, hoists, and beds etc. An example of the level of not understanding the difficulties is when a consultant group thought bed and breakfast and caravans, with the parents to look after them, would meet the need. Clearly not knowing that type of accommodation is suitable, and the point is that the parents get their respite nights. As a Governor I am concerned I did not know about any of this. Can I and the parents have assurance that those now taking this forward have a full understanding of the level of disability, have met some of the adults concerned. Could I also ask where co-creation is with this group. Co-creation would need to be with parents. **Response:** Thank you for submitting your question. As acknowledged, we have been engaged in discussion with both local commissioners and families, regarding a sustainable future for respite provision across Teesside, for a number of years; including the co-creation group you reference in your email. Working with partners/regulators to develop to confirm the future respite service model remains a priority for us. We have very recently had some changes in the Adult Learning Disability leadership team and I am pleased to say that both John Savage (General Manager for ALD) and Jamie Todd (Care Group Director of Operations for ALD and CAMHS) are now in post and leading this work.

	With regard to co-creation, again I will reconfirm my commitment to ensuring families are very much involved as this work develops and as you have reflected, we have had in place good forums for involvement from families very recently and we will look to reinstate a group following further conversations with our commissioners in the very near future. To provide reassurance of involvement and understanding both John and Jamie met with a parent and advocate on behalf of families that use our respite services on the 23rd June to discuss respite, listen to her experiences and understand the history of the development work to date. We recognise the provision of respite services remains an important part of the support for those caring for family with learning and profound neurological disability and remain committed to working closely with our commissioners and other system partners to ensure that a sustainable offer of care can be provided. **Jamie Todd, Care Group Director of Operations & Transformation**
Q2: Christine Hodgson	**Question:** I would very much appreciate it to receive information on the waiting times for Autism and ADHD Assessments for York and Selby within the Trust for adults and children and what procedures are put in place for urgent referrals. **Response:** The contract for autism and ADHD assessments is not held by TEWV, so we can't answer this question. The commissioned service is The Retreat in York, so they would be able to give the data around waiting times. In terms of urgent referrals – our clinicians would indicate when they make a referral for assessment that they feel it is urgent, but it is The Retreat who make the decision re who to expedite. Assessments for children in North Yorkshire also go to the Retreat. In addition, there is a new process for referrals for assessment in place in NYYS now – again, nothing to do with TEWV. I have attached the information that we have been given and it is a pilot. If Christine wants to know more and/or give some feedback she will need to contact either the Retreat or the Commissioners heading this up. Assessments for children specifically in York and Selby are dealt with by the TEWV community CAMHS teams. **Dr Elspeth I Webb, Consultant Clinical Psychologist/Systemic Family Psychotherapist and Trustwide Autism Clinical Lead.**

	Response: We are commissioned for assessment for Autism in York and Selby for Children & Young People and for assessment and treatment for ADHD for children and young people. For urgent referrals, our single point of access team determines the risk and allocates them to the team based on the risk assessment. We also have MDT huddles between the single point of access team and the generic teams to discuss cases that need to be seen sooner at any point in the patient journey. Families also have contact from keeping in touch letters, that encourages them to contact us should they feel there has been a deterioration and the teams will assess and make appropriate changes. **Nicola Everett-Joel – Service Manager CAMHS**
Q3: Gillian Restall	**Question:** Each year on October 10th, The World Health Organisation recognises 'World Mental Health Day'. The theme for this year is "Mental Health is a Universal Human Right" Does TEWV have any plans to recognise the day? A good opportunity to talk about good mental health in general! **Response:** Thanks for your question, Gillian and I agree that World Mental Health Day is a good opportunity to have conversations about mental health - which we know is really important. As a trust we always recognise the day and promote it both internally with our colleagues and externally with our communities and partners. Quite often teams also arrange their own activities within our trust which we also share. As we plan for this year's awareness day we're more than happy to keep you informed and we can reassure you it's in our communications planning. **Sarah Paxton – Head of Communications**

ITEM NO. 10a

For General Release

Meeting of:	**Council of Governors**
Date:	**27th July 2023**
Title:	**Board Integrated Performance Report as at 31st May 2023**
Executive Sponsor(s):	**Mike Brierley, Assistant Chief Executive**
Author(s):	**Ashleigh Lyons, Head of Performance**

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*
1. 2. 3. 4. 5. 6. 9. 11. 15.	Recruitment & Retention Demand Involvement and Engagement Experience Staff Retention Safety Regulatory Action Governance & Assurance Financial Sustainability	The Integrated Performance Report is part of the assurance mechanism that provides assurance on a range of controls that relate to our strategic risks.

Executive Summary:

Purpose: The Board Integrated Performance Report aims to provide oversight of the quality of services being delivered and to provide assurance to Council of Governors on the actions being taken to improve performance in the required areas.

Proposal: It is proposed that the Council of Governors receives this report with **reasonable** assurance regarding the oversight of the quality of services being delivered. Whilst there are a small number of areas with **limited** assurance, Performance Improvement Plans have been developed for some of the issues that are impacting on performance and are in the process of being developed for others.

Overview: The overall **reasonable** level of assurance has been determined based on the Performance & Controls Assurance Framework for the Board Integrated Performance Dashboard (IPD) and progress against the Mental Health Priorities, including National Quality Standards. (*See Appendix A highlighting key changes from previous months report.)*

IPD Areas of Concern

The **areas of concern** within the IPD where we have limited performance assurance and negative controls assurance are:

- Unique Caseload
- Financial Plan: SOCI - Final Accounts - Surplus/Deficit
- Financial plan: Agency price cap compliance
- CRES Performance Recurrent

(*See Appendix A for detail*)

Performance Improvement Plans

As part of our ongoing improvement journey around reporting for assurance and developing SMART actions for any areas where our performance is not where we want it to be; we have introduced Performance Improvement Plans (PIP) to demonstrate to the Board, that we are focussed on the right things and in a timely manner. PIPs have been developed and shared with Executive Directors for approval for the following issues that are impacting on performance and/or have negative controls assurance i.e. limited actions to affect any improvement:

- Percentage of inpatients reporting they feel safe whilst in our care (Durham, Tees Valley & Forensic)
- Percentage of CYP showing measurable improvement following treatment - patient reported (Durham, Tees Valley & Forensic)
- Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported (North Yorkshire, York & Selby)
- Percentage of CYP showing measurable improvement following treatment - clinician reported (North Yorkshire, York & Selby)
- Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported (North Yorkshire, York & Selby)
- Bed Pressures including OAPs (Trust-wide)
- Percentage compliance with ALL mandatory and statutory training (Trust-wide)
- Percentage of staff in post with a current appraisal (Trust-wide)
- Caseload (Care Groups)
- Agency Expenditure (Trust-wide)
- Safe Staffing (Trust-wide)

Performance Clinics are being established to review the content of the PIPs to ensure all actions are robust and that they provide full assurance to Board of Directors.

Mental Health Priorities including National Quality Standards

There are 1 Trust and 7 commissioner priorities currently at risk of achievement (*See Appendix A*). PIPs have been developed by the Care Groups and have been shared with Executive Directors for approval.

Broader Key Issues

Broader key issues/work in relation to Inpatient Pressures, People & Culture and Finance this month are:

- Duty of Candour
- Serious Incident Backlog

- Timely completion of Datix
- Safe Staffing Levels including Responsible Clinician vacancies
- Staff Training
- Crisis Lines
- Medical Devices
- Bed Occupancy
- Improvement in Retention and Absence
- Agenda for Change and other pay awards

(*See Appendix B for detail, including the Care Group Summaries)*

Overall, there is good assurance on the quality of data supporting the information provided in the Board Integrated Performance Dashboard.

Summary of Key Risks

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

- Failure to reduce inpatient staffing costs and Trust wide agency (in particular Medical and LD premium rate) utilisation (volume and rate reductions to reduce related premium costs)
- 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
- Failure to negotiate equitable recurrent funding mechanism for in-year and accumulated prior year AFC pay deal and nationally negotiated 2023/24 pay deals (tariff-based) pressures
- Failure to retain permanent staffing, including as a consequence of acute cost of living pressures
- Failure to deliver a challenging back-end loaded CRES plan and trust-level vacancy factor
- Failure to manage the financial impact of excess inflation (compared to tariff)

(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.

Prior Consideration and Feedback

The monthly Integrated Performance Report is discussed by Executive Directors Group and by the Care Group Boards (the latter at Care Group level)

Implications:

There are no identified implications in relation to receipt of this report to the Council of Governors.

Recommendations: The Council of Governors is invited to receive this report for oversight and assurance on the actions being taken to improve performance in the required areas.

Appendix A

IPD Key Changes from the Previous Report

Measure	Key Change
Percentage of CYP showing measurable improvement following treatment - clinician reported (measure 6)	Improvement in performance
The number of Incidents of moderate harm and near misses (measure 11)	Deterioration in performance
The number of Restrictive Intervention Incidents (measure 12)	Deterioration in performance
The number of Medication Errors with a severity of moderate harm and above (measure 13)	Improvement in performance Improved assurance
Staff Leaver Rate (measure 18)	Improvement in performance Improved assurance
Financial Plan: SOCI - Final Accounts - Surplus/Deficit (measure 24)	Reduced assurance
Financial Plan: Agency expenditure compared to agency target (measure 25a)	Improvement in performance

IPD Areas of Concern

There are 3 measures where we have limited performance assurance and negative controls assurance, for which Performance Improvement Plans have been developed for the issues that are impacting on performance to support improvement and increased assurance.

Measure	Comments
Unique Caseload	We continue to have special cause concern at Trust level and in both Care Groups. Performance Improvement Plans, identifying the key issues and improvement actions that will be undertaken have been developed by both Care Groups; however, there is currently limited assurance pending the actions within those plans being progressed.
Financial Plan: SOCI - Final Accounts - Surplus/Deficit	The Trust reported a deficit of £3.04m for the two months to 31st March, an adverse variance of £0.35m compared to the planned deficit of £2.70m for the period. Three key operational drivers continue to challenge financial performance: elevated bed occupancy/delayed transfers of care, independent sector bed utilisation and elevated agency staffing pressures (including from medical vacancy, inpatient staffing and adult LD care packages). Adverse financial impacts are also included in the position in respect of the nationally negotiated pay review body outcomes (5% pay uplift) which is contributing a pressure (net of tariff uplift) of £0.21m to date. It is expected that National licencing arrangements for Microsoft will result in a clawback of related ICB allocations and Provider contracts generating a pressure compared to plan. Both result in adverse recurrent pressures compared to plan. The Trust is focused on financial recovery measures including vacancy control, task and finish activities for beds oversight and agency reduction, discretionary expenditure controls, and the delivery/mitigation of back-end loaded CRES plans.
Financial plan: Agency price cap compliance	Agency usage includes shifts fulfilled on hourly rates above the price cap or off framework. There is limited assurance due to the pressures highlighted at measure 24 and 25a) above driving staffing pressures. However, the flexible staffing team have obtained reduced rates above cap and continue to challenge agency suppliers on meeting framework terms and conditions. There has been a consistent level of compliance (based on average per day) for April 2023 and May 2023, compliance at 102 shifts per day. However, in May 2023 three were 71% of shifts that were non-compliant with price cap or framework rules.
CRES Performance Recurrent	The Trust is not achieving its recurrent CRES savings target. Non-delivery of cost reductions predominantly relates to Independent Sector bed placements. The achievement as of 31st May 2023 was £0.65m behind plan. Planning of a trust wide CRES event is in train to take place during quarter 2. There is no planned CRES Performance Non-recurrent (measure 28) as of 31st May 2023.

Mental Health Priorities including National Quality Standards

We are at risk of not achieving our planned reduction in out of area placements and the agreed trajectories in the following areas:

Measure	Sub-ICB Location
Percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric inpatient care	Vale of York
CED: Percentage of Service Users designated as routine cases who access NICE concordant treatment within 4 weeks	all Sub-ICB Location areas
CED: Percentage of Service Users designated as urgent cases who access NICE concordant treatment within 1 week	all Sub-ICB Location areas
Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy	all Sub-ICB Location areas
IAPT: Percentage of people who have waited more than 90 days between first and second appointments	all Sub-ICB Location areas
Percentage of CYP closed referrals, with at least two contacts, with paired outcome scored within the reporting period	all Sub-ICB Location areas
Number of women accessing specialist community PMH services	Vale of York

Appendix B

Broader Key Issues/Work

Quality

The key issues in relation to quality this month are:

Duty of Candour
Feedback both within and external to the Trust has indicated there is a lack of understanding of the compliance requirements for Duty of Candour amongst Trust staff. This has identified a need to develop robust monitoring processes Trust-wide, to ensure that we are open and transparent with our service used and carers.

Serious Incident Backlog
As at 22/06/2023 there are 175 open Serious Incidents. Of the 47 incidents in Cohort 1, 25 are currently being investigated and are at different stages in the governance process; 22 remain unallocated. Of the remaining 128 open incidents, 103 are in progress and 25 remain unallocated. We are concerned that the delays in completing incident reviews are not only impacting on the service users, carers and families directly involved within those incidents, but that there is also a potential risk that by not sharing timely learning from these incidents, we are impacting on the quality of the services we are currently delivering. The Chief Nurse has taken direct oversight to ensure that we have the capacity and skill to review historic incidents and address the current reviews. We have reviewed all incidents to ensure we have met Duty of Candour, that families have received notification of a review and have a named contact person and that we have clear terms of reference for each review. Letters of apology have been written to all cohort 1 families.

Timely completion of Datix
Although we have made improvements, we are concerned that there is a backlog of incidents to be recorded on Datix in a number of areas across the Trust, accompanied by a lack of agreed reporting and oversight of incidents. This is being given increased focus within the Care Groups and a new cross-Care Group review has been introduced with the aim of standardising processes across the Trust.

Safe Staffing Levels including Responsible Clinician vacancies
A shortage of substantive and regular staff continues to affect the delivery of care, impacting the flow of patients through our services and patient acuity. This is particularly impacting our inpatient services within North Yorkshire, York & Selby Care Group and mitigating processes are currently being implemented to support Danby Ward to manage the risk from the consultant psychiatrist vacancy.

Staff Training
Access to face to face Positive & Safe, Moving & Handling and Intermediate Life Support training continues to impact on the compliance of our staff with manual & statutory training requirements, and potentially the safety of our staff and people in our care.

Crisis Lines
Work is continuing within the Care Groups to support the answer rates for our crisis lines; however, there is concern, that we do not have sufficient oversight of the impact that the failure to answer these calls is having on our service users. We know that we have received complaints about this. Processes are to be established to share learning from any complaints and Patient Advice & Liaison issues raised.

Bed Occupancy
High bed occupancy continues to impact on the quality of the services we provide, particularly within our Durham, Tees Valley &Forensic Care Group. (*See below section on Inpatient Pressures*)

Medical Devices
We do not have sufficient oversight of all medical devices we have within the Trust, and this is being raised as an alert to the Quality Assurance Committee as we do not have full assurance that all

devices are fit for purpose and / or serviced appropriately. This is a risk that Executive Directors have full oversight of.

Inpatient Pressures

Bed Occupancy
Work is continuing within the Care Groups and the Beds Oversight Group to implement plans that will impact upon inpatient bed pressures, this includes the development of a Performance Improvement Plan (PIP).

Currently the key focus is the minimisation of any barriers to discharge that will reduce the number of delayed transfers of care and reduce length of stay. Achievement of this would improve access to beds more locally, improve outcomes and reduce expenditure on the use of independent sector beds.

