Tees, Esk and Wear Valleys
NHS Foundation Trust

COUNCIL OF GOVERNORS
MONDAY 4TH DECEMBER 2023 AT 2.00 PM

VENUE: THE WORK PLACE, HEIGHINGTON LANE, AYCLIFFE BUSINESS PARK, NEWTON AYCLIFFE, DL5 6AH AND VIA MS TEAMS

AGENDA

1.	Apologies for absence	David Jennings Chair	Verbal
2.	Welcome and Introduction	David Jennings Chair	Verbal
3.	To approve the minutes of the meetings held on 27th July and 7th September 2023	David Jennings Chair	Draft Minutes
4.	To receive any declarations of interest	David Jennings Chair	Verbal
5.	To review the Public Action Log	David Jennings Chair	Report
6.	To receive an update from the Chair	David Jennings Chair	Verbal
7.	To receive an update from the Chief Executive	Brent Kilmurray Chief Executive	Verbal
8.	Governor questions and feedback – a) Governor questions and answers session b) Governor feedback from events, including local issues, concerns and good news (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

9.	To receive the following performance/compliance updates: a) Integrated Performance Dashboard Report as at 30th September 2023 b) Trust's Finance Report as at 30th September 2023	Mike Brierley Assistant Chief Executive Liz Romaniak Director of Finance, Information & Estates/Facilities	Report Report
10.	To receive a progress update on the Trust's Operational Services and Crisis Line position: a) Durham, Tees Valley and Forensics Care Group b) North Yorkshire, York and Selby Care Group	Patrick Scott Managing Director for DTV&F Care Group Zoe Campbell Managing Director for NYY&S Care Group	Report Report
11.	Right Care, Right Person	Patrick Scott Managing Director for DTV&F Care Group Zoe Campbell Managing Director for NYY&S Care Group	Report (Included in Item 10b)
12.	Update on Serious Incidents. a) Patient Safety Incident Response Framework (PSIRF)	Dawn Jessop Deputy Chief Nurse	Report Report
13.	CQC Core Services and Well-led Inspection 2023	Beverley Murphy Chief Nurse	Report
14.	Update from CoG Task and Finish Group: The Role of a NHS Foundation Trust Governor	David Jennings Chair	Verbal
15.	Update from CoG Autism Task and Finish Group	Jules Preston Senior Independent Director / Non-Executive Director	Report

16.	Update from CoG Co-creation Committee	Mary Booth Chair of the Co-creation Committee / Public Governor	Report
17.	Date of next meeting: Tuesday 19th March 2024	David Jennings Chair	Verbal
18.	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 purposes of deliberation, or* *(c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs".*	David Jennings Chair	Verbal

David Jennings
Chair
24th November 2023

Contact: Karen Christon, Deputy Company Secretary, Tel: 01325 552307, Email: karen.christon@nhs.net

MINUTES OF THE COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 27TH JULY 2023 AT 2.00PM

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

PRESENT:
David Jennings - Chair
Joan Aynsley - Public Governor, Durham (MS Teams)
Gemma Birchwood - Public Governor, Selby (MS Teams)
Mary Booth - Public Governor, Middlesbrough
Pamela Coombs - Public Governor, Durham
Gary Emerson - Public Governor, Stockton-on-Tees
John Green - Public Governor, Harrogate and Wetherby
Hazel Griffiths - Public Governor, Harrogate and Wetherby
Dominic Haney - Public Governor, Durham (MS Teams)
Christine Hodgson - Public Governor, York (MS Teams)
Cheryl Ing - Staff Governor, Corporate Directorates
Catherine Lee-Cowan - Appointed Governor, Sunderland University (MS Teams)
Heather Leeming - Staff Governor, Durham, Tees Valley and Forensics Care Group (MS Teams)
Clive Mackin - Staff Governor, Durham, Tees Valley and Forensics Care Group
Cllr Ann McCoy - Appointed Governor, Stockton Borough Council (Lead Governor)
Alicia Painter - Public Governor, Middlesbrough
Gillian Restall - Public Governor, Stockton-on-Tees
Zoe Sherry - Public Governor, Hartlepool (MS Teams)
Cllr Roberta Swiers - Appointed Governor, North Yorkshire County Council (MS Teams)
Jill Wardle - Public Governor, Durham (MS Teams)
Judith Webster - Public Governor, Scarborough and Ryedale (MS Teams)
Mac Williams - Public Governor, Durham
John Yorke - Public Governor, Hambleton and Richmondshire

IN ATTENDANCE:
Brent Kilmurray - Chief Executive
Kirsty Alderthay - PA to Trust Chief Executive and Chair (Observing)
Roberta Barker - Non-Executive Director (MS Teams)
Sheena Bayley - Team Secretary
Phil Bellas - Company Secretary
Ann Bridges – Executive Director of Corporate Affairs and Involvement
Mike Brierley - Assistant Chief Executive
James Burman - Corporate Affairs and Stakeholder Engagement Lead (Observing)
Dr Charlotte Carpenter - Non-Executive Director (MS Teams)
Karen Christon - Deputy Company Secretary
Dr Hannah Crawford - Director of Therapies (MS Teams)
Dr Sarah Dexter-Smith – Executive Director for People and Culture (MS Teams)
Dominic Gardner - Durham, Tees Valley and Forensics Care Group Director for Adult Mental Health and Mental Health Services for Older People
Angela Grant - Corporate Governance Officer (CoG and Membership)
Jill Haley - Non-Executive Director
Prof. Pali Hungin - Non-Executive Director
Dr Kader Kale – Executive Medical Director (MS Teams)
Martin Liebenberg - Care Group Director of Therapies for North Yorkshire, York and Selby Care Group

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John Maddison - Non-Executive Director
Beverley Murphy - Chief Nurse
Jules Preston - Non-Executive Director
Beverley Reilly - Non-Executive Director
Liz Romaniak – Executive Director of Finance, Digital and Estates/Facilities
Geof Sewell – Public (Observing)
Terry Smith – Public (Observing)
Roger Tuckett – Public (Observing)
Nishidha Vaidya - Corporate Governance Officer

23-24/20 APOLOGIES

Apologies for absence were received from:

Lee Alexander - Appointed Governor, Durham County Council
Rob Allison - Appointed Governor, University of York
Cllr Nigel Ayre - Appointed Governor, City of York Council
Cllr. Moss Boddy - Appointed Governor, Hartlepool Borough Council
Dr Martin Combs - Public Governor, York
Susan Croft - Public Governor, York
Lisa Holden - Public Governor, Scarborough and Ryedale
Dr Judy Hurst - Public Governor, Stockton-on-Tees
Kevin Kelly - Appointed Governor, Darlington Borough Council
Jane King - Staff Governor, Durham, Tees Valley and Forensics Care Group
Joan Kirkbride - Public Governor, Darlington
David Moore - Public Governor, Durham
Cllr. Mary Ovens - Appointed Governor, Redcar and Cleveland Borough Council
Jean Rayment - Public Governor, Hartlepool
Graham Robinson - Public Governor, Durham
Alan Williams - Public Governor, Redcar and Cleveland

Zoe Campbell - Managing Director for North Yorkshire, York and Selby Care Group
Patrick Scott - Managing Director for Durham, Tees Valley & Forensics Care Group

23-24/21 WELCOME

The Chair welcomed attendees to the meeting and offered a warm welcome to newly elected and re-elected Governors in attendance.

23-24/22 GOVERNOR ELECTION AND INDUCTION UPDATE

Governors considered a verbal update from P. Bellas and A. Bridges on the outcome of the 2023 Governor election and Trust's induction process for new Governors.
P. Bellas advised that:

- All Governors were required to agree to and abide by a code of conduct, and uphold the values of accountability, probity, openness and fairness.
- Advice and guidance regarding the Governor code of conduct and values could be provided to Governors by himself or the Deputy Company Secretary, K. Christon.
- Council of Governors' meetings were formal events and any ruling of the Chair should be respected.

A. Bridges advised that:

- The following Governors had started their new term of office on 1st July 2023, some of whom had been present at the meeting:

    - Joan Aynsley – Public, Durham
    - Mary Booth – Public, Middlesbrough
    - Gemma Birchwood - Public Selby
    - Pamela Coombs – Public, Durham
    - Gary Emerson – Public, Stockton-on-Tees
    - Dominic Haney – Public, Durham
    - Cheryl Ing – Staff, Corporate Directorates
    - Joan Kirkbride – Darlington, Public
    - Heather Leeming – Staff, Durham, Tees Valley and Forensics Care Group
    - Clive Mackin – Staff, Durham, Tees Valley and Forensics Care Group
    - David Moore – Public, Durham
    - Gillian Restall – Public, Stockton-on-Tees
    - Zoe Sherry – Public, Hartlepool
    - Jill Wardle – Public, Durham
    - Judith Webster – Public, Scarborough and Ryedale
    - Mac Williams – Public, Durham
    - John Yorke – Public, Durham

- She thanked Governors who had attended the first Governor induction session, held on 12th July 2023. Feedback from the session had been positive and another induction was planned for 5th September 2023.
- The induction had included information on the role and statutory duties of a Governor, the importance of the code of conduct and declaration of interests, Our Journey to Change (OT2C), the wider National Health Service (NHS) and key issues faced by the Trust.
- An induction pack had been circulated to Governors, along with a Governor Handbook and other information. She advised that training and support was also available and could be tailored to Governors' requirements. Some Governors had made use of a 'buddying system' for support and that was available to those who needed it.
- A recently circulated Governor meeting schedule had included dates for Governor development sessions which provided an opportunity for Governors to discuss and learn more about specific topics and network with other Governors. The next development session would be held in September 2023. Details of Governor task and finish groups and quarterly locality meetings had also been included in the schedule.
- She looked forward to working with all Governors in the future.

23-24/23 MINUTES OF PREVIOUS MEETINGS

Agreed – That, subject to the addition of Nishidha Vaidya's name to the attendance list, the public minutes of the Council of Governors' meeting held on 15th June 2023 be approved as a correct record and signed by the Chair.

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23-24/24 DECLARATIONS OF INTEREST

There were no declarations of interest. The Chair advised attendees that, should an interest become apparent during discussions, it should be declared as soon as possible during the meeting.

23-24/25 PUBLIC ACTION LOG

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

A. McCoy advised that, at the Council of Governors' meeting held on 17th November 2022, she had requested that Governors be updated on the position of the Trust's crisis line and that updates on the progress made in improving it, be added to the Council of Governors' Action Log [minute 22/71 (17/11/22) refers].

The Chair confirmed that this action would be added to the Public Action Log and Governors would receive regular updates on the position of service.

Action – P. Scott and Z. Campbell

23-24/26 CHAIR'S UPDATE

The Chair confirmed that details of what he had been involved in between 22nd May – 12th July 2023 and been included in his Chair's report for the public session of the Board of Directors' meeting held on 13th July 2023. He had also:

- Presented a number of Living the Values awards to colleagues, including staff based in prisons and young offender institutes, to acknowledge their efforts in making a difference.
- Visited a number of teams within the Trust, which had included taking part in Leadership Walkabouts to Willow Ward and Orca House Child and Adolescent Mental Health Services (CAMHS).
- Held discussions with Integrated Care Board colleagues.
- Held discussions with police colleagues in relation to mental health, blue light services and joint working.

23-24/27 CHIEF EXECUTIVE'S UPDATE

Governors received a verbal report from the Chief Executive, updating them on important topical issues.

He advised that:

- The Secretary of State had made a statement to the House of Commons confirming that a statutory public inquiry would be undertaken into deaths at Essex Partnership University NHS Foundation Trust. Although previously it had been suggested that other Trusts might be included in the scope of the public enquiry, the enquiry would focus solely on Essex Partnership University NHSFT.
- The Secretary of State had also announced plans for a wider review to be undertaken by the Healthcare Safety Investigation Branch (HSIB). The review would consider learning from deaths, how young people in mental health inpatient services were cared for, how out of area placements were handled and how a safe therapeutic staffing model could be developed. It was expected that Dr Geraldine

Strathdee would lead the service-wide review and that the Trust would take part. Details would be shared with Governors when available.

Action – B. Kilmurray

- The Trust planned to consider the findings and recommendations of a Rapid Review into Inpatient Care, chaired by Dr Geraldine Strathdee and published by the Government in June 2023. The Trust would work collaboratively with others, including third party training providers, to make improvements in relation to those findings.
- The recently published NHS Long-Term Workforce Plan had a 15 year outlook, focused on training and retaining staff. Significant issues had been identified in relation to financing the proposals, and although the Government had made a commitment to invest £2.4 billion over the life of the plan, much of the investment would be released in the later stages. The Trust had considered how to secure provision locally for medical health school expansion.
- He thanked colleagues who had provided support during the recent period of industrial action. Whilst a number of instances of industrial action had taken place, a good relationship remained with the British Medical Association (BMA) and cover had been provided throughout the strikes by multidisciplinary teams, including emergency cover. Unfortunately, some services had been disrupted and appointments had been cancelled and re-scheduled. A command centre would be established during the holiday period to cover strike action and Governors would receive a further update.
- He had met with the North Yorkshire Police and Fire Commissioner to discuss mental health, blue light services and joint working. He confirmed that, following an action from the last meeting of the Council of Governors [Action 23/95 (09/03/23)], a confidential Home Office and Department of Health (DoH) consultation document on mental health in the community had been circulated to Governors on 27th June 2023. The final document from that consultation had been published on 26th July 2023. Checks would be carried out regarding the content of the document and a full briefing would be provided to Governors at their next meeting.

Action – B. Kilmurray

Following publication of the document, the Trust would consider the findings to understand the implications, consequences and risks associated and financial implications would also be considered. The Trust would be proactive in its approach to working with colleagues in other organisations. Discussions had been held with the Chief Executive of the North East Ambulance Service and work had been undertaken with Cleveland Police, to analyse data to gain an understanding of when and where the Trust would be responsible for providing services.

- The Care Quality Commission (CQC) had recently completed its well-led inspection of the Trust's core services and the draft report would be checked for factual accuracy. Governors would be updated in due course.

It was noted that:

- H. Griffiths had been involved in work related to inpatients in the Trust, attending workshops and working with teams providing Autism services to focus on providing the right care, at the right time, in the right place for service users.
- J. Green advised that he had heard a psychiatrist speaking on Radio 4 about the lack of sufficient mental health beds nationally. A representative from the police had also spoken on the programme and had suggested that more section 136 suites should be made available.

B. Kilmurray advised that the number of section 136 suites had reduced but a Crisis Assessment Suite at Roseberry Park in Middlesbrough was available for people to walk in and see a professional. There had also been a reduction in Street Triage services and it was important to establish other ways that the Trust could accompany the police in the community and work alongside ambulance staff. Although bed numbers were important to consider, the Trust needed to focus on helping people to live well in the community.

A. Painter suggested that trauma associated with police involvement would affect some people and it was important to recognise this and, where appropriate, offer a debrief as part of their care.

G. Restall questioned whether the Trust still had a liaison in psychiatry service and how the service would be affected by the new plans.

B. Kilmurray confirmed that the Trust still provided the service and C. Mackin, staff Governor, worked in the team in the Durham, Tees Valley and Forensics Care Group. Concerns had been raised by staff in Accident and Emergency (A&E) services regarding the availability of the police and it was important to acknowledge that A&E could be considered a safe place, particularly those with physical injuries.

23-24/28 GOVERNOR QUESTIONS AND FEEDBACK

Governors considered a schedule of Governor questions and responses, circulated prior to the meeting. No comments or additional questions were received from Governors.

23-24/29 INTEGRATED PERFORMANCE DASHBOARD (IPD) REPORT

Governors considered a report on the Trust's Integrated Performance Dashboard, as at 31st May 2023, which aimed to provide them with reasonable assurance regarding the oversight of the quality of services delivered by the Trust.

M. Brierley advised that:

- Two errors had been identified in the information provided at Appendix A to the report. Measure 11 related to the number of incidents of moderate harm and near misses and Measure 12 related to the number of restrictive intervention incidents, had both been listed as having a deterioration in performance. The information would be corrected in the next report, to be presented to Governors at their next meeting.
- Performance improvement plans were in place for all areas of concern, including those with issues identified for at least three consecutive months.
- Areas of concern identified within the IPD, where the Trust had limited performance assurance and negative controls assurance, were:

    - Unique Caseloads
    - Key operational drivers that challenged financial performance such as elevated bed occupancy/delayed transfers of care, independent sector bed utilisation and elevated agency staffing pressures
    - Financial Plan: Agency Price Cap Compliance
    - Failing to achieve the Trust's recurrent Cash Release Efficiency Savings (CRES) target

- Details of broader key issues could be found in Appendix B to the report and included:

    - 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

- The Trust was behind on its planned trajectory regarding out of area bed placements and bed occupancy. This had a negative impact on service users, their family and friends and analysis of information relating to transfers of care was underway.
- The Optimised Patient Tracking and Intelligent Choices Application (OPTICA) pilot, which mapped the pathway of admission to discharge of patients, had continued to progress and had assisted the Trust to map clinical pathways for patients.
- In terms of areas of positive assurance in the Durham, Tees Valley and Forensics (DTV&F) Care Group, these had included a reduction in the number of restrictive interventions across all specialities. This had been particularly evident in the Adult Learning Disabilities and Secure Inpatient Services. The Improving Access to Psychological Therapies (IAPT) service had attained the standard for patients achieving recovery and had excellent waiting times and achieved the six and 18 weeks standards for access to the service.
- In terms of areas of positive assurance in the North Yorkshire, York and Selby (NYY&S) Care Group, an excellent standard had been achieved on the following measures within both North Yorkshire and York Sub Integrated Care Boards (ICBs):

    - Patients waiting less than two weeks following first episode of Psychosis
    - Talking therapies six and 18 week standards for accessing services
    - Talking Therapies Recovery
    - Children and Young People (CYP) supported through NHS funded mental health with at least one contact
    - Adults and older adults with severe mental illness who received two or more contacts from the NHS or NHS commissioned community mental health services
    - Adult Mental Health (AMH) patients seen by the crisis team within four hours
    - CYP patients seen by a suitably trained practitioner within four hours for Vale of York Sub Integrated Care Board (ICB)

With regard to People and Culture and staff retention, S. Dexter-Smith confirmed that she had been encouraged by the figures in the report. The metrics had begun to stabilise and there was an expectation that staff retention rates would improve.

In relation to the report, it was noted that:

- G. Emerson had expressed concern regarding a lack of understanding from Trust staff about the compliance requirements of Duty of Candour. He also expressed concern in relation to the Serious Incidents (SIs) backlog and the number of open SIs referred to in the report.

B. Reilly, as Chair of the Quality Assurance Committee (QuAC), thanked him for raising his concerns and confirmed that the Board had been made aware of both issues. In terms of staff knowledge of compliance with Duty of Candour, this had been raised by Niche and the Care Quality Commission (CQC) and an action plan immediately put in place, which the Non-Executive Directors had sight of. SIs had remained a concern and an aggressive action plan had been put in place. Non-Executive Directors had received assurance from the Chief Nurse that the action plan could be achieved. In addition, 32 members of staff had offered to support the action plan.

B. Kilmurray advised that there had been approx. 25 SIs unallocated for investigation, with new incidents occurring. He acknowledged the associated risks and concerns raised and expressed confidence that the Trust would remain fully sighted on the position.

G. Emerson requested that updates on the progress made to reduce the backlog of SIs, be added to the Council of Governors' Action Log.

This was accepted.

Action – B. Murphy

- M. Booth queried what 'reasonable assurance' had meant in the report. She also suggested that a person living in Durham, sent to Middlesbrough for a bed, could have as much of a detrimental experience as someone allocated a bed out of the Trust's area. She welcomed an opportunity to view figures showing patients allocated beds outside of their local area in comparison to those allocated beds outside of the Trust's area.

  M. Brierley advised that the term 'reasonable' was subjective. Work had been undertaken to align the IPR and the Board Assurance Framework (BAF) to ensure a common definition of the levels of assurance used in the organisation. A degree of subjectivity regarding which assurance rating should be applied would always exist, however these would be informed by conversations within the organisation. With regard to out of area placements, the Trust planned to consider how its Community Teams could support people whilst in hospital.

  H. Griffiths concurred with M. Booth's comments regarding out of area placements and suggested that placing a person out of area could contribute to their distress and, in turn, increase the need for restraint. She had worked with a number of teams to review incidents where restraint had been used and it had been recognised that placing people close to their home had led to a reduction in the use of restraints used on patients.

  J. Green added that he also agreed with M. Booth and H. Griffiths and suggested that a national benchmark, recommending that people be placed in a bed within 30 miles of their home, had rarely been met in the area he lived.

  B. Kilmurray acknowledged the comments made and advised that finding a safe place quickly for a patient could be extremely challenging and it was essential for people to be placed in the most appropriate beds. The Trust continued to be acutely focused on these issues, inpatient wards and the service user and family experience. The Trust would aim to find beds for people in their local hospital and, where this was

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not possible, it would understand and appreciate the impact it would have on patients.

The Chair thanked Governors for their helpful comments and for highlighting how important such issues were to them.

J. Webster urged the Trust to also consider carers when making decisions on placing patients out of area. She advised that an incident had occurred in Scarborough, North Yorkshire where a carer had slept in their car in order to visit a relative who had been an inpatient in the Trust's services.

The Chair confirmed that the Trust had been made aware of the incident at the time and had intervened to provide assistance. However, he accepted that such situations needed be avoided wherever possible.

23-24/30 TRUST FINANCE REPORT

Governors considered the Trust's Finance Report as at 31st May 2023.

L. Romaniak advised that:

- The Trust's Financial Plan 2023/24 had been submitted in June 2023. The phased plan had forecast a deficit of £2.7 million to 31st May 2023 but the actual performance had been a deficit of £3 million (£0.3 million adverse plan variance). The variance had been due to the following unplanned pressures:
    - The national staff 5% pay award, paid in June 2023, which would result in the Trust having an in-year increase of £1.5 million.
    - The national Microsoft Licence arrangements linked with the proposed defunding of Integrated Care Systems (ICSs) and providers. There would be a £0.5 million impact on the Trust regarding this.

  In addition, higher than planned costs had been noted in relation to the following:

    - Elevated and increasing levels of agency expenditure
    - Elevated bed occupancy
    - The need for Independent sector bed placements
    - Estates building and engineering contracts

- The Trust planned to hold conversations with system partners in relation to care packages, which had delayed discharges.
- The Trust's expenditure profile needed to reduce by £700,000.

It was noted that:

- G. Emerson had expressed concerns regarding budgets and questioned whether, if the Trust achieved 100% occupancy in terms of staff recruitment, it would be affordable, given potentially significant deficits.

  L. Romaniak advised that, expenditure of £4 million above the national price cap premia for locums and agency staff would be used to pay for newly recruited staff. There had been a cumulative impact regarding agenda for change and the Trust had been reviewing arrangements for bank staff, to try to increase pay and reduce agency costs.

23-24/31 OPERATIONAL SERVICES UPDATE

Governors considered two update reports on operational services in the North Yorkshire, York and Selby (NYY&S) Care Group and the Durham, Tees Valley and Forensics (DTV&F) Care Group.

With regard to NYY&S Care Group, M. Liebenberg advised that:

- Most challenges faced by operational services had featured in the IPD and Finance reports. Areas for celebration had included:
    - Staff being recruited in areas where the Trust had struggled to, historically.
    - Staff mandatory training targets achieved in June 2023, and for three consecutive months by Adult Mental Health staff
    - Improved waiting and recovery times
    - Accreditation of the Harrogate and District Memory Team by the Royal College of Psychiatrists Memory Services National Accreditation Programme (MSNAP) and the registration of York and Selby Memory Service to the Memory Assessment Services Spotlight Audit 2023
- The report had also highlighted co-creation in the NYY&S area and work undertaken with service users and carers to fundamentally redesign the Trust's approach to care planning, ensuring care plans would be personalised and co-created.
- In terms of Community Mental Health Transformation, the recruitment of First Contact Mental Health Practitioners had been on track with the expansion of the Community Mental Health Hub in York planned for later in the year. A second hub had also been planned for York and conversations had taken place for the development of mental health hubs in other parts of North Yorkshire.

For DTV&F Care Group, D. Gardner advised that:

- The report provided information to Governors on the DTV&F Care Group, the Care Group Board and its role.
- The DTV&F Care Group had experienced very similar pressures to those experienced in the NYY&S Care Group. Those had included workforce issues such as staff recruitment and retention, demand on inpatient and community services, system pressures linked to social care and other providers and the number of teams who were in business continuity.
- He understood Governors' concerns regarding out of area bed placements.
- Key pieces of work had been undertaken, aligned with the Trust's Our Journey to Change (OJTC) goals, to co-create a great experience for patients, carers and families, co-create a great experience for colleagues and to be a great partner. Examples of that work could be found in the report and he had greatly appreciated support provided by system colleagues in relation to this.
- Co-creation had been strengthened in the Health and Justice Service and Secure Inpatient Services and external conversations had also taken place.
- Adult Learning Disability (ALD) Inpatient Services had continued to see a reduction in the use of restrictive practices and increased S17 leave. The ALD clinical network, and system partners, had considered next steps regarding the future model of inpatient and outpatient ALD care.
- Staff in the Trust had celebrated 75 years of the NHS and images of staff in the DTV&F Care Group enjoying those celebrations had been included in the report.

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It was noted that:

- G. Emerson asked how the Trust had managed pressures associated with supporting and providing services to patients with complex ALD needs. He had been aware of legacy issues regarding the service and independent sector plans in relation to ALD care that had not appeared to be fit for purpose. Service users had experienced being moved back and forth between TEWV and independent providers.

  D. Gardiner confirmed that the Trust had strived to improve inpatient stays but improvements were still required.

  B. Kilmurray confirmed that keeping people safe, whilst striving to be less restrictive, had been a challenge. The scale and demand of specialist packages of care had been unsustainable and conversations were being held with ICB colleagues and others with regard to this.

  A. McCoy suggested that people would often spend valuable time seeking suitable care for service users, only to find short term solutions.

  B. Kilmurray advised that the Trust wanted to ensure people would be supported to move into the next phase of their lives and needed to work closely with the care and housing sectors to achieve this. A team from TEWV had visited colleagues in Hertfordshire to discuss opportunities for a more sustainable model of care.

  The Chair confirmed that two of the Trust's Non-Executive Directors had social housing backgrounds and experience and that he had consulted with both of them on how improvements could be made to the Trust's social housing links.

23-24/32 COG TASK AND FINISH GROUP: ROLE OF A GOVERNOR

Governors received a verbal update from A. Bridges on the Council of Governors' Task and Finish Group on the role of a Foundation Trust Governor.

She advised that:

- The group had held a meeting, chaired by A. McCoy, and planned to meet every three weeks were possible
- The aim of the group had been to clarify the role of Governors and consider how Governors should handle issues they are made aware of locally
- The group would be considering a self-assessment survey
- The next meeting of the group would be held on 22nd August 2023

  G. Restall advised that A. McCoy had chaired the group's meeting well.

23-24/33 DATE OF NEXT MEETING

The next ordinary meeting of the Council of Governors will be held on Monday 4th December 2023.

23-24/34 CONFIDENTIAL RESOLUTION

Confidential Motion

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

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

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

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

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

The public session of the meeting closed at 3.40pm.