Progress to date with key schemes that are in implementation:

- Care groups continue to discuss cases with Local Authorities at a scheduled weekly meeting and / or use existing mechanisms to escalate issues via the Integrated Care Intensive Support Team. These are now established routes of escalation and embedded within service processes. Senior managers continue to ensure that the outcomes of the meetings are meaningful and purposeful.
- Work is commencing to explore how we approach the discharge process with patients who have no fixed abode / homeless to ensure a standard process across the Trust.
- Following the refresh of the PIPA process, an event was held in Roseberry Park Hospital to help develop a roll out plan to embed the process and documentation. Service managers and modern matrons are now overseeing the implementation plan across Roseberry Park (phase 1) with plans in place to hold events across Durham & Darlington (phase 2) the end of June. For the North Yorkshire, York & Selby care Group, the focus is upon the transition and implementation of the new PIPA documentation. Currently the Quality Improvement Team are scoping the work to produce a plan and timescales for completion.

New schemes:

- The OPTICA pilot continues to be progressed. A paper outlining the implementation plan and governance of the project has been developed and is currently being reviewed by the Care Groups before submission to Executive Directors Group. Work is also being undertaken in the background to commence the mapping of the admission to discharge pathway (PIPA) in collaboration with the operational teams, identifying key actions and data / information points that will feed into OPTICA.
- Through the PIPA work, Durham Tees Valley are to identify one ward where a Red to Green day approach can be piloted.
- Work is commencing to explore how we approach the discharge process with patients who have no fixed abode / homeless to ensure a standard process across the Trust.
- Targeted work to be undertaken with the Darlington, Hambleton & Richmondshire community teams to explore why admission rates are higher than expected per weighted population.

With many of these scheme's work is being undertaken to understand their impact (forecasted) to ensure correct alignment and prioritisation of schemes in 23/24 that will achieve the agreed targets: zero out of area placements by Q4 23/24, zero patients with a length of stay over 60 days by Q4 23/24, efficiency saving of £2.7million (through reduction in use of Independent Sector beds). Impact upon out of area placements, length of stay, delayed transfer of care and efficiency savings will be monitored monthly through the developed Scorecard which comprises a suite of primary / secondary metrics, targets, and trajectories.

People & Culture

Improvement in Retention and Absence
The year-to-date retention data shows an increasingly marked difference in care groups with DTVF losing 15 more than recruited and NYYS recruiting 16 more than have left.
Nursing has shown an overall small loss last month which is a shift, but an increase of 27% in numbers of graduates planning to join us compared to last year. The continuation of issues within medical staffing is being monitored, and there is an additional year to date increase of 20 for Psychological professions.

Sickness absence rates have continued to drop across the Trust and are now at 4.39%. The DTVF overall figure has decreased from 5.34% to 4.79% with the NYYS overall figure slightly decreasing from 4.21% to 4.11% and all areas remain under target. There are still some spikes in sickness levels, but these are now at individual team and ward level rather than across a service. The data, including the staff survey, indicates that we are on track to be able to reduce the retention risk in Q3 as projected.

Overall our leavers rate has fallen month on month for the last 10 months and we are now approaching the midline on the SPC chart. That combined with the significant reduction in absence rates indicates the potential for a more stable workforce developing.

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 £10.4m due to the disproportionate impacts from funding via national annual 'tariff' uplifts applied to provider contract values. The impact of the outcome of the 2023/24 Agenda for Change Pay Review Body which awarded 5% uplift versus 2.1% included at plan is being evaluated. Early indications suggest providers are to be allocated a flat rate percentage uplift of 1.6%. If this is the case, it would generate an additional in-year pressure for the Trust because a higher percentage of our cost base is pay. Both mental health providers in the North East & North Cumbria (NENC) Integrated Care Board (ICB) patch have written to the ICB to request a review of funding methodology and explore alternate mechanisms that better reflect actual provider costs. Without additional support the Trust would need to find further mitigations to deliver its financial plan.

Care Group Summaries

Durham Tees Valley and Forensic Care Group

The key areas of concern identified from the Integrated Performance Dashboard (IPD), with triangulation of any other relevant information

- Several Performance Improvement Plans have been developed and approved within the Care group relating to 5 areas of focus, encompassing SMART actions and the expected impact, to support improvement and provide increased and assurance. The 5 areas are: -
    - Percentage of inpatients reporting that they feel safe whilst in our care
    - Percentage of CYP showing measurable improvement following treatment - patient reported
    - Unique caseload
    - Local Quality Standard –Number of people who first receive INHS Talking Therapies recognised advice and signposting or start a course of NHS Talking Therapies psychological therapy and Percentage of people who have waited more than 90 days between first and second appointments (INHS Talking Therapies)
    - National Quality Standard - Child Eating Disorders: Percentage of Service Users designated as routine cases who access NICE concordant treatment within four weeks and Urgent cases within one week
    - Access to IPS services is also an area of concern however, we are requesting via Executives that the Performance Improvement Plan be stood down for this area due to levels of funding within the service. We will continue to monitor performance in this area.

- Pressures on our inpatient services are continuing; our bed occupancy remains high within our adult ward although we are starting to see increased discharges and reduced lengths of stay on some wards. Discussions have commenced with partners in Tees around supporting us to improve patient flow and with the implementation the Optica bed management system. We are attending an event in July, led by the ICB which will focus on improvements to the discharge process for Mental Health. Work continues to align the work of the care group and the Trustwide beds oversight group into a single Programme of work. There is a Trust wide Performance Improvement plan which is included in this report.
- We continue to be below where we would like in terms of our compliance with mandatory and statutory training and appraisals and continue our weekly oversight of compliance trajectories. Concern around moving and handling, Positive and Safe and Immediate Life support, mitigations are in place at team and service level and further actions being considered at Trust level and a Trust wide Performance Improvement Plan is included in this report.
- We note a deterioration in staff recommending the Trust as a place to work and our People and Culture leads within the care group have developed an action plan which will be progressed and monitored via the People and Culture section of the Care group Board meeting monthly.

The areas of positive assurance identified within the IPD

- We continue to see a reduction in the number of Restrictive Interventions used across the Care Group in all specialities but particularly in relation to Adult Learning Disabilities and Secure Inpatient Services. This is because of focused work and key actions in all areas.
- 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. Following the implementation of key actions, we are also achieving the standard for people who are experiencing EIP are being treated with a NICE approved care package within 2 weeks of referral and Patients discharged from our services, followed up within 72 hours.

Other key information, issues, and risks (not already included in the IPD) that the Executives wish to highlight and/or escalate to the Board

- Within our Crisis services, the 4-hour measure continues to be monitored closely to understand any areas of underperformance. A Durham and Darlington Team, 5-day design event with partners took place during April 23 with an operational model having been developed to maximise staff capacity to care and provides a quality, safe and consistent service for patients, a good experience and promotes the wellbeing of staff and a good experience for stakeholders. Within Durham and Darlington Team, the implementation of Band 3 call screening roles is progressing. In addition to this work, we have a paper with ICB requesting investment to support all age crisis access service that will be co-located with the North East Ambulance Service. If agreed, the earliest we would be able to live is October 23. The current answer rates (1st – 15th June) are 50% in Durham and Darlington team and 58% in Tees team.

North Yorkshire, York & Selby Care Group

The key areas of concern identified from the Integrated Performance Dashboard (IPD), with triangulation of any other relevant information

- Pressures on our inpatient services continue; our bed occupancy remains high within our adult, older people and adult learning disability wards. As at end of May 23, we had 2 patients in independent sector beds.
- Vacancies and staff absences impacting service delivery, response to patient risks and patient recovery and health outcomes. In particular, medical staffing in AMH, Foss Park inpatients, Crisis and home-based treatment teams, HHR community.
- CAMHS Selby has seen a further reduction in WTE due to leavers and lack of medical cover in Scarborough.
- Reduced staffing capacity due to vacancies within the CYP North Yorkshire & York Crisis team has impacted their ability to achieve crisis 4 hours.
- Compliance with mandatory training remains a concern due to ongoing issues with staff capacity because of high caseloads, staff leavers, recruitment challenges and day to day operational pressures. However, it is worth noting, ALD & AMH services are both achieving the standard for May position. The Director of Lived Experience has agreed to arrange a monthly Trustwide group focused on Mandatory and statutory Training and Appraisals. A covering paper is being written by the Business Manager to take to Care Board in June. The meeting will feed into the safer staffing group and oversee the Performance Improvement Plans for both measures.
- Memory waiting times demand and capacity exercise continues to progress with the aim for completion at the end of June 2023 which will scope out further requirements.
- The measure for AMH patients receiving follow up within 72 hours of discharge has a number of data quality issues which are being addressed. To ensure correct recording is embedded, this is being monitored by the General & Service Managers throughout June 23 as part of the weekly performance huddle

The areas of positive assurance identified within the IPD

- Patients surveyed reporting their recent experience as good or very good has moved from common cause to special cause improvement.
- We are achieving an excellent standard on the following measures within both NY and York Sub-ICB.
    - Patients waiting less than 2 weeks for first episode of Psychosis
    - Talking therapies 6 & 18 week standards for accessing our services
    - Talking Therapies Recovery
    - CYP supported through NHS funded MH with at least one contact
    - Adults and Older Adults with severe mental illness who receive 2 or more contacts from NHS or NHS commissioned community MH Services
    - AMH patients seen by crisis within 4 hours
    - CYP patients seen by suitably trained practitioner within 4 hours for VoY Sub ICB

Other key information, issues, and risks (not already included in the IPD) that the Care Board wish to highlight and/or escalate to the EDG

- Crisis response home treatment capacity: the impact of staff absences and core vacancies across all four teams, in particular Harrogate and Rural and crisis response to the 0800 line.
- Recruitment for a permanent consultant on Danby ward, Cross Lane Hospital is on-going. Alternative provision has been put place to ensure support for the MPAC trainees. The current arrangements secure the viability of the ward and will be kept under constant review.
- Previous pressures that exist within MHSOP Therapies continue to have an adverse impact on service delivery. In particular, recruitment into Psychology positions remains a challenge.

Appendix C

Tees, Esk and Wear Valleys
NHS Foundation Trust

Board Integrated Performance Report

As at 31st May 2023

Report Produced by: Ashleigh Lyons, Head of Performance
Date the report was produced: 23 June 2023

For any queries on the content of this report please contact: Ashleigh Lyons, Head of Performance
Contact Details: Ashleigh.lyons@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

NOTE: This year, we are reviewing performance for each measure from the 1st April 2021 to the current date whereas, last year we included performance from the 1st April 2020. By removing that year's activity, we have seen a number of measures 'improving' in performance; however, this 'improvement' must be treated with caution as in most cases what has actually happened is a normalisation of performance and therefore, we continue to monitor these measures as areas of risk or areas for improvement.

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 progressed this 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. The latest assessment on all measures has been completed during February 2023 and the results incorporated within this report.

Note: The development of the local audit/assurance framework to support the assessment will be completed in quarter 4 2023/24, with a view to undertaking the first assessments in quarter 1 2024/25. This element has, therefore, been omitted from the latest assessment.

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.

Data Quality Assessment status

DQ ★	Data Quality Assessment Score over 90%	No actions required
DQ ✓✓	Data Quality Assessment Score 70% to 89%	No actions required; but a small number of improvements identified
DQ ✓	Data Quality Assessment Score 50% to 69%	Some actions required
DQ ✗	Data Quality Assessment Score less than 50%	Significant work is required

Action status

Positive Assurance
We are doing well in this area and no action is required at this time

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

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

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

Performance & Controls Assurance Overview

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

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

***NOTE**: green or white text indicates changes in assurance. Use of Resources Rating has been added as this was unavailable for April reporting*

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	H	?	92.00%	91.95%
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%	75.29%
3)	Percentage of inpatients reporting that they feel safe whilst in our care	QAC	L	?	75.00%	52.50%
4)	Percentage of CYP showing measurable improvement following treatment - patient reported	QAC	L	F	35.00%	21.95%
5)	Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported	QAC	L	F	55.00%	46.86%
6)	Percentage of CYP showing measurable improvement following treatment - clinician reported	QAC		F	50.00%	42.20%
7)	Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported	QAC	L	F	30.00%	19.18%
8)	Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	S&RC				98.73%
9)	Number of inappropriate OAP bed days for adults that are external to the sending provider	S&RC	H			1,691
10)	The number of Serious Incidents reported on STEIS	QAC				21
11)	The number of Incidents of moderate harm and near misses	QAC				268
12)	The number of Restrictive Intervention Incidents	QAC				829
13)	The number of Medication Errors with a severity of moderate harm and above	QAC	L			0
14)	The number of unexpected Inpatient unnatural deaths reported on STEIS	QAC				0
15)	The number of uses of the Mental Health Act	MHLC				711

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				55.01%
17)	Percentage of staff feeling they are able to make improvements happen in their area of work	PC&D				58.76%
18)	Staff Leaver Rate	PC&D	L			11.84%
19)	Percentage Sickness Absence Rate (month behind)	PC&D				5.52%
20)	Percentage compliance with ALL mandatory and statutory training (snapshot)	PC&D	L	?	85.00%	85.95%
21)	Percentage of staff in post with a current appraisal (snapshot)	PC&D		?	85.00%	82.89%

Rep Ref	Our Activity measures	Committee Responsible for Assurance	Variation	Assurance	Standard (FYTD)	Actual (FYTD)
22)	Number of new unique patients referred	S&RC				16,561
23)	Unique Caseload (snapshot)	S&RC	H			64,750

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	2,697,000	3,042,591
25a)	Financial Plan: Agency expenditure compared to agency target	S&RC	P	3,668,000	3,342,374
25b)	Agency price cap compliance	S&RC	F	100%	68%
26)	Use of Resources Rating - overall score	S&RC	P	3	3
27)	CRES Performance - Recurrent	S&RC	F	1,242,167	588,900
28)	CRES Performance - Non-Recurrent	S&RC	P	0	0
29)	Capital Expenditure (Capital Allocation)	S&RC	F	2,869,000	1,560,000
30)	Cash balances (actual compared to plan)	S&RC	P	72,428,000	75,444,836

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

NHS
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.

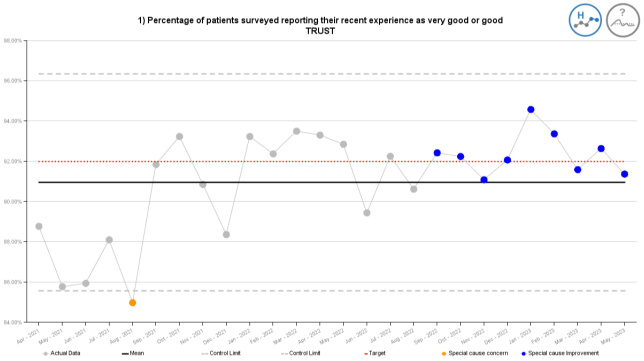
During May, **1008** patients responded to the overall experience question in the patient survey: Question: "Thinking about your recent appointment or stay overall how was your experience of our service?". Of those, **921 (91.37%)** scored "very good" or "good".