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David Jennings
Chair
4th December 2023

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MINUTES OF THE COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 7TH SEPTEMBER 2023 AT 3.30PM

VENUE: THE WORKPLACE, AYCLIFFE BUSINESS PARK, HEIGHINGTON LANE, NEWTON AYCLIFFE, COUNTY DURHAM, DL5 6AH AND VIA MS TEAMS

PRESENT:
David Jennings - Chair
Joan Aynsley - Public Governor, Durham (MS Teams)
Cllr Lisa Belshaw - Appointed Governor, Redcar and Cleveland Borough Council (MS Teams
Gemma Birchwood - Public Governor, Selby (MS Teams)
Cllr. Moss Boddy - Appointed Governor, Hartlepool Borough Council
Mary Booth - Public Governor, Middlesbrough (MS Teams)
Gary Emerson - Public Governor, Stockton-on-Tees
John Green - Public Governor, Harrogate and Wetherby
Hazel Griffiths - Public Governor, Harrogate and Wetherby (MS Teams)
Christine Hodgson - Public Governor, York (MS Teams)
Dr Judy Hurst - Public Governor, Stockton-on-Tees (MS Teams)
Cheryl Ing - Staff Governor, Corporate Directorates
Jane King - Staff Governor, Durham, Tees Valley and Forensics Care Group
Clive Mackin - Staff Governor, Durham, Tees Valley and Forensics Care Group
Cllr Ann McCoy - Appointed Governor, Stockton Borough Council (Lead Governor)
Alicia Painter - Public Governor, Middlesbrough
Gillian Restall - Public Governor, Stockton-on-Tees
Zoe Sherry - Public Governor, Hartlepool (MS Teams)
Cllr Roberta Swiers - Appointed Governor, North Yorkshire County Council (MS Teams)
Jill Wardle - Public Governor, Durham
Judith Webster - Public Governor, Scarborough and Ryedale (MS Teams)
Mac Williams - Public Governor, Durham
John Yorke - Public Governor, Hambleton and Richmondshire

IN ATTENDANCE:
Brent Kilmurray - Chief Executive
Phil Bellas - Company Secretary
James Burman - Corporate Affairs and Stakeholder Engagement Lead (Observing)
Karen Christon - Deputy Company Secretary
Dr Sarah Dexter-Smith – Executive Director for People and Culture
Angela Grant - Corporate Governance Officer (CoG and Membership)
Jill Haley - Non-Executive Director
Wendy Johnson, Legal Services
John Maddison - Non-Executive Director
Beverley Murphy - Chief Nurse
Beverley Reilly – Deputy Chair / Non-Executive Director
Liz Romaniak – Executive Director of Finance, Digital and Estates/Facilities
Patrick Scott - Managing Director for Durham, Tees Valley & Forensics Care Group
Geof Sewell – Public (Observing)

DRAFT

Terry Smith – Director of Operations, Audit One
Roger Tuckett – Public (Observing)
Nishidha Vaidya - Corporate Governance Officer
Dewi Williams – Freedom to Speak Up Guardian

23-24/35 APOLOGIES

Apologies for absence were received from:

Lee Alexander - Appointed Governor, Durham County Council
Rob Allison - Appointed Governor, University of York
Dr Martin Combs - Public Governor, York
Pamela Coombs - Public Governor, Durham
Susan Croft - Public Governor, York
Cllr Claire Douglas – Appointed Governor, City of York Council
Dominic Haney - Public Governor, Durham
Lisa Holden - Public Governor, Scarborough and Ryedale
Kevin Kelly - Appointed Governor, Darlington Borough Council
Joan Kirkbride - Public Governor, Darlington
Catherine Lee-Cowan - Appointed Governor, Sunderland University
Heather Leeming - Staff Governor, Durham, Tees Valley and Forensics Care Group
David Moore - Public Governor, Durham
Jean Rayment - Public Governor, Hartlepool
Graham Robinson - Public Governor, Durham
Alan Williams - Public Governor, Redcar and Cleveland

Roberta Barker - Non-Executive Director
Mike Brierley - Assistant Chief Executive
Ann Bridges – Executive Director of Corporate Affairs and Involvement
Zoe Campbell - Managing Director for North Yorkshire, York and Selby Care Group
Dr Charlotte Carpenter - Non-Executive Director
Dr Hannah Crawford - Director of Therapies
Prof. Pali Hungin - Non-Executive Director
Dr Kader Kale – Executive Medical Director
Jules Preston - Non-Executive Director

23-24/36 WELCOME

The Chair welcomed attendees to the meeting and confirmed it was quorate.

23-24/37 CONFIDENTIAL RESOLUTION

Confidential Motion

Exclusion of the public:

"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:

DRAFT

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

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

(a) the free and frank provision of advice, or

(b) the free and frank exchange of views for the purposes of deliberation, or

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

The public session of the meeting closed at 3.31pm.

_____

David Jennings
Chair
4th December 2023

DRAFT

Public Action Log

Item 5

RAG Ratings:

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

Date	Minute No.	Action	Owner(s)	Timescale	Status
17/11/22	22/71	Update on the Trust's Crisis Service to be provided at the next Council of Governors' meeting on 09/03/2023	CE	-	Closed
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	-	Closed
27/07/23	23-24/25	Governors to receive progress updates on improvements to the Trust's crisis line	PS/ZC	04/12/23	Item 10
27/07/23	23-24/27	Details to be circulated to Governors on the service-wide review being undertakn by the Healthcare Safety Investigation Branch (HSIB)	CE	-	Circulated to Governors on email 19/09/23
27/07/23	23-24/27	Update on outcome from the Home Office and Department of Health consultation on mental health in the community (Right Care, Right Person), to be provided to Governors	PS/ZC	04/12/23	Item 11
27/07/23	23-24/29	Update on progress made to reduce the backlog of SIs in the Trust	BM	04/12/23	Item 12

Item 8b

Council of Governors

November 2023

Governor Feedback

Item	Name	Feedback
1	Gillian Restall	On 27th 0ct I attended the 'Health and Justice Service' event at The Work Place. I had not known anything much about this service and was intrigued by all the information I gained. I couldn't visit all the stalls but the knowledge I received from those that I did was very interesting. The event took the plan of Our Journey to Change format, my oh my how things have CHANGED! From custody to release, the support people received was so good, with after care support as well! Another such event is anticipated in the future and I would urge any governors who don't know much about the service, to try to attend. All the staff I spoke to were happy in their role and were very eager to explain their role to me. Thanks to all who took part and especially the organisers, Gillian Fletcher and Samantha O'Leary!
2	Gillian Restall	Congratulations to James Burnham and his team for a magnificent AGM last Thursday! The first " face to face " one since covid! The market stalls were extremely important and interesting, the business part was good also, EVEN the FINANCE section. Liz R. took special care to make what sometimes appears boring, but essential, much clearer! The presentations were excellent and David' s warm and welcoming introduction and Brent's report, was well received.

3	Gillian Restall	As this is the last Council of Governors' meeting for 2023, may I take this opportunity to thank the trust for all the support provided to governors, through what has been a very difficult year. My special thanks to our Lead governor, Ann McCoy, in particular for her help and support this year (and previous years). I wish everybody a very happy and restful Christmas and a blessed, New Year!

Item No. 9a

For General Release

Meeting of:	**Council of Governors**
Date:	**4th December 2023**
Title:	**Board Integrated Performance Report as at 30th September 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.

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, and NHS Oversight Framework. (*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 expenditure compared to agency target
- Financial plan: Agency price cap compliance
- CRES Performance Recurrent

(*See Appendix A for detail*)

Risks to Quality reviewed in Executive Review of Quality & Quality Assurance Committee are:

- Restrictive Practice – use of mechanical restraint on 2 occasions, use of Cross Lane seclusion room and continued use of prone restraint. A lapse in completing seclusion audits in one service line, now rectified.
- Delay in accessing beds – multiple issues impacting flow in Durham & Tees Valley services, some of which are beyond Tees, Esk & Wear Valleys leaders to address, eg people being admitted on a s.37/41.
- Physical healthcare – a lack of assurance that we are consistently meeting the needs of people who are diabetic and in one of our wards.
- Backlog of serious incident reviews – the work to resolve the backlog of reviews is having a short-term impact on the capacity of clinical and operational leaders.
- Adult Outcomes – there is a lack of a Performance Improvement Plan developed within Durham & Tees Valley services.

Performance Improvement Plans

Performance Improvement Plans (PIPs) have been established for the following issues that are impacting on performance to demonstrate to the Board, that we are focussed on the right things and in a timely manner:

- 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)

Whilst progress has continued on the Performance Improvement Plans (PIPs) for Safe Staffing, Mandatory & Statutory Training Compliance and Appraisals Compliance since the August Report, due to proposed changes in how the sub-groups will function going forward, in order to ensure clearer line of sight and recognising the interplay of each, the PIPS

themselves have not all been updated this month. These sub-groups are to become time limited workstreams each delivering on key elements of Safer Staffing with performance and progress managed within the Safer Staffing Group, reporting into Executive People, Culture & Diversity Group or the new joint Executive Resources and Workforce Sub-group. The Executive Director of People & Culture and the Chief Nurse are to submit a proposal to Executive Directors Management Group to merge these PIPs and subsume these actions as part of the broader business of the Safer Staffing Group.

Mental Health Priorities including National Quality Standards

There is 1 Trust priority and 8 commissioner priorities that have not been achieved for quarter 2 2023/24. (*See Appendix A*). PIPs have been established to drive improvements in these areas.

Broader Key Issues

Broader key issues/work in relation to Workforce and Inpatient Pressures this month are:

- Bed Occupancy
- Statutory and Mandatory Training Review
- Appraisals
- Occupational Health Tender

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

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 Patients surveyed reporting their recent experience as very good or good	Deterioration in performance Reduced assurance
Percentage of CYP showing measurable improvement following treatment - clinician reported	Improvement in performance
Number of inappropriate OAP bed days for adults that are 'external' to the sending provider	Reduced assurance
The number of Restrictive Intervention Incidents	Deterioration in performance Reduced assurance
Percentage Sickness Absence Rate	Improvement in performance Improved assurance
Percentage of staff in post with a current appraisal	Deterioration in performance Reduced assurance

IPD Areas of Concern

There are 5 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	As at 30th September 2023 the Trust reports a deficit of £4.43m compared to its planned deficit of £5.13m, being a favourable variance of (£0.7m). Two in-year national pressures are included within the year to date deficit, but with some expected mitigation: • Adverse recurrent financial impacts have been assumed following the nationally negotiated pay award for **Agenda for Change** staff (increase from 2.1% plan to 5% pay uplift). With underfunding of the increase through a 1.6% additional tariff uplift, this is contributing £0.79m to the deficit as at 30th September 2023 (£1.58m projected 2023/24). • Defunding of providers in relation to **national Microsoft Licensing** arrangements (with no equivalent opportunity to reduce locally contracted Microsoft licences) is contributing £0.23m to the year to date deficit (£0.46m projected 2023/24). However, confirmation has been received from the ICB that our impact for 2023/24 is likely to reduce to £0.03m. These two pressures are offset in part by the revised medical pay award (paid in Month 6) which is contributing to a reduction to the deficit at Month 6 of (£0.62m). There continue to be three consistent key operational drivers of financial performance: elevated bed occupancy/delayed transfers of care, independent sector bed utilisation and elevated agency staffing pressures/premia. The Trust recommenced the financial recovery measures introduced during 2022/23 and actions including vacancy control, task and finish activities for beds oversight, agency reduction and will tighten controls around discretionary spending to improve financial performance, and CRES delivery that is back end loaded in the plan.
Financial Plan: Agency expenditure compared to agency target	The Trust agency expenditure is £0.32m lower than planned costs up to 30th September 2023 (3.05% lower than plan, previous month 0.95% lower than plan), albeit that plan levels reflect elevated 2022/23 run rates. Monthly run rates for agency staff costs remain high, and the financial plan included additional stepped CRES targets in Q2 and beyond. There is limited assurance with elevated levels of agency expenditure being a cause of ongoing concern, both from a volume and a rate perspective. Key usage includes cover for increased medical vacancies, staffing needed for patient observations, backfill for sickness, and vacancies, most notably for inpatient rosters, as well as support for complex packages of care for Adults with a Learning Disability (albeit these costs are reducing) and vacancies in Health and Justice. High inpatient bed occupancy, including due to longer lengths of stay, is continuing to exacerbate impacts on safe staffing and therefore elevating temporary

	staffing requirements. There are modest positive signs of improvement, including from significant progress to eliminate off-framework agencies, expenditure reductions in Adult Learning Disability Services (and with future reductions forecast from planned discharge of individuals with a complex care package), and impacts anticipated following success of international recruitment of both nursing and medical staffing. Medical locum assignments rates are subject to review, with actions to pursue substantive recruitment status, and/or conversion to substantive and non-direct engagements. Agency Reduction and safe staffing subgroups of the Executive People and Culture Group have been established to deliver optimal e-rostering and target agency reductions. However, despite wider discussions, including through regional Quality Board, progress has been slower than planned to enact the discharge of a small number of individuals supported through complex Trust Care Packages. A review of non-clinical agency assignments following recent national guidance is underway with eradication of these assignments required by October 2023, with the exception of assignments meeting specific criteria.
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 quarter 1 2023 and moving into quarter 2 2023, compliance at 76 shifts per day in September 2023 (previous month was 87 shifts per day). However, in September 2023 36% of shifts 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, level loading of Inpatient roster to reduce agency costs, review of surge posts and actions to reduce taxi/transport costs. As at 30th September 2023 £6.51m CRES has been achieved, £3.86m recurrently (£2.12m behind plan measure 27) and £2.65m non-recurrently (£2.12m ahead of plan measure 28). A trust wide CRES event took place during September, themes are emerging from the event which will need clear focus and work is on-going on next steps. Composite CRES delivery of £6.51m is in line with plan.

Mental Health Priorities including National Quality Standards

As at quarter 2 2023/24 we have not achieved our planned reduction in out of area placements and the agreed trajectories in the following areas:

Measure	Sub-ICB Location
Percentage of Service Users experiencing a first episode of psychosis or ARMS (at risk mental state) who wait less than two weeks to start a NICE-recommended package of care	Vale of York
CED: Percentage of Service Users designated as routine cases who access NICE concordant treatment within 4 weeks	County Durham, North Yorkshire and Vale of York
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	County Durham, North Yorkshire and Vale of York
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 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	Vale of York
Number of women accessing specialist community PMH services	North Yorkshire and Vale of York

Appendix B

Broader Key Issues/Work

Inpatient Pressures

Bed Occupancy
In Quarter 2 there was a noticeable sustained reduction in Out of Area Placements (OAP) and associated OAP bed days, resulting in our ability to achieve our ambition of admitting zero patients to a bed outside the Trust for a period, despite bed occupancy still remaining high across the Trust (DTV ≥ 100%, NYY ≥ 95%). However, the current position shows that our Out of Area Placements have increased, and we are no longer achieving that ambition. As of the 13th October, there were 6 Out of Area Placements. This change in position at the start of Quarter 3 is attributed to a rise in admissions coupled with an already high bed occupancy rate. In August 2023 (Quarter 2) there had been a reduction in admissions which enabled the repatriation of Out of Area Placements, therefore stopping the use of Independent Sector Beds for a brief period. There has also been a slight increase in the number of patients with a Length of Stay over 60 days across all of Durham Tees Valley and the number of patients delayed and who are Clinically Ready for Discharge remains high in some areas across the Trust, impacting our ability to sustain a zero OAP position.

Ongoing work to help address high bed occupancy rates:

- Now that all actions have been undertaken to review and refresh the Purposeful In-Patient Admission (PIPA) process, services now continue to monitor progress and help embed the changes.
- OPTICA pilot: A critical path has been developed with associated timelines. Technical changes are being made to support connection and flow of data once all the necessary governance/due diligence checks have been completed and approved.
- Active support is still being provided to wards with the highest level of patients with a Length of Stay over 60 days.
- An independent peer review of the patient flow process has been undertaken in Durham & Tees Valley to identify any areas for improvement. Feedback is due to be received this month.
- Undertaking Multi agency events to understand the cause of higher admission, starting in Darlington. This and the North Tees Deep Dive to be reviewed with Integrated Care Board and Local Authority Leads to make recommendations across at place.

New governance arrangements will be in place as of the 20th October through the implementation of the new Urgent Care Programme Board. The Board will provide immediate oversight to several schemes that are in progress, these include some of the schemes mentioned above. The Board will also be responsible for the delivery of the programme and its benefits related to the Urgent Care Pathway, this will include Inpatients as an area of focus.

Workforce

Statutory and Mandatory Training Review
The review into how statutory and mandatory training is delivered across the Trust has commenced. Initial scoping has involved engagement with colleagues across services to inform the redesign of how, when and where training is delivered to ensure staff are trained in the most efficient and effective way meeting corporate standards and safe staffing requirements.

Appraisals
Additional programme management resource has been secured to support the continued implementation of Workpal across the Trust. Commencing at the end of October, this role will coordinate the technical, operational and strategic workstreams to provide oversight, identify issues/barriers to achieving compliance trajectories and the design and delivery of a programme of training and development for both managers and staff.

Occupational Health Tender
A comprehensive programme of work has been undertaken to develop the tender for the new Occupational Health Service, due to take effect from 1st April 2024. This has involved engagement

with a working group of colleagues across the Trust, gaining feedback on current provision to inform the development of the service specification going forward. The procurement period is due to commence early November 2023.

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

The key issues continuing within the Care Group are:

- Bed occupancy within our adult wards. Work continues on the OPTICA development; we are currently working to establish the necessary technical systems to enable a diagnostic / feasibility assessment.
- Percentage of Adults and Older Persons showing measurable improvement following treatment for both patient and clinical reported outcomes. A deep dive is currently underway to identify the key improvement actions required.
- Compliance with mandatory and statutory training. A Quality Improvement event is to be co-developed with People & Culture leads to look at the potential to transform the approach to face-to-face Mandatory and Statutory training modules.
- Talking Therapies. Access to our services continues below standard in County Durham Sub-ICB, although an increase in referrals was reported. Marketing of the service with a view to increasing referrals is being progressed.
- As at September 2023 the Care Group has reported an overspend to budget of £6.1m, a deterioration on August. The areas of concern for the care group are:
    - Delivery of CRES for agency (current spend £6m - 5.35% of pay spend)
    - Delivery of CRES for Independent sector bed use (current spend £1.6m)
    - Over established Adult Mental Health clinical posts in community and BCP wards (£2.3m)

This month we identify Appraisals, for which some areas have reported a slight decline in September.

The areas of positive assurance identified within the IPD

The key areas of positive assurance continuing within the Care Group are:

- Percentage of CYP showing measurable improvement following treatment, both patient and clinician reported measures.
- Restrictive Interventions, particularly within Adult Learning Disabilities and Secure Inpatient Services.
- Staff leaver rate.
- Talking Therapies standards for patients achieving recovery and waiting times.
- 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.
- Number of CYP aged under 18 supported through NHS-funded mental health with at least one contact.
- The follow up of patients discharged from our services within 72 hours.

This month we have achieved the standard in both Sub-ICB Locations for Percentage of Service Users experiencing a first episode of psychosis or ARMS (at risk mental state) who wait less than two weeks to start a NICE-recommenced package of care.

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

The Crisis 4-hour measure continues to be monitored closely and discussions have progressed with the Integrated Care Board regarding investment to support an all age crisis access service co-located with the North East Ambulance Service (NEAS). As we do not have immediate access to NEAS clinical systems, “phase 1” will not include co-location with NEAS; this will be revisited in 2024/25. Clinical work is ongoing with weekly working groups agreed to implement the screening team during quarter 3. Current call answer rates (September) are 60% in Durham and Darlington team and 68% 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

The key issues continuing within the Care Group are:

- Bed occupancy. Delayed Transfers of Care continue to be a concern but are improving within Adult Mental Health following the establishment of the pathway to the recovery team with City of York. Mental Health Services for Older People has reported a slight improvement and discussions continue between the Trust and Head of Social Work regarding potential support. There was 1 independent sector bed at the end of September 23.
- Appraisals. A deep dive has taken place with teams who have expressed concerns.
- Memory Service waiting times. A demand and capacity exercise has been delayed until the end of October 2023 due to workforce pressures within Business Planning.

This month we identify Adult and Older Persons showing measurable improvement following treatment for both patient and clinician reported. Whilst many older adults have deteriorating illnesses that may not show improvement, this remains a key focus. MHSOP Hambleton & Richmondshire Team Managers are reviewing samples of patients to understand whether the Health of the Nation Outcome Scores have been completed at the right points in a patient journey; this is ongoing as part of the staff supervision structure. Outcome measures are covered in the induction of new staff.

The areas of positive assurance identified within the IPD

The key areas of positive assurance continuing within the Care Group are:

- Talking Therapies Recovery Rate.
- Number of CYP aged under 18 supported through NHS-funded mental health with at least one contact.
- 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.
- The follow up of patients discharged from our services within 72 hours.
- Patients waiting less than 2 weeks for first episode of Psychosis for North Yorkshire Sub ICB Location.
- Talking therapies 6- & 18-week standards for accessing our services.
- Adult Mental Health patients seen by crisis within 4 hours for North Yorkshire and York Sub ICB Location.
- Children & Young People seen by suitably trained practitioner within 4 hours for York Sub ICB Location.

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

Inpatient staffing is a concern due to a high level of vacancies within Adult Mental Health which is resulting in high temporary staffing use.

The Adult Learning Disabilities (ALD) Psychology Lead post will be vacant from mid-October with a gap until recruited into. The ALD administrative lead is retiring at the end of this year which will be a significant gap in service.

The revised mental health first response model for the all-age 0800/NHS 111 connection went live on 13 September, which aims to increase the response rates to calls in both the Mental Health screening and crisis hub.

There is a significant lack of access to Learning Disability beds within the Trust and nationally. This continues to put enormous time pressure on teams when a client needs an inpatient bed. Awaiting to see how the bed management process will support the service to locate beds when needed. There are currently 3 Adult Learning Disability patients placed externally.

Appendix C

Tees, Esk and Wear Valleys
NHS Foundation Trust

Board Integrated Performance Report

As at 30th September 2023

Report Produced by: Ashleigh Lyons, Head of Performance
Date the report was produced: 20th October 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

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 September 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

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

***NOTE**: green text indicates changes in assurance to the previous month's report.*

Board Integrated Performance Dashboard

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Rep Ref	Our Quality measures	Committee Responsible for Assurance	Variation	Assurance	Standard (FYTD)	Actual (FYTD)
1)	Percentage of patients surveyed reporting their recent experience as very good or good	QAC		?	92.00%	91.80%
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%	75.07%
3)	Percentage of inpatients reporting that they feel safe whilst in our care	QAC	L	?	75.00%	53.07%
4)	Percentage of CYP showing measurable improvement following treatment - patient reported	QAC		F	35.00%	24.59%
5)	Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported	QAC	L	F	55.00%	46.26%
6)	Percentage of CYP showing measurable improvement following treatment - clinician reported	QAC	H	F	50.00%	44.83%
7)	Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported	QAC	L	F	30.00%	19.87%
8)	Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	S&RC				99.83%
9)	Number of inappropriate OAP bed days for adults that are external to the sending provider	S&RC				494
10)	The number of Serious Incidents reported on STEIS	QAC				67
11)	The number of Incidents of moderate harm and near misses	QAC	L			926
12)	The number of Restrictive Intervention Incidents	QAC				3,296
13)	The number of Medication Errors with a severity of moderate harm and above	QAC	L			3
14)	The number of unexpected Inpatient unnatural deaths reported on STEIS	QAC				1
15)	The number of uses of the Mental Health Act	MHLC				1,871*

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				52.51%
17)	Percentage of staff feeling they are able to make improvements happen in their area of work	PC&D				61.87%
18)	Staff Leaver Rate	PC&D	L			11.56%
19)	Percentage Sickness Absence Rate (month behind)	PC&D	L			5.62%
20)	Percentage compliance with ALL mandatory and statutory training (snapshot)	PC&D		?	85.00%	86.48%
21)	Percentage of staff in post with a current appraisal (snapshot)	PC&D		?	85.00%	81.11%

Rep Ref	Our Activity measures	Committee Responsible for Assurance	Variation	Assurance	Standard (FYTD)	Actual (FYTD)
22)	Number of new unique patients referred	S&RC				50,852
23)	Unique Caseload (snapshot)	S&RC	H			64,120

Rep Ref	Our Finance measures	Committee Responsible for Assurance	Plan (FYTD)	Actual (FYTD)
24)	Financial Plan: SOCI - Final Accounts - (Surplus)/Deficit	S&RC	5,129,833	**4,424,811**
25a)	Financial Plan: Agency expenditure compared to agency target	S&RC	10,575,000	10,171,178
25b)	Agency price cap compliance	S&RC	100.00%	63.40%
26)	Use of Resources Rating - overall score	S&RC	3	3
27)	CRES Performance - Recurrent	S&RC	5,976,000	3,858,000
28)	CRES Performance - Non-Recurrent	S&RC	528,000	2,645,000
29)	Capital Expenditure (CDEL)	S&RC	8,358,000	4,284,000
30)	Cash against plan	S&RC	63,854,000	62,738,558

* The number of uses of the Mental Health Act data as at August 2023

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

Tees, Esk and Wear Valleys NHS Foundation Trust

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

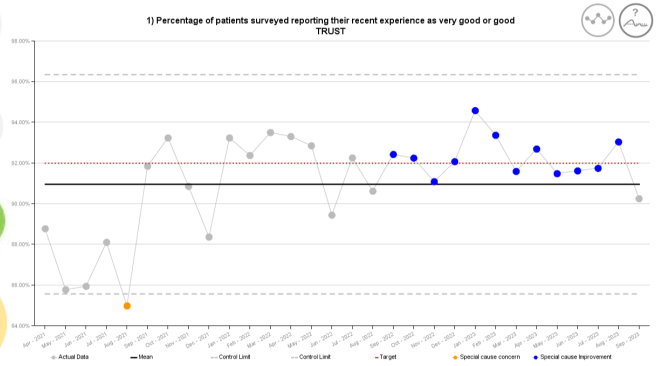
During September, **882** patients responded to the overall experience question in the patient survey: Question: "Thinking about your recent appointment or stay overall how was your experience of our service?". Of those, **796 (90.25%)** scored "very good" or "good".

No significant change in the data during the reporting period shown

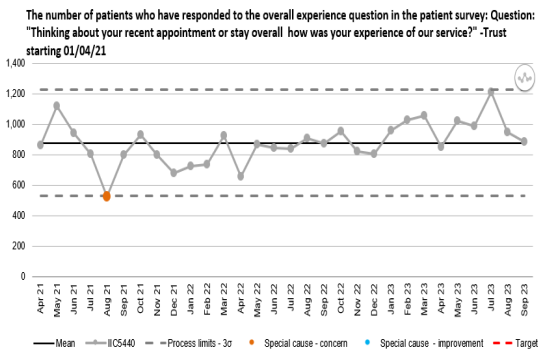
Our performance is not consistent and we regularly achieve and miss the standard we have set ourselves

DQ ★ 93%

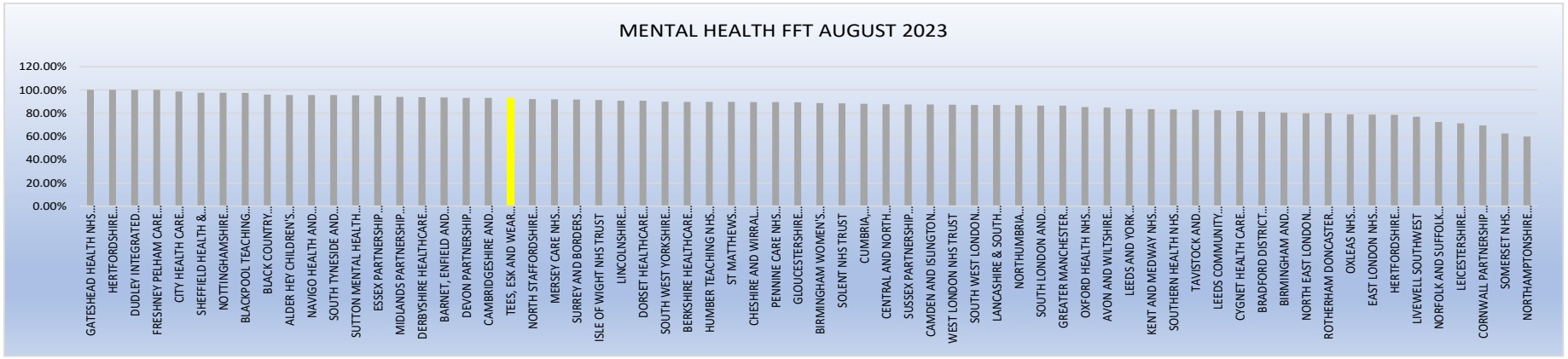
Continuous Improvement
Whilst the SPC/data indicates there are no specific concerns at present, we want to continuously improve in this area



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



National Benchmarking - Mental Health Friends and Family Test (FFT) data - August 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 20 in the list of providers shown. The Trust was ranked highest for the total number of responses received.



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

Tees, Esk and Wear Valleys NHS Foundation Trust

Analysis at service level for September shows:

Learning Disability Services **86.67%** reported their recent experience of our services as very good or good
Adult Mental Health Services **87.53%** reported their recent experience of our services as very good or good
Younger People Services **90.64%** reported their recent experience of our services as very good or good
Older Person Services **95.54%** reported their recent experience of our services as very good or good

Patients are encouraged to provide additional information when completing the survey. A total of 1,480 comments were received in September of which 1,101 (74%) were positive and 367 (25%) were negative; the highest number of negative comments were in relation to "Quality of care and treatment" followed by "Personalised care".

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:* The Trust-wide Patient & Carer Experience Group to undertake a deep dive of the Friends & Family Test data in order to develop actions to improve our response rates. This work will be completed by ~~September~~ October 2023.	The deep dive is completed, and the Patient & Carer Experience Team, Lived Experience Director and Senior Performance Manager are to review the findings and agree the actions to be taken.	

Additional Intelligence in support of continuous improvement

The North Yorkshire, York and Selby Co-Creation Board has been created to work with patients, carers, families, partners and Trust colleagues to bring about positive change. This will ensure that people in our care have a voice and choice over their well-being and care plans. It will also expand the lived experience roles within the Care Group and develop lived experience leadership, so that everyone involved in the Trust can be heard.

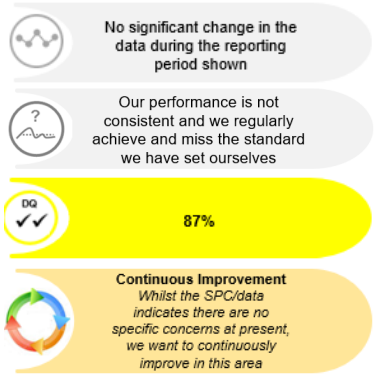
In September we opened Brook House, a new custom-built building that will house some of our Stockton community adult mental health services, helping them work closely together and providing a modern and improved environment for our colleagues and the people we support.

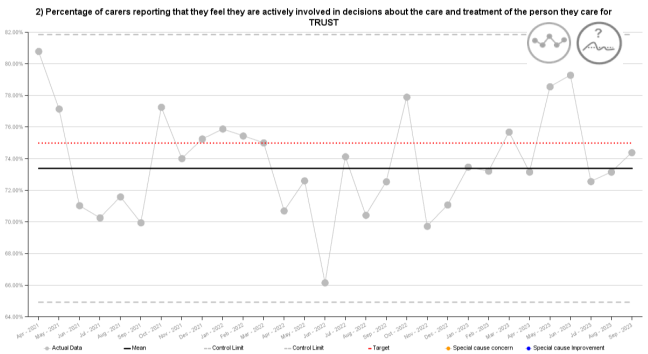
02) Percentage of carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for

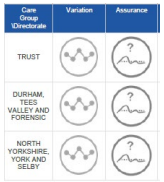
NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

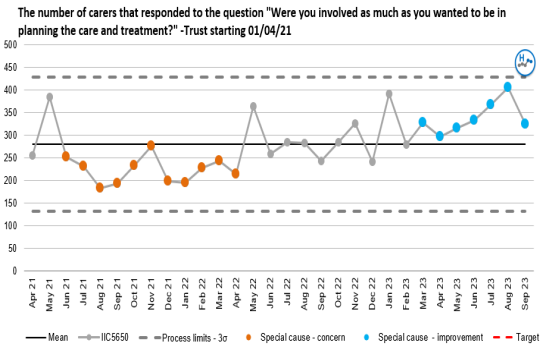
We are all committed to co creating a great experience for patients, carers and families by including carers in any decisions about the person they care for and working with them to provide quality care, and that carers will tell us this is the case from their experience.

During September, **324** 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, **241 (74.38%)** 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 ~~August~~ September 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.	**Complete**. Concerns related to a perceived shortage of required staff, a lack of communication, treatment of care, assessments, and care planning. The following actions have been identified.	
NEW There is a need to improve our engagement with carers and to ensure we have clear visibility of their concerns.	*Enabling action:* Patient & Carer Experience Team to investigate and identify the barriers to collecting feedback from our carers by the 30th November 2023, with a view to increasing response rates.		
	Patient Safety Team to review the carer awareness training by the 30th November 2023 to understand our offering and identify a more efficient way to deliver the training, to ensure our staff understand the importance of engaging with carers and feel confident to do so.		

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

Durham, Tees Valley & Forensic Care Group have reviewed their carer information packs and these are being trialled in a number of Adult Mental Health wards prior to sharing learning across all urgent care inpatient services.

The Care Groups are currently reviewing their Triangle of Care self-assessments and action plans are being developed to progress the required standards to ensure we are fully compliant with the requirements.

The Patient & Carer Experience Team has delivered a presentation to the North East & North Cumbria Triangle of Care inaugural meeting in October, presenting how we deliver the Triangle of Care standards in Mental Health to acute sector colleagues. This was well received, and the Patient & Carer Experience Officer has subsequently been asked to support other organisations in their implementation.

A new support group for carers of people in our services in Whitby has been established, facilitated by the Community Mental Health Team Carer Champion and a member of the local Carer Support Organisation, Carers Plus. Any carer of a service user can attend to talk freely about their experiences, feelings and discuss any difficulties, thereby increasing the level of emotional support carers receive.

North Yorkshire, York & Selby have held an event to prioritise carer support where teams who have engaged well with the visual control board process and Triangle of Care showcased their work and approach to share best practice with other teams in the Care Group.

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

NHS
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.

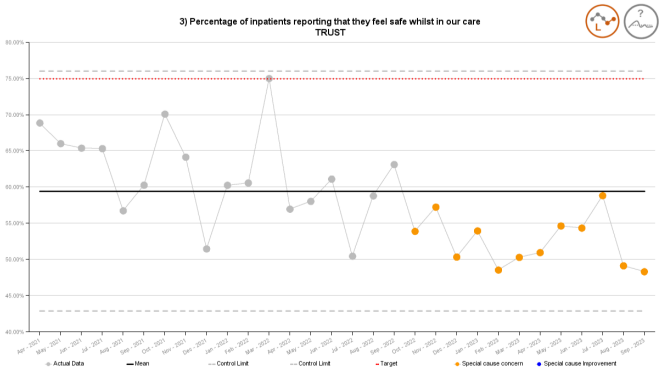
During September, **149** patients responded to the overall experience question in the patient survey: Question: “During your stay, did you feel safe?”. Of those, **72 (48.32%)** scored “yes, always"

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

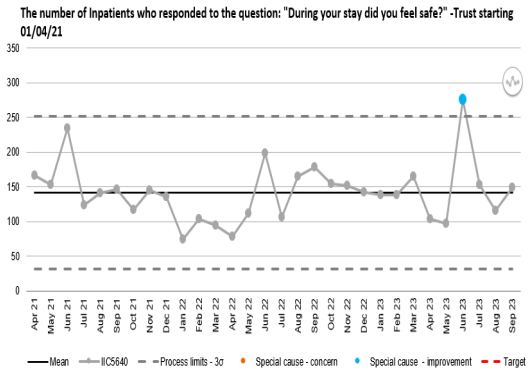
Our performance is not consistent and we regularly achieve and miss the standard we have set ourselves

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



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:* The Patient Experience Team to revisit the focus groups in Adult Mental Health Services and Secure Inpatient Services by the end of ~~June~~ August 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.	**Complete**. The SIS focus groups have been completed and a draft Service Improvement Plan has been developed. This is to be presented at the October Service Improvement Delivery Group for approval. The AMH focus groups have been completed and action plans have been drafted. All themes were consistent with those previously identified.	
	NEW *Enabling action:* The Patient & Carer Experience Team to revisit the focus groups in Mental Health Services for Older People and Learning Disability Services by the 31st December 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
NEW We need to better understand how other providers monitor this measure with a view to sharing learning and improving the support we provide to our inpatients.	*Enabling action:* Patient & Carer Experience Team to revisit the benchmarking work previously undertaken by the 31st January 2024, to understand how we compare to other organisations and identify any key learning that can be taken forward within the Trust.		
A Stirling Review has been completed on Wold View and identified a number of improvements to reduce the risk of falls on the ward and estate.	Modern Matron to submit a proposal to the September Quality Assurance & Improvement Group for approval , with a view to reducing falls and improving patient safety on the ward. Upon approval this will be submitted to the September Care Group Board.	**Complete.** The proposal was submitted to Care Group Board and agreed. Work will be undertaken in a phased approach and a meeting has been arranged at the end of October to agree the scope of the project.	
Self Harm in inpatient settings can cause emotional distress, an increase in the use of restrictive interventions and for patients to feel unsafe	Consultant Clinical Psychologist to lead a self harm review and to pilot work , including peer reviews and assurance processes, across all Trust Adult Mental Health wards including PICUs. This will be evaluated, and reporting shared by the end of November 2023.		

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. There are 9 actions currently included within the plan; 8 of these are actions are scheduled to be completed by the end of November 2023.

Additional Intelligence in support of continuous improvement

Within Ridgeway (Secure Inpatient Services) a visual one-page summary of patient experience feedback has been developed to be shared and discussed with service users on the wards to enable us to understand their feedback in more detail, support any actions to be developed and support patients to feel safe in their environment.

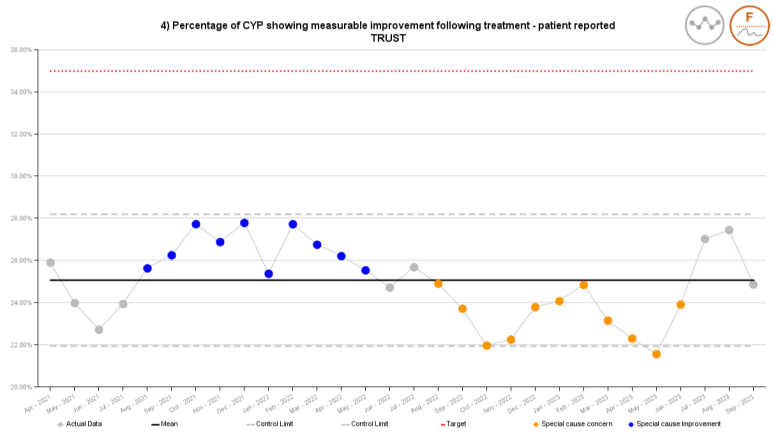
04) Percentage of CYP showing measurable improvement following treatment - patient reported

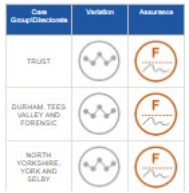
NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

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 September **756** patients were discharged from our CYP service with a patient rated paired outcome score. Of those**, 188 (24.87%)** made a measurable improvement compared to our standard of 35%.

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





No significant change in the data during the reporting period shown

Our system is expected to consistently fail the target/expectation

93%

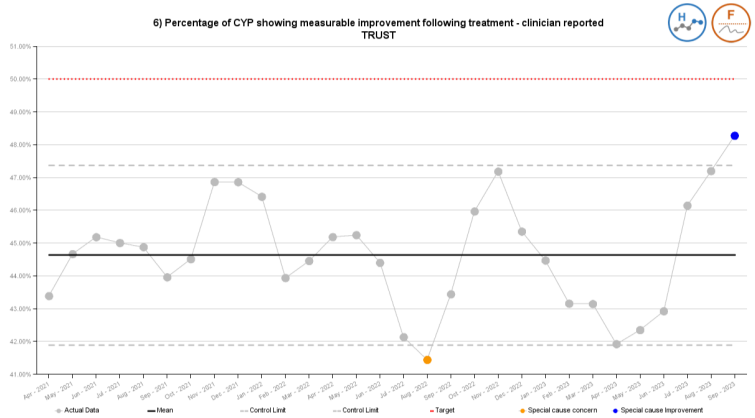
An Area of Concern
We are concerned with our performance in this area and action is required to improve

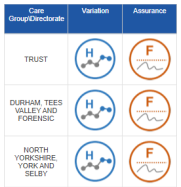
06) Percentage of CYP showing measurable improvement following treatment - clinician reported

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 September **812** patients were discharged from our CYP service with a clinician rated paired outcome score. Of those**, 392 (48.28%)** made a measurable improvement compared to our standard of 50%.

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





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

Our system is expected to consistently fail the target/expectation

93%

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

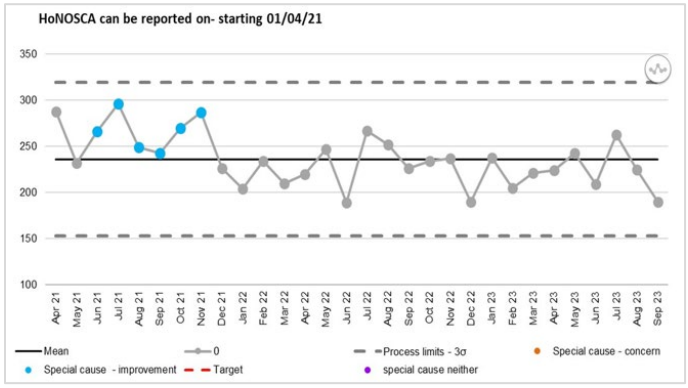
06) Percentage of CYP showing measurable improvement following treatment - clinician reported

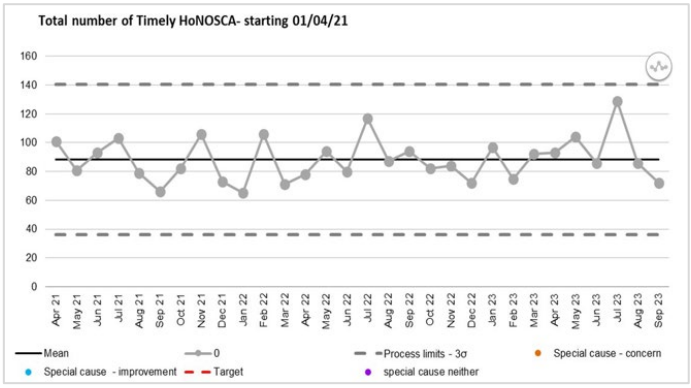
Tees, Esk and Wear Valleys NHS Foundation Trust

Supporting Measures

The number of patients that have a paired measure recorded over-time. The percentage of discharged patients that have a paired HoNOSCA tool where outcome can be reported has remained consistent since April 2022, showing there is still progress to be made. **Impact**: If less paired measures are recorded, the patient population captured by the IPD is significantly reduced. This means that a significant proportion of patients are being discharged that we cannot evaluate the impact of care for.

The number of patients who are discharged with 2 HoNOSCA recorded that are considered representative of their presentation at the start of care and at the end of care. The SPC chart indicates that the number of measures that are capturing the whole course of treatment is remaining consistent. A significant proportion of paired measures are not capturing two appropriate time points in the patient journey, and therefore we are unable to evaluate true and meaningful change.





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	No training sessions were delivered during September due to staff sickness. All booked training is now being rescheduled.	
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 in October 2023 and 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.	**ON HOLD.** Following discussion at the September Child & Adolescent Mental Health Steering Group, the training has been deferred due to staff sickness. This will be rearranged once support for the event has been identified.	

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 12 actions currently included within the plans; 3 were due to be completed by the end of September 2023, of which 1 has been completed. No additional actions have been completed this month.

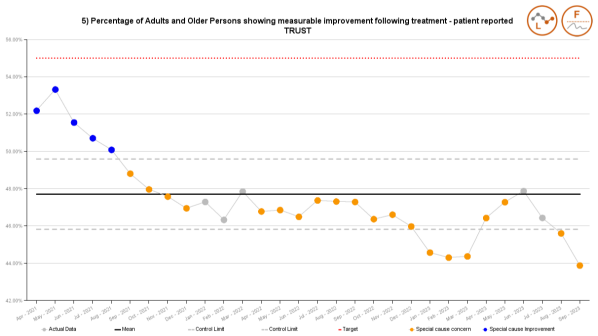
05) Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported

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 September **1953** patients were discharged from our Adults and Older Persons services with a patient rated paired outcome score. Of those**, 857 (43.88%)** made a measurable improvement compared to our standard of 55%.

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%

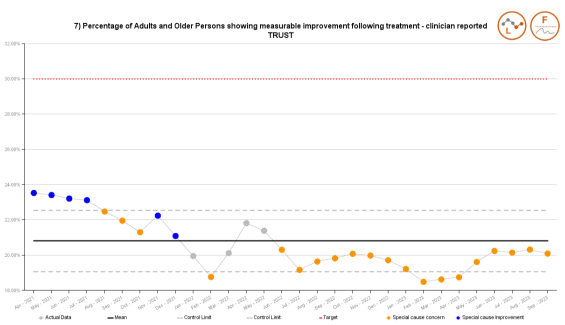
An Area of Concern
We are concerned with our performance in this area and action is required to improve

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 September **2966** patients were discharged from our Adults and Older Persons services with a clinician rated paired outcome score. Of those**, 596 (20.09%)** made a measurable improvement compared to our standard of 30%.

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%

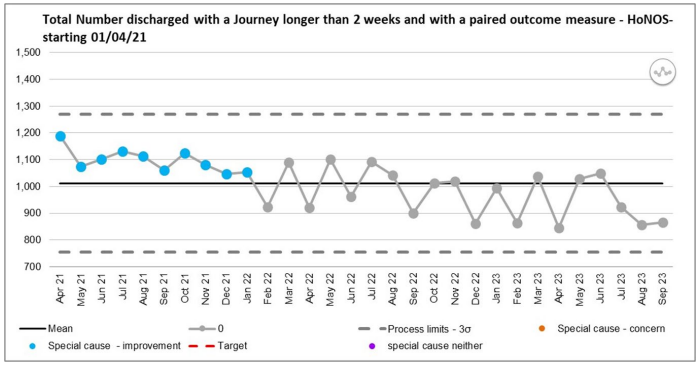
An Area of Concern
We are concerned with our performance in this area and action is required to improve

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

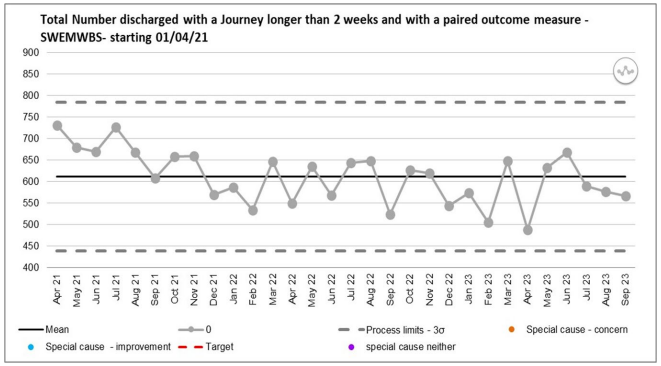
Tees, Esk and Wear Valleys NHS Foundation Trust

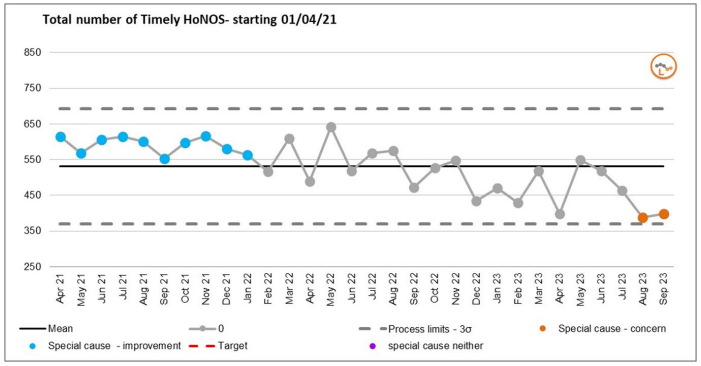
Supporting Measures

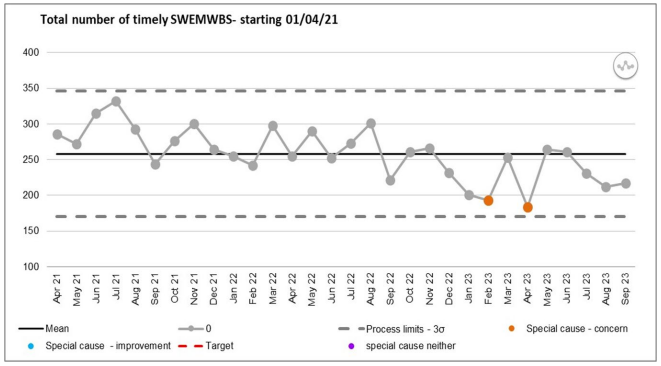
The number of patients who are discharged with 2 HoNOS recorded that are considered representative of their presentation at the start of care and at the end of care. The SPC charts indicate that improvements were made in capturing the tools in a timely manner between April 21 and June 22, however since June 22 these have steadily been decreasing. A significant proportion of paired measures are capturing two random time points in the patient journey. **Impact**: A high rate of untimely measures inhibits our ability to show meaningful change, even when it has happened. We are unable to evaluate the full impact of care if the measures do not capture patient presentation at the beginning and end of their journey.



The number of patients who are discharged with 2 SWEMWBS recorded that are considered representative of their presentation at the start of care and at the end of care. The SPC chart indicates that the number of measures that are capturing the whole course of treatment is remaining consistent. A significant proportion of paired measures are not capturing two appropriate time points in the patient journey, and therefore we are unable to evaluate true and meaningful change.







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

Tees, Esk and Wear Valleys NHS Foundation Trust

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
Focused work is required within Durham, Tees Valley & Forensic Care Group to understand why we are unable to improve outcomes for our patients in AMH and MHSOP	*Enabling action.* General Managers to lead a deep dive into the data by the 31st November 2023 to identify specific areas of concern and required improvement.		

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 3 actions currently included within the plan; 2 have been completed to date, both supporting enhanced monitoring of the use of outcomes measures in clinical practice through clinical supervision and caseload management supervision. The third action is dependent on the rollout of Cito.

Whilst the actions within the PIP are predominantly longer term, we are starting to see increasing trends within our North Yorkshire Adult Mental Health Services for both measures and improvement is visible within Mental Health Services for Older People, in respect of clinician-reported outcome measures.

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

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

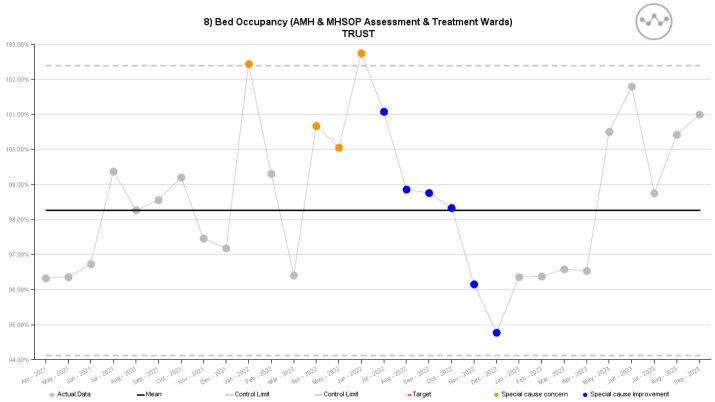
We want to ensure that we use our inpatient beds as effectively as possible to meet the needs of our patients. We are committed to co creating a great experience by ensuring all patients are treated in a hospital that helps retain contact with family, carers, friends and their community. It is important 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 September, **10,500** daily beds were available for patients; of those, **10,605 (101.00%)** 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 87%



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

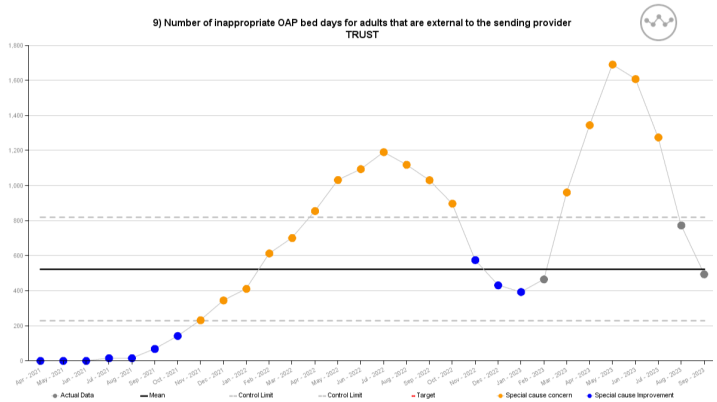
We want to ensure that we use our inpatient beds as effectively as possible to meet the needs of our patients. We are committed to co creating a great experience by ensuring all patients are treated in a hospital that helps retain contact with family, carers, friends and their community.

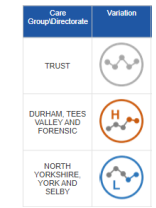
For the 3-month rolling period ending September **494** days were spent by patients in beds away from their closest hospital.