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

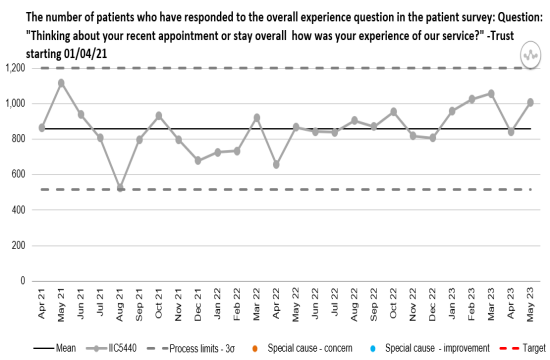
Our performance is not consistent and we regularly achieve and miss the standard we have set ourselves

DQ ★ 93%

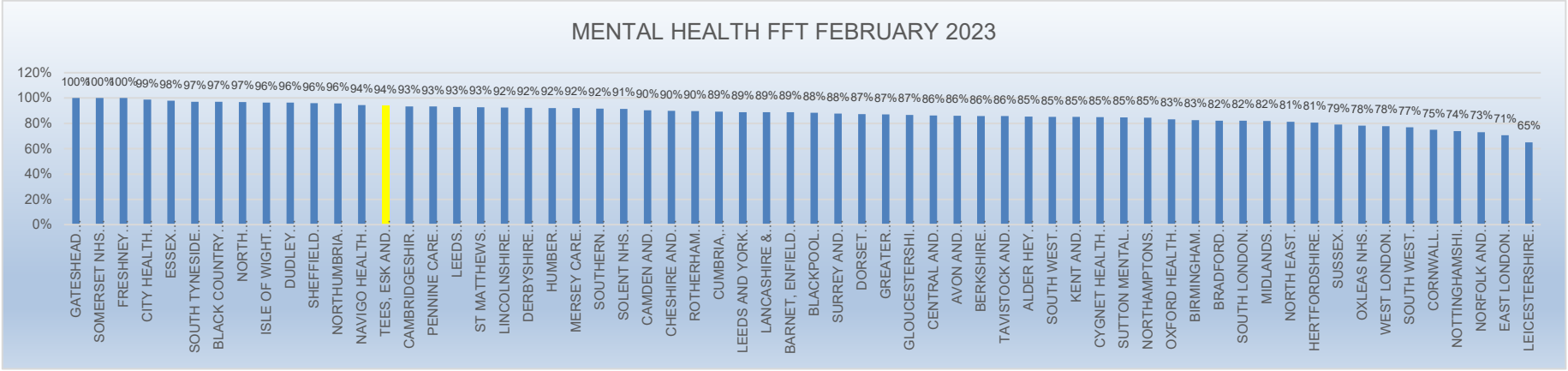
Continuous Improvement
Whilst the SPC/data indicates there are no specific concerns at present, we want to continuously improve in this area



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



National Benchmarking - Mental Health Friends and Family Test (FFT) data - February 2023 (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 **87%**, our Trust is identified by the yellow bar in the chart below. We are ranked 14 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

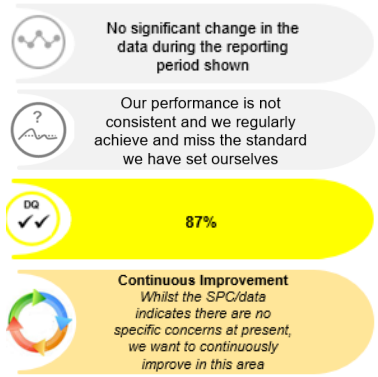
Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
A cohesive programme of work is required to improve our understanding of the experience our patients are having, improve survey response rates, identify key themes and hotspot areas, and develop a set of clearly defined improvement actions.	*Enabling action:* Executive Director of Corporate Affairs to establish a Trust-wide Patient & Carer Experience Group by the end of ~~May~~ July 2023 to improve patient and carer experience. The group will report into the Executive Quality Assurance & Improvement Group and membership will include Patient Safety, service users, carers and representation from the Care Groups.	The Terms of Reference for the group have been developed and are currently being reviewed by the Director of Corporate Affairs & Involvement.	

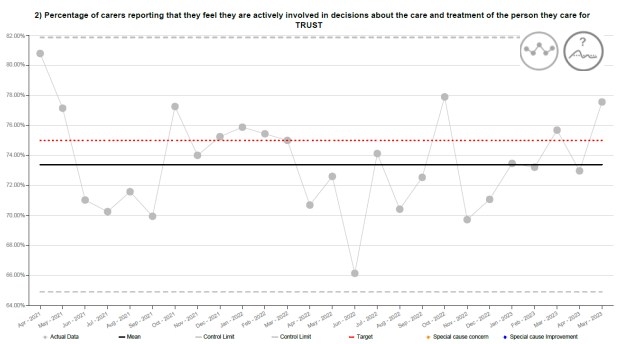
02) Percentage of carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for

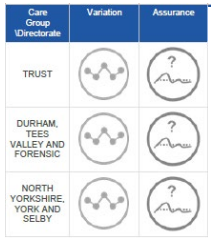
NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

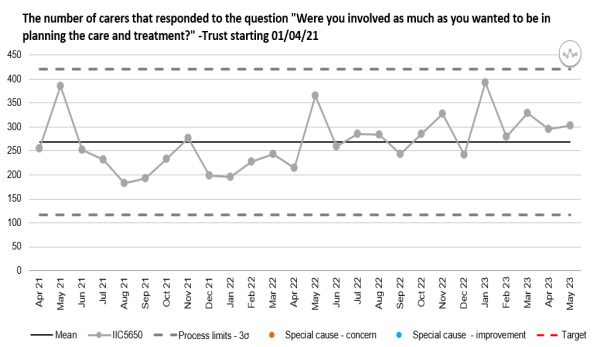
We are all committed to co creating a great experience for patients, carers and families by including carers in any decisions about the person they care for and working with them to provide quality care, and that carers will tell us this is the case from their experience.

During May, **303** 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, **235 (77.56%)** scored “yes, always”.









Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
An emerging theme is that staff are not engaging with carers on the grounds of patient confidentiality.	*Enabling action:* Patient & Carer Experience Group to conduct a deep dive into the involvement of carers by the end of ~~June~~ July 2023, triangulating data from multiple sources, including Patient & Carer Experience, Patient Advice & Liaison Service, Complaints and Patient Safety, with a view to identifying any improvement actions.		
Improvements are required within Secure Inpatient Services to ensure staff effectively engage with carers to capture feedback on how actively involved in decisions.	*Enabling action:* Service Manager to develop a carers feedback improvement plan by the end of April 2023, with a view to improving carer involvement in decision-making.	**Complete**. An action plan has been developed and agreed at the April Service Delivery & Improvement meeting. The plan contains 8 actions, 4 of which are complete to timescale, including the establishment of a carers lead on each ward. The remaining 4 are on track to be completed by end of June 23.	

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

Additional Intelligence in support of continuous improvement

The Trust held its annual Carers Week during the week of the 5th June 2023. We understand how challenging and overwhelming it can be to care for someone with a mental illness or learning disability and these informal gatherings are hosted by fellow carers to enable our carers to connect with others who are going through the same experiences. Four events were held in different locations over the week providing an opportunity to discuss and share experiences, challenges and triumphs. They also provided carers with information about involvement opportunities within the Trust, to ensure that they have a say in how services are developed and delivered.

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.

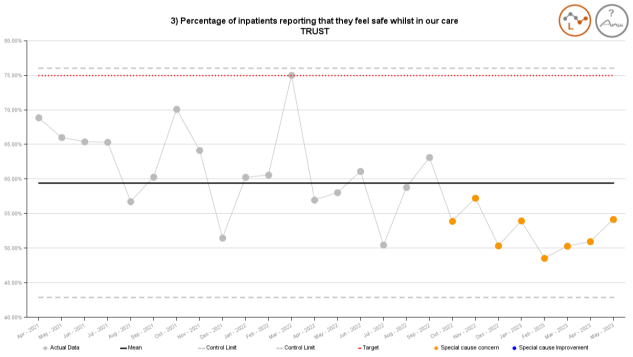
During May, **96** patients responded to the overall experience question in the patient survey: Question: “During your stay, did you feel safe?”. Of those, **52 (54.17%)** scored “yes, always"

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

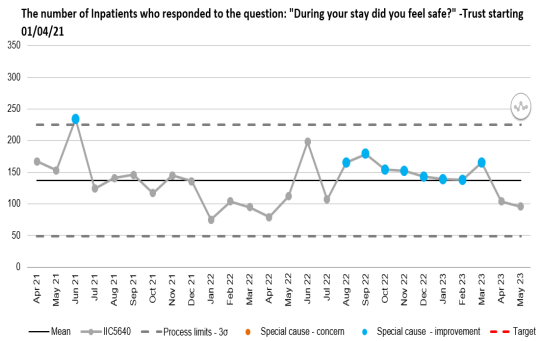
Our performance is not consistent and we regularly achieve and miss the standard we have set ourselves

DQ ✓✓ 87%

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



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



Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
‘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.	**Complete.** Of the 4 actions, all were progressed to plan throughout 2022/23 and work will now continue to embed these during 2023/24.	
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:* The Patient Experience Team to revisit the focus groups in Adult Mental Health Services and Secure Inpatient Services by the end of June 2023, to revisit the findings and progress from previous groups, with a view to learning from successes and identifying any further improvement actions. Findings will be reported to the Executive Quality Assurance & Improvement Group.		

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
Patients within our North Yorkshire, York & Selby Care Group have told us that their sense of feeling safe is impacted by staffing numbers and the lack on consistent staff on wards.	Care Group Associate Directors of Nursing and Assistant Locality Manager to develop a robust workforce plan, which will include recruitment and retention, by the end of June 2023, with a view to increasing the number of inpatient staff available and to ensure consistency on rosters.		
Patients within our North Yorkshire, York & Selby Care Group have told us that their sense of feeling safe is impacted by incidents involving other patients.	Care Group Director of Nursing to develop a workplan focusing on the 'Safe Wards' programme by the end of June 2023, with a view to increasing the safety of our inpatient wards. This will be progressed through the Positive & Safe Care Groups and Fundamental Standards.		

We strive to ensure that our patients receive safe care and treatment, and we are concerned that our patients within our Durham, Tees Valley & Forensic services do not always feel safe and secure within our inpatient wards. To address this the Care Group has developed a **Performance Improvement Plan** that defines the actions that are being taken to support improvement and increased assurance.

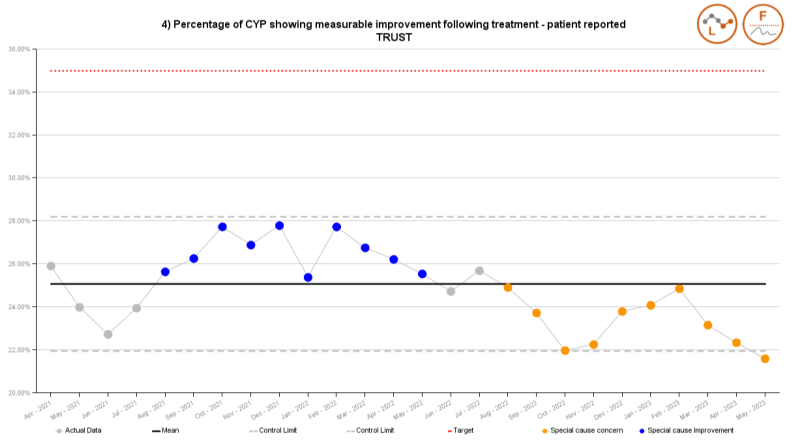
04) Percentage of CYP showing measurable improvement following treatment - patient reported

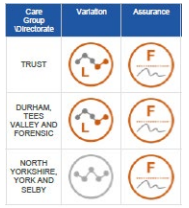
NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

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 May, **741** patients were discharged from our CYP service with a patient rated paired outcome score. Of those**, 160 (21.59%)** 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.





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%

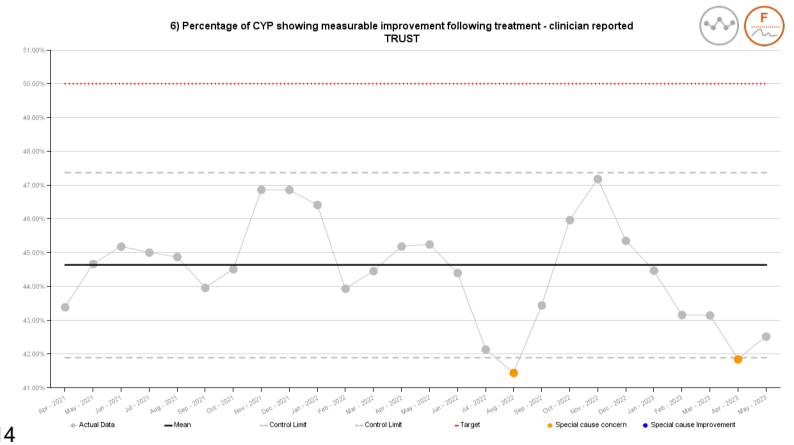
An Area of Concern
We are concerned with our performance in this area and action is required to improve

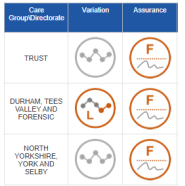
06) Percentage of CYP showing measurable improvement following treatment - clinician reported

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 May, **849** patients were discharged from our CYP service with a clinician rated paired outcome score. Of those**, 361 (42.52%)** 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)





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

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

Tees, Esk and Wear Valleys NHS 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	In May, 8 staff attended the monthly training sessions 6 (out of 6) from Durham & Tees Valley and 2 (out of 2) for North Yorkshire, York & Selby	
We need to understand the disparity in performance between the Care Groups in relation to measurable improvement of children and young people following treatment	*Enabling action:* The Specialty Development Manager to raise the findings at the ~~April~~ May 2023 CAMHS Outcomes Group to identify any improvement actions.	**Complete**. Findings were discussed and it was agreed the information would inform actions within the Performance Improvement Plans being developed by the Care Boards.	
We are concerned that our patients' improvement is not being captured by ROMs due to the timeliness of their completion in the patient journey.	*Enabling action*: Specialist Practitioner in CYP Outcomes Development to facilitate bespoke half day training sessions from the ~~26th April~~ July 2023 and quarterly thereafter until the 16th January 2024, focusing on themes identified in discussions with teams, Team Managers and ROMs Leads, with the aim of improving the timely completion of ROMs.		

We are concerned that a significant number of patient-reported outcome measures within our Durham & Tees Valley services and clinician-reported outcome measures within our North Yorkshire, York & Selby services are not reflecting measurable improvements in our patients. To address this the Care Groups have developed **Performance Improvement Plans** that define the actions that are being taken to support improvement and increased assurance. There are 6 actions currently included within the plan; 3 are to be completed by the end of June 2023.

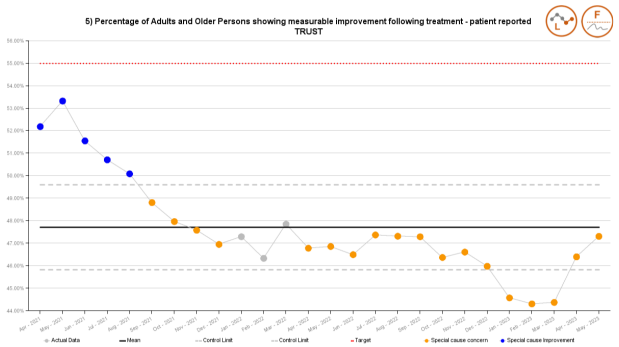
05) Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported

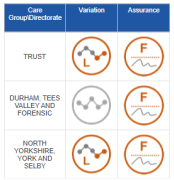
Tees, Esk and Wear Valleys NHS Foundation Trust

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 May, **1987** patients were discharged from our Adults and Older Persons services with a patient rated paired outcome score. Of those**, 940 (47.31%)** made a measurable improvement.

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





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

Our system is expected to consistently fail the target/expectation

93%

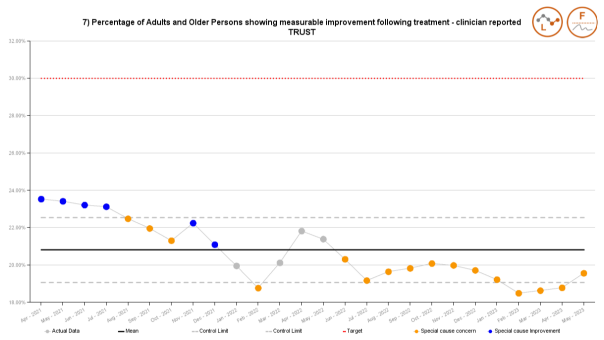
An Area of Concern
We are concerned with our performance in this area and action is required to improve

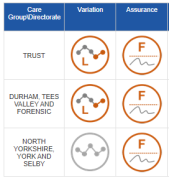
07) Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported

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 May, **3144** patients were discharged from our Adults and Older Persons services with a clinician rated paired outcome score. Of those**, 615 (19.56%)** made a measurable improvement.