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%





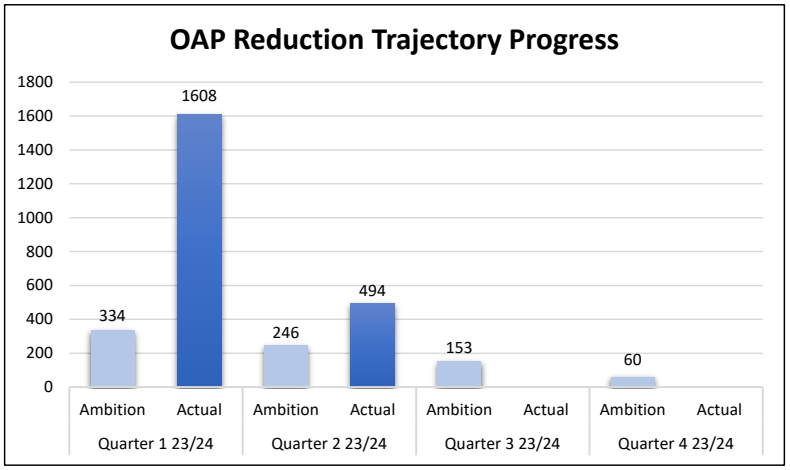
Bed Pressures: 08) Bed Occupancy (AMH & MHSOP A & T Wards) and 09) Number of inappropriate OAP bed days for adults that are 'external' to the sending provider

Tees, Esk and Wear Valleys NHS Foundation Trust

Supporting Measures

		2023 - 2024						
		Apr	May	Jun	Jul	Aug	Sep	FYTD
Overall Occupancy including Trust and independent sector bed usage	Number of occupied bed days	10,633	11,533	11,212	10,950	11,100	10,687	**66,115**
	Number of available bed days	10,740	10,866	10,500	10,850	10,850	10,500	**64,306**
	Percentage Bed Occupancy	**99.00%**	**106.14%**	**106.78%**	**100.92%**	**102.30%**	**101.78%**	**102.81%**

Number of inappropriate OAP bed days for adults that are either 'internal' or 'external' to the sending provider	Quarter 1 23/24		Quarter 2 23/24	
	Ambition	Actual	Ambition	Actual
Trust	334	1608	246	494
North East & North Cumbria ICB	334	1445	246	436
Humber & North Yorkshire ICB	0	163	0	58



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 **Performance Improvement Plans** for both Care Groups that define the actions being taken to support improvement and increased assurance. There are 13 actions currently included within the plan; 10 were due for completion by the end of September, of which 8 have been completed. No additional actions have been completed this month.

We are seeing no visible improvement from a Trust-wide perspective in respect of bed occupancy; however, this is offset by a visible reduction in our out of area placements. Whilst it is too early to say that a decreasing trend is visible for out of area placements, four consecutive months' reductions is positive and indicates the PIP is having a positive impact.

10) The number of Serious Incidents reported on STEIS

Tees, Esk and Wear Valleys NHS Foundation Trust

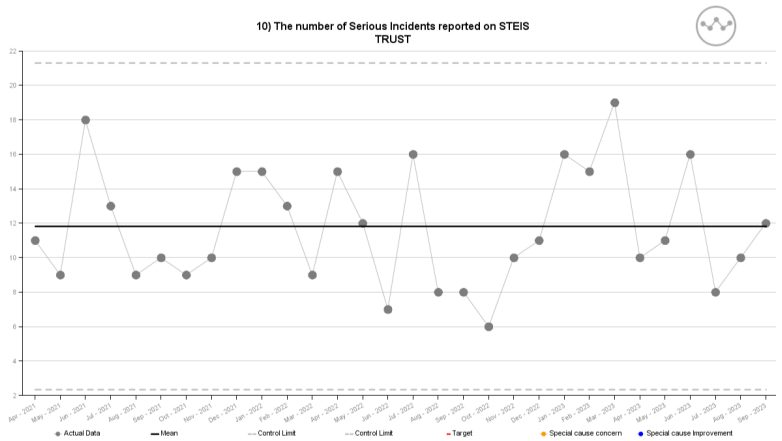
We are committed to ensuring that all our patients are cared for in a safe and secure environment. When serious incidents occur, it is important to understand why and how they have occurred so that we can learn from them, ensuring that any improvements are identified and implemented to maintain the safety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

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%



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

Whilst 12 serious incidents have been reported in the chart, there were 11 serious incidents reported in September. The additional incident is attributable to data quality and the Business Intelligence Team are actively investigating to correct this error.

Each incident has been subject to an early learning review within the patient safety huddle and there are no specific themes in relation to incident details or teams.

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

Tees, Esk and Wear Valleys NHS Foundation Trust

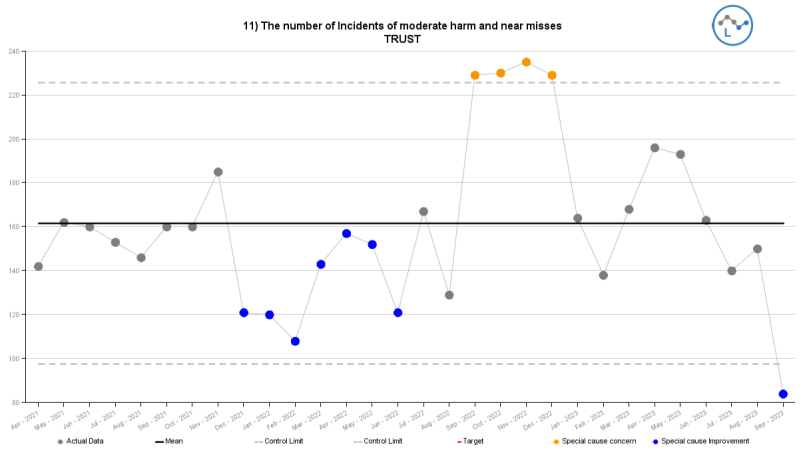
We are committed to ensuring that all our patients are cared for in a safe and secure environment. When serious incidents occur, it is important to understand why and how they have occurred so that we can learn from them, ensuring that any improvements are identified and implemented to maintain the safety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

84 incidents of moderate harm or near misses were reported during September.

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

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

DQ
80%



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

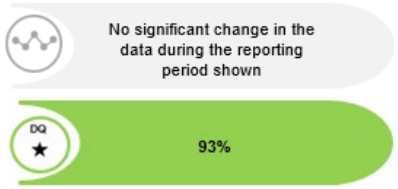
There are no new emerging themes within the 84 incidents of moderate harm or near miss reported in September. Where any early learning is identified immediate actions are agreed and monitored until completion.

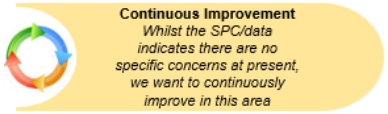
12) The number of Restrictive Intervention Incidents

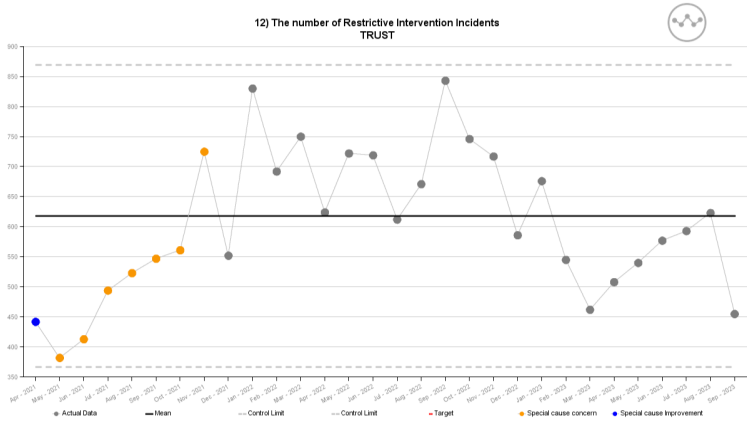
Tees, Esk and Wear Valleys NHS Foundation Trust

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.

455 Restrictive Intervention Incidents took place during September. Looking forward, the intention is to report which incidents were prone restraint or supine restraint in order that we understand patient experience and safety in more detail.







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
We require greater assurance locally from Care Boards on the implementation of the Restraint Reduction Plan	*Enabling action*: The Nurse Consultant for Positive and Safe Care to lead the development of a Positive & Safe Care Policy. The proposed Policy will be completed by the ~~30th June~~ 31st December 2023 for public consultation.	The draft policy is complete, and two stakeholder workshops are being planned to enable the policy to be circulated for consultation in December 2023.	

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

Tees, Esk and Wear Valleys NHS Foundation Trust

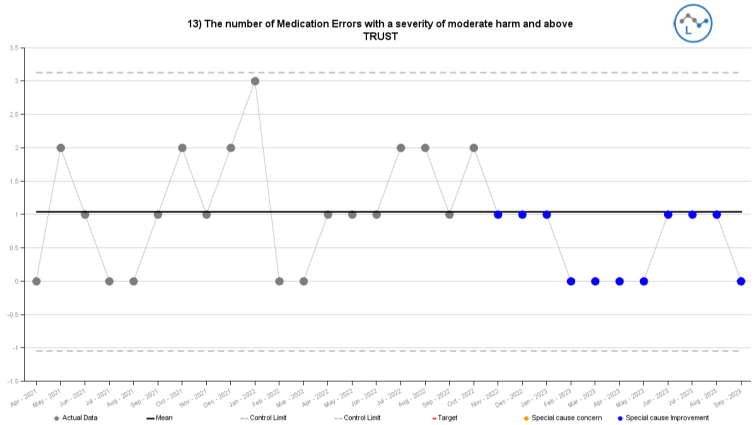
We are committed to ensuring that all our patients are cared for in a safe and secure environment. When medication errors occur, it is important to understand why and how they have occurred so that we can learn from them, ensuring that any improvements are identified and implemented to maintain the safety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

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

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

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

DQ
80%



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

Additional Intelligence in support of continuous improvement

The Trust successfully launched a pilot on Moor Croft Ward at Foss Park for electronic prescribing & medicines administration (EPMA) in June 2023. EPMA will enable more timely prescribing of medication to patients and will reduce the risk of errors. The pilot was well received by the ward team (prescribers and nursing staff) and therefore, we have set an ambitious aim to complete the roll out of EPMA for inpatients prior to the launch of our new patient administration system, Cito; rollout remains dynamic, however, and is adjustable to need.

As at the 29th September, we have successfully put EPMA in place on 8 inpatient wards within North Yorkshire, York & Selby; implementation on The Orchards is planned for a later date. Plans are now in place to implement EPMA on our Tees wards by the end of October 2023, prior to finalising the rollout to our Durham & Darlington wards and Secure Inpatient Services. The ambition is to have completed the inpatient roll-out by the end of January 2024.

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

Tees, Esk and Wear Valleys NHS Foundation Trust

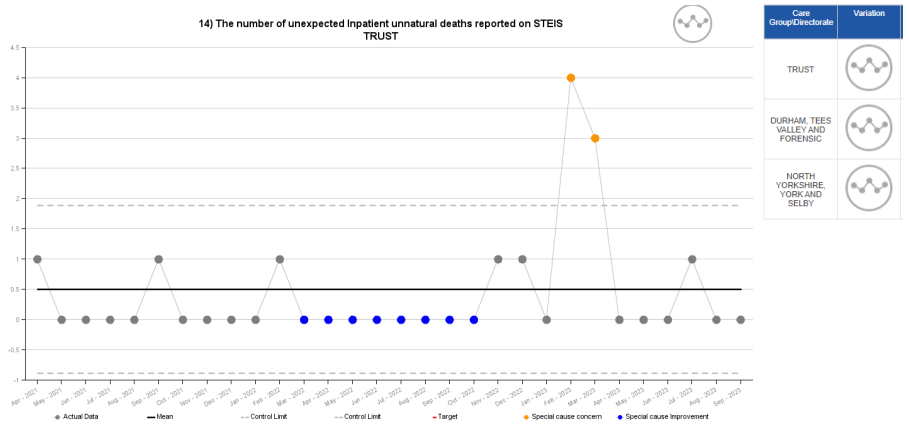
We are committed to ensuring that all our patients are cared for in a safe and secure environment. When any deaths occur within our services that are not attributable to natural causes, it is important to understand why and how they have occurred so that we can learn from them, ensuring that any improvements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

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%



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

Additional Intelligence in support of continuous improvement

We are awaiting the cause of death regarding the July 2023 death reported above. There is no indication that this death was caused by self harm.

As part of our Advancing Our Journey to Change Programme reducing suicide and self-harm in inpatient mental health services, the healthcare workforce and non-mental health acute settings was identified as a priority. As at September 2023, we have implemented a post incident peer support model that is offered as a standard evidence-based approach to all staff that have been impacted by a critical incident at work, and Post Incident Peer Support (PIPS) as an evidence-based group intervention is currently available and being utilised by teams across care groups. Feedback is reviewed and is positive.

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.

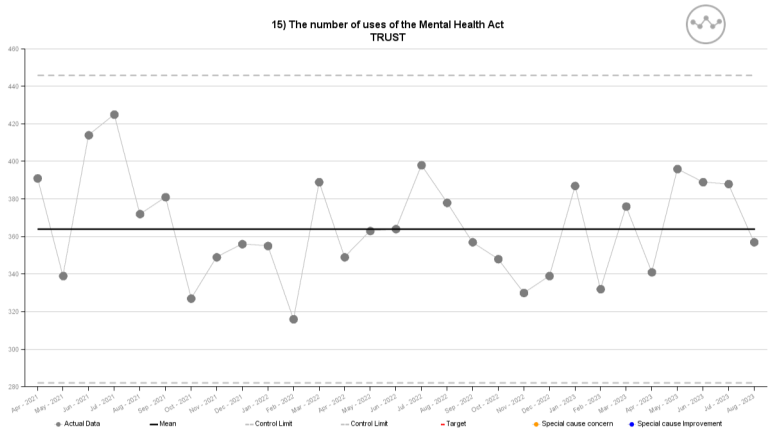
NOTE: Data as at August 2023

There were **357** uses of the Mental Health Act during August.

No significant change in the data during the reporting period shown

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

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 ~~September~~ November 2023 report.	Business Intelligence has worked closely with the Mental Health Act office to update the construction of this measure; however, following initial testing further issues have been identified. Work is now underway to resolve these.	

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.

716 staff responded to the April 2023 Pulse Survey question "I would recommend my organisation as a place to work" Of those, **376 (52.51%)** 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	Apr - 2023
TRUST	54.23%	52.46%	52.54%	55.01%	53.60%	54.05%	55.53%	52.51%
ASSISTANT CHIEF EXEC	69.23%	60.94%	51.61%	61.29%	47.83%	62.86%	56.00%	55.56%
CORPORATE AFFAIRS AND INVOLVEMENT								58.33%
DIGITAL AND DATA SERVICES	68.09%	60.50%	70.13%	68.00%	57.65%	60.50%	57.50%	73.33%
DURHAM, TEES VALLEY AND FORENSIC	51.50%	50.76%	50.72%	54.63%	54.64%	53.42%	55.92%	51.66%
ESTATES AND FACILITIES MANAGEMENT	57.14%	52.43%	46.92%	50.38%	50.76%	41.95%	46.00%	46.88%
FINANCE	61.54%	57.41%	62.22%	57.58%	61.54%	46.30%	47.37%	48.15%
MEDICAL	67.44%	78.95%	68.42%	64.10%	65.71%	63.64%	61.36%	61.36%
NORTH YORKSHIRE, YORK AND SELBY	50.19%	47.92%	50.48%	52.85%	49.89%	55.21%	55.60%	45.00%
NURSING AND GOVERNANCE	61.90%	56.31%	53.42%	51.95%	35.14%	49.14%	43.53%	57.89%
PEOPLE AND CULTURE	69.86%	68.00%	57.69%	56.99%	61.05%	61.34%	52.17%	53.70%
THERAPIES	82.35%	61.54%	62.96%	54.17%	53.85%	47.06%	67.86%	58.82%

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

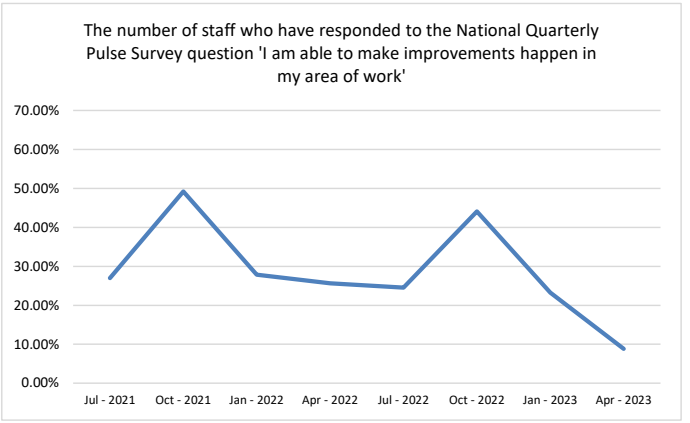
We are all committed to co creating a great experience for our colleagues. We want to ensure that we support all our staff to maximise their health and wellbeing and enjoy coming to work, as we recognise that having the ability to suggest improvements and a high level of job satisfaction within our workforce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

716 staff responded to the April 2023 Pulse Survey question "I am able to make improvements happen in my area of work" Of those, **443 (61.87%)** 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	Apr - 2023
TRUST	57.10%	57.11%	57.50%	58.76%	59.12%	58.53%	60.31%	61.87%
ASSISTANT CHIEF EXEC	76.92%	67.19%	67.74%	74.19%	65.22%	80.00%	88.00%	77.78%
CORPORATE AFFAIRS AND INVOLVEMENT								79.17%
DIGITAL AND DATA SERVICES	65.96%	72.27%	74.03%	72.00%	65.88%	66.39%	65.00%	60.00%
DURHAM, TEES VALLEY AND FORENSIC	56.23%	54.59%	57.00%	57.98%	58.94%	57.60%	57.35%	57.70%
ESTATES AND FACILITIES MANAGEMENT	55.24%	26.04%	53.08%	52.67%	51.52%	46.55%	61.00%	59.38%
FINANCE	65.38%	61.11%	64.44%	69.70%	71.79%	53.70%	57.89%	88.89%
MEDICAL	67.44%	73.68%	81.58%	79.49%	68.57%	65.45%	70.45%	72.73%
NORTH YORKSHIRE, YORK AND SELBY	54.44%	56.48%	54.35%	56.45%	55.77%	57.26%	59.12%	53.33%
NURSING AND GOVERNANCE	61.90%	66.99%	65.75%	63.64%	59.46%	59.48%	69.41%	63.16%
PEOPLE AND CULTURE	78.08%	77.60%	73.08%	73.12%	69.47%	77.31%	71.74%	64.81%
THERAPIES	94.12%	58.97%	81.48%	70.83%	69.23%	47.06%	67.86%	88.24%

DQ ✓✓ 87%

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



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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

TO NOTE: There was a significant decrease in returns for the April 2023 survey; whilst this may have been impacted by the change in survey provider, there was a reduction in submissions nationally which may have been impacted by industrial actions being taken during that period.

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.	The plan has not been developed at this stage. The Organisational Development Lead has taken over this work and is currently linking in with York University to understand more about the initiative and research.	
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.	**Complete.** There has been a sharing of ideas across the North East & North Cumbria Collaborative, following which we have undertaken the development of an Organisational Development Catalogue, detailing the different interventions the service facilitates. The Collaborative will continue to meet regularly to share and spread good practice in areas including culture and staff engagement.	

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 01.08.2023	
Enable **100%** of staff to access Foundation training	**17%**	(1261 out of 7603 members of staff)
To have trained **50%** of staff at Intermediate level	**12%**	(917 out of 7603 members of staff)
To have **15%** of staff trained at Leader level	**5%**	(349 out of 7603 members of staff)
To have **1%** of staff trained at Expert level	**0.54%**	(41 out of 7603 members of staff)

18) Staff Leaver Rate

Tees, Esk and Wear Valleys NHS Foundation Trust

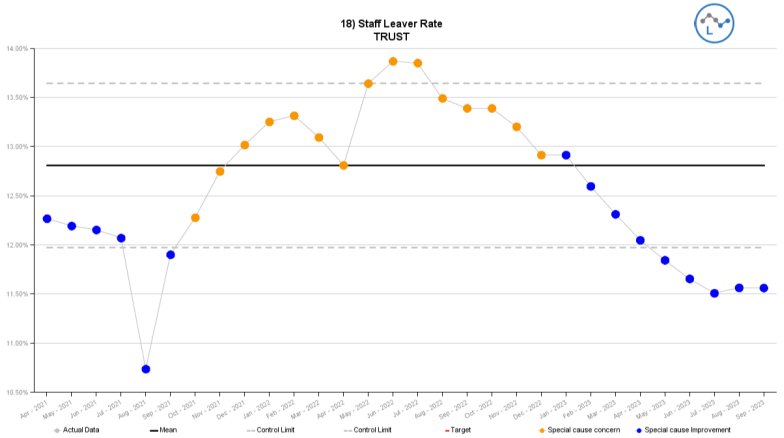
We are all committed to co creating a great experience for our colleagues so that they will feel they can continue to develop their careers within the organisation. By ensuring that we do not have an excessively high staff leaver rate, we will be retaining experienced staff helping us to ensure continuity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

From a total of **6,662.69** staff in post, **770.37 (11.56%)** had left the Trust in the 12-month period ending September.

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

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

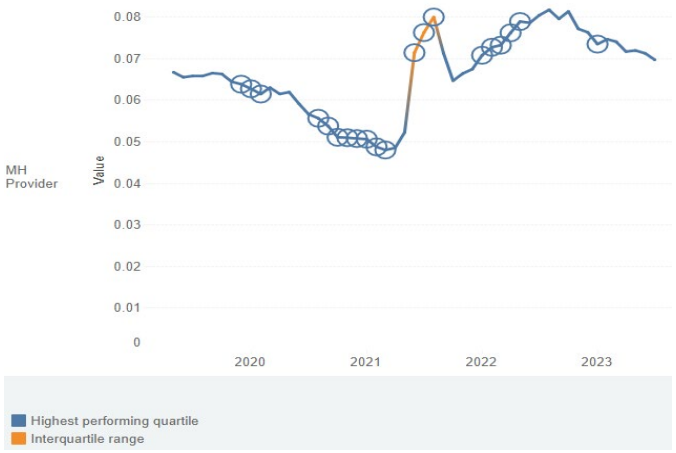
DQ 80%



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

National Benchmarking: NHS Staff Leaver Rate - England Mental Health and Learning Disability – June 2023 (latest published data)

The NHS Staff Leaver Rate published on NHS England NHS Oversight Framework Dashboard shows we were ranked 10 of 71 Trusts Mental Health & Learning Disability Trusts (1 being the best with the lowest leaver rate) and are placed in the highest performing quartile range.



19) Percentage Sickness Absence Rate

Tees, Esk and Wear Valleys NHS Foundation Trust

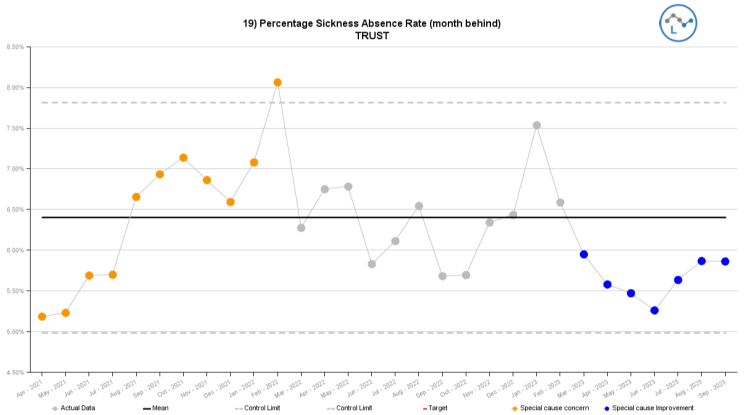
We are all committed to co creating a great experience our colleagues. We want to ensure that we support all our staff to maximise their health and wellbeing and enjoy coming to work as we know this also impacts on the quality of care we provide to our patients.

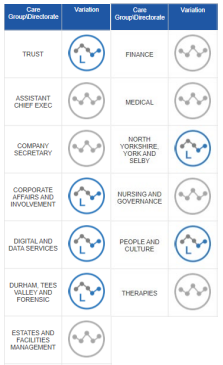
There were **226,547.63** working days available for all staff during August (reported month behind); of those, **13,286.51 (5.86%)** days were lost due to sickness.

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

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

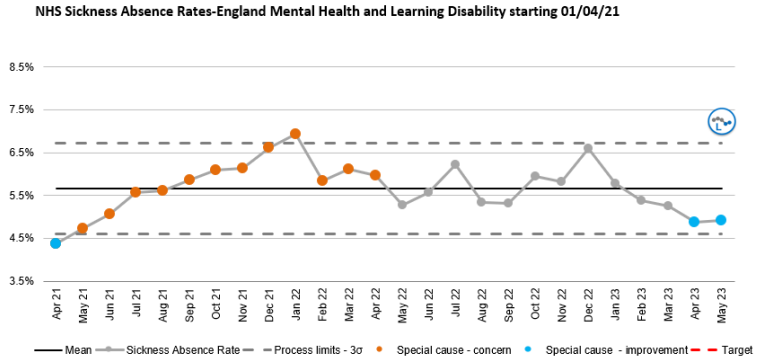
DQ ✓✓ 87%





National Benchmarking: NHS Sickness Absence Rates - England Mental Health and Learning Disability – May 2023.

NHS Sickness Absence Rates published 28th September 2023 (data ending May 2023 for Mental Health and Learning Disability organisations reports the national mean (average) for the period shown is 5.66% compared to the Trust mean of 6.32%.



Update

As at the 11th October 2023, sickness absence is 5.88% for October 2023.

19) Percentage Sickness Absence Rate

Tees, Esk and Wear Valleys NHS Foundation Trust

Additional Intelligence in support of continuous improvement

Our seasonal staff vaccination programme started on the 26th September 2023. Whilst there is a national focus on frontline health and social care staff, all colleagues are encouraged to get their flu vaccinations. With a view to encouraging wider participation, we have changed our clinic format this year and are hosting vaccine clinics at various times across our Trust over the next few months. With no requirement to book an appointment, staff can arrive at a time convenient to them and receive their vaccine. In addition to the flu vaccine, a Covid vaccine is also being offered to all front-line staff, our vulnerable colleagues and any staff members that support or care for people that are at high risk.

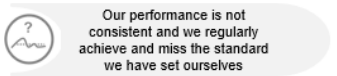
20) Percentage compliance with ALL mandatory and statutory training

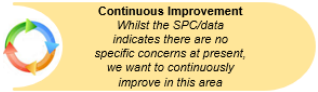
Tees, Esk and Wear Valleys NHS Foundation Trust

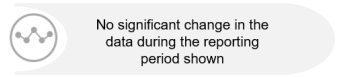
We are all committed to co creating a great experience for patients, carers families and our colleagues by ensuring colleagues feel engaged in the organisation and appraisals offer one opportunity for staff to get and give feedback on their experience of working for the Trust. We also ensure that our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

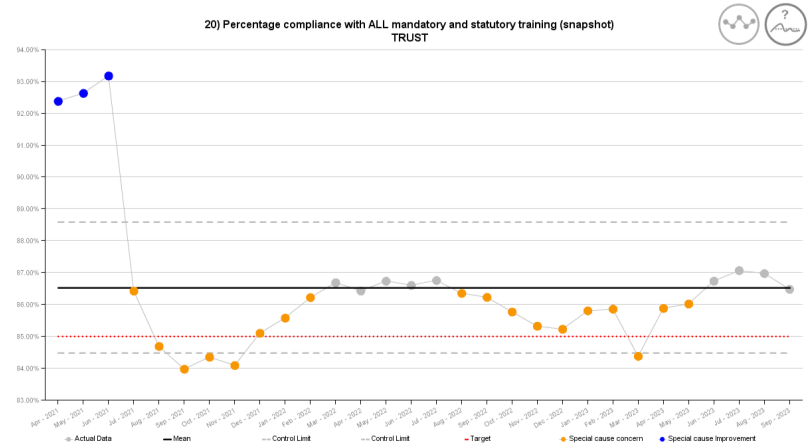
136,579 training courses were due to be completed for all staff in post by the end of September. Of those, **118,115** (**86.48%**) courses were actually completed.

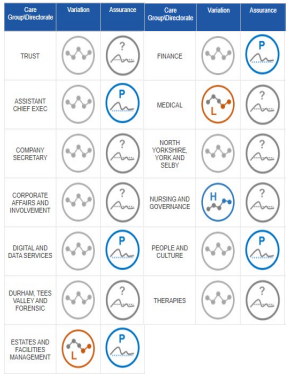
Percentage Compliance with Information Governance & Data Security Training. As required by the Information Governance Tool Kit the Trust must achieve 95% staff compliance. An improvement plan is in place with NHS England and this includes an action to agree trajectories with Care Groups and Directorates for when the standard will be achieved. As at end of September, **7612** were due for completion, **6813 (89.50%)** were actually completed.











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 developed a **Performance Improvement Plan** to define the actions being taken to support improvement and increased assurance. There are currently 26 actions included within the plan; 12 were due to be completed by the end of September 2023, of which 6 have been. One action has been completed this month; the revision of Moving & Handling training from annual to 2-yearly compliance, freeing up training capacity for delivery.

To Note: a request is currently being processed to expand the scope of the Information Governance training to encompass all staff. This has to date excluded students and volunteers.

20) Percentage compliance with ALL mandatory and statutory training

Tees, Esk and Wear Valleys NHS Foundation Trust

Supporting Information

As at the 10th October 2023, compliance for each of the Trust directorates is as follows:

Directorate	Mandatory & Statutory Training Compliance	
	Trajectory to achieve 85% compliance:	Data as at 10.10.2023
Trust	Achieving	86.75%
Assistant Chief Executive	Achieving	94.87%
Capital Programme	Achieving	91.57%
Company Secretary	Trajectory required	80.22%
Corporate Affairs & Involvement	Achieving	87.44%
Digital & Data Services	Achieving	85.65%
Durham, Tees Valley & Forensic	Achieving	86.41%
Estates & Facilities Management	Achieving	91.34%
Finance	Achieving	94.85%
Medical	Trajectory required	84.89%
North Yorkshire, York & Selby	Trajectory required	84.74%
Nursing & Governance	Trajectory required	81.22%
People & Culture	Achieving	85.43%
Therapies	Trajectory required	82.20%
Trust-wide roles	Achieving	90.28%

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 **6648** eligible staff in post at the end of September; **5392** (**81.11%**) had an up-to-date appraisal

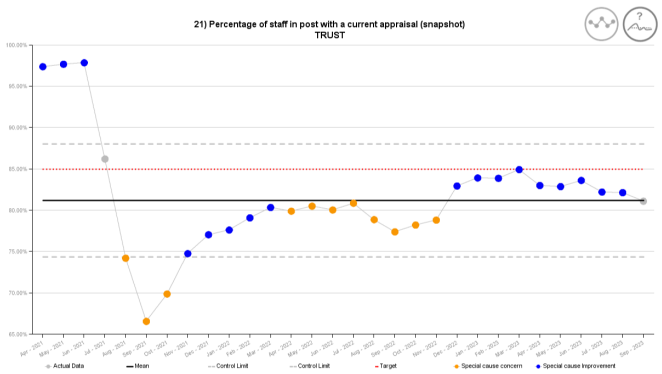
Our performance is not consistent and we regularly achieve and miss the standard we have set ourselves

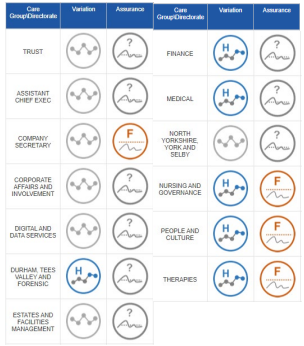
An Area of Concern
We are concerned with our performance in this area and action is required to improve

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

DQ

87%





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 developed a Performance Improvement Plan to define the actions being taken to support improvement and increased assurance. As at August 2023, there were 13 actions included within the plan; 6 were due to be completed by the end of September 2023, of which 2 had been completed.

21) Percentage of staff in post with a current appraisal

Tees, Esk and Wear Valleys NHS Foundation Trust

Supporting Information

As at the 10th October 2023, compliance for each of the Trust directorates is as follows:

Directorate	Appraisal Compliance	
	Trajectory to achieve 85% compliance:	Data as at 10.10.2023
Trust	Not achieving	82.11%
Assistant Chief Executive	Achieving	85.29%
Capital Programme	Trajectory required	71.43%
Company Secretary	Trajectory required	42.86%
Corporate Affairs & Involvement	Trajectory required	75.68%
Digital & Data Services	Trajectory required	74.55%
Durham, Tees Valley & Forensic	Trajectory required	79.65%
Estates & Facilities Management	Trajectory required	82.00%
Finance	Achieving	97.62%
Medical	31 October 2023	82.63%
North Yorkshire, York & Selby	30 November 2023	79.37%
Nursing & Governance	Achieving	81.25%
People & Culture	31 October 2023	76.30%
Therapies	Trajectory required	73.68%
Trust-wide roles	Trajectory required	75.00%

22) Number of new unique patients referred

Tees, Esk and Wear Valleys
NHS Foundation Trust

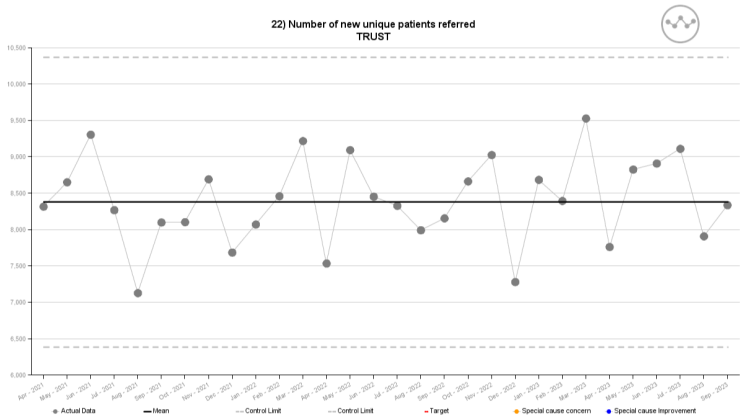
We are all committed to co creating a great experience for patients, and carers and families by ensuring that they experience support to achieve their goals and care that is right for each individual. Understanding the levels of patients that are referred to our services, assessed and taken on for treatment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

8336 patients referred in September 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

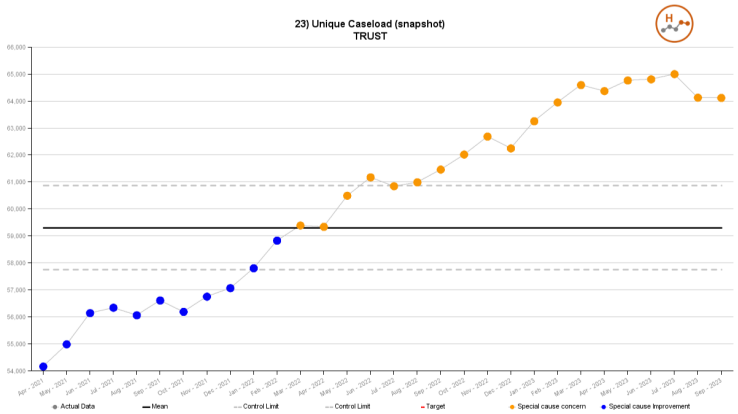
We are all committed to co creating a great experience for patients, and carers and families by ensuring that they experience support to achieve their goals and care that is right for each individual. Understanding the levels of patients that are referred to our services, assessed and taken on for treatment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

64,120 cases were open, including those waiting to be seen, as at the end of September 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 93%



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

This is a **key area of concern;** 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 32 actions currently included within the plans; 20 were due to be completed by the end of September 2023, of which 16 have been completed. Those completed since the last report include:

- The Durham & Tees Valley Child & Adolescent Mental Health Services Manager has developed an options paper for an approach to increasing assessment capacity and address the backlogs. This has been shared with the Care Board and Quality Impact Assessments are currently underway.
- A caseload review to identify those cases that have not been seen for over 3 and 6 months to assess their status on caseload and planned exit, has been undertaken for the York East Intensive Care Team and a triage processed has been established from September, which is demonstrating positive impact.

Whilst the impact on the Trust measure may not be obvious at this time, we have observed a decreasing (improving) position in North Yorkshire, York & Selby, which is largely being driven by improvements in Adult Mental Health services.

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

Tees, Esk and Wear Valleys 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 reported a **£4.42m deficit** to 30th September 2023 against a planned year to date deficit of **£5.13m,** resulting in a **(£0.71m) favourable** plan variance.

Summary

The financial position at 30th September 2023 is an operational deficit of £4.42m against a planned year to date deficit of £5.13m, resulting in a (£0.71m) favourable plan variance.

• **Agency expenditure** in September 2023 was £1.43m, or £0.23m below plan in month, and £10.17m, or £0.32m below plan to date. Usage includes material costs linked to inpatient occupancy and rosters, medical cover, costs within Health and Justice, and reducing costs relating to complex specialist packages of care.

• **Independent sector beds** - the Trust required 85 bed days during September 2023 (190 in August, or a 105 bed day reduction) at a cost of £0.10m (including estimates for unvalidated periods of occupancy and average observation levels pending billing). Year to date costs were £1.82m, or £0.97m more than the £0.85m year to date plan. This remains a key area of clinical and management focus including through the Beds Oversight Group including developing a range of forecast scenarios.

• **EFM Building & Engineering Contracts** cost £1.29m to date, or £0.66m more than planned. Costs relate to on-call and vacancy cover (pay surplus of £0.22m YTD as of September 2023). Revised roles, job descriptions / bandings are in recruitment to align pay with regional peers and mitigate these pressures recurrently with structures planned to be operational from Q2 onwards.

• **Taxis and Secure Patient Transport** YTD cost to September 2023 was £1.47m, which was £0.69m more than plan. A recent quality improvement event was held which included grip and control recommendations as well as alternative options. The results of this will be monitored over the coming months.

• **Planned CRES** are £1.85m behind plan to date. Key variances relate to independent sector bed pressures for Adult Mental Health, level loading of Inpatient roster to reduce agency costs, review of surge posts and actions to reduce taxi/transport costs. **Unplanned CRES of £1.85m** to date (including interest receivable) is fully mitigating adverse performance against planned schemes. Composite CRES achievement is therefore in line with plan to the end of September 2023.

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 Foundation Trust

Summary

To deliver the 2023/24 financial plan of breakeven the Trust needs to achieve planned CRES financial targets, or equivalent recovery actions, and recover the year to date £4.43m deficit. Variation from this will be monitored in year with any necessary recovery actions developed and implemented. Key in-year risks relate to the Agenda for Change pay award funding gap) and defunding for Microsoft licenses, partially mitigated by the benefit from the tariff uplift for the medical pay award, and with the expectation that contract income will be adjusted to almost fully reverse the Microsoft defund non-recurrently for 2023/24 only.

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.* *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.*		
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~~ September 2023 reporting	Care Group Boards have had oversight and signed off QIA's for relevant CRES schemes with delivery plans in progress. CRES workshop 28th September identified a number of additional short-term actions as well as themes with longer lead in times and requiring work up.	Greater understanding of differences between Care Group / directorate schemes and schemes from Trust plan. Non Recurrent mitigations identified and fully mitigating under performance against planned CRES at Month 6.
2023/24 financial forecast to understand likely deliverability of plan	Financial forecasts are being developed in conjunction with Care Group / directorate leads so assess best, worst and likely case scenarios for 2023/24 outturn	Financial forecasts based on intelligence at month 5 has been shared with Care Group / directorate leads and has been updated based on month 5 run rates. Further Care Group / directorate review required.	The financial forecast has informed the risks and mitigation (to deliverability of financial plan) assessment and a specific risk template to the ICB.

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 Foundation Trust

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.

There are 31 actions within the current Safer Staffing PIP; 3 actions are no longer being progressed. No actions were identified for completion by the end of September.

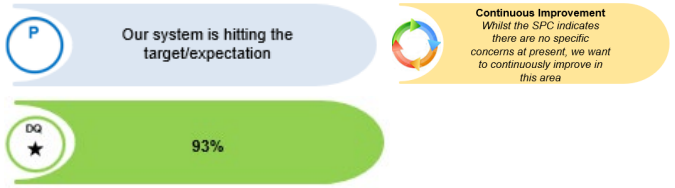
There are 23 actions within the current Agency PIP; 14 were due for completion by September, of which 8 have been completed or are ongoing pieces of work. Additional actions completed to those already reported include increased engagement with agency workers in hard to fill areas to encourage moving from agency to bank, including campaign stalls through August and the distribution of posters to all inpatient wards.

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

Tees, Esk and Wear Valleys 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.

YTD Agency expenditure of £10.17m is **£0.32m (3.05%) below plan**, however NHS planning guidance suggested that ICS agency expenditure should be no more than 3.7% of pay bill, as at M6 the Trust's agency expenditure represented 5.3% of pay bill.



Summary

Agency expenditure for the month of September 2023 was £1.43m, or £0.23m below plan, and £10.17m or £0.32m below plan to date.

NHS planning guidance introduced systems agency cost caps of 3.7% of pay bill. As at Month 6 Trust agency expenditure represented 5.3% of pay bill. Planned agency costs for 2023/24 were relatively in line with 2022/23 outturn and remain slightly below plan for quarter 2 of 2023/24 but are 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, including recent guidance regarding eradication of non-clinical agency assignments.

Previous 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 (sustained favourable reductions now being seen) but equally to net new recruitment (including to medical, qualified nursing, inpatient health and justice hot spots) and securing alternative whole system models of care for specialist adult learning disability packages of care and high cost medical assignments.

We recognise that volume pressures and rate premia associated with agency expenditure are 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.

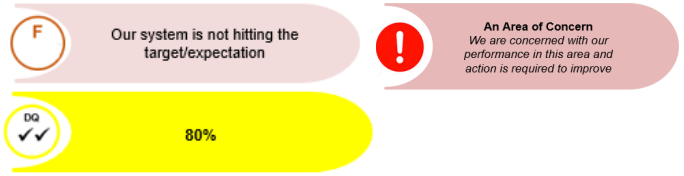
NOTE Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.

25b) Agency price cap compliance

Tees, Esk and Wear Valleys NHS 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 September 2023 there were 3,596 agency shifts worked, with **2,274 shifts compliant (63%).**



Summary

During September 2023 3,596 agency shifts were worked (688 fewer than August). This is equivalent to approximately 120 shifts per day, compared to 138 per day in August.

Of these, 2,274 or 63% shifts were compliant (2,706 compliant shifts or 63% compliance prior month). This is equivalent to approximately 76 compliant shifts per day in September, compared to 87 compliant shifts per day in August.

Of the non-compliant shifts 1,273 or 36% breached price caps (compared to 1,453 shifts and 34% prior month). This is equivalent to approximately 42 price cap breaches per day in September, compared to 47 price cap breaches per day in August.

49 or 1% breached framework and price cap compliance (compared to 125 shifts and 3% prior month). This is equivalent to approximately 2 framework breaches per day in September, compared to 4 framework breaches per day in August.

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 showing sustained reductions. The Trust's ability to reduce temporary (including agency) staffing reliance will in part link to sickness absence but equally to net new recruitment recruitment (including to medical, qualified nursing, inpatient health and justice hot spots) and securing alternative whole system models of care for specialist adult learning disability packages of care and high cost medical assignments. Other key areas of focus include actions to ensure optimal roster efficiency.

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

We recognise that volume pressures and rate premia associated with agency expenditure are 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.

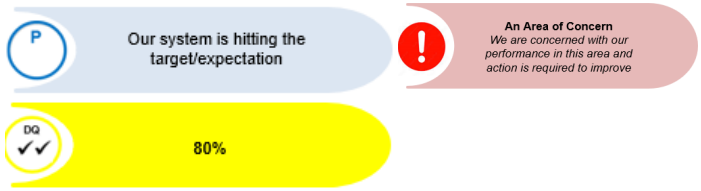
NOTE Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.

26) Use of Resources Rating - overall score

Tees, Esk and Wear Valleys NHS 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 30th September 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 0.30x, which is 0.15x better than plan and is **rated as a 4** (in line with plan in August).
- 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 18.1 days; this is behind plan by 3.5 days and is **rated as a 1** (2.8 days behind plan in August).
- 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 -1.96%, this is better than plan by 0.31% and is **rated as 4** (0.10% better than plan in August)
- **The agency expenditure metric** assesses agency expenditure against a capped target for the Trust. Costs of £10.17m are £0.32m (3.05%) less than plan and would be **rated as a 1.** (The agency metric assesses performance against plan) NHS planning guidance suggested that providers agency expenditure should be no more than 3.7% of their pay bill, as at M6 the agency expenditure was 5.3% of 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 30th September 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.

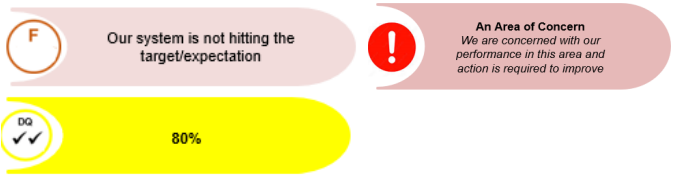
27) CRES Performance - Recurrent

NHS
Tees, Esk and Wear Valleys
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 **£5.98m** recurrent Cash-Releasing Efficiency Savings (CRES) for the year to date and have delivered **£3.86m recurrent CRES**.

£2.12m adverse variance against planned recurrent schemes.



Summary

The Trust planned to deliver **£5.98m** recurrent Cash-Releasing Efficiency Savings (CRES) to September 2023 but delivered **£3.86m** resulting in **under performance of £2.12m**. 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.

Recurrent CRES delivery for the year is behind plan at Month 6 with specific performance noted as:

- £0.68m under-delivery of CRES for OAPs Reduction in AMH (Performance Improvement Plan in place)
- £1.12m under-delivery of CRES for Surge post review (Pay)
- £0.25m CRES for Agency (Inpatient level loading of rosters – actions in train via sub group of safer staffing group)
- £0.16m CRES for Taxi spend reduction (Improvement Event and associated actions being progressed)
- £0.18m CRES for other schemes
- Recurrent CRES unachieved £2.39m to date mitigated in part by unplanned schemes:
- £0.12m CRES delivered (unplanned) Pay Review
- £0.06m CRES delivered (unplanned) EFM Capitalisation of combined heat & power
- £0.09m CRES for other schemes
- Composite recurrent CRES **under delivery** to M6 of **£2.12m**.

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*	Performance Improvement Plans in place for Agency and OAPs cost reductions. Improvement event progressed for taxis expenditure. Non recurrent mitigations identified to mitigate in-year slippage.	OAPs reduced from 21 (peak) to 8 currently. £0.27m recurrent CRES mitigation Measure 27.

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 Foundation Trust

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

We planned to deliver **£0.53m** of non-recurrent Cash-Releasing Efficiency Savings (CRES) for the year to date and have delivered **£2.65m**.

(£2.12m) favourable variance against planned non-recurrent schemes.

Summary

The Trust planned to deliver **£0.53m** non-recurrent Cash-Releasing Efficiency Savings (CRES) to September 2023 but delivered **£2.65m** resulting in **over performance of (£2.12m)**. The Trust planned to deliver non-recurrent Cash-Releasing Efficiency Savings (CRES) of **£5.38m** for the year with key areas of focus being:

- Individual scheme baseline assessment by Care Group and Directorate, 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.

Non-Recurrent CRES delivery for the year is ahead of plan at Month 6 relating to:
Planned Schemes
- £0.66m Non Recurrent Grip & Control (Non Pay)
- £0.40m Non Recurrent Grip & Control Trust wide Recovery Actions / budget rebasing (Non Pay)

Unplanned Schemes
- £0.79m Interest Receivable
- £0.01m Income Contribution
- £0.79m LD, Medical and Long Covid contribution

Composite non-recurrent CRES **over delivery** to M6 of **(£2.12m).**

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 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 September was **£4.26m** against an allocation of **£8.36m** resulting in a **£4.10m** underspend.

Summary

Capital expenditure at the end of September was £4.26m and is **£4.10m below** allocated expenditure of £8.36m.

There are several favourable and adverse variances to allocation; however, year to date slippage of £4.10m is mainly linked to previously anticipated costs of 2023/24 schemes which completed in the 2022/23 financial year; and reprofiling of the implementation plan for additional assistive technologies, costs relating to which are expected to be £5.3m (£0.6m year to date). The Trust is forecasting to outturn in line with planned performance, but note 1) a likely upside in relation to the phase 1 Teesside works and 2) a request to reprofile national PDC funding for Frontline Digitisation following the replanning of EPR-related work, both of which may generate slippage against the Trust's £16.2m capital plan. Discussions with ICS partners are commencing following the month 6 re-forecast.

Any delays to planned schemes are communicated to the Environmental Risk Group to manage any associated risks.

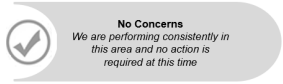
30) Cash balances (actual compared to plan)

Tees, Esk and Wear Valleys NHS 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 **£62.74m** against a planned year to date cash balance of **£63.85m.**

£1.11m adverse variance compared to plan.



Summary

Cash balances were **£62.74m** at 30th September 2023, which was £1.11m lower than the planned **£63.85m** balance**.** This is mainly due to accrued income being higher than planned, increased creditor payments and unplanned non-recurrent flexibilities in the revenue position. These are offset by underspending on capital, and Health Education England income received in advance of the period it relates to.

The Trust has achieved the 95% Better Payment Practice Code (BPPC) target compliance for the prompt payment suppliers, achieving a combined year to date BPPC of 95%. 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 30th September 2023 was £2.49m, with debts exceeding 90 days amounting to £0.39m (excluding amounts being paid via instalments and PIPS loan repayments). This is the lowest aged debt has been all year and was an improvement of £1.0m in month.

Three whole government accounting organisations account for 64% of total debts greater than 90 days old (£0.25m), progress continues to be made to receive payment for older debts. No outstanding debts have been formally challenged.

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	Q2
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)	1608	494

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.

Mental Health Priorities including National Quality Standards

Tees, Esk and Wear Valleys NHS Foundation Trust

There are 25 actions currently included within the plan; 20 were due to be completed by the end of September 2023, of which 13 have been completed.

No additional actions have been completed to improve our National Quality Standards since last month.

The additional action completed to improve our Local Quality Priorities is the undertaking of focused promotional work by our Durham & Darlington IAPT services with local GPs and via mental health awareness events, with a view to increasing access to our services.

County Durham Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

There are **2** national quality standards and **3** local priorities that were not delivered at quarter 2 2023/24.

NATIONAL QUALITY REQUIREMENTS				
Measure	Agreed S-ICBL Ambition	Q1	Q2	FYTD
Child Eating Disorders: Percentage of Service Users designated as routine cases who access NICE concordant treatment within four weeks	95%	83.82%	83.61%	83.61%
Child Eating Disorders: Percentage of Service Users designated as urgent cases who access NICE concordant treatment within one week	95%	76.67%	67.74%	67.74%

LOCAL QUALITY REQUIREMENTS				
Measure	Agreed S-ICBL Ambition	Q1	Q2	FYTD
Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy	Annual 12448 Monthly 1037	2662	2900	5562
IAPT:Percentage of people who have waited more than 90 days between first and second appointments	<10%	13.92%	12.86%	13.35%
Percentage of CYP closed referrals, with at least two contacts, with paired outcome scores within reporting period	40%	22.49%	25.73%	24.49%

Tees Valley Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

There is **1** national quality standard and **2** local priorities that were not delivered at quarter 2 2023/24.

NATIONAL QUALITY REQUIREMENTS				
Measure	**Agreed S-ICBL Ambition**	**Q1**	**Q2**	**FYTD**
Child Eating Disorders: Percentage of Service Users designated as urgent cases who access NICE concordant treatment within one week	95%	50.00%	50.00%	50.00%

LOCAL QUALITY REQUIREMENTS				
Measure	**Agreed S-ICBL Ambition**	**Q1**	**Q2**	**FYTD**
Talking Therapies:Percentage of people who have waited more than 90 days between first and second appointments	<10%	19.76%	18.66%	19.19%
Percentage of CYP closed referrals, with at least two contacts, with paired outcome scores within reporting period	40%	28.57%	27.12%	27.66%

North Yorkshire Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

There are **2** national quality standards and **4** local priorities that were not delivered at quarter 2 2023/24.

NATIONAL QUALITY REQUIREMENTS				
Measure	**Agreed S-ICBL Ambition**	**Q1**	**Q2**	**FYTD**
Child Eating Disorders: Percentage of Service Users designated as routine cases who access NICE concordant treatment within four weeks	95%	80.00%	78.05%	78.05%
Child Eating Disorders: Percentage of Service Users designated as urgent cases who access NICE concordant treatment within one week	95%	87.50%	87.50%	87.50%

LOCAL QUALITY REQUIREMENTS				
Measure	**Agreed S-ICBL Ambition**	**Q1**	**Q2**	**FYTD**
Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy	Annual 8627 Monthly 719	1723	1665	3388
IAPT:Percentage of people who have waited more than 90 days between first and second appointments	<10%	17.57%	12.73%	15.01%
Percentage of CYP closed referrals, with at least two contacts, with paired outcome scores within reporting period	40%	38.24%	37.80%	37.96%
Number of women accessing specialist community PMH services in the reporting period (cumulative)	Q1 71 Q2 142 Q3 213 Q4 284	77	96	96

Vale of York Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

There are **3** national quality standards and **5** local priorities that were not delivered at quarter 2 2023/24.

NATIONAL QUALITY REQUIREMENTS				
Measure	**Agreed S-ICBL Ambition**	**Q1**	**Q2**	**FYTD**
Percentage of Service Users experiencing a first episode of psychosis or ARMS (at risk mental state) who wait less than two weeks to start a NICE-recommended package of care	60%	73.33%	50.00%	63.46%
Child Eating Disorders: Percentage of Service Users designated as routine cases who access NICE concordant treatment within four weeks	95%	79.66%	84.48%	84.48%
Child Eating Disorders: Percentage of Service Users designated as urgent cases who access NICE concordant treatment within one week	95%	71.43%	71.43%	71.43%

Vale of York Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

LOCAL QUALITY REQUIREMENTS				
Measure	**Agreed S-ICBL Ambition**	**Q1**	**Q2**	**FYTD**
Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy	Annual 7096 Monthly 591	1495	1605	3100
IAPT:Percentage of people who have waited more than 90 days between first and second appointments	<10%	31.15%	25.77%	28.33%
Percentage of CYP closed referrals, with at least two contacts, with paired outcome scores within reporting period	40%	30.25%	25.60%	27.54%
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.	3224	3340	3181	3181
Number of women accessing specialist community PMH services in the reporting period (cumulative)	Q1 60 Q2 120 Q3 180 Q4 240	37	64	64

Vale of York Sub-ICB Location

Tees, Esk and Wear Valleys NHS Foundation Trust

Percentage of Service Users experiencing a first episode of psychosis or ARMS (at risk mental state) who wait less than two weeks to start a NICE-recommended package of care

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
Reduced staffing capacity within the York & Selby EIP team due to vacancies and maternity leave has impacted the team's ability to undertake assessments in a timely manner, to enable a number of patients to commence a NICE approved care package within 14 days.	Service Manager to temporarily redeploy a member of staff from the Harrogate, Hambleton & Richmondshire team to the York & Selby EIP team from the end of September 2023 for a period of 3 months.	**Complete.** The member of staff started with the York & Selby EIP team in September and will remain in that position until December 2023.	No visible impact; low consistent performance remains visible.
	York and Selby EIP team manager to lead the recruitment for 5 Band 6 clinicians by the end of December 2023, to increase access capacity within the team.	One clinician has been recruited and is due to start in September 2023; the remaining 4 posts are being re-advertised as no suitable candidates applied. Recruitment of agency staff has been considered however, there have been no suitable candidates at this stage.	
NEW We need to review the EIP referral criteria to ensure only suitable patients are accepted within North Yorkshire and York EIP services.	By 31st October 2023, NYYS EIP Service manager to work with the Associate Director of Therapies EIP Trust lead, to review the criteria and agree the pathway for patients who do not meet the EIP criteria and remain with the team on extended assessments to establish next steps.	It has been proposed that patients not meeting EIP criteria are to be returned to the care of their GP and not placed on an extended assessment, unless there is a clinical need to do so. The revised pathway and criteria is to be fully implemented by the end of October.	