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





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

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

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
Staff require training and support to better understand when and how to monitor the aspects of outcomes	*Enabling action*: The Section Head of Research & Statistics to work with the Digital Training Team to create a training video based on the content of the outcomes webinars. This work will be completed by the ~~17th March~~ 31st May 2023.	The Outcomes Steering Group Chair has requested the video be refreshed and linked to the suite of training on outcomes tools, including how to use them and record data. This will be discussed at the June Outcomes Group.	
We understand that the changes to PARIS, following the restructure of the Adult Teams in Durham and Tees Valley, may have adversely impacted the data	*Enabling action*: Business Intelligence Team to investigate if it is possible to mitigate this by the end of May 2023.	**Complete.** Investigations have concluded this issue does not impact on the measures.	

We are concerned that a significant number of patient-reported and clinician-reported outcome measures within our North Yorkshire, York & Selby services are not reflecting measurable improvements in our patients. To address this the Care Group has developed a **Performance Improvement Plan** that defines the actions that are being taken to support improvement and increased assurance. There are 2 actions currently included within the plan; both are due for completion by the end of July

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

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

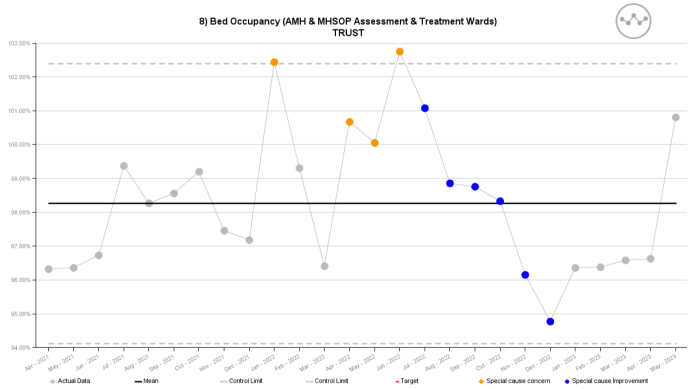
We want to ensure that we use our inpatient beds as effectively as possible to meet the needs of our patients. We are committed to co creating a great experience by ensuring all patients are treated in a hospital that helps retain contact with family, carers, friends and their community. It is important 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 May, **10,866** daily beds were available for patients; of those, **10,954 (100.81%)** were occupied.

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 73%



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

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

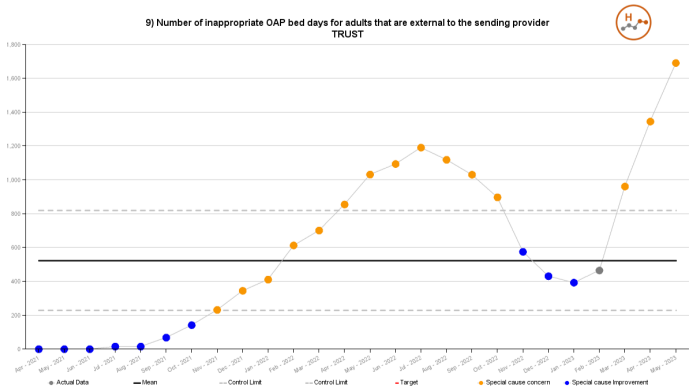
We want to ensure that we use our inpatient beds as effectively as possible to meet the needs of our patients. We are committed to co creating a great experience by ensuring all patients are treated in a hospital that helps retain contact with family, carers, friends and their community.

For the 3 month rolling period ending May, **1691** 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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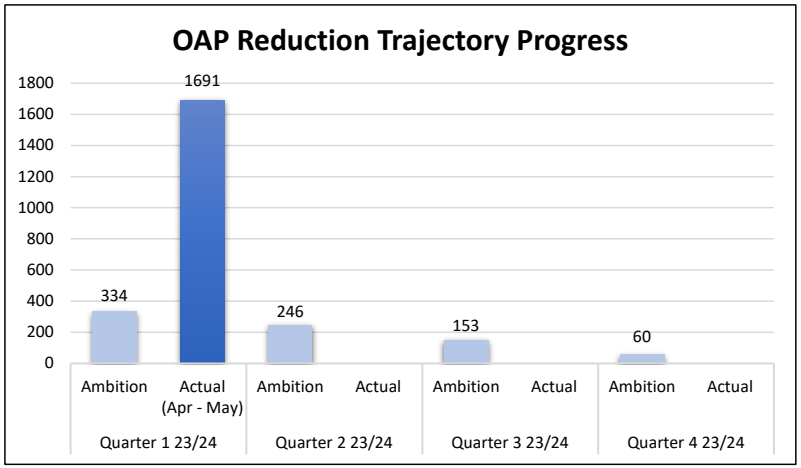
Bed Pressures: 08) Bed Occupancy (AMH & MHSOP A & T Wards) and 09) Number of inappropriate OAP bed days for adults that are 'external' to the sending provider

Tees, Esk and Wear Valleys NHS Foundation Trust

Supporting Measures

		2023 - 2024		
		Apr	May	FYTD
Overall Occupancy including Trust, block booked (Priory) and independent sector bed usage	Number of occupied bed days	10,914	11,657	**22,571**
	Number of available bed days	10,740	10,866	**21,606**
	Percentage Bed Occupancy	**101.62%**	**107.28%**	**104.47%**

Number of inappropriate OAP bed days for adults that are either 'internal' or 'external' to the sending provider	Quarter 1 23/24	
	Ambition	Actual (Apr - May)
Trust	334	1691
North East & North Cumbria ICB	334	1431
Humber & North Yorkshire ICB	0	260



We recognise that occupancy of our assessment & treatment beds within Adult and Older People Services is an area of concern and is impacting on our ability to meet the needs of our patients. To address this, we have developed a **Performance Improvement Plan** that defines the actions being taken to support improvement and increased assurance. There are 11 actions currently included within the plan; 5 are to be completed by the end of June 2023.

10) The number of Serious Incidents reported on STEIS

Tees, Esk and Wear Valleys NHS Foundation Trust

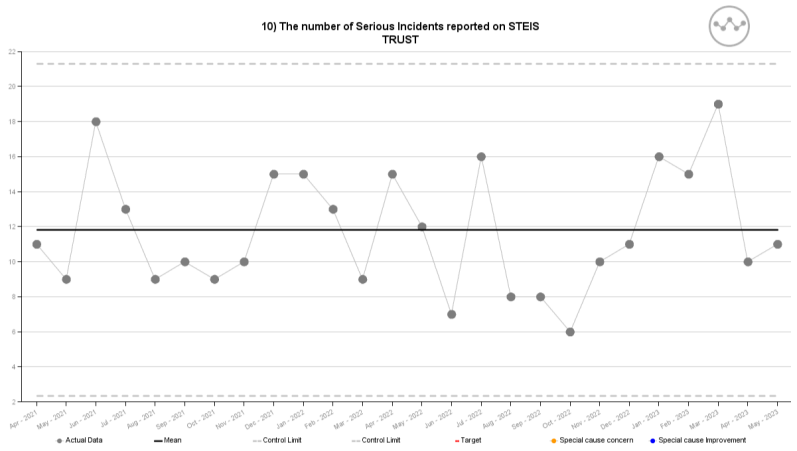
We are committed to ensuring that all our patients are cared for in a safe and secure environment. When serious incidents occur, it is important to understand why and how they have occurred so that we can learn from them, ensuring that any improvements are identified and implemented to maintain the safety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

11 serious incidents were reported on the Strategic Executive Information System (STEIS) during May.

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	

11 Serious Incidents were reported in May. Each incident has been subject to an early learning review within the patient safety huddle and no new themes are emerging.

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

Tees, Esk and Wear Valleys NHS Foundation Trust

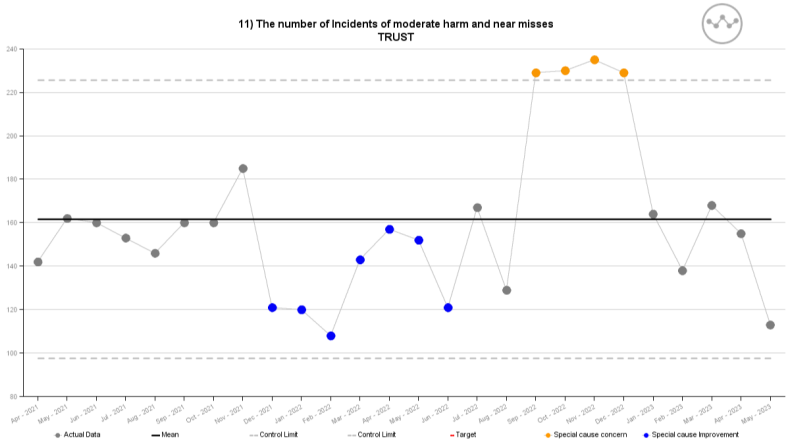
We are committed to ensuring that all our patients are cared for in a safe and secure environment. When serious incidents occur, it is important to understand why and how they have occurred so that we can learn from them, ensuring that any improvements are identified and implemented to maintain the safety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

113 incidents of moderate harm or near misses were reported during May.

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
80%



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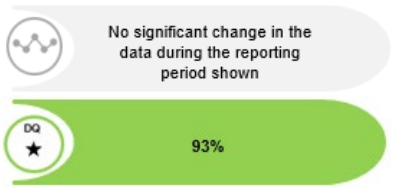
From a review of the 113 incidents we have identified a number of key areas of good practice and potential areas of learning, including Multi-Disciplinary Team discussions and liaison with other agencies.

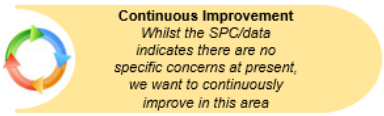
12) The number of Restrictive Intervention Incidents

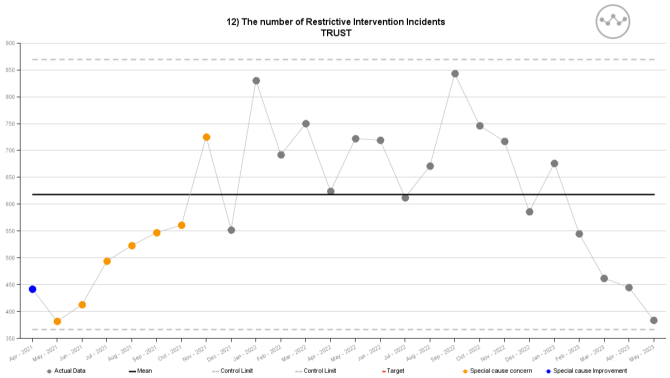
Tees, Esk and Wear Valleys NHS Foundation Trust

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.

384 Restrictive Intervention Incidents took place during May.







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 Durham, Tees Valley & Forensic Care Group Director for Children & Young People and Learning Disability Services to ensure there is a discharge plan in place for each individual patient, in order to progress a safe discharge from hospital as outlined in their plan.	There are currently 4 patients ready for discharge: • 1 patient within Bankfields commenced their transition to their new placement at the beginning of May and is expected to be discharged mid-June • 1 patient has an identified provider and placement; a transition plan is being developed. • 1 patient has an identified provider but no placement. • 1 has no provider or placement identified. There is one further patient within our care at Lanchester Road Hospital. This patient is not clinically ready for discharge patient and an independent review has been undertaken, this patient now has a placement identified but their property needs to be built. A timescale has yet to be agreed. The service continue to receive bespoke support from an independent provider on a weekly basis to expedite transfers.	

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
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 May~~ 30th June 2023.	The plan has been drafted and shared with the June Quality Assurance Committee. The planned away day to consult on the new Policy was delayed and will now take place on the 27th June 2023 at which we will agree the final Trust-wide Plan.	
	Enabling action: The Nurse Consultant for Positive and Safe Care to lead the development of a Positive & Safe Policy. The Policy will be completed by the 30th June 2023 for pubic consultation at that point.		
We require additional resource to support Care Boards with reduction of restrictive practices	*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.	Agreement is still to be confirmed for 2 Advanced Practitioners, 2 Peer Workers and 2 Clinical Skills Trainers that will be aligned to the Care Groups.	

Additional Intelligence in support of continuous improvement

- The HOPE(S) model is a human rights-based approach to working with people in long term segregation developed from research and clinical practice. HOPE(s) training has now been rolled out across Secure Inpatient Services and this has resulted in a reduction in the use of prone restraint and tear proof clothing.
- All inpatient services within our Durham & Tees Valley Care Group are using a live dashboard to support senior clinical oversight of restrictive interventions and clinical care.

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

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

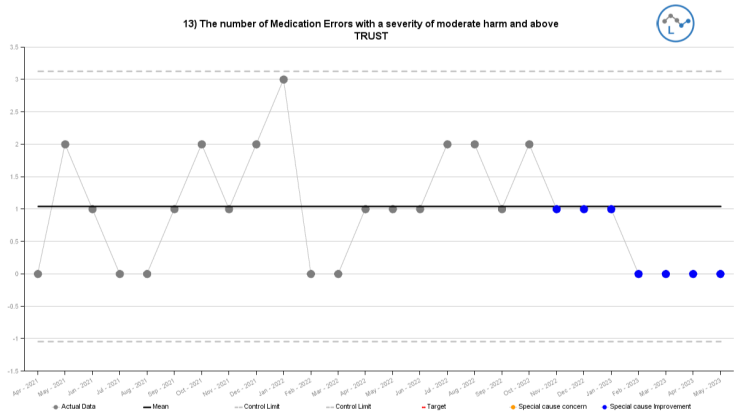
We are committed to ensuring that all our patients are cared for in a safe and secure environment. When medication errors occur, it is important to understand why and how they have occurred so that we can learn from them, ensuring that any improvements are identified and implemented to maintain the safety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

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

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

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

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
Clozapine is a "high-risk" medication and was being taken in 6 of the incidents reported between April 2020 and August 2022. 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 included the development of e-learning, provision of patient information and 5 quality standards that will be audited. All actions are due to be completed by July 2023.	There were 27 overall improvement actions identified; 24 of which have been completed, including the production of a clozapine webinar video which is now being cascaded through the Trust. 1 action is currently under review and the remaining 2 are on track for delivery by the end of July.	
Depot antipsychotic injections are linked to 3 of the incidents reported between April 2020 and November 2022.	The Safe Medication Practice Group has co-created a set of depot-focused improvement actions, which are due for completion by the end of July 2023.	There are 8 improvement actions identified. Of these, 6 have been completed and the remaining 2 remain on track for completion. Bespoke depot prescription and administration charts have been developed for each drug and quotes are now being sourced to progress printing.	

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

Tees, Esk and Wear Valleys NHS Foundation Trust

Additional Intelligence in support of continuous improvement

The Trust has successfully launched a pilot on Moorcroft Ward at Foss Park for electronic prescribing & administration on 6th June 2023. This pilot will enable more timely prescribing of medication to patients and reduce the risk of errors. Evaluation of the pilot scheme is scheduled for September 2023, after which we anticipate a wider rollout to all Trust inpatient services.