Chapter 3

NHS Oversight Framework

NHS Oversight Framework

Tees, Esk and Wear Valleys NHS Foundation Trust

Introduction:

The NHS Oversight Framework is built around five national themes:

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

The 5 themes are underpinned by 29 key performance measures and sub-measures and Trust/ICB performance is monitored via an allocation to a top, inter- or bottom quartile. Those typically within the top quartile indicate the higher performing Trusts.

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

Summary:

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

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

- NHS Staff Survey compassionate culture people promise element sub score
- CQC well led rating
- Staff survey engagement theme score
- Sickness absence rate*
- Proportion of staff in a senior leadership role who are from a BME background
- Access rate for IAPT services (North East & North Cumbria)*
- Women accessing specialist community perinatal mental health services (Humber & North Yorkshire)*

**Please see the relevant sections within the Integrated Performance Report, Mental Health Priorities and Performance Improvement Plans*

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

NHS Oversight Framework

Tees, Esk and Wear Valleys NHS Foundation Trust

1) Quality, Access & Outcomes: Mental Health

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

Tees, Esk & Wear Valleys NHS Trust	Oversight Standard	Q1	Q2	Latest National Position
Number of inappropriate OAP bed days for adults by quarter that are either 'internal' or 'external' to the sending provider	0	1608	494	Interquartile range as at June 2023 (1525) 39 out of 56 Trusts

Please see the Bed Pressures section within the Integrated Performance Dashboard from slide 17 and the Performance Improvement Plan.

North East & North Cumbria ICB	Oversight Standard	Q1	Q2	Latest National Position
IAPT access (total numbers accessing services)	100.00%	87.54%	95.24%	Lowest performing quartile (a position of concern) as at Q1 2022/23 (63.6%) 33 out of 42 ICBs
Children and young people (ages 0-17) mental health services access (number with 1+ contact)	100.00%	113.64%	114.69%	Interquartile range as at June 2023 (94%) 15 out of 42 ICBs
Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	100.00%	113.66%	115.24%	Interquartile range as at June 2023 (101%) 16 out of 42 ICBs
Women accessing specialist community perinatal mental health services	100.00%	195.13%	130.31%	Interquartile range as at June 2023 (132.4%) 26 out of 42 ICBs

Humber & North Yorkshire ICB	Oversight Standard	Q1	Q2	Latest National Position
Access rate for IAPT services	100.00%	81.87%	83.19%	Interquartile range as at Q1 2022/23 (68.1%) 26 out of 42 ICBs
Number of children and young people accessing mental health services as a % of population	100.00%	122.23%	118.87%	Interquartile range as at June 2023 (86%) 21 out of 42 ICBs
Access rates to community mental health services for adult and older adults with severe mental illness	100.00%	103.72%	101.26%	Interquartile range as at June 2023 (102%) 14 out of 42 ICBs
Women accessing specialist community perinatal mental health services	100.00%	87.02%	61.07%	Lowest performing quartile (a position of concern) as at June 2023 (55.8%) 39 out of 42 ICBs

Please see the relevant measures within the Performance Improvement Plans.

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

Quality of Care, access & outcomes; Safe, high-quality care	Oversight Standard	Q1	Q2	Latest National Position
National Patient Safety Alerts not completed by deadline	0	0	0	Highest performing quartile (a positive position) as at September 2022 (100%) 1 out of 71 Trusts
Consistency of reporting patient safety incidents	100%	100.00%	*	
Overall CQC rating	N/A	Requires Improvement		Interquartile range as at August 2023 51 out of 69 Trusts
NHS Staff Survey compassionate culture people promise element sub-score	As per staff survey benchmarking	6.8	6.8	Lowest performing quartile (a position of concern) as at 2022 survey (6.85) 65 out of 71 Trusts
NHS Staff Survey raising concerns people promise element sub-score	As per staff survey benchmarking	6.7	6.7	Interquartile range as at 2022 survey (6.71) 43 out of 71 Trusts
Adult Acute Length of Stay Over 60 Days	0%	13.80%	13.42%	Highest performing quartile (a positive position) as at June 2023 (14%) 9 out of 52 Trusts
Older Adult Acute Length of Stay Over 60 Days	0%	25.81%	33.58%	Highest performing quartile (a positive position) as at June 2023 (20%) 5 out of 52 Trusts

* National reporting paused pending the introduction of the new Learn from Patient Safety Events (LFPSE) service

Quality of care, access and outcomes; Compassionate and inclusive culture

Quality of care, access and outcomes; Compassionate and inclusive culture	Oversight Standard	Q1	Q2	Latest National Position
Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	1.00	1.83	1.83	Interquartile range as at 2023 (1.8) 48 out of 69 Trusts
Relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants	1.00	1.12	1.12	Interquartile range as at 2023 (1.1) 50 out of 69 Trusts

People; Looking after our people

People; Looking after our people	Oversight Standard	Q1	Q2	Latest National Position
Staff survey engagement theme score	As per staff survey benchmarking	6.80	6.80	Lowest performing quartile (a position of concern) as at 2022 survey (6.85) 65 out of 71 Trusts
Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers	As per staff survey benchmarking	7.00%	7.00%	Interquartile range as at 2022 survey (7.32%) 24 out of 71 Trusts
Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues	As per staff survey benchmarking	14.00%	14.00%	Interquartile range as at 2022 survey (13.7%) 34 out of 71 Trusts
Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public	As per staff survey benchmarking	23.00%	23.00%	Highest performing quartile (a positive position) as at 2022 survey (22.7%) 17 out of 71 Trusts
Staff Survey – We Are Compassionate and Inclusive People Promise element score	As per staff survey benchmarking	7.40	7.40	Interquartile range as at 2022 survey (7.44) 53 out of 71 Trusts
NHS Staff Leaver rate	None	11.66%	11.56%	Highest performing quartile (a positive position) as at June 2023 (6.97%) 10 out of 71 Trusts
Sickness absence rate (working days lost to sickness)	None	5.44%	5.79%	Lowest performing quartile (a position of concern) as at April 2023 (5.48%) 57 out of 71 Trusts

People; Belonging in the NHS

People; Belonging in the NHS	Oversight Standard	Q1	Q2	Latest National Position
Proportion of staff in senior leadership roles who a) are from a BME background b) are women c) disabled staff				
BME background	12%	1.37%	1.72%	Lowest performing quartile (a position of concern) as at 2022 calendar year (1.28%) 67 out of 69 Trusts
Women	62%	65.75%	64.22%	Interquartile range as at July 2023 (63.9%) 27 out of 45 Trusts
Disabled staff	3.20%	10.96%	11.64%	
Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age	As per staff survey benchmarking	63.00%	63.00%	Interquartile range as at 2022 calendar year (62.4%) 20 out of 71 Trusts

Leadership and Capability; Leadership

Leadership and Capability; Leadership	Oversight Standard	Q1	Q2	Latest National Position
CQC well-led rating	N/A	Requires Improvement		Lowest performing quartile (a position of concern) as at August 2023 53 out of 69 Trusts

Finance & Use of Resources

Finance and use of resources	Oversight Standard	Q1	Q2	Latest National Position
Financial efficiency - variance from efficiency plan - Recurrent	N/A	£1,178,000	£3,858,000	Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.
Financial efficiency - variance from efficiency plan - Non-Recurrent	N/A	£363,000	£2,645,000	
Financial stability - variance from break-even	N/A	£3,881,456	£4,424,811	
Agency spending: Agency spend compared to the agency ceiling	100%	86.26%	99.96%	
Agency spending: Price cap compliance	100%	67%	63%	

Tees, Esk and Wear Valleys
NHS Foundation Trust

Finance Update

Council of Governors – November 2023

2023/24 Financial Performance

The Trust's financial plan, which was submitted to NHS England in May 2023, targeted delivery of a **breakeven position** for the **2023/24 financial year**. This preceded confirmation of final outcomes and funding in respect of the Agenda for Change (AfC) and Medical pay awards for 2023/24 which increase the Trust's overall financial exposure. Whilst a recurrent national defund for Microsoft Licenses will be largely reversed for 2023/24, this remains a pressure beyond the current financial year.

2023/24 Month 6 Revenue Performance: Plan phasing targeted a deficit of £5.1m to 30th September 2023. Actual performance of a deficit of £4.4m, represents a £0.7m favourable plan variance. This is due to month on month reductions in expenditure run rates, despite the impact of significant unanticipated Agenda for Change and Microsoft License cost pressures.

- **National pay review body award: Agenda for Change staff 5% uplift** (2.1% recognised in tariff and at plan), paid in June. Additional revenue funding of 1.6% tariff uplift results in a £0.7m funding gap to the end of September and forecast £1.5m full year (£1.7m full year recurrent).
- **Medical Pay Award** Recent guidance has resulted in additional tariff income of £1.4m with medical pay award cost of £0.8m at M6 (£1.7m full year), offering a £0.6m contribution towards medical locum run rate pressures due to vacancy levels in the substantive workforce (but required to uplift recurrent budgets.
- **Plan pressure on National Microsoft License arrangements** resulting from the defunding of ICSs and providers, but with providers still tied into current contracts and costs (£0.2m to date, pending substantial national reversal for 2023/24 only, due to be actioned Month 7).

Key cost pressures include:

- **Elevated levels of agency expenditure**, including premia charged for medical vacancy cover, support for a small number of complex care packages for Adults with a Learning Disability (albeit reducing), and ongoing safe staffing, absence and vacancy cover for inpatient services and in Health & Justice.
- **Elevated bed occupancy,** due to increased lengths of stay and driving higher than commissioned staffing (and agency) levels.
- The ongoing need for **Independent Sector bed placements** due to Adult Mental Health and PICU bed pressures. This reflects longer lengths of stay, with additional financial risk from delayed transfers for Older Adults, and closure of Adult Learning Disability beds.
- **Estates Building & Engineering Contract** overspending, driven by vacancies and impacts on-call cover, is starting to reduce following agreement of new roles to realign job bandings and descriptions with regional peers.

CRES performance is on plan at M6 but includes non-recurrent mitigation of £1.9m under performance against planned CRES. Key variances include independent sector bed pressures for Adult Mental Health, level loading of Inpatient roster to reduce agency costs, review of surge posts and actions to reduce taxi/transport costs. Higher than planned interest receivable represents a substantial non-recurrent mitigation.

Cash balances were £62.7m and £1.1m below plan as of 30th September 2023. The key drivers being working capital variations offset by revenue and capital underspending.

Capital Position: The Trust agreed a £16.2m capital plan, with £13.9m being funded via the NENC ICS allocation for 2023/24. Year to date costs of £4.3m represent slippage of £4.1m. There is potential for slippage on frontline digitisation and relating to an upside on the final account for capital works at Teesside.

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Council of Governors

Care Group Update
Durham Tees Valley & Forensics

Patrick Scott
Managing Director
4th December 2023

Pillars of Improvement

Tees, Esk and Wear Valleys NHS Foundation Trust

- **Assurance Framework- Ward to Board - the Golden Thread**
- **Governance review- Strengthening our operational grip and oversight**
- **Co creation Board- Changing the way we lead and Govern**
- **Qoaching- Integration of QI/Coaching and Organisational Development**
- **Business plan – Stabilisation to Transformation**
- **Estates plan**

Spotlight on Quality, Safety and Experience

DTVF Quality Assurance Meetings

Tees, Esk and Wear Valleys NHS Foundation Trust

Fundamental Standards

Positive and Safe

Patient Safety and Experience

Fundamental Standards

- Regulatory Standards
- Quality Review Documentation Audit
- Peer Review
- Monthly environmental monitoring
- Audit
- Safety Brief
- Lessons Learned
- Culture Reviews

September 2023 Compliance	Trust	DTVF	NYY&S
Inpatient Quality Review Audit	74%	73%	77%
Community Quality Review Audit	78%	78%	78%

Monthly Environmental Checklist

The checklist has been developed to ensure the continuous maintenance of minimum environment standards in all clinical bases. The checklist can be completed by any member of the team however the medicines management section must be completed by a Registered Nurse at any frequency but as a minimum monthly.

Team	Date
Name of Person/s Completing:	Designation

- Safe, Effective, Caring, Responsive, Well Led

Monthly Briefing to staff

Tees, Esk and Wear Valleys NHS Foundation Trust

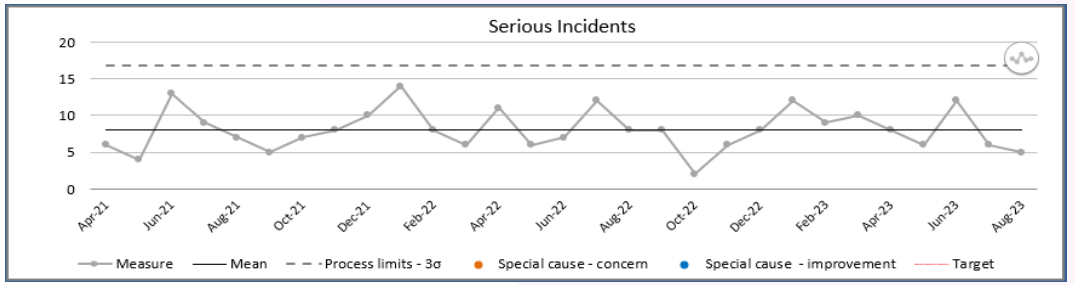
September 2023 - DTVF Fundamental Standards Monthly Briefing

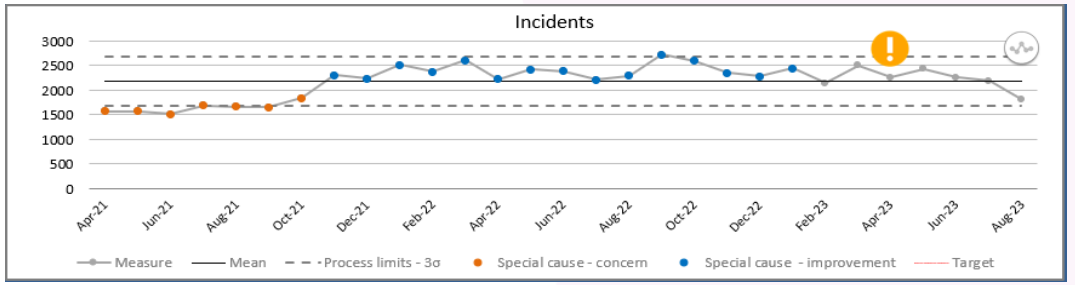
	How are we doing and how do we know?	What are we doing now?	What do you need to do?
 Safe	• Following learning from a serious incident the **Time Away from the Ward for Informal Patients** and **Section 17 Leave for Detained Patients** policies were reviewed. Our DTVF audit results demonstrated that in September on the last occasion the patient used unescorted Section 17 leave evidence that staff discussed the leave before the patient left the ward was only available in 54% of records reviewed but for informal patients time away from the ward this was available in 80% of records. • Adult Learning Disability Inpatient Services shared the success of their reducing restrictive practices work demonstrated through the reduction in restrictive intervention incidents and patient and staff feedback.	• Matrons and Ward Managers are monitoring the implementation of the revised policies.	• Make sure you have the read the revised policies and are aware of your role and responsibilities before, during and after a patients leave/time away from the ward.
 Well Led	• Did you know we are changing how we respond to patient safety incidents? The **Patient safety Incident Response Framework** (PSIRF) will focus on the outcome of patient safety incident response which support learning and improvements. • We are also changing how we report **incidents** the new system InPhase Oversight will replace datix and make it easier for everyone to report and manage incidents.	• Dawn Jessop, Deputy Chief Nurse and Rachel Weddle, Associate Director of Patient Safety will be sharing more information about PSIRF and what the changes mean over the coming weeks	• Book onto your InPhase training via the Training Centre on InTouch we encourage everyone no matter what your role to report incidents to keep everyone safe
 Effective	• The new inpatient and community **Quality Review Tools** were piloted in September. **306 Inpatient audit** documents were completed by DTVF with an overall compliance of **72%**. **442 Community audit** documents were submitted by DTVF with an overall compliance of **78%**. • We are trialling the revised **Peer Review Tool** during October and November with the aim to review all wards and teams within 2024.	• Feedback on the new tools has been provided and acted upon. The sample required has been reduced for Community Teams from 10 to 8 records per team and for Inpatients 5 records per ward. The audit data collection period has been extended.	• Discuss your results in your ward and team meetings to identify good practice and where improvements can be made. You can view your team/ward results via the dashboards available on the T Drive (T:\Quality Assurance Schedule).
 Caring	• This month we talked about the **Health and Wellbeing initiatives** and support available to staff provided by the Trust including the Trust Mindfulness Team, counselling and free apps via http://www.vivup.co.uk/, discounted gym and Leisure Centre Membership and financial support. Some members of the group are Health and Wellbeing Champions and attend the staff led council. • We heard from Secure Inpatient Services about their **Nursing Councils** and how these had enabled the nursing voice to be heard and to share and spread good practice.	• The Health and Wellbeing Team have offered to attend Team and Ward meetings to discuss and support initiatives you want to set up. • Secure Inpatient Services have offered to share their learning from the development of Nursing Councils with other services who want to develop these.	• If would like to become a Health and Wellbeing champion contact michellebrown1@nhs.net • If you have an idea for an initiative within your service contact russell.smith2@nhs.net the team might be able to help support you to get this off the ground. • Don't forget to get your Flu/and or COVID Vaccination – you could win a prize!
 Responsive	• We received a Patient Safety Update from the National Patient Safety Team following the outcome of the trial of Lucy Letby. We discussed the update and wanted to remind everyone of the importance of speaking up about patient safety concerns and the support that is available for you to do so. October is Speak Up Month! Raising concerns about patient safety and patient care is really important and will help us continuously improve our services.	• Every ward and team base should have a Freedom to Speak Up poster in a staff area that lets you know how to raise patient safety concerns we check these are available monthly as part of our environment checks.	• There are lots of ways you can raise patient safety concerns speak to your manager, speak to our freedom to speak up guardian or officer, use the anonymous raising concerns online form or telephone line, email or write to the Chief Executive.

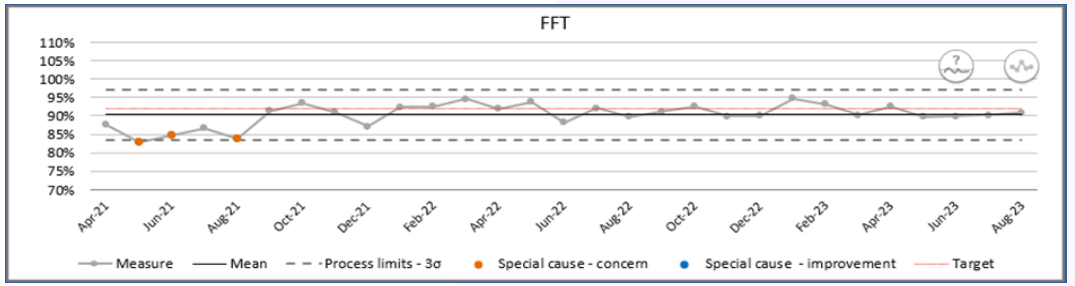
- Policies
- Quality Review Tools & Outcomes
- Clinical Audit Outcomes
- Safety Briefs
- Regulatory Inspections & Outcomes
- Patient Experience
- Staff Experience and Wellbeing

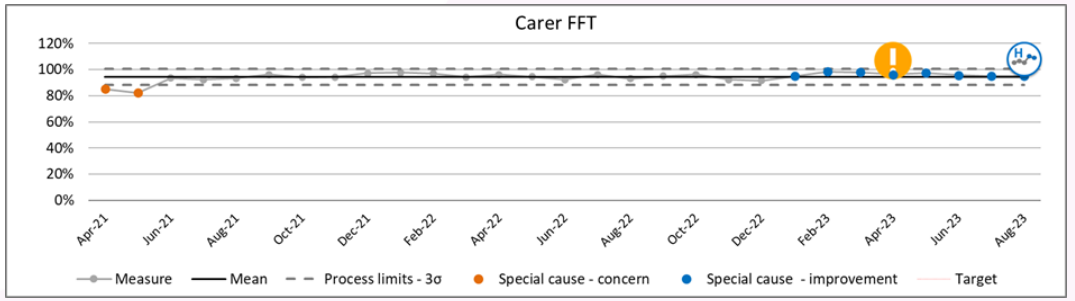
Patient Safety and Experience

- Serious incidents in month reviewed
- Learning in month via Early Learning Review and Directors Panels
- Emerging themes from incidents
- Incident review project progress
- Service thematic reviews
- Serious incident review process and backlog
- Safeguarding monthly reporting data, intelligence, learning from reviews to commence
- Patient Experience, PALs, Complaints monthly reporting data, intelligence and learning
- Complaints and PALs monthly service level report in development – plan to share and spread
- Service level Patient and Carer Experience Groups with improvement plans
- Feeling Safe PIP
- Feeling safe staff and patient focus groups
- Triangulation of data (e.g., RI, temporary staffing) with actions taken to understand impact on experience underway.









Tees, Esk and Wear Valleys
NHS Foundation Trust

DTVF – Workforce

What we are doing well….

- **Due to pilot 4/9 day a week/fortnight flexible working across care group pilot sites.**
- **Continued improvement in Long Term Sickness with People Partner clinics**
- Good assurance in relation to patients and carers reporting feel cared for by staff
- Making use of HEE/NHSE training in evidence based psychological therapies and interventions and iterative growth in new workforce roles e.g. Mental Health Wellbeing Practitioners, Education Mental Health Practitioners, Children's Wellbeing Practitioners and ARRS roles
- Improved trajectory for Registered Nurses in RPH and Ridgeway, with appointment of preceptorship and training of international nurses
- Recent recruitment to Consultant Psychiatry posts (3 in MHSOP, 1 in AMH and 2 offers in CAMHS)
- Established and developing Equality Diversity and Human Rights Steering group.
- Continued improvement in trajectory for missed breaks with co-created staff ideas

What remains challenging…

- **Delivery of face to face mandatory training in Resus, Positive and Safe training and Physical Health Core skills, with some improvement in manual handling**
- **Clinical staff supporting Serious Incident review backlogs finding them taking longer than expected alongside pressures of clinical work**
- Access to staff trained in evidence based psychological treatments
- Lack of overall strategy within disciplines in relation to workforce planning or to fully mobilise system workforce models
- Many staff on leadership visits and during training describing high demand of referrals, acuity and workload and impacted by the business of the organisation and influence of negative press
- Supervision recording and assurance with teams using WorkPal, Power App and many continuing manual recording

Opportunities….

- **Community Mental Health Transformation and Inpatient Quality Transformation for Mental Health, Learning Disability and Autism as an enabler for more progressive transformation and workforce models to support our core evidence-based offer.**
- Support for research to engage with Gypsy Roma Travelling community in relation to mental health and pathways into employment
- Scope for collaborative workforce planning in services and learning from initial areas, using the Workforce planning tool to support and align with establishment reviews
- PSIRF, CITO implementation and workforce planning as a vehicle to strengthen clinical triumvirate leadership

Risks…..

- **Impact of negative media on both patients, carers and staff**
- Potential impact for unfunded posts
- Stat and Mand Training to support patient safety
- Assurance in relation to staff receiving management and clinical supervision and annual appraisals

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

Health & Justice Services

Tees, Esk and Wear Valleys NHS Foundation Trust

What we are doing well….

- **Over the last year we have increased our quality focused assurance work e.g. quality audits 5 and 9 now completed by MMs; 3 part plans audited; peer reviews (QNPMHS and Trust); introduction of H&J specific patient safety meeting (looking at SIs, early learning reviews; Coroner's recommendations etc)**
- **Embedding the Model of Care across the service**
- **Patient experience of SALT and support**
- Positive feedback through Quality Network and CQC reports and service user feedback
- Continued participation in enabling environments Pipe and Primrose
- Partnership working across Provider Collaborative NENC forensic community teams

What remains challenging…

- **Oakwood environment developments**
- **Patients affected by the MM ruling and ongoing pathway**
- Access to rooms to see patients in the prison estate
- Geography and access to teams
- Partner systems limiting access to patients.

Opportunities….

- **Development of Hope workshops across prison estate**
- **Ongoing development of lived experience review across H&J**
- **Intense period of re-procurement of existing contracts and new business opportunities**
- Involvement in development of new services e.g. Enhanced Reconnect, Close Supervision Centre

Risks…..

- **Staffing and recruitment across all services – impacts on service provision**
- **Possible difficulties with clearances for HMPPs and Police**
- **Potential loss of contracts through intense period of re-procurement over the next two years**

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

Ridgeway, Secure Inpatient Services

Tees, Esk and Wear Valleys NHS Foundation Trust

What we are doing well….

- **Reducing Restraint and Restrictive Practice**
- **Improved safeguarding and incident reporting**
- Community approach including vocational roles
- Patient leave – reduced no of leave cancellations
- Ridgeway Times – patient led newspaper
- Local and Regional involvement of service users and carers
    - Joint working with CNTW around patient and carer work (alternate between CNTW and TEWV plus meet off site at a half way point.

What remains challenging…

- **Increasing reliance on Enhanced Care Areas (ECA) creating staffing and safeguarding challenges**
- **Delayed discharges for LD/A patients**
- **Pressure in male medium secure pathway**
- **Prison transfers outside of 28 days – Jay Ward remains temporarily closed**
- **The above all contribute to a deteriorating position in relation to OOA placements**
- **Patients feeling safe**
- Use of seclusion – no of episodes with AMH patients
- Impact of Estate rectification

Opportunities….

- **Refresh of collaborative will create opportunities for improved experience service users through increased accessibility and flow**
- Peer roles
- Increase number of vocational roles, examples include gym instructors, shop assistants
- Improve communications via internet for patients, carers and wider partners

Risks…..

- **Standard and use of seclusion**
- **Extended length of stay**
- **Ability to discharge patients in a timely way due to lack of single occupancy/bespoke accommodation for individuals with complex challenging presentations**

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

CAMHS & ALD

Tees, Esk and Wear Valleys NHS Foundation Trust

What we are doing well….