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

Tees, Esk and Wear Valleys NHS Foundation Trust

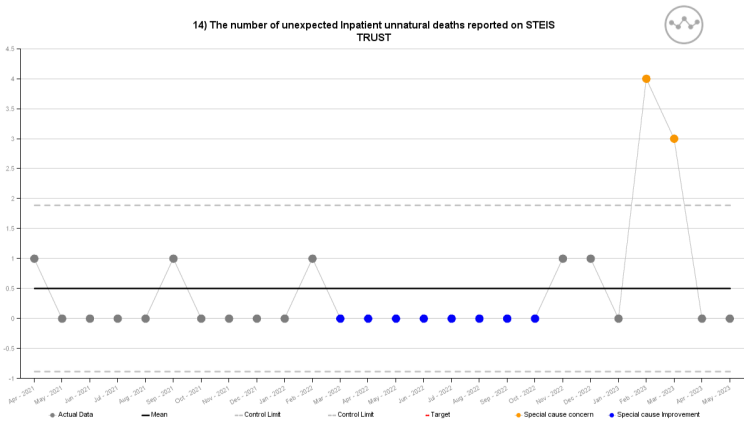
We are committed to ensuring that all our patients are cared for in a safe and secure environment. When any deaths occur within our services that are not attributable to natural causes, it is important to understand why and how they have occurred so that we can learn from them, ensuring that any improvements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

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

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 ★ 93%



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

There have been no unexpected inpatient unnatural deaths during May.

Additional Intelligence in support of continuous improvement

Durham, Tees Valley & Forensic Care Group has undertaken a number of responsive safety audits across Adult Mental Health assessment & treatment wards and Mental Health Services for Older People functional inpatient wards, focusing on compliance with safety summaries and plans, leave arrangements, observation and engagement standards. This has included the undertaking of environmental surveys and a review of processes to share findings and actions from the surveys across ward staff of all disciplines. Senior members of the Care Group Board have been nominated to support these areas as a named mentor in completing improvement plans.

Monthly meetings have been established by the Care Group Director of Nursing to maintain oversight of progress and repeat audits have demonstrated improved compliance within a number of wards.

15) The number of uses of the Mental Health Act

Tees, Esk and Wear Valleys NHS Foundation Trust

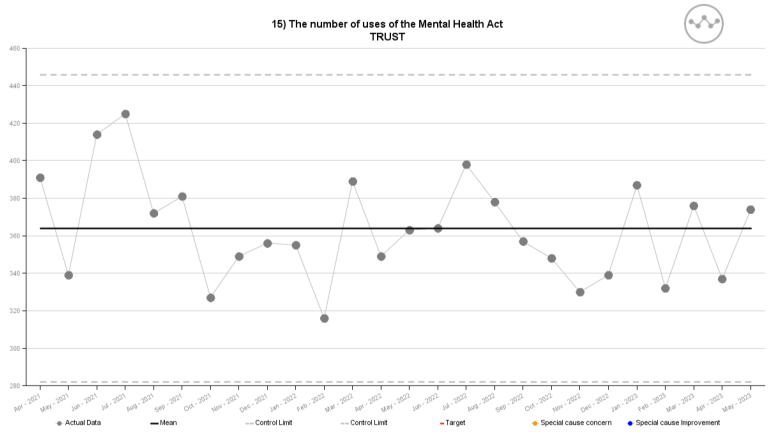
We are committed to co creating a great experience by ensuring all patients that are admitted to our beds feel secure, supported and safe within our services. It is important that we support all patients that are treated within our hospitals equally and support them to retain contact with family, carers,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

There were **374** uses of the Mental Health Act during May.

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
73%



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.	The Head of Performance to work with the Business Intelligence Operational Manager – PLICS & MHMDS to develop a KPI change by the end of March 2023, with a view to amending the measure for the April 2023 report.	**On hold.** The number of uses of the Mental Health Act" measure is within the scope of being paused to facilitate the implementation of Cito (the Trust's new Electronic Patient Record system). The paper outlining these changes has been to Executive Directors Group for approval.	

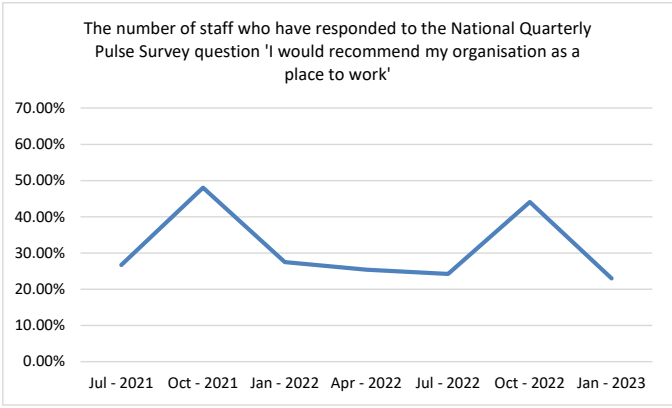
16) Percentage of staff recommending the Trust as a place to work

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 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.

1988 staff responded to the January 2023 Pulse Survey question "I would recommend my organisation as a place to work" Of those, **1104 (55.53%)** 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	Oct - 2022	Jan - 2023
TRUST	54.23%	52.46%	52.54%	55.01%	53.60%	54.05%	55.53%
ASSISTANT CHIEF EXEC	69.23%	60.94%	51.61%	61.29%	47.83%	62.86%	56.00%
DIGITAL AND DATA SERVICES	68.09%	60.50%	70.13%	68.00%	57.65%	60.50%	57.50%
DURHAM, TEES VALLEY AND FORENSIC	51.50%	50.76%	50.72%	54.63%	54.64%	53.42%	55.92%
ESTATES AND FACILITIES MANAGEMENT	57.14%	52.43%	46.92%	50.38%	50.76%	41.95%	46.00%
FINANCE	61.54%	57.41%	62.22%	57.58%	61.54%	46.30%	47.37%
MEDICAL	67.44%	78.95%	68.42%	64.10%	65.71%	63.64%	61.36%
NORTH YORKSHIRE, YORK AND SELBY	50.19%	47.92%	50.48%	52.85%	49.89%	55.21%	55.60%
NURSING AND GOVERNANCE	61.90%	56.31%	53.42%	51.95%	35.14%	49.14%	43.53%
PEOPLE AND CULTURE	69.86%	68.00%	57.69%	56.99%	61.05%	61.34%	52.17%
THERAPIES	82.35%	61.54%	62.96%	54.17%	53.85%	47.06%	67.86%



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 and October 2022 in the chart reflects the annual Staff Survey that is undertaken by Picker

National Benchmarking – NHS Staff Survey 2022

The national overall response rate for the 2022 Staff Survey was 46; TEWV was 44% and were the most improved Mental Health & Learning Disabilities trust nationally; ranked 1 out of 25 in overall positive change score.

- The **Picker average*** was **61%** of staff would recommend their organisation as a place to work.
- **54%** of staff from **our Trust** would recommend their organisation as a place to work (compared to **52%** in the 2021 NHS Staff Survey)
- National benchmarking data shows that we are ranked 47 out of 51 Mental Health & Learning Disability Trusts (1 being the best with the highest rating). Whilst we are placed at the lowest end of the inter-quartile range, this is a slight improvement to our ranking in 2021 (48 our of 51).

NB. *Picker carried out the NHS Staff Survey for 2022 on behalf of 25 Mental Health and Mental Health Community Trusts.

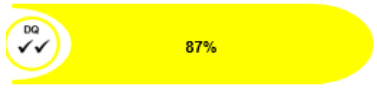
17) Percentage of staff feeling they are able to make improvements happen in their area of work

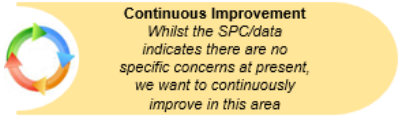
Tees, Esk and Wear Valleys NHS Foundation Trust

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.

2013 staff responded to the January 2023 Pulse Survey question "I am able to make improvements happen in my area of work" Of those, **1214 (60.31%)** 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	Oct - 2022	Jan - 2023
TRUST	57.10%	57.11%	57.50%	58.76%	59.12%	58.53%	60.31%
ASSISTANT CHIEF EXEC	76.92%	67.19%	67.74%	74.19%	65.22%	80.00%	88.00%
DIGITAL AND DATA SERVICES	65.96%	72.27%	74.03%	72.00%	65.88%	66.39%	65.00%
DURHAM, TEES VALLEY AND FORENSIC	56.23%	54.59%	57.00%	57.98%	58.94%	57.60%	57.35%
ESTATES AND FACILITIES MANAGEMENT	55.24%	26.04%	53.08%	52.67%	51.52%	46.55%	61.00%
FINANCE	65.38%	61.11%	64.44%	69.70%	71.79%	53.70%	57.89%
MEDICAL	67.44%	73.68%	81.58%	79.49%	68.57%	65.45%	70.45%
NORTH YORKSHIRE, YORK AND SELBY	54.44%	56.48%	54.35%	56.45%	55.77%	57.26%	59.12%
NURSING AND GOVERNANCE	61.90%	66.99%	65.75%	63.64%	59.46%	59.48%	69.41%
PEOPLE AND CULTURE	78.08%	77.60%	73.08%	73.12%	69.47%	77.31%	71.74%
THERAPIES	94.12%	58.97%	81.48%	70.83%	69.23%	47.06%	67.86%





Response rates for the Quarter 2 2223 NHS Pulse Survey ranged between 0.10% and 52.08%.
Note: October 2021 and October 2022 in the chart reflects the annual Staff Survey that is undertaken by Picker

National Benchmarking – NHS Staff Survey 2022

The national overall response rate for the 2022 Staff Survey was 46; TEWV was 44% and were the most improved Mental Health & Learning Disabilities trust nationally; ranked 1 out of 25 in overall positive change score.

- The **Picker average*** was **60%** of staff feel able to make improvements happen in their area of work
- **59%** of staff from **our Trust** feel able to make improvements happen in their area of work (compared to **57%** in the 2021 NHS Staff Survey)
- National benchmarking data shows that we are ranked 38 out of 51 Mental Health & Learning Disability Trusts (1 being the best with the highest rating) and are placed in the inter-quartile range. This is lower than our ranking in 2021 (34 out of 51).

NB. *Picker carried out the NHS Staff Survey for 2022 on behalf of 25 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*: Associate Director of Leadership & Development to evaluate the information received from York University and the options for engaging with staff more frequently and to develop a detailed plan by the end of September 2023, with a view to increasing staff participation in the survey.		
We need to understand what the Staff Survey 2022 results are telling us about our staff and to identify any areas of improvement.	*Enabling action*: Executive Director of People & Culture to review the central Workforce Delivery Plan by end ~~March~~ May 2023 to ensure the forward plan will address those areas where we have dropped or not increased in score.	**Complete.** The Workforce Delivery Plan is agreed and signed off and is now being progressed. Trust-wide priorities will focus on an increase in the quality of the appraisals we provide, an increase in the flexibility of employment, an improvement in how we co-create workforce priorities with staff and partners with lived experience and an evaluation of our health and wellbeing offers.	
We need to increase participation within the Staff Survey to ensure our results reflect a wider number of our staff.	*Enabling action:* Organisational Development to explore ideas shared by the North East Ambulance Service, North Tees & Hartlepool NHS Foundation Trust, South Tyneside & Sunderland NHS Foundation Trust and North East & North Cumbria Integrated Care Board for progressing within the Trust. This work will be completed by the 31st August 2023.		

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 until November 2027 to support staff to identify where improvements can be made and to feel empowered to suggest and develop those improvements.

Programme Aim	Position as at 01.06.2023	
Enable **100%** of staff to access Foundation training	**13%**	(1015 out of 7603 members of staff)
To have trained **50%** of staff at Intermediate level	**11%**	(845 out of 7603 members of staff)
To have **15%** of staff trained at Leader level	**4%**	(330 out of 7603 members of staff)
To have **1%** of staff trained at Expert level	**0.58%**	(44 out of 7603 members of staff)

It should be noted that the rollout of CITO is expected to have an impact on the training numbers as staff prioritise CITO training between June and August 2023.

18) Staff Leaver Rate

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

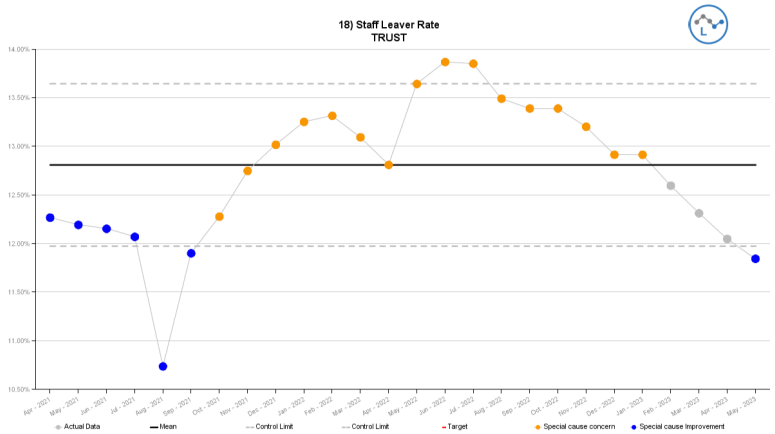
We are all committed to co creating a great experience for our colleagues so that they will feel they can continue to develop their careers within the organisation. By ensuring that we do not have an excessively high staff leaver rate, we will be retaining experienced staff helping us to ensure continuity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

From a total of **6,903.24** staff in post, **817.67 (11.84%)** had left the Trust in the 12 month period ending May.

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

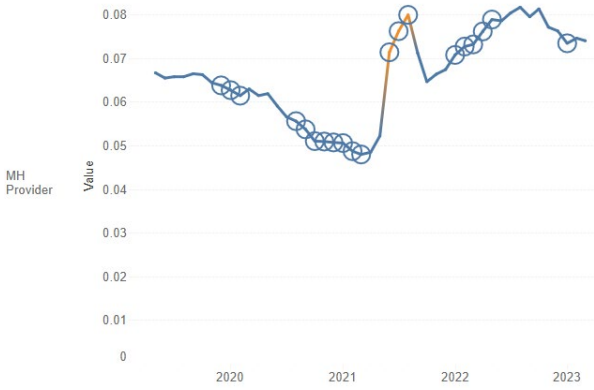
DQ
80%



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

National Benchmarking: NHS Staff Leaver Rate - England Mental Health and Learning Disability – February 2023 (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 8 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
We need to understand the workforce profile of our leavers - professions, age groups, team, reasons – to better inform improvement actions.	*Enabling action:* Deputy Director of People & Culture to develop (with our Principle People Partners) an action plan based on the profile of our leavers by the end of ~~June~~ July 2023, with a view to improving our staff retention.		
Detailed analysis has identified a trend in female clinical staff between the ages of 30-35 years leaving the Trust.	*Enabling action:* Deputy Director of People & Culture to develop a focused action plan by the end of July 2023, which will triangulate the reasons for staff leaving and include benchmarking across the Integrated Care System, with a view to improving retention of this staff group.	**Closed.** This will now be incorporated as a specific action within the Safer Staffing Performance Improvement Plan.	

19) Percentage Sickness Absence Rate

Tees, Esk and Wear Valleys NHS Foundation Trust

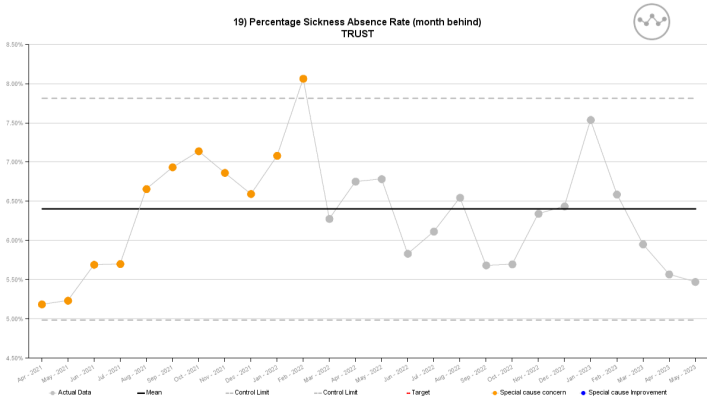
We are all committed to co creating a great experience our colleagues. We want to ensure that we support all our staff to maximise their health and wellbeing and enjoy coming to work as we know this also impacts on the quality of care we provide to our patients.