CAMHS:

- **CAMHS Crisis - Significant improvement over last 12 months with sustained delivery above 90% standard since May 2023.**
- Improving picture on routine referrals for CYP with an Eating Disorder.
- MDT working - range of professionals, knowledge and skills, including non TEWV roles.
- Innovation/Transformation – PCN Practitioner roles, participation groups, more personalised reports for CYP.

ALD:

- **Use of restrictive interventions – continue to see reduction month on month.**
- **Improved quality of life for service users – significant increase in use of s17 leave, outings and engagement with community.**
- **Reduced use of Bank and Agency staff – familiar faces.**
- Feedback from CQC showcasing improvements in ALD and developments being made across services.
- Discharges of a number of long-stay inpatients.
- Strong collaborative MDTs offering consistency for Service Users.

What remains challenging…

CAMHS:

- **Neurodevelopment pathways** and number of complaints - working closely with the ICB to reduce waits and have a Keeping in Touch process in place.
- Capacity and demand work needs to be refreshed – increasing waiting times and list sizes.
- Co-creation – need to improve response numbers for FFT and create new forums to engage.
- Can take too long to move CYP along I-thrive framework.
- Access to T4 ED beds.

ALD:

- **Creating conditions for re-opening of beds**
- Many buildings are not fit for purpose, and we are limited in what adaptations can be done with scarce resources for improvements.
- Capturing patient experience feedback – we are working closely with the PACE Team to innovate and improve response rates.
- Negative social media/news reporting on TEWV and other ALD services nationally – impact on opinions of Service Users and families.

Opportunities….

CAMHS:

- Roll-out of successful initiatives, including use of groups, intensive community support for ED, 111-2 option for crisis response, Youth Intensive Psychological Practitioner posts**.**
- Improve our communication with families on next steps.

ALD:

- **Reopening of beds**
- Use of Quality of Life passports.
- Embed Positive Behaviour Support strategy.
- Increased presence in primary care (STOMP and health facilitation).
- Further participation with service user groups.
- Improving systems of support and guidance upon admissions to Green Light beds.

Risks…..

CAMHS:

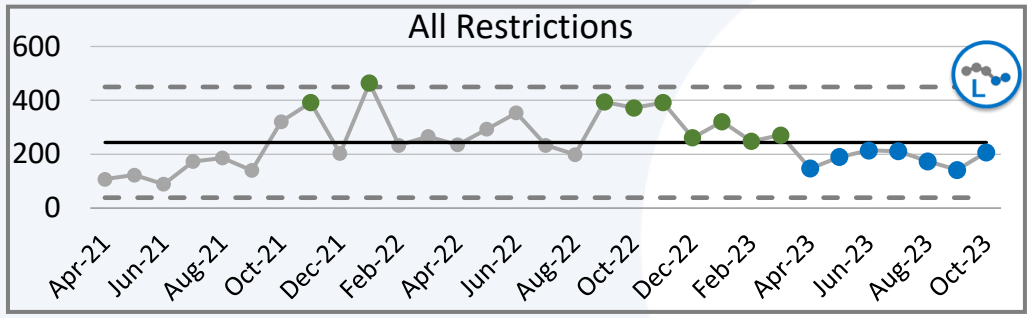
- **Continued growth in demand without additional resourcing**.
- Risk of widening inequalities.
- Greater complexity of patients.
- All age crisis response may dilute CYP response.

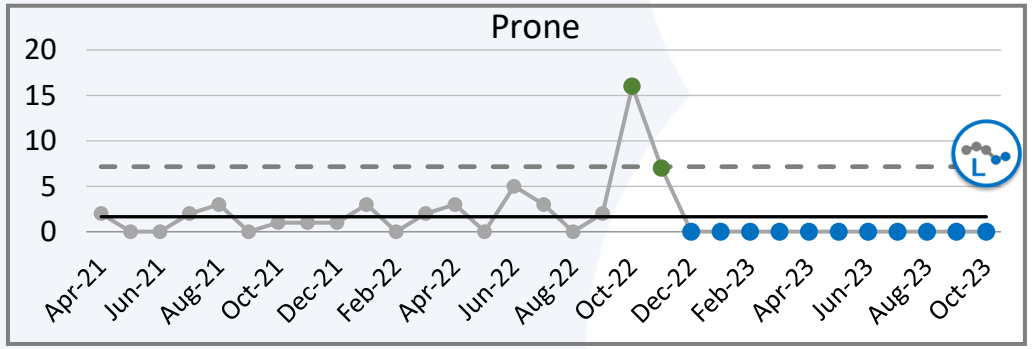
ALD:

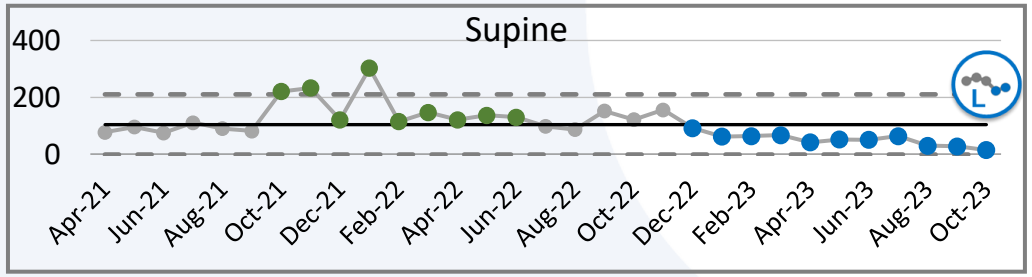
- **Inability to source complex care clinical skills training in ALD**
- Buildings not fit for purpose – impacts bed occupancy and ability to respond to service users need, eg: providing low stimulus environment when required.
- Increased complex people moving into area and services where providers often don't have the trained/skilled staff to meet needs.

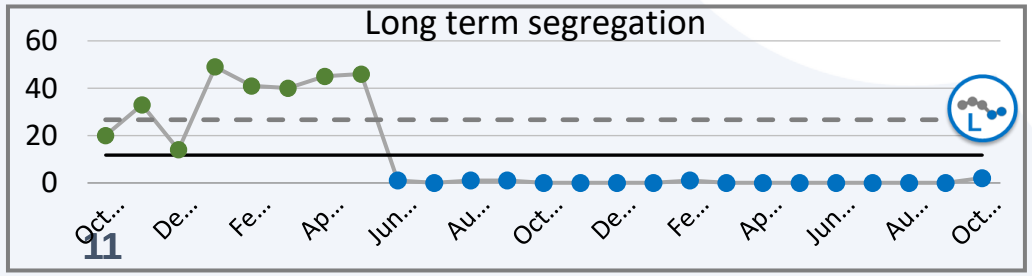
Restrictive Interventions - ALD

Tees, Esk and Wear Valleys NHS Foundation Trust

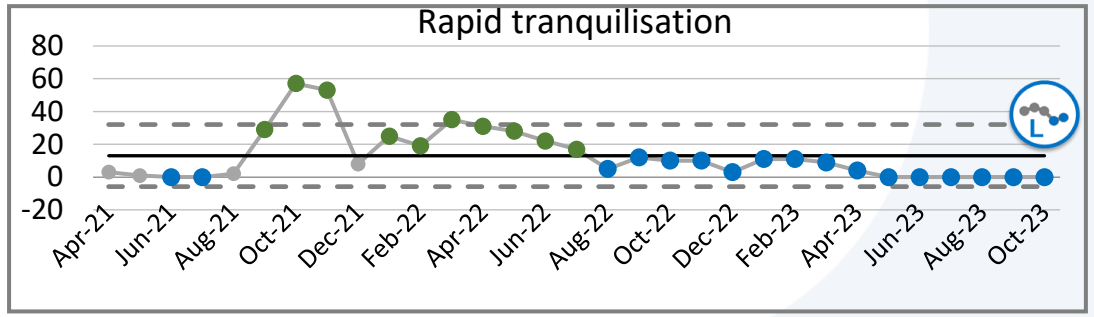


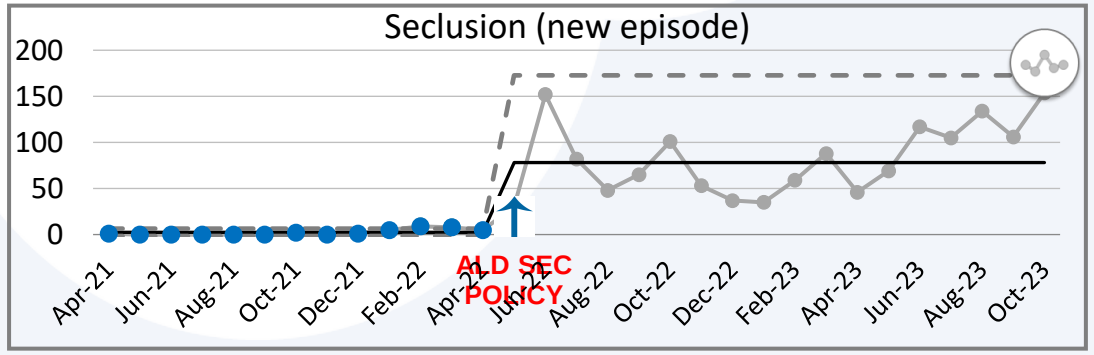






- ✓ **Zero Prone restraint since 12/22**
- ✓ **Zero Rapid tranquillisation since 05/23**
- ✓ **Reduced use of supine restraint**
- ✓ **Zero LTS at Bankfields Court**
- ✓ **Increase in seclusion – relates to using the least restrictive approach.**
- ✓ **Restrictions are at lowest level and for shorter periods of time**
- ✓ **Use safest and least restrictive approach to protect patient safety, in line with Positive and Safe Care.**





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

DTVF AMH / MHSOP Services

Tees, Esk and Wear Valleys NHS Foundation Trust

What we are doing well….

- **A range of activities now sitting within the Urgent Care Programme Board;**

- **Refreshed PIpA pathway**
- **Optica bed management system to provide increased oversight of bed position**
- **AMH Crisis Transformation Programme – in evaluation stages, peer support available across DTV and alternative to crisis offers expanded**
- **D&D Crisis Quality Improvement – recognised improvement in patient safety and quality**
- **Investment secured to deliver new 111(2) All Age Crisis Screening Team in Q4 23/24 – will be delivered under D+D AMH Crisis Services**

- **Community Mental Health Framework, evaluation being undertaken across Durham and Tees Valley**
- Reducing Restrictive Interventions and Self-Harm Project
- MHSOP Durham Community Re-configuration work
- Dementia Pathway refresh
- Development of ASD & ADHD waiting times report and associated keeping in touch process, ensuring we have visibility of patients waiting for assessment and have regular contact with this patient group.

Opportunities….

- **Inpatient Quality Transformation Programme – awaiting ICB priority workstreams**
- Further transformation work planned with NEAS through ICB ambulance and mental health work-stream – to include MH professionals in ambulance EOC and roll out of MH ambulance
- A pilot is ongoing across AMH urgent care services in Tees with services co-locating on night shift working more collaboratively.
- Plans to disaggregate Durham and Darlington Crisis Team – strengthening place-based leadership and integration with local services and continuity of staff delivering care
- Review of clinical model (Clinical Network)
- Care planning policy review

What remains challenging…

- **Financial pressures** – Inpatient Agency spend (Medic and Nursing), Perinatal posts in Durham, ARMs Pathway in Durham and Darlington, AMH CMHTs in Durham
- **ASD and ADHD waiting times**
- **Medical Vacancies AMH / MHSOP**
- Formal Business Continuity Arrangement at RPH AMH – Quality impact of light vacancy/absence rate for RN's
- High bed occupancy across acute inpatient services
- Call answer rates (AMH Crisis DTV)
- Response times from Liaison across ED's
- MHSOP Crisis Transformation
- MHSOP Sickness absence levels

Risks…..

- **Medic and RN vacancies – Inpatient (DTV) and Liaison Psychiatry (Tees)**
- **RCRP – no current implementation plans/milestones from 2 x constabulary's – design events planned**
- Psychology establishments not achieving BPS guidance
- DCC Social Worker Vacancies
- Out of hours responses to MHA requests not always timely
- Lack of clarity on 23/34 and 24/25 investment for Crisis Transformation funding meaning we are unable to plan for 24/25 commissioning. Some workstreams have had to have notice served including Humankind peer support in D+D
- Environment at RPH – on-going rectification programme leading to ward moves and disruption to services

Regulatory Outcomes – There is more to do …

Tees, Esk and Wear Valleys NHS Foundation Trust

- **2022 CQC Ratings**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Specialist eating disorders service	Requires Improvement	Outstanding ☆	Good	Good	Good	Good
Specialist community mental health services for children and young people	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community mental health services with learning disabilities or autism	Good	Requires Improvement	Outstanding ☆	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Wards for people with a learning disability or autism	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Inadequate
Forensic inpatient or secure wards	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Community-based mental health services for adults of working age	Good	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement

- **2023 CQC Ratings**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement →← Oct 2023	Good →← Oct 2023	Good →← Oct 2023	Good →← Oct 2023	Requires Improvement →← Oct 2023	Requires Improvement →← Oct 2023
Community-based mental health services of adults of working age	Requires Improvement ↓ Oct 2023	Good →← Oct 2023	Good →← Oct 2023	Requires Improvement →← Oct 2023	Good ↑ Oct 2023	Requires Improvement →← Oct 2023
Wards for older people with mental health problems	Requires Improvement →← Oct 2023	Good →← Oct 2023	Good →← Oct 2023	Good →← Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023
Long stay or rehabilitation mental health wards for working age adults	Requires improvement Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Community mental health services for people with a learning disability or autism	Requires Improvement ↓ Oct 2023	Good ↑ Oct 2023	Good ↓ Oct 2023	Good →← Oct 2023	Good →← Oct 2023	Good →← Oct 2023
Forensic inpatient or secure wards	Requires Improvement ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023
Specialist community mental health services for children and young people	Requires improvement Sep 2022	Good Dec 2021	Good Dec 2021	Requires improvement Dec 2021	Requires improvement Dec 2021	Requires improvement Sep 2022
Community-based mental health services for older people	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Wards for people with a learning disability or autism	Requires Improvement ↑ Oct 2023	Requires Improvement ↑ Oct 2023	Good ↑ Oct 2023	Requires Improvement →← Oct 2023	Requires Improvement ↑ Oct 2023	Requires Improvement ↑ Oct 2023
Specialist eating disorders service	Requires improvement Mar 2020	Outstanding Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Mental health crisis services and health-based places of safety	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021

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NHS Foundation Trust

Thank You

ITEM NO. 10b

For General Release

Meeting of:	Council of Governors Public Meeting
Date:	4th December 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: Key celebrations, challenges, highlights and areas of focus for NYYS are set out below.

Celebrations

We held our first Fundamental Standards awards ceremony on 6th October in York where the amazing work of the clinical teams was showcased, demonstrating progress with maintaining fundamental standards, reducing restrictive practices and feeling safe.

We held the formal opening of Foss Park Hospital on 11th October The event was well attended by a range of partners, staff, patients and Governors and included a choir, various activities, and a chance to meet some of our therapy dogs. Reception staff unveiled the plaque that marks the opening.

The ICB has invested £750k recurrently in the development of a Learning Disability Intensive Home Support Team to facilitate discharge from hospital and to prevent admission. Recruitment is underway with some staff now coming into post.

Funding for the REACH, (Reducing Exclusion for Adults with Complex Housing Needs) Team in Scarborough has been extended and the potential to extend the model across North Yorkshire is being discussed with partners. The REACH project is a partnership approach involving housing, local authority, Police and ourselves. It identifies the most vulnerable people whose complex life circumstances and needs prevent them from finding a home. The team provide support and guidance on housing, alcohol and drug misuse, mental health needs and reduction of criminality/anti-social behaviour.

Staffing

We have some successful recruitment into CAMHS and with Consultants, however staffing vacances remain a pressure overall and in particular in CAMHS Selby, Ripon Community Team, Crisis Teams and MHSOP.

Positively, overall turnover in NYYS in on a downward trend.

Sickness levels have stabilised and are sitting around 4.69%.

Finance

The ‘hot spot’ pressures on our budgets remain use of agency staff due to vacancies, however we have also identified potential savings through reduction in use of taxis.

Agency overspend is highest within:

- AMH and MHSOP Inpatient wards.
- medical staff vacancy cover.
- Crisis Teams.

Performance

We have seen improvements in the percentage of patients surveyed reporting their recent experience as very good or good; and the percentage of inpatients reporting that the feel safe whilst in our care over the last month.

The percentage of CYP showing measurable improvement following treatment, (patient reported), remains positive.

Waiting times for some of our services remain high and have a continued focus on them via the Care Group Board.

There is particular pressure in memory assessment services where demand has outstripped our capacity for some time, with a predicted increase in demand in future. We have completed a detailed capacity and demand analysis of the memory services including benchmarking against other areas and have shared this with commissioners. As a result the ICB is supporting a system approach in examining the memory assessment pathway across all organisations and identifying if the pathway can be improved and whether the resources are being used most effectively within that pathway.

There have been 0 independent sector beds reported for North Yorkshire and York patients since 5th October 2023 although bed occupancy remains high.

All Age Crisis Line
A pilot has been in place since September working in partnership with 2 voluntary sector organisations to ensure that people who call the crisis line have their call answered and directed to the support they need. (Calls for under 16's go straight to crisis hub). The pilot runs until the national launch of NHS 111 option 2. Initial data shows that:

- Over 90% of calls to the line are now answered by call handlers.
- Over 60% (up from 30% range) of calls transferred to crisis hub are answered.
- Last month there were 5,600 calls to the line.
- The majority of calls remain a request for support, advice and signposting rather than requiring a triage and assessment by crisis hub clinicians.

Right Care, Right Person
'Right Care, Right Person' (RC,RP) is a model designed (and primarily driven by the Police Force), to ensure that when there are concerns for a person's welfare linked to mental health, medical or social care issues, the right person with the right skills, training and experience will respond. This usually does not fall within the role and powers of a police officer

We have strong relationships with North Yorkshire Police in relation to this policy. The police have worked positively with the trust and all system partners to take a pragmatic approach to meeting the principles.

Monthly York and North Yorkshire wide meetings are in place where representatives from all partners involved in urgent and emergency care meet to understand current developments, challenges and find solutions. The meetings also have a reflective practice element where partners can present a scenario / case study and the group work through any learning that may improve a person's support and organisational response if it was to reoccur.

Co-creation

The Co-Creation Board's current focus is on:

- Developing 4 key specialty-level service user and carer co-creation groups, to help join up and bring board oversight on our various service user and carer activity across the NYYS care group.
- Formalising the Co-creation Board into our NYYS accountability framework, governance and reporting arrangements.
- Setting up an NYYS Partners' Co-creation subgroup with key system partners.
- Working closely with the Organisational Development team Resilience Hub to develop a Lived Experience leadership support programme.

We are exploring the development of an In-patient Experience Initiative that will enable patients to mentor/train staff on our wards about what it is like to receive care in our units. We will also explore the possibility of partnering with an external agency or VCSE partner (such as Healthwatch, Mind etc)

Community Transformation

There has been learning regarding delivery of the prototype hub model in York, in particular around staffing and how all partners work in collaboration with shared responsibility. A delivery board with all partners involved in the community hub provision has been established to strengthen governance and shared responsibility in delivery of the model.

We are now working on recruitment to posts, (a new Team Manager started in November), induction of new staff, implementation of learning and delivery of sustainable model, with an **a**im to deliver sustainable model in community location early 2024 with accelerated roll out across City throughout the year.

Across North Yorkshire the partnership has prioritised the development of community hubs over the next 12 months, planning a number of physical and virtual hubs to serve the rural and urban areas. Conversations have also begun to explore the impact and development opportunities the new hubs, coupled with newly integrated primary care services offers the Access and Community Teams.

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Council of Governors

Durham Tees Valley & Forensics Care Group Update – Right Care, Right Person

Patrick Scott
Managing Director
4th December 2023

Right Care, Right Person

Right Care Right Person (RCRP) is an operating model for ***police and partners*** to ensure health calls for service are responded to by those with the ***right skills and expertise*** to provide the ***best possible service*.**

Reason for the change:

- Welfare checks use a disproportionate amount of Police time and are mostly health related, not crime.
- Mental Health demand is rising exponentially, with no method to reduce it.

Legal duties to act arise on the police in the following general circumstances:

- **A *real and immediate*** threat to life: Duty under Article 2 ECHR
- **A *real and immediate*** threat of really serious harm/torture/inhumane or other conduct within Article 3 ECHR.
- ***Common law*** duties of care.
- ***Specific statutory duties***. Arrest, detain, restrain.

Right Care, Right Person

Right Care Right Person

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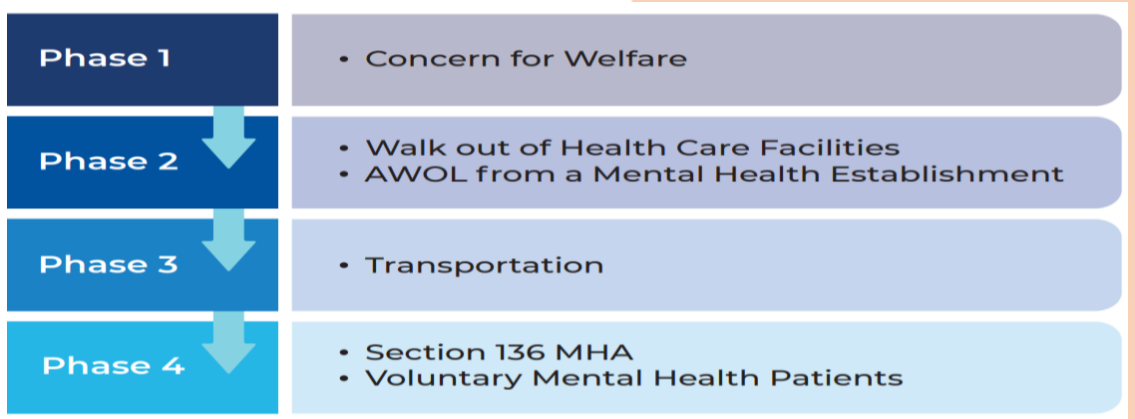
Right Care, Right Person will be a phased implementation throughout 2024 and will address calls for service under the following key areas:

Next Steps:

- ✓Strategic partnership representation at weekly Gold meetings
- ✓Continued support and engagement with Task and Finish Groups to progress tactical/operational plans moving forward



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Thank You

ITEM NO.12

For General Release

Meeting of: Council of Governors
Date: 04 December 2023
Title: Update on Serious Incident backlog
Executive Sponsor(s): Beverley Murphy Chief Nurse
Author(s): Rachel Weddle Head of Patient Safety

Report for:				
	Assurance	**X**	***Decision***	
	Consultation		***Information***	**X**

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	**X**
2: To co-create a great experience for our colleagues	**X**
3: To be a great partner	**X**

Strategic Risks relating to this report:

BAF ref no.	***Risk Title***	***Context***
11 **6**	The absence of a clear line of sight from ward to Board, due to ineffective governance and assurance processes, could result in the inconsistent quality of services and increased risks to patients. Failure to effectively undertake and embed learning could result in repeated serious incidents.	There has been a backlog of Serious Incidents awaiting review approval. This presents the following risks: • Trust reputation/ public & family perception and lack of confidence • Impact on level of external surveillance (SOF), scrutiny and confidence (NHSE/ CQC/ External partners) • Delay or failure to capture and act upon key learning. • Staff health and wellbeing

Executive Summary:

Purpose: The purpose of this report is to present to the Council of Governors the current progress and assurance within the domain of patient safety:

- Actions to reduce back log
- Progress since May and current trajectory
- Early learning process
- Duty of Candour assurance
- Sustaining Improvement

Proposal: It is proposed that the Council of Governors receive this update with **reasonable** assurance. The reasonable overall assurance level has been determined by management based on the progress

reported and the associated assurance evidence reviewed across the key areas covered in this paper.

Overview:

Serious Incident Back Log Recovery Strategy

There is an ongoing recovery plan and a clear trajectory of improvement, that projects performance made on several assumptions:

- Human factors such as reviewer capacity
- Projected average incidents per month (14)
- the capacity to review incidents and progress through governance assurance panels.

All serious incidents are reviewed to ensure we have met Duty of Candour, (which is line with Patient Safety Incident Response Framework (PSIRF) requirements and ensures that families have received notification of a review, have a named contact person and that we have clear terms of reference for each review. The patient safety team now have two family liaison workers to ensure timely and compassionate links with families.

A range of mechanisms are ongoing to support delivery of the recovery plan and to sustain good performance. These include:

- A new clinical lead position to work alongside the care groups in support of the governance processes required.
- Realignment of functions and processes within the Patient Safety Team in preparation for PSIRF, and the new reporting system InPhase, which will offer greater transparency and access to incidents and monitoring.
- A developing partnership with Spectrum CIC who are currently commissioned by NHSE for national clinical reviews. It is anticipated they may be able to support further reduction of the backlog (not currently included in the trajectory) but also provide an ongoing resilience for incidents in the future.

InPhase will be able to provide reports on all incidents, including themes. Incidents that are recorded as moderate or more severe, will be monitored through the daily patient safety huddle, to ensure those of a higher severity are identified promptly from within the backlog. Further work is being undertaken to review how we use the current data available more proactively to assess progress and areas for focus.

There is now a quarterly Multidisciplinary review of themes including Chief Nurse, Medical Director, and Head of Therapies, to ensure organisational oversight of themes and subsequent actions/governance.

The Patient Safety Team are working with the Care Groups on the new arrangements for monitoring of Early Learning Reviews and approval as an MDT process, ensuring consistency.

Implications:

Delivery of the SI recovery in line with the improvement trajectory is dependent on meeting the assumptions on which it is based. Very close monitoring is required to ensure we can be responsive as soon as any issues or barriers arise. Staff from across the two Care Groups are undertaking incident reviews and there are a number of implications and risks associated with this, particularly capacity, work pressures and lack of experience.

Care Group leadership has been welcomed in responding to incidents, working in partnership with the Patient Safety Team and supporting the back log process.

The local and director panels create some risk not only due to capacity issues but also increased volume, some uncertainty regarding the terms of reference, and the fluctuating timescales of reports being provided in adequate time. Under PSIRF this will be reviewed, but it is anticipated this will be for new incidents and the current backlog will continue to be managed within current processes.

TEWV have received three regulation 28 reports from the Durham and Darlington Chief Coroner related to the delay in providing Serious Incident reports for the coronial process. As a result of this an article was in the Health Service Journal which has resulted in a Department of Health request for assurance.

There are regulatory, patient safety and reputational risks for the Trust if these two areas are not fully addressed.

Recommendations:

The Council of Governors to receive this update with **reasonable** assurance. The reasonable overall assurance level has been determined by management based on the progress reported and the associated assurance evidence reviewed across the key areas covered in this paper.