There were **219,498** working days available for all staff during May (reported month behind); of those, **12,012.48 (5.47%)** 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

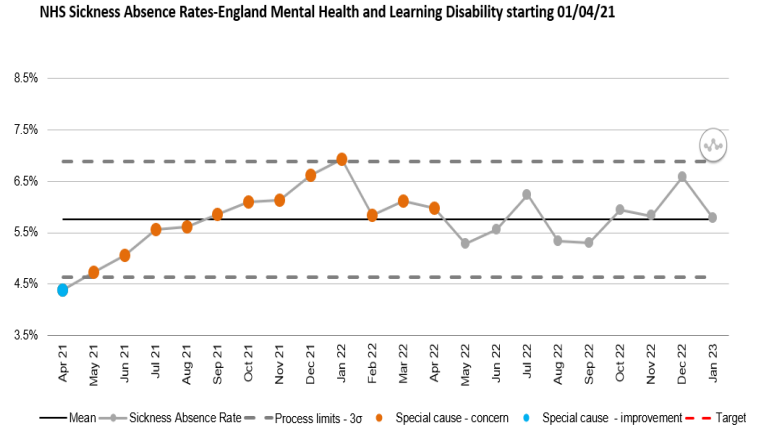
DQ 73%



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

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

NHS Sickness Absence Rates published 25th May 2023 (data ending January 223 for Mental Health and Learning Disability organisations reports the national mean (average) for the period shown is 5.76% compared to the Trust mean of 6.45%.



Update

As at the 22nd June 2023, sickness absence is 5.22% for June 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*: Corporate People Partner to implement the process to review the top 5 teams with the highest levels of sickness absence in their area, linking in with corporate Heads of Service to determine the improvement actions to be taken forward. This process will be established by the end of June 2023 once the partners are in post.	The Corporate People Partner is now in post and establishment of the process is on track for completion.	

Additional Intelligence in support of continuous improvement

Sickness management training for managers is continuing to be progressed, with refresher sessions being provided for existing managers and focused training being provided to new managers, ensuring that the Trust policy is applied consistently across the Trust.

The People Partners have implemented 3-monthly follow-up reviews for services in which they have undertaken deep-dives. These reviews will ensure that any locally agreed actions are being progressed to plan and will enable any new issues to be identified and support and/or improvement actions established.

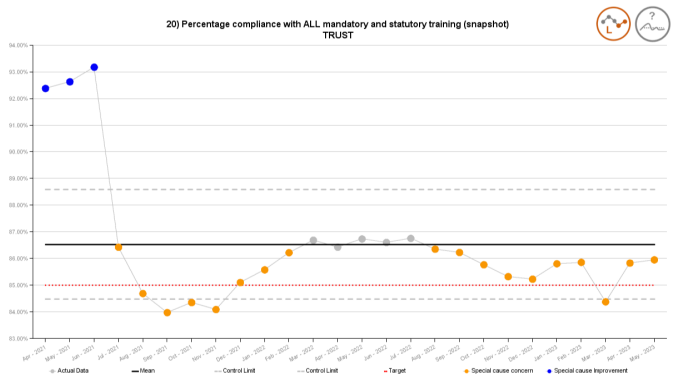
20) Percentage compliance with ALL mandatory and statutory training

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.

139,183 training courses were due to be completed for all staff in post by the end of May. Of those, **119,634** (**85.95%**) 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. As at end of May, **7695** were due for completion, **7077 (91.97%)** were actually completed.



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

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

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

DQ
93%

We recognise that the levels of compliance with our mandatory and statutory training may be impacting on our ability to provide high quality and safe services. To address this, we have developed a **Performance Improvement Plan** that defines the actions that are being taken to support improvement and increased assurance. There are 28 actions currently included within the plan; 6 are to be completed by the end of June 2023.

20) Percentage compliance with ALL mandatory and statutory training

Tees, Esk and Wear Valleys NHS Foundation Trust

Supporting Information

As at the 23rd June 2023, compliance for each of the Trust directorates is as follows:

Directorate	Mandatory & Statutory Training Compliance	
	Trajectory to achieve 85% compliance:	Data as at 23 June 2023
Trust	Achieving	86.48%
Assistant Chief Executive	Achieving	91.94%
Capital Programme	Achieving	89.71%
Company Secretary	Achieving	88.16%
Corporate Affairs & Involvement	Achieving	93.87%
Digital & Data Services	Achieving	87.68%
Durham, Tees Valley & Forensic	Achieving	86.54%
Estates & Facilities Management	Achieving	92.72%
Finance	Achieving	90.96%
Medical	Achieving	85.53%
North Yorkshire, York & Selby	30th June 2023	84.98%
Nursing & Governance	Achieving	91.52%
People & Culture	Achieving	91.18%
Therapies	Achieving	85.34%
Trust-wide roles	Not Achieving	72.73%

21) Percentage of staff in post with a current appraisal

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.

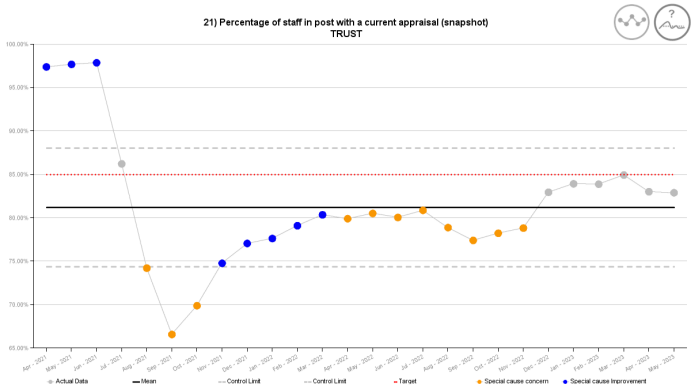
Of the **6499** eligible staff in post at the end of May; **5387** (**82.89%**) had an up to date appraisal

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

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

DQ ★ **93%**



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

We recognise that we have a significant number of staff within the Trust that have not received a timely appraisal and that this may be impacting on our ability to provide high quality and safe services. To address this, we have developed a **Performance Improvement Plan** that defines the actions that are being taken to support improvement and increased assurance. There are 9 actions currently included within the plan; 3 are to be completed by the end of June 2023.

21) Percentage of staff in post with a current appraisal

Tees, Esk and Wear Valleys NHS Foundation Trust

Supporting Information

As at the 23rd June 2023, compliance for each of the Trust directorates is as follows:

Directorate	Appraisal Compliance	
	Trajectory to achieve 85% compliance:	Data as at 23 June 2023
Trust	Not achieving	83.61%
Assistant Chief Executive	Achieving	87.50%
Capital Programme	Achieving	100.00%
Company Secretary	Achieving	100.00%
Corporate Affairs & Involvement	Achieving	100.00%
Digital & Data Services	30th June 2023	79.27%
Durham, Tees Valley & Forensic	31st March 2023	84.48%
Estates & Facilities Management	Trajectory requested	80.99%
Finance	31st July 2023	82.93%
Medical	31st May 2023	84.74%
North Yorkshire, York & Selby	31st May 2023	80.98%
Nursing & Governance	Achieving	91.67%
People & Culture	Achieving	89.31%
Therapies	Achieving	91.67%
Trust-wide roles	Trajectory requested	71.43%

22) Number of new unique patients referred

Tees, Esk and Wear Valleys
NHS Foundation Trust

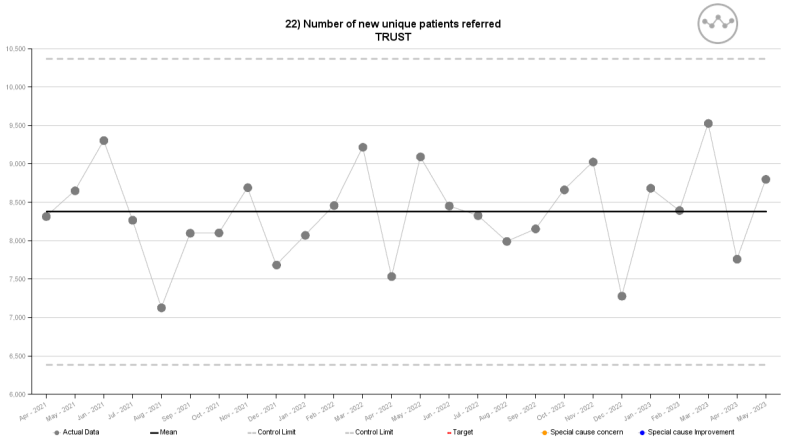
We are all committed to co creating a great experience for patients, and carers and families by ensuring that they experience support to achieve their goals and care that is right for each individual. Understanding the levels of patients that are referred to our services, assessed and taken on for treatment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

8800 patients referred in May 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

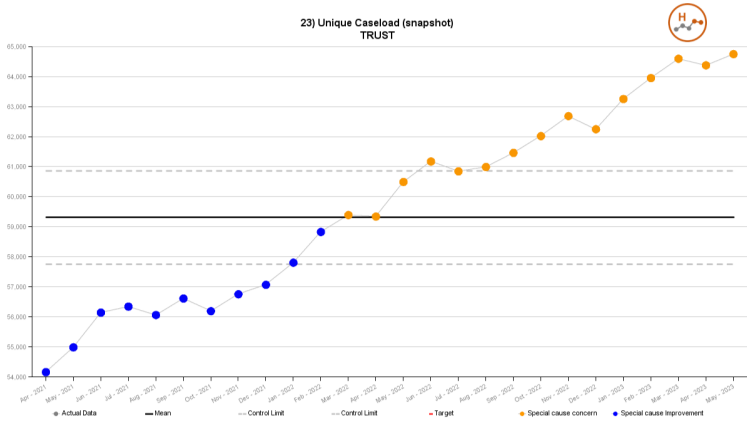
We are all committed to co creating a great experience for patients, and carers and families by ensuring that they experience support to achieve their goals and care that is right for each individual. Understanding the levels of patients that are referred to our services, assessed and taken on for treatment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

64,750 cases were open, including those waiting to be seen, as at the end of May 2023.

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

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

DQ ★ 100%



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

We recognise that the size of caseloads in a number of our services is an area of concern and may be impacting on the delivery of care and may affect our patients' recovery and staff wellbeing. To address this, our care groups have developed **Performance Improvement Plans** that define the actions that are being taken to support improvement and increased assurance. There are 27 actions currently included within the plans; 7 are to be completed by the end of June 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 **£3.05m deficit** (to break even) to 31st May 2023 against a planned year to date deficit outturn of **£2.70m,** resulting in a **£0.35m** deficit to plan.

Summary

The financial position at 31st May 2023 is an operational deficit of £3.05m against a planned year to date deficit of £2.70m, resulting in a £0.35m deficit to plan. Key observations for May were:

• **Agency expenditure** within May 2023 was £1.65m, which was £0.19m under plan, or £3.34m YTD, which is £0.33m under plan YTD. Usage includes material costs linked to inpatient occupancy and rosters, medical cover and complex specialist packages of care.

• **Independent sector beds** - the Trust required 579 bed days during May 2023 (591 for April 2023, 12 bed day decrease) at a cost of £0.43m (includes estimates for unvalidated periods of occupancy and average observation levels pending billing). Year to date expenditure was £0.89m, which is above the YTD plan of £0.33m by £0.56m. This remains a key area of clinical and management focus including CRES monitoring and operational overview through the Bed Oversight Group.

• **EFM Building & Engineering Contracts** for May 2023 was £0.46m, which was £0.25m more than plan. Costs relate to on-call and covering of vacancies, however a mitigation plan is currently being operationalised to reduce this expenditure.

• **Planned CRES performance** as at May 2023 is behind plan by £0.65m. Key variances relate to independent sector bed pressures for AMH, reduction on agency in Inpatients where rosters have been level loaded, and taxi spend reduction. Subsequent to reporting month 2, further savings of £0.17m were confirmed and will be adjusted in month 3 reports.

• **Pay Award** Since April 2023 Trusts have accounted for the nationally negotiated pay awards, which have differed since plan. Costs are partly offset by an inflationary tariff uplift of 1.6%, or £1.07m to month 2, resulting in a net pay award pressure above plan of **£0.21m YTD.**

• **Interest Receivable** to May 2023 was £0.62m which is **£0.21m higher than plan YTD**, and linked to higher than anticipated interest rates.

To deliver the 2023/24 financial plan of breakeven the Trust needs to achieve all planned CRES and operate within the planning assumptions contained within the submitted plan. Variation from this will be monitored in year with any necessary recovery actions developed and implemented.

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

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

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
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*		
We need to reduce Trust use of independent sector beds.	*A bed pressures **Performance Improvement Plan** that defines the actions that are being taken to support improvement has been developed and shared with Executive Directors for approval.*		
The cost of computer hardware is high and we need to mitigate overspend in this area.	The Digital and Data Team to establish a process by the end of June 2023 to ensure regular data is received into Finance to ensure robust and timely capitalisation of relevant assets	The Digital and Data Team have advised that current stock levels have resulted in no new expenditure that requires capitalisation.	We have confirmed that £67k costs for year to date will be capitalised in month 3
We need to deliver CRES schemes to achieve our financial plan	Relevant Care Groups / Directorates to ensure that all CRES schemes have an appropriate QIA and delivery plan by the end of June 2023	CRES schemes will be discussed at relevant Care Group Boards / other committees throughout June.	
EFM building & engineering contracts are over planned expenditure levels	The EFM DMT to establish an expenditure reduction plan by the end of June 2023 to bring expenditure in line with planning assumptions	The expenditure reduction plan has been agreed, and is being implemented.	New roles advertised and in the process of recruitment. Reduction in non-pay costs being validated for month 3.

We recognise that agency expenditure and safe staffing levels are significantly impacting our financial plan . To address this, we have developed **Performance Improvement Plans** that define the actions that are being taken to support improvement and increased assurance.

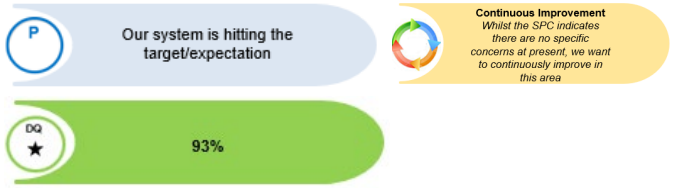
NOTE Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.

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 £3.34m is £0.33m **(8.8%)** lower than plan.



Summary

Agency expenditure for May 2023 was £1.65m, which was £0.19m under plan, or £3.34m YTD, which is £0.33m under plan YTD. Whilst the planned agency expenditure level for 2023/24 is relatively in line with 2022/23 outturn and plan, it remains high as a percentage of overall pay and higher than the average percentage target for integrated care systems in aggregate. Reducing agency volume and rates is a key focus.

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.

We recognise that agency expenditure is significantly impacting our financial plan . To address this, we have developed a **Performance Improvement Plan** that defines the actions that are being taken to support improvement and increased assurance.

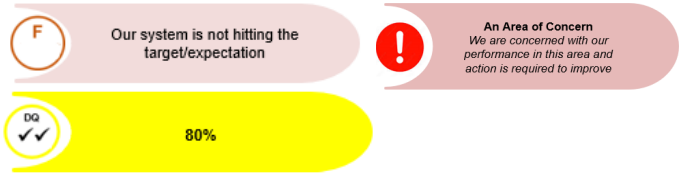
NOTE Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.

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 May 2023 there were 4,610 agency shifts worked, with 3,151 shifts compliant **(68%).**



Summary

During May 2023 4,610 agency shifts were worked (227 more than April). This is equivalent to approximately 149 shifts per day, compared to 146 per day in April.

Of these, 3,151 or 68% shifts were compliant (3,056 compliant shifts or 70% compliance prior month). This is equivalent to approximately 102 compliant shifts per day in May and April.

Of the non-compliant shifts 1,363 or 29% breached price caps (compared to 1,237 shifts and 28% prior month). This is equivalent to approximately 44 price cap breaches per day in May, compared to 41 per day in April.

96 or 2% breached framework compliance (compared to 90 shifts and 2% prior month). This is equivalent to approximately 3 framework breaches per day in May and April.

Regional reporting of sickness levels suggests peer mental health providers have experienced similar challenges, albeit that the most recent absence reports for Durham, Tees Valley and North Yorkshire, York & Selby are reducing. 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.

Further refinement of shift data relating to the above takes place up to the NHSI Temporary Staffing submission mid-month which may result in minor differences between reported data.

We recognise that agency expenditure is significantly impacting our financial plan . To address this, we have developed a **Performance Improvement Plan** that defines the actions that are being taken to support improvement and increased assurance.

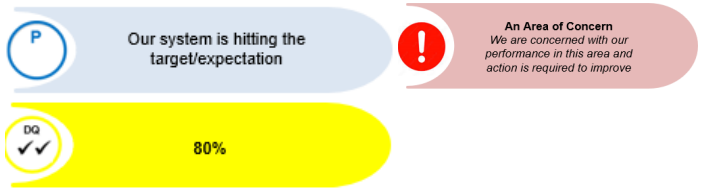
NOTE Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.

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.

The overall rating for the trust is a **3** for the period ending 31st May against a planned rating of 3.



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 -0.97x, which is 0.30x or £0.35m worse plan and is **rated as a 4** (£0.17m worse than plan in April).
- 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 23 days; this is behind plan by 4.3 days and is **rated as a 1** (4.8 days behind plan in April).
- 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 -3.92%, this is worse than plan by £0.26m and is **rated as 4** (£0.15m behind plan in April)
- **The agency expenditure metric** assesses agency expenditure against a capped target for the Trust. Costs of £3.34m are £0.35m (9.58%) less than plan, and would be **rated as a 1.** (The agency metric assesses performance against plan. It should be noted that planned costs were in excess of the 3.7% integrated care system target as a percentage of Trust pay.)

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 May and **is in line with plan.**

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

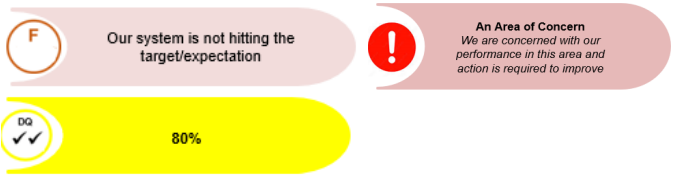
27) CRES Performance - Recurrent

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 **£1.24m** recurrent Cash-Releasing Efficiency Savings (CRES) for the year to date and have delivered **£0.59m**.

£0.65m deficit to plan.



Summary

The Trust has a plan to deliver **£1.24m** recurrent Cash-Releasing Efficiency Savings (CRES) in May 2023 but delivered **£0.59m** resulting in a deficit to plan of **£0.65m**. Following the submission of our financial plan, which includes **£15.5m** recurrent CRES, key areas of focus are:

- 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 for the year is behind plan at Month 2 with specific performance noted as:
- £0.33m under-delivery of CRES for OAPs Reduction in AMH
- £0.10m CRES for Agency (Inpatient level loading of rosters)
- £0.05m CRES for Taxi spend reduction
- £0.17m CRES for other schemes

CRES Unachieved £0.65m
Subsequent to reporting month 2, further savings of £0.17m on other schemes were confirmed and will be adjusted in month 3 reports. This would have reduced unachieved CRES to £0.48m

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
We need to deliver CRES schemes to achieve our financial plan	*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.

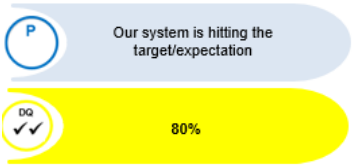
28) CRES Performance – Non-Recurrent

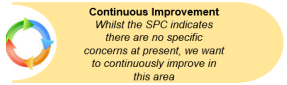
Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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 plan to deliver **£5.38m** non-recurrent Cash-Releasing Efficiency Savings (CRES) for the year, however, the actions linked to these schemes are due to be phased in from Q2 onwards therefore the non-recurrent plan for month 2 is nil.

£0.00m variance to plan.





Summary

The Trust did not have a plan to deliver non-recurrent Cash-Releasing Efficiency Savings (CRES) in April 2023. Following the submission of our financial plan, which includes **£5.38m** non-recurrent CRES, key areas of focus are:

- 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.

Additional non-recurrent mitigations are being considered through financial recovery work.

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 May was **£1.6m** against planned expenditure of **£2.9m** resulting in a **£1.3m** underspend against plan.

Summary

Capital expenditure at the end of May was £1.6m, and is £1.3m lower than allocation of £2.9m.

There are a number of relatively small favourable and adverse variances to plan; however, year to date slippage of £1.3m relates to previously anticipated costs of 2022/23 schemes, which completed in year. The Trust is forecasting to outturn in line with plan at the end of the financial year.

Any delays to planned schemes are communicated to the environmental risk group to manage any associated risks.

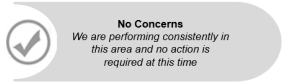
30) Cash balances (actual compared to plan)

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 **£75.4m** against a planned year to date cash balance of **£72.4m.**

£3.0m higher than plan.



Summary

Cash balances were **£75.4m** at 31st May 2023, which ahead of the planned **£72.4m.** This is mainly due to slippage against the capital programme and payments received in advance of the period they relate to.

The Trust did not achieve the 95% Better Payment Practice Code (BPPC) target compliance for the prompt payment of Non NHS suppliers, but has met the target for NHS suppliers paid for the year to date, achieving a combined BPPC of 93%. 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 May 2023 was £3.7m of which the value of debt over 90 days is £0.4m (excluding amounts being paid via instalments and PIPS loan repayments). Four NHS organisations account for 63% of total debts greater than 90 days old (£0.3m), progress continues to be made to receive payment for 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			

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. Staff Retention	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. Staff Retention	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

Mental Health Priorities including National Quality Standards

Mental Health Priorities including National Quality Standards

Tees, Esk and Wear Valleys NHS Foundation Trust

There are 6 National Quality Standards for 2023/24 and 4 Mental Health priorities for which we have agreed local plans for delivery. Of the Mental Health Priorities, one measure is monitored at Trust level with the remainder (3) monitored at ICB sub location.

Mental Health Priorities

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

Mental Health Contract Trust Standards	Agreed Standard for 2023/24	Q1 (Apr - May)
Number of inappropriate OAP bed days for adults by quarter that are either 'internal' or 'external' to the sending provider	Q1 334 Q2 246 Q3 153 Q4 60 (North East & North Cumbria only)	1691

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

The remaining 6 National Quality Standards and 3 Mental Health priorities are monitored at Sub-ICB Location (S-ICBLs) level. Whilst the National Quality Standards have nationally applied targets, the Trust has agreed trajectories for the Mental Health priorities with our commissioning S-ICBLs, agreeing to improved trajectories where there was either 2022/23 investment that had not fully worked through into improved performance or where quality improvement work held out the prospect of increased performance.

There are several areas that are at risk of achieving the national quality standards or local priority trajectories; these are outlined in the following pages, with accompanying narrative by exception. As part of the new Accountability Framework, we have developed **Performance Improvement Plans** for a number of measures that have consistently failed to achieve the national standard or commissioning plan. These plans define the actions that are being taken to support improvement and increased assurance. There are 24 actions currently included within the plan; 8 are to be completed by the end of June 2023.

County Durham Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

There are **2** national quality standards and **3** local priorities that are at risk for delivery for quarter 1.

NATIONAL QUALITY REQUIREMENTS			
Measure	**Agreed S-ICBL Ambition**	**Q1 (Apr - May)**	**FYTD**
Child Eating Disorders: Percentage of Service Users designated as routine cases who access NICE concordant treatment within four weeks	95%	86.96%	86.96%
Child Eating Disorders: Percentage of Service Users designated as urgent cases who access NICE concordant treatment within one week	95%	78.57%	78.57%

LOCAL QUALITY REQUIREMENTS			
Measure	**Agreed S-ICBL Ambition**	**Q1 (Apr - May)**	**FYTD**
Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy	Annual 2260 Monthly 188	334	334
IAPT:Percentage of people who have waited more than 90 days between first and second appointments	<10%	20.09%	20.09%
Percentage of CYP closed referrals, with at least two contacts, with paired outcome scores within reporting period	40%	25.48%	25.48%

Tees Valley Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

There are **2** national quality standards and **3** local priorities that are at risk for delivery for quarter 1.

NATIONAL QUALITY REQUIREMENTS			
Measure	**Agreed S-ICBL Ambition**	**Q1**	**FYTD**
Child Eating Disorders: Percentage of Service Users designated as routine cases who access NICE concordant treatment within four weeks	95%	90.36%	90.36%
Child Eating Disorders: Percentage of Service Users designated as urgent cases who access NICE concordant treatment within one week	95%	57.14%	57.14%

LOCAL QUALITY REQUIREMENTS			
Measure	**Agreed S-ICBL Ambition**	**Q1 (Apr - May)**	**FYTD**
Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy	Annual 8627 Monthly 719	1142	1142
IAPT:Percentage of people who have waited more than 90 days between first and second appointments	<10%	15.52%	15.52%
Percentage of CYP closed referrals, with at least two contacts, with paired outcome scores within reporting period	40%	36.30%	36.30%

North Yorkshire Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

There are **2** national quality standards and **3** local priorities that are at risk for delivery for quarter 1.

NATIONAL QUALITY REQUIREMENTS			
Measure	**Agreed S-ICBL Ambition**	**Q1 (Apr - May)**	**FYTD**
Child Eating Disorders: Percentage of Service Users designated as routine cases who access NICE concordant treatment within four weeks	95%	81.82%	81.82%
Child Eating Disorders: Percentage of Service Users designated as urgent cases who access NICE concordant treatment within one week	95%	85.71%	85.71%

LOCAL QUALITY REQUIREMENTS			
Measure	**Agreed S-ICBL Ambition**	**Q1 (Apr - May)**	**FYTD**
Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy	Annual 8627 Monthly 719	1142	1142
IAPT:Percentage of people who have waited more than 90 days between first and second appointments	<10%	15.52%	15.52%
Percentage of CYP closed referrals, with at least two contacts, with paired outcome scores within reporting period	40%	36.30%	36.30%

Vale of York Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

There are **3** national quality standards and **4** local priorities that are at risk for delivery for quarter 1.

NATIONAL QUALITY REQUIREMENTS			
Measure	**Agreed S-ICBL Ambition**	**Q1 (Apr - May)**	**FYTD**
Percentage of Service Users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient care	80%	72.73%	72.73%
Child Eating Disorders: Percentage of Service Users designated as routine cases who access NICE concordant treatment within four weeks	95%	80.00%	80.00%
Child Eating Disorders: Percentage of Service Users designated as urgent cases who access NICE concordant treatment within one week	95%	71.43%	71.43%

LOCAL QUALITY REQUIREMENTS			
Measure	**Agreed S-ICBL Ambition**	**Q1 (Apr - May)**	**FYTD**
Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy	Annual 7096 Monthly 591	971	971
IAPT:Percentage of people who have waited more than 90 days between first and second appointments	<10%	24.75%	24.75%
Percentage of CYP closed referrals, with at least two contacts, with paired outcome scores within reporting period	40%	33.88%	33.88%
Number of women accessing specialist community PMH services in the reporting period (cumulative)	Q1 60 Q2 120 Q3 180 Q4 240	29	29

Vale of York Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
New Follow up contacts undertaken by our Adult Mental Health Services are not being recorded correctly on Paris. Of the 7 patients that did not achieve the standard in May 23, 3 are attributable to data quality and were followed up within 72 hours.	AMH Service Managers and Community Modern Matron to ensure their teams/wards are aware of the criteria for 72 hour follow ups and understand how these contacts should be recorded correctly on Paris, with a view to reducing data quality issues.	**Complete:** The 72 hour criteria have been shared with all wards and teams and adherence to the requirements is being monitored by the General Manager& Service Managers as part of the weekly performance huddle.	
	General Manager to ensure that all data quality issues are corrected by the end of June 2023 to ensure correct reporting of this standard.		

Tees, Esk and Wear Valleys
NHS Foundation Trust

Finance Update

Council of Governors – June 2023

2023/24 Financial Plan

The Trust's final financial plan was submitted to NHS England on 4th May 2023. The plan to deliver a **breakeven position** for **2023/24 financial year** preceded the confirmation of funding arrangements for Agenda for Change (AfC) pay award for 2023/24 and in relation to a proposed Microsoft License defund nationally, both of which increase the Trust's financial exposure. (Non AfC pay award impacts remain unclear).

The Trust's plan submission formed part of a wider North East and North Cumbria Integrated Care System (ICS) submission.

2023/24 Month 2 Revenue Performance: Plan phasing required delivery of a deficit of £2.7m to 31st May 2023, actual revenue performance is a deficit of £3.0m, or £0.3m adverse plan variance. The variance was fully accounted for by the following unplanned pressures:

- **National pay review body award: Agenda for Change staff 5% uplift** (2.1% recognised in tariff and at plan), payable in June. Additional revenue funding of 1.6% tariff uplift results in a £0.2m funding gap to the end of May and forecast £1.5m full year (£1.7m full year recurrent).

  Plan pressure on National Microsoft License arrangements resulting from the proposed defunding of ICSs and providers, but with providers still tied into current contracts and costs (£75k to date).

In addition, higher than planned costs were noted in several key areas, including:

- **Elevated and increasing levels of agency expenditure**, including premium rates on cover for rising medical vacancies, support for a small number of complex care packages for Adults with a Learning Disability, and ongoing safe staffing, absence and vacancy cover for inpatient services.
- **Elevated bed occupancy,** driven by increased lengths of stay and driving higher than commissioned safer staffing levels (including agency).
- The ongoing need for **Independent Sector bed placements** due to rising bed pressures for Adult Mental Health and PICU beds. Pressures reflect higher lengths of stay, with additional financial risk due to numbers of delayed transfers for Older Adults, and closure of Adult Learning Disability beds.
- **Estates Building & Engineering Contracts** are overspending, driven by high vacancies, and impacting on-call cover; however, new roles are being operationalised following the approval of revised bandings and job descriptions to align pay with regional peers.

CRES performance reported of £0.65m behind plan, but this omitted £167k savings subsequently confirmed (adjusted to £0.49m behind). This reflects unachieved CRES in independent sector bed utilisation of £0.3m and an under-achievement of anticipated savings relating to inpatient roster level loading and taxi / transport costs.

Cash balances were £75.4m and £3.0m above plan as of 31st May 2023. This reflects slippage on the capital programme (£1.3m) and education contract income (£1.8m) received in relation to future months.

Capital Position: The Trust agreed a £16.2m capital plan, with £13.9m being funded via the Trust's NENC ICS allocation for 2023/24. Year to date costs were £1.6m to 31st May, resulting in £1.3m slippage as we were able to accelerate work planned for 2023/24 to progress in 2022/23, and have slippage against some in-year schemes. We project fully committing the £16.2m plan. Schemes that have slipped are being re-planned, and underspends will support fast tracking of Health and Safety schemes identified in year.