Tees, Esk and Wear Valleys
NHS Foundation Trust

Council of Governors

04 December 2023

Dawn Jessop
Deputy Chief Nurse

journey to change

Contents

Tees, Esk and Wear Valleys
NHS Foundation Trust

- Actions to reduce backlog
- Progress since May and current trajectory
- Early learning process
- Duty of Candour assurance
- Sustaining Improvement

Actions to reduce backlog

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- Robust oversight of the serious Incident Tracker.
- New staff structure and Executive oversight
- Additional internal and external reviewers supported by training and weekly supervision
- Locality and Director panels with ICB input and MDT
- Two Family Liaison Officers in place
- Meeting with coroners
- Reviewing current processes within the team to ensure better governance
- Reviewing Mortality review processes
- Implementing transition of PSIRF
- Incorporating lived experience directors in panels and moving towards patient safety partners

Progress on Backlog

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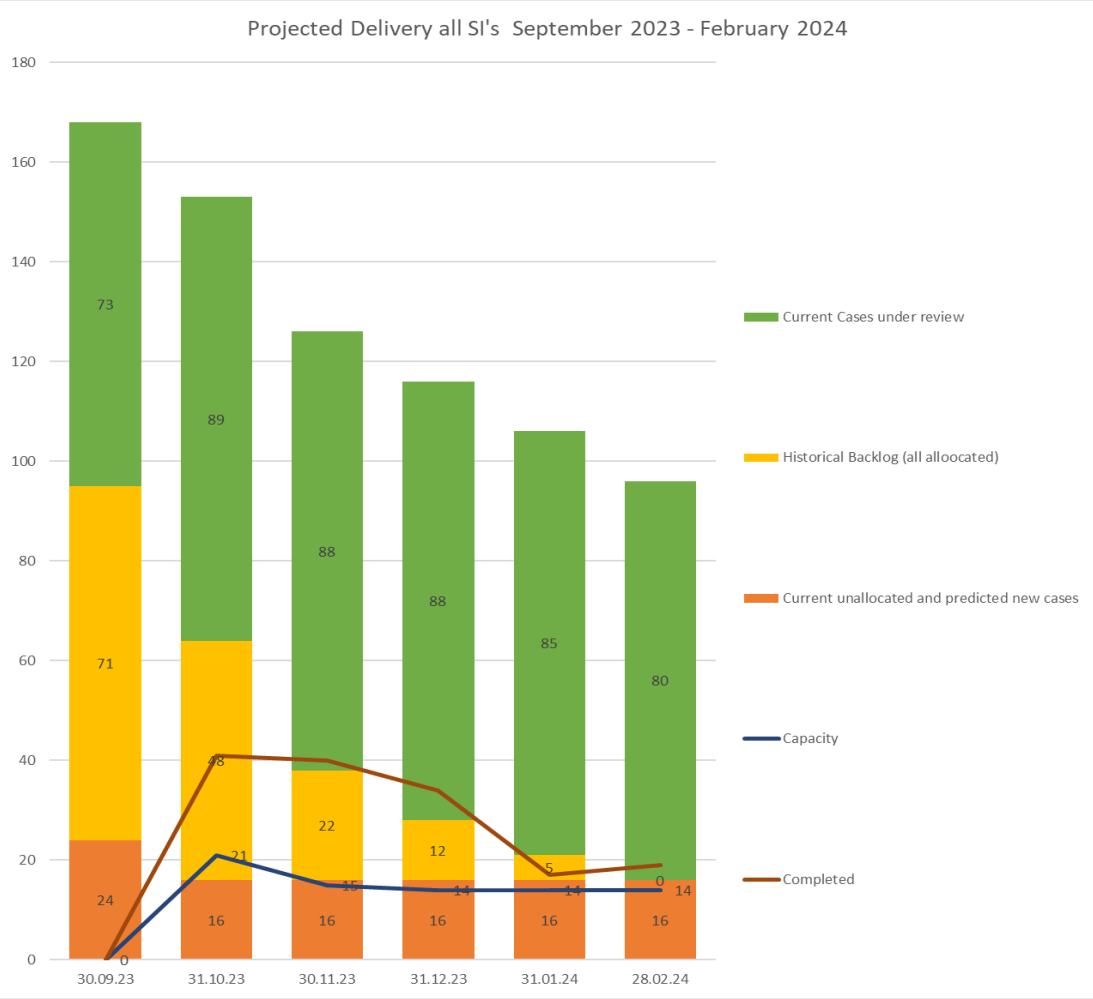

DATA Summary Since May:

Historical backlog of unallocated 47 cases

- **All investigations allocated**
- **23 reviews completed and closed**
- **Remaining 24 investigations progressing**

Historical backlog of cases under investigation with delays 76 cases

- **52 incident reviews completed and closed**
- **Remaining 24 investigations progressing**
- **Total historical backlog that remain under review is 48 and we anticipate completion and closure by 31/12/23**

As of 14.11.23 the current / BAU serious incident reviews open = 104

- 88 investigations progressing
- All inpatient SI's are progressing
- By end November we have capacity to allocate investigations within the month of SI occurring
- Sustainability plan in place to ensure no recurrence of backlog.

Since May until the end of October the Patient Safety Team have completed and closed 71 SI's (through panel and sent to ICB)

Early Learning

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- Implemented a process of reviewing moderate and severe harm through huddle in conjunction with care groups.
- Reviewed and updated early learning review processes/flow charts and template through workshops with care groups and will be further reviewed as part of PSIRF.
- Early learning is implemented when identified post incident.
- Themes are pulled through SI's and panels are tracked and reported quarterly against 7 known themes.
- Implemented InPhase (new reporting system) supporting compliance with national Learning From Patient Safety Events (LFPSE) requirements. This will further facilitate timely reporting and learning from themes.

Duty of Candour Progress

Tees, Esk and Wear Valleys NHS Foundation Trust

- ✓ The Trust policy has been reviewed and updated in line with best practice guidance including the new PSIRF standards. This will be available on the trust intranet
- ✓ The implementation plan continues to be further reviewed via a Task and Finish Group led by Quality Governance
- ✓ Duty of Candour is in the InPhase and PSIRF Training and will form part of staff induction training
- ✓ Is addressed at every directors' panel and outcome letter to be sent to families
- ✓ Fields have been added to the Early Learning review form, and this is checked by the Patient Safety Team on receipt of the completed review/ form. This is reported to the Executive Director Group on a weekly basis.

Sustaining Improvement

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NHS Foundation Trust

- Management, supervision and intrinsic processes are established in the Patient Safety Team
- Actively recruiting to all vacancies including additional posts to align with care groups and patient safety lived experience
- Training needs analysis linked to PSIRF
- Have bank external SI reviewers and engaged Spectrum CIC and a partner to manage any future overflow to prevent backlog
- All processes under review for transition to Patient Safety Incident Response Framework, and on target with progress, including scrutiny from ICB

Thank You

Item 12a

For General Release

Meeting of:	**Council of Governors**
Date:	**04 December 2023**
Title:	**Patient Safety Incident Response framework (PSIRF)**
Executive Sponsor(s):	**Beverley Murphy, Chief Nurse**
Author(s):	**Dawn Jessop, Deputy Chief Nurse**

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*
6.	**Safety: The implementation may pose further risk to patients and services due to current backlog, ineffective governance and assurance processes and the need for significant change to the current process.**	There is currently a significant risk because of Serious Incidents awaiting review. This presents risks to a delay in the effective implementation of PSIRF and therefore: • Delay or failure to capture and act upon key learning. • Family distress and upset • Trust reputation / ICB • challenge • Further potential regulatory actions from CQC / NHSE / Coroner's Office
11.	**Governance: The absence of a clear process during implementation from ward to Board, due to ineffective governance and assurance processes, could result in the inconsistent quality of services and increased risks to patients**	

Executive Summary:

Purpose: To appraise the Council of Governors of the current status regarding the PSIRF and its implementation.

Proposal:	The Patient Safety Incident Response Plan (PSIRP) sets out how Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust will seek to respond to and learn from patient safety incidents reported by staff and patients, their families, and carers as part of our work to continually improve the quality and safety of care we provide. The PSIRF plan has been reviewed by the ICB and is currently being finalised with a view to full implementation by January 2024.
Prior Consideration and feedback:	PSIRF will replace the previous Serious Incident framework 2015 with a broader, risk-based approach, which moves away from reactive responses towards a proactive approach to learning: • Includes the option to use proportionate and effective responses to incidents to address queries and concerns – not all incidents will require a full serious incident review • Focuses on learning rather than performance management – A just culture • Clear expectations for informing and involving ALL parties with families being treated as equal partners • More robust governance and oversight • Systems approach replaces root cause analysis and a lapse in care • Systems approach to identify interconnected contributory, human and causal factors • New standards and processes including new ways of working in Patient Safety Team and care groups.
Risks:	1. Whilst there is a current process in place with regard to identifying early learning from Serious Incidents, there is limited assurance that we acted on early learning themes from the historical backlog. This could create a risk while transferring to a new system of thematic learning outcomes, therefore the historical backlog of SI's will continue with current governance processes. 2. While there remains a continuing historical backlog and current Regulation 28 notice relating to the historical backlog, there may be poor external and system confidence in the implementation of PSIRF regarding patient safety knowledge and learning, therefore hindering the ability to fully implement the intention of PSIRF. 3. The Patient Safety Team has a limited time frame to implement the new approach to PSIRF and needs further communication and training with care groups and teams for the next steps. Engagement will be essential to the success of implementation. 4. The new approach to incidents requires a shift in culture and thinking from staff. It requires a whole system change and therefore needs ongoing and dynamic discussions, training, forums and evaluation.
Recommendations:	The ongoing implementation will be iterative and will also be influenced by capacity and feedback form the ICB and wider system. There will be regular progress reports as required.

Tees, Esk and Wear Valleys
NHS Foundation Trust

Patient Safety Incident Response Framework (PSIRF)

Dawn Jessop
Deputy Chief Nurse
04 December 2023

journey to change

PSIRF Incidents and Serious Incidents

Tees, Esk and Wear Valleys NHS Foundation Trust

- The PSIRF provides the NHS with guidance on how to respond to patient safety incidents
- What is classed as a patient safety incident? "*An unintended or unexpected incident which could have or did lead to harm for one or more patients receiving healthcare*".
- There is no distinction between incidents and 'serious incidents' for the purpose of learning.

Key differences between PSIRF and the 2015 framework

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- Moves away from **reactive** and hard-to-define thresholds for serious incidents towards a **proactive** and proportionate approach to **learning** from patient safety incidents.
- Focuses on a systems approach to safety
- Option to use alternative, proportionate and effective responses to incidents such as case note reviews, timeline mapping, after action reviews and audit.

Principles of PSIRF

- Openness and transparency
- Just culture
- Continuous learning and improvement
- Family and patient Involvement

Continuous Learning and Improvement

The findings from incident reviews, PSIIs or other related activities must be translated into effective and sustainable actions that reduces the risk to patients.

Apply science of patient safety and improvement to identify:

- Where improvements are needed - PSIRF offers a variety of tools to inform this
- What changes need to be made. How these changes will be implemented?
- How to determine if those changes have the desired impact and if not – how can they be made more robust (adapted)

An example of Horizon Scanning Tool

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The horizon scanning tool supports teams to have a forward look at potential or current safety themes and issues. These can be identified in several ways:

- From concerns raised during conversations with families, patients, staff or stakeholders
- Observing how care is delivered
- Triangulating other sources of information
- Insights from data, care group boards, locality panels for PSII's
- Reconfiguration of services
- Reviewing safety plans

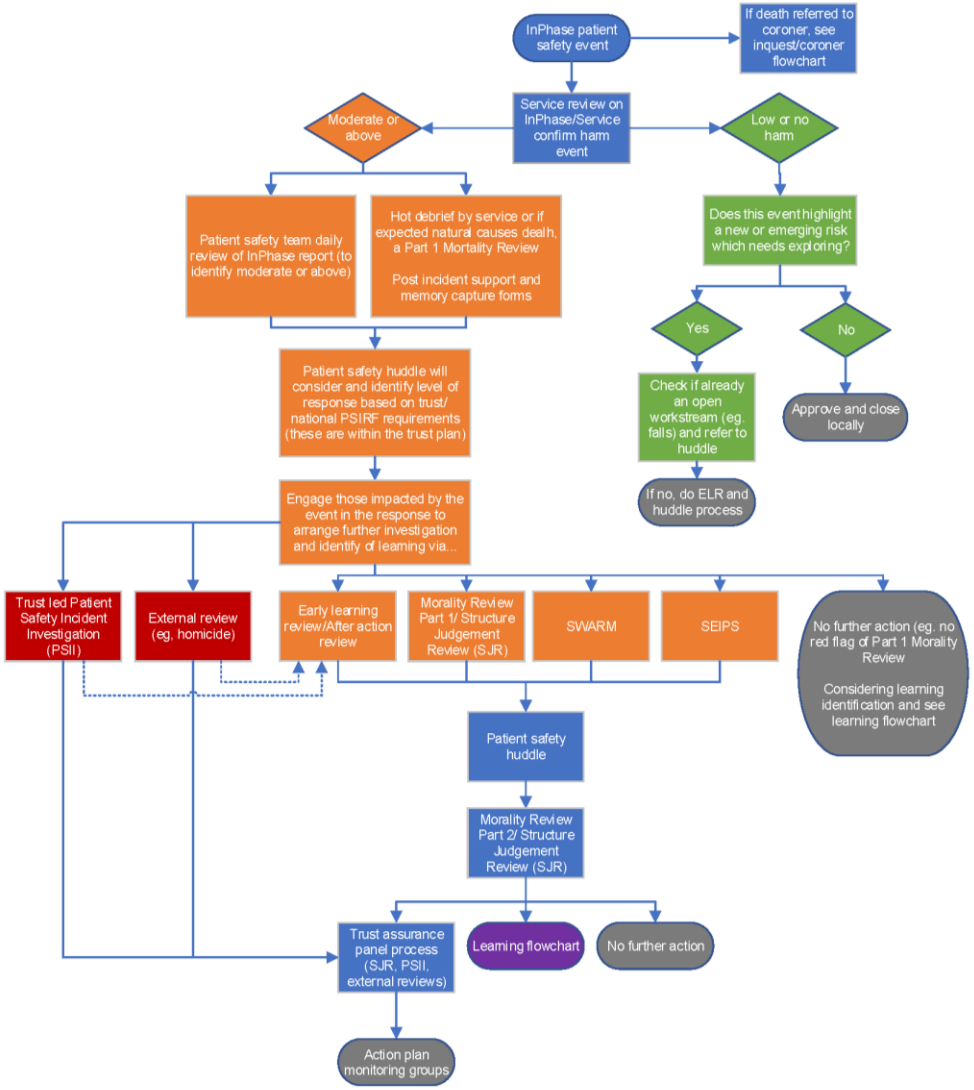
TEWV – Where are we?

Tees, Esk and Wear Valleys
NHS Foundation Trust

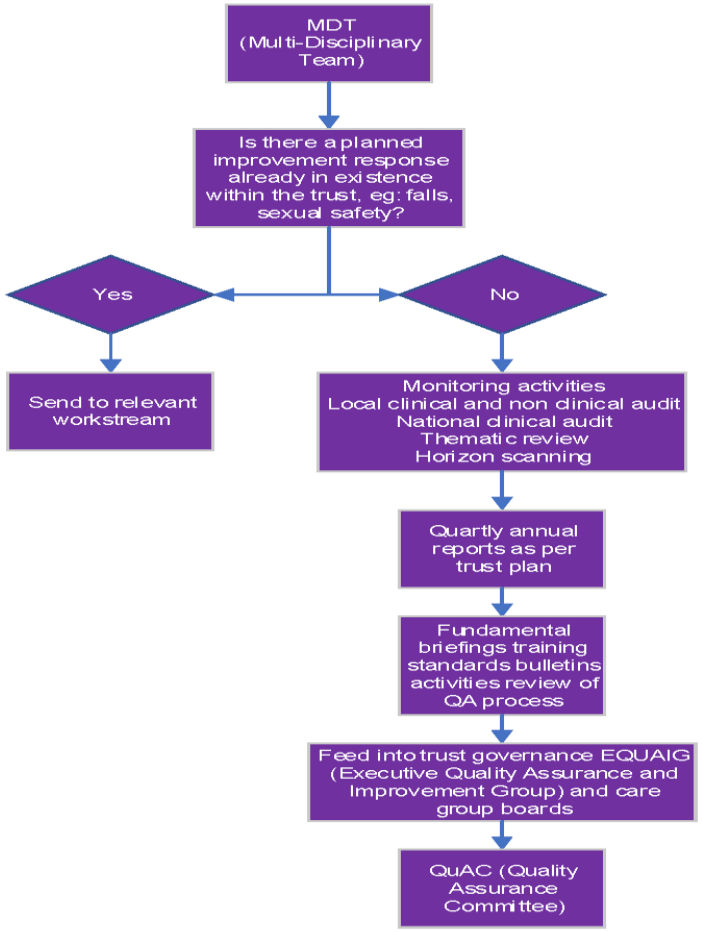
Good news!

- Families are already involved in working with reviewers, setting terms of reference.
- Two family liaison officers in place.
- ‘Patient safety partners’ plan in place.
- Incident forms and action plans transitioning already to new templates.
- InPhase reporting system is now live.
- MDT set up for reviewing and triangulating incident learning.
- Training on ESR for staff and some higher-level training already delivered.
- ICB sign off aiming for December 23

Patient Safety Event Decision and Investigation Framework



Patient safety event learning process



Thank You

ITEM NO. 13

For General Release

Meeting of:	**Council of Governors**
Date:	**04 December 2023**
Title:	**CQC Core Services and Well-led Inspection 2023**
Executive Sponsor(s):	**Beverley Murphy, Chief Nurse**
Author(s):	**Leanne McCrindle, Associate Director of Quality Governance, Compliance and Quality Data** **Pete Hutchinson, Quality Governance Manager**

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

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

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

Strategic Risks relating to this report:

BAF ref no.	*Risk Title*	*Context*
11	**Governance and Assurance**	The delivery of the improvement plan resulting from CQC inspections is related to multiple risks within the Board Assurance Framework (BAF) however, the monitoring and review of the CQC Improvement plan relates specifically to the BAF risk 11 (Governance and Assurance): **Governance and Assurance** - The absence of a clear line of sight from ward to Board, due to ineffective governance could result in the inconsistent quality of services and increased risks to patients.

Executive Summary:

Purpose: The purpose of this report is to present to the Council of Governors the Trust's CQC Core Service and Well-led Inspection report 2023 and present the process used to develop the Trust's CQC Improvement Plan.

Proposal: It is proposed that the Council of Governors receive this update for information.

Overview: **Core Service and Well-led Inspection 2023**

The CQC published the results of our latest Trustwide inspection on its website **25 October 2023**. The report demonstrates our continuous improvement and the positive impact that this has had on people's experience of the services that we provide. We do, however, acknowledge that we still have more to do.

As anticipated, the areas for improvement identified by the CQC include issues that are seen nationally such as staffing and waiting times. Further improvement areas identified also include processes for serious incident investigation, mandatory and statutory staff training, supervision recording, physical health

monitoring and responding to complaints. The Trust has dedicated workstreams and clear plans already in place to make improvements in many of these areas.

Appendix 1 of this report displays the published CQC ratings achieved overall and for each Core Service, as well as sharing the Must and Should Do recommendations made by the CQC. There are a number of individual service ratings that have improved since the previous inspections including for the Secure Inpatient Service, MHSOP and Adult Learning Disability Services.

The Quality Governance Team have co-created the CQC Improvement Plan to address all of the identified CQC Must and Should do recommendations in collaboration with Care Group colleagues and Specialty/Directorate leads.

Two Improvement Planning Events were held 31 October 2023 and 01 November 2023 to develop improvement actions. These were well-attended and colleagues have provided positive feedback about being involved in developing the Trust actions. **Appendix 2** of this report shows the framework used to develop the Trust's Improvement Plan.

The Trust's Quality Assurance Committee approved the Improvement Plan 22 November 2023. This will be submitted to the CQC by 27 November 2023.

The actions within the Improvement Plan will be monitored to ensure that improvements are achieved.

Prior Consideration and Feedback	Monthly updates on the Trust's CQC Improvement Plan will be provided to the Quality Assurance Committee. This will include any quality or risk issues that are highlighted.
Implications:	The Council of Governors is requested to receive this report.
Recommendations:	The Council of Governors is invited to note the publication of the Trust's CQC Inspection report, the improvement in service ratings, and the process used to develop the Trust's Improvement Plan.

Appendix 1 – CQC Inspection 2023 Ratings and Must/Should Do recommendations

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Requires Improvement → ← Oct 2023	Requires Improvement → ← Oct 2023	Requires Improvement → ← Oct 2023

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Requires Improvement → ← Oct 2023	Requires Improvement → ← Oct 2023
Community-based mental health services of adults of working age	Requires Improvement ↓ Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Requires Improvement → ← Oct 2023	Good ↑ Oct 2023	Requires Improvement → ← Oct 2023
Wards for older people with mental health problems	Requires Improvement → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023
Long stay or rehabilitation mental health wards for working age adults	Requires improvement Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Community mental health services for people with a learning disability or autism	Requires Improvement ↓ Oct 2023	Good ↑ Oct 2023	Good ↓ Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023
Forensic inpatient or secure wards	Requires Improvement ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023
Specialist community mental health services for children and young people	Requires improvement Sep 2022	Good Dec 2021	Good Dec 2021	Requires improvement Dec 2021	Requires improvement Dec 2021	Requires improvement Sep 2022
Community-based mental health services for older people	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Wards for people with a learning disability or autism	Requires Improvement ↑ Oct 2023	Requires Improvement ↑ Oct 2023	Good ↑ Oct 2023	Requires Improvement → ← Oct 2023	Requires Improvement ↑ Oct 2023	Requires Improvement ↑ Oct 2023
Specialist eating disorders service	Requires improvement Mar 2020	Outstanding Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Mental health crisis services and health-based places of safety	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021

Must Do Recommendations:

Service	Action No.	CQC Action required	Regulation
Trust wide	**1**	The trust must ensure that there is a reduction in the use of restraint and restrictive practices particularly prone restraint. The board must have improved oversight of the use and reduction of restrictive practices including mechanical restraint.	Regulation 9 (1) (a) (b) person centred care
Trust wide	**2**	The trust must ensure that people can access care which meets their needs by reducing waiting times.	Regulation 9 (1) (a) (b) person centred care
Trust wide	**3**	The trust must ensure that all staff who deliver or are involved in rapid tranquilisation, physical restraint and seclusion are trained in immediate life support as per national guidance and best practice.	Regulation 12 (1) (2) (a) (b) (c) safe care and treatment
Trust wide	**4**	The trust must ensure that learning from incidents, deaths and complaints is effective and embedded and that the risk of repeat incidents is reduced.	Regulation 12 (1) (2) (a) (b) safe care and treatment
Trust wide	**5**	The trust must ensure that it continues with work, at pace to improve and make safe the inpatient estate including the continuation of the removal of ligature anchor points and door replacement programmes.	Regulation 15 (1) (b) (c) premises and equipment
Trust wide	**6**	The trust must ensure that engagement involves working with service users and their families to understand poor experiences and learn from episodes of harm.	Regulation 17 (2) (e) Good Governance
Trust wide	**7**	The trust must ensure that governance systems and processes are established, embedded and operated effectively to assess, monitor and improve the quality and safety of the services. Using accurate and clear information to make improvements to the safety and quality of services.	Regulation 17 (1) (2) (a) (b) good governance
Trust wide	**8**	The trust must improve governance systems and processes to identify and escalate risks including early warning signs in frontline services.	Regulation 17 (1) (2) (a) (b) good governance
Trust wide	**9**	The trust must ensure that feedback from audits, complaints, incidents and executive and CQC visits to services are utilised and tracked to improve quality.	Regulation 17 (1) (2) (a) (b) good governance
Trust wide	**10**	The trust must ensure that backlogs in the; serious incident review, mortality review, incident review and complaints are resolved with pace, and that actions are taken to prevent reoccurrence.	Regulation 17 (1) (2) (a) (b) good governance
Trust wide	**11**	The trust must ensure there is a specific, measurable action plan in place to implement internal and external report recommendations.	Regulation 17 (1) (2) (a) (b) good governance
Trust wide	**12**	The trust must ensure that all risks on the corporate risk register and board assurance framework are reviewed, mitigated and removed with enough pace to resolve key issues to patient safety, service quality and strategy in a timely manner.	Regulation 17 (1) (2) (a) (b) good governance
Trust wide	**13**	The trust must ensure that there are safe levels of nursing and medical cover in place on all wards throughout the day and night to ensure that seclusion reviews are completed, and doctors can attend wards within 30 minutes of a psychiatric and in a medical emergency.	Regulation 18 (1) staffing
Trust wide	**14**	The trust must ensure that staff receive and record appropriate support, training, professional development, supervision, and appraisal as is necessary to enable them to carry out the duties they are employed to perform.	Regulation 18 (1) (2) (a) staffing
Trust wide	**15**	The trust must ensure that it acts in accordance with the duty of candour regulation.	Regulation 20 (1) (2) (a) (b)
Trust wide	**16**	The trust must ensure that it has a strategy for physical healthcare.	Regulation 17 (1) (2) (a)

Service	Action No.	CQC Action required	Regulation
Trust wide	**17**	The trust must ensure that it has a clear policy relating the use of technology to monitor patients on inpatient wards and that this policy is accessible to patients and staff to understand the reasons for its use.	Regulation 9 (1) (a) (b) person centred care
Secure Inpatient Services	**18**	The trust must ensure that the seclusion facilities meet the needs of patients in the service and meet the requirements of the Mental Health Act Code of Practice.	Regulation 15
Secure Inpatient Services	**19**	The trust must ensure there is a comprehensive handover for all patients which includes risk and how best to support patients. Information must be accessible for staff new to the ward, in a format that provides essential information in how best to support patients.	Regulation 12
Secure Inpatient Services	**20**	The trust must ensure that patients' health is appropriately monitored, including the side effects of high dose antipsychotic treatment, blood glucose and where appropriate bowel monitoring.	Regulation 12
Secure Inpatient Services	**21**	The trust must ensure that blind spots on the wards are mitigated.	Regulation 12
Secure Inpatient Services	**22**	The trust must ensure that there is a comprehensive oversight of the use of mechanical restraint and that the necessary safeguards are in place with records to support this.	Regulation 12
Secure Inpatient Services	**23**	The trust must ensure that there are sufficient staff to provide consistent care to patients.	Regulation 18
MHSOP Inpatient	**24**	The trust must ensure that there are cogent recorded reasons for the use of prone restraint and that the reason for its use is recorded with a suitable rationale to ensure patients are protected from abuse and improper treatment.	Regulation 13 (1) (2) Safeguarding
AMH Acute and PICU	**25**	The trust must ensure that there is adequate medical cover on all wards which ensures that medical staff can undertake timely reviews and attend within 30 minutes of a psychiatric emergency and in medical emergencies.	Regulation 18 (1)
AMH Acute and PICU	**26**	The trust must ensure that staff manage and mitigate the risks to service users when they are detained and are permitted to go on section 17 leave.	Regulations 12(1) and 12(2) (b)
AMH Acute and PICU	**27**	The trust must ensure that leaders operate effective systems to improve the quality and safety of the service and to mitigate the risks to the health safety and welfare of service users.	Regulations 17(1) and 12(2) (a) (b)
AMH Acute and PICU	**28**	The trust must ensure that patients' health is effectively and safely monitored, following rapid tranquilisation, and physical health monitoring is completed in line with the regularity as stated in care plans where appropriate such as blood glucose and bowel monitoring