Tees, Esk and Wear Valleys
NHS Foundation Trust

Council of Governors

27th July 2023

Patrick Scott

Managing Director – Durham Tees Valley and Forensics

Operational Update

journey to change

Durham Tees Valley and Forensics (DTVF) Care Group

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

We provide a range of mental health, learning disability and autism services for communities across:

- **County Durham and Darlington (population circa 900k)**
- **Teesside (population circa 570k)**

We offer services across four specialisms:

- **Adult Mental Health**
- **Mental Health Services for Older People**
- **Children and Young People's Mental Health Services**
- **Adult Learning Disabilities**

And also:

- **Secure Inpatient Services**
- **Health and Justice services covering prison mental health services in the North-East and North-West.**

- **We employ almost 5,000 staff working in over 100 locations including four main hospital sites providing over 500 inpatient beds**
- **We commission specialised mental health, learning disability and autism services through the North-East and North Cumbria Provider Collaborative.**
- **We work in partnership across the North-East and North Cumbria Integrated Care System and with six local authorities – Middlesbrough, Redcar and Cleveland, Stockton, Darlington, Hartlepool, Durham.**

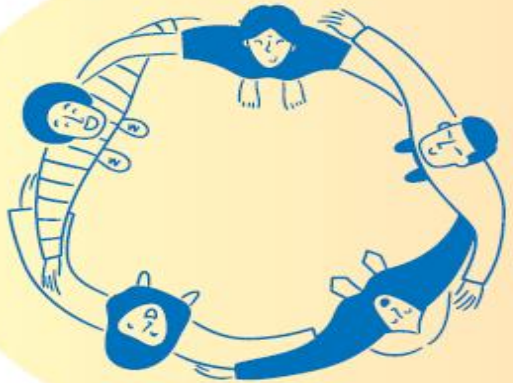
Care Group Board

Durham, Tees Valley, and forensic services

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Managing Director
Patrick Scott
patrick.scott4@nhs.net

Business Manager
Lorna Moore
lorna.moore@nhs.net



A big hello from the members of Durham, Tees Valley and Forensics Care Group Board.

We are here to empower you, trust you and give you all the support we possibly can!

Please say hello if you see us around or invite us to meet people in your service

Lived Experience Director
Chris Morton
chris.morton3@nhs.net

Group Medical Director
Ranjeet Shah
ranjeet.shah@nhs.net

Group Director of Therapies
Jo Nadkarni
jo.nadkarni@nhs.net

Group Director of Nursing and Quality
Elspeth Devanney
elspeth.devanney@nhs.net

Care Group Director
Adult Mental Health (AMH), Mental Health Services for Older People (MHSOP)
Dominic Gardner
dominic.gardner1@nhs.net

Care Group Director
Children and Adolescent Mental Health Services (CAMHS), Learning Disabilities (LD)
Jamie Todd
Jamie.todd@nhs.net

Care Group Director
Health and Justice (H&J)
Lisa Taylor
lisa.taylor34@nhs.net

Care Group Director
Secure Inpatient Services (SIS)
Naomi Lonergan
naomi.lonergan@nhs.net

Last updated - 8 June 2023

DTVF Care Group Update

- Great engagement across the Care Group with the NHS 75th birthday celebrations!
- Outputs from the Governance RPIW are becoming embedded
- Financial Recovery and CRES - challenging financial position with recovery plan in place. Our primary drivers for decisions that we will take will be Quality; Safety; Service User Experience and effective use of Resource.
- Monthly Co Creation Board met for the first time in June – well attended and very positive event. The purpose of the Co Creation Board is to help our early thinking around how we can:
  - Be a good partner in the system across DTVF
  - Create a safe informal space where people were all equal and can speak openly and honestly
  - Acknowledge staff lived experience & discuss feedback from users and carers to feed into CGB
  - Be diverse and an inclusive facilitator and enabler of cocreation across DTVF
  - Develop a roadmap for transitioning from soft launch to business as usual.
- We celebrated Learning Disability week in June and showcased some of the amazing work our staff working in Learning Disabilities do - #LDWeek – whilst also raising awareness of learning disabilities with our system partners and a local university.

QI Update

Tees, Esk and Wear Valleys
NHS Foundation Trust

- RPIW to improve governance processes – outputs have been shared and implemented
- PIPA Refresh and local implementation events have taken place. An implementation Plan has been developed and will report by exception into local governance groups
- RPIW to make improvements in relation to taxi contract – pilot at West Park
- Adult ADHD RPIW planned in September and currently working through quick wins with the team.

Current key pressures

Tees, Esk and Wear Valleys NHS Foundation Trust

Workforce

- Continues to be the biggest risk and challenge for us – we have issues with recruitment and retention of staff and high numbers of vacant posts
- 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), Health & Justice
- Senior Medical workforce and vacant posts remains a challenge in some areas.
- 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.
- Crisis Call Answer Rate anticipated to increase in August/September when the proposed all age screening team is introduced.

System pressures - Social Care & Providers

- Transitions for complex ALD patients and failures/closures of community placements with independent providers – the impact of this on the capacity of community teams, 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. We are reviewing our processes around Business Continuity.
- Teams in BCP currently include: Roseberry Park Adult Mental Health inpatient services, Adult Mental Health Community Easington South, Adult Learning Disability inpatient service, Stanley AMH Community Team, Baysdale CAMHS Respite Unit, ND and SD CAMHS Community Teams.
- We were very pleased to see that Durham and Darlington Adult Mental Health Crisis Services came out of BCP in July.

Spotlight on…

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

OJTC BIG GOALS	KEY WORK
To co-create a great experience for our patients, carers and families	• Following D&D Crisis re-design event, plan to implement an operational model to formally separate the team into two; one in the north and one in the south of the area. An interim proposal will go to Care Group Board for sign off. Timescale for change is September 2023. • Review of Dalesway reception at RPH with plans to move CAS waiting area into Dalesway gym to improve privacy and dignity of patients. • Working with LA and ICB colleagues to undertake deep dives in relation to process and individual patient cases. Aim to develop recommendations for inpatient pathways across AMH and MHSOP. • Adult Learning Disability inpatient services – continue to see a reduction in the use of restrictive practices and increased S17 leave. Also, positive movement in terms of inpatient transitions with two planned discharges on track for end of July 2023. Adult Learning Disabilities clinical network and system considering next steps regarding future model of inpatient and outpatient ALD care • CAMHS Neurodevelopmental pathway - working on options to reduce long waits, in partnership with Integrated Commissioning Board. • Positive feedback from Quality Visits to Secure Inpatient Service – noted the massive improvements including culture in last 12-months; excellent examples of caring, compassion and support for patients; impressive training delivery by Practice Development Team,; good patient feedback on involvement and care, feeling safe and being able to say why; staff feeling supported and a focus on wellbeing. Areas to improve relating to staffing levels, breaks, external feedback on incident reporting to Provider Collaborative and need to embed Safe Wards. • Waiting times across Adult ASD and ADHD continue to be an area of concern for service. Action plans are in place and being monitored. • Proposed re-structure of Durham MHSOP Community teams is underway to include Teasdale within the County Durham area to support in ensuring more fairly balanced resources across the community teams. • The Integrated Support Unit in HMP Durham won a Ruth Cranfield Award Certificate of Excellence in recognition of their work. • HMP Holme House Prison staff were awarded the NEPACS Ruth Cranfield Certificate of Excellence for work with the Neurodevelopmental pathway, supporting those with a learning disability and/or autism.

Spotlight on…

OJTC BIG GOALS	KEY WORK
To co-create a great experience for our colleagues	• Concerns regarding consultant cover across specialisms and agreed that reviewing and strengthening our position will be a key area of focus in the months ahead, led by our Group Medical Director. • Our workforce transformation journey continues in relation community and inpatients staff across all specialties. • We are considering how we can enhance support for new preceptor nurses joining us in September. • We appointed 23 new Health Care Assistants following a bespoke HCA recruitment event at Bankfields Court. • New leadership appointments to Associate Medical Director posts in ALD and CAMHS - Dr Kirsty Passmore (ALD) and Dr Corinne Reid (CAMHS) • Work continues to improve caseload management supervision processes for staff. • 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. • New governance processes are starting to embed, and services are using new governance dashboards to strengthen assurances on key performance targets. • Project group continues to meet regarding accommodation needs for North Durham Liaison team. Works have been delayed due to procurement and operational challenges within UHND. All North Durham Liaison staff have re-located to Sniperley House on the Lanchester Road site in the interim.

Spotlight on…

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

OJTC BIG GOALS	KEY WORK
To be a great partner	• Community Mental Health Framework developments are ongoing with workplan now in place for all localities to go live with the hub and treatment model by Q3 2023. Pilot sites operational in Chester-le—Street and Hartlepool and proposed move in date for the modular build at Durham Road site is 25th September. Approval from ICB that the Hartlepool AMH Community teams can move into the One Life building in the town, work currently ongoing around I.T infrastructure. • Our programme of Strategy Development days has started with senior leaders across all Care Group specialties and professional groups meeting to focus on delivering our Journey to Change. • Neurodevelopmental pathway for children and young people – option appraisal in progress with system partners. • We continue to work closely with Acute Trust paediatric services to support children and young people with eating disorders. • Caseload management for all specialties is on track to transfer across to ICB on 31st July. • Ongoing work regarding repatriation of ALD patients from out of area providers via redevelopment of property in Hartlepool • Beginning work with commissioners to explore models of sustainable respite provision across ALD in Teesside. • System wide work underway to improve quality and timeliness of complex discharge across AMH and ALD. • The Trust's and the Care Group's commitment to carers was acknowledged with Triangle of Care accreditation from the Carers' Trust.

And finally…. a few more images from our 75th birthday celebrations!

- Any Questions ?

ITEM NO. 11

For General Release

Meeting of:	Council of Governors Public Meeting
Date:	27th July 2023
Title:	North Yorkshire, York & Selby Care Group report June 2023
Executive Sponsor(s):	Zoe Campbell, Managing Director North Yorkshire, York & Selby Care Group
Author(s):	

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:

This reports relates to *all* risks in the BAF *other than*:

8: Cyber Security. A successful cyber-attack could compromise patient safety, business continuity, systems and information integrity and cause reputational damage

12: Roseberry Park The necessary Programme of rectification works at Roseberry Park and associated legal case could adversely affect our service quality/safety and financial, reputational and regulatory standing.

13: West Lane
The outcome of the independent enquiry, coroners' investigations, and civil legal actions could affect our reputational and regulatory standing if the Trust is not able to demonstrate the necessary improvements and approach

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Executive summary:

Purpose: The aim of this report is to provide information to and update the Council of Governors (CoG) on behalf of the North Yorkshire, York & Selby (NYYS) Care Group (CG).

Proposal: CoG receive the report as an update from the NYYS CG.

Overview: The key pressures, highlights and areas of focus for NYYS are set out below.

Challenges

Bed occupancy and delayed transfers of care (DToC)
We are reporting an improving position from April to June for bed occupancy levels in AMH and deterioration since April within MHSOP. Overall, bed occupancy levels are high.

MHSOP inpatient wards are experiencing an increase in DToCs in York due to a delay in funding allocation by City of York Council. This has been escalated to the Integrated Care Board. NYYS CGB has oversight of DToCs through a weekly DToC sitrep which is attended by the Strategic Lead Practitioner and Community Care. The main factor is in finding care home placements,

Staffing
Vacancies and resulting pressure on capacity and finances, remains our biggest challenge.

The CGB have oversight of the wards and services which have the biggest staffing challenges as do colleagues in People and Culture. Support has been put in place for these teams (e.g. cover from other teams, locums) and there is shared action being taken including attending recruitment events, supporting the Trust wide over-seas recruitment, considering skill mix of teams and alternative posts; and engaging with commissioners regarding funding levels.

Finance
The 'hot spot' pressures on our budgets are driven primarily by the use of agency staff due to vacancies, use of independent sector (IS) beds (although currently at zero, there has been IS bed use earlier in the year); and under-funding in contracts.

The Care Group has CRES schemes of £3.9m for 23/24 primarily from reduction in agency, taxi/secure transport and reduction in the use of independent sector beds. As at June the care group had reduced costs on overall CRES schemes compared to 22/23 but do have a shortfall against target.

Performance
Memory assessment wait times continue to be a challenge.

Daily oversight of the all-age line remains in place and significant gaps in the workforce are impacting the delivery of crisis services. Alternative models and roles are being explored.

Areas for celebration

Staffing
Vacancies within CYP North Yorkshire & York Criss team are being recruited into, 2 support workers have been recruited and are expected to commence their role in July, 5 clinician posts have been appointed, 2 are in post, 2 are starting in Aug & Sept 23 & 1 is awaiting start date.

Performance
Mandatory Training has been achieved for June position, AMH has achieved this for 3 consecutive months, CYP are also achieving for June.

We are achieving an excellent standard on the following measures within both NY and York Sub-ICB for Q1;

- Percentage of Service users under AMH specialties who were followed up within 72 hours of discharge for NY Sub ICB and VoY Sub ICB has achieved for June 23.
- Patients waiting less than 2 weeks for first episode of Psychosis
- Talking therapies 6 & 18 week standards for accessing our services
- Talking Therapies Recovery
- CYP supported through NHS funded MH with at least one contact
- Adults and Older Adults with severe mental illness who receive 2 or more contacts from NHS or NHS commissioned community MH Services
- Number of women accessing specialist community Perinatal MH Services
- AMH patients seen by crisis within 4 hours
- CYP patients seen by suitably trained practitioner within 4 hours
- CYP patients aged 17 years and 6 months with a transition plan for NY Sub ICB

There were 0 independent sector beds in use in NYYS at the end of June 23.

We have gained approval, to further develop our relationship with VCS colleagues in delivery of the all age Crisis line which will see further improvements in pick up rates in the future. The current overall response rate is around 62% and the response rate for crisis specifically is around 40%.

Accreditation
Harrogate and District Memory Team have been re-accredited by MSNAP sitting of the Royal College of Psychiatrists' Combined Committee for Accreditation.

The NAD Team, Royal College of Psychiatrists', have confirmed that the York & Selby Memory Service have successfully received registration to the Memory Assessment Services Spotlight Audit 2023.

Co-creation

A date has been scheduled for soft launch of NYYS cocreation board - 21st July 2023. We held workshops in January and June 2023 to explore and codesign potential structure for this Cocreation board. A planning oversight group has been established to oversee the launch event for cocreation board.

We are working closely with Service users & Carers to fundamentally redesign our new approach to care planning, to ensure care plans are personalised and cocreated.

Healthwatch North Yorkshire published a report on 18th June along with an action plan for North Yorkshire. This work has been a joint effort comprising Healthwatch, Local authorities, community partners, and TEWV.

There is ongoing collaborative work between Involvement & Engagement team with HNY ICB colleagues to map, identify and engage with grass-root community groups.

We are a supporting partner for the CMHT Leadership Alliance, in developing the NY & York Lived experience Impact Forum – a mechanism for people with lived experience across NYY to hold services to account.

We are working via the HNY ICS strategic co-production group, to identify/engage seldom heard groups, and explore the possibility of establishing lived experience forums across places within HNY ICS

Community Mental Health Transformation

First Contact MH Practitioners recruitment is on track for 3 per PCN, integrating primary and secondary care and ensuring a positive impact on outcomes for people accessing MH support.

Community MH Hubs - York MH Hub Prototype Report shows a very positive impact on outcomes. There has been valuable learning in York around ensuing all partners involved are aligned on joint working protocols, accountability and process. There are plans to expand the hub later this year and a second York hub in discussion and planning phase. Conversations are taking place in NY place around development of MH hubs in that footprint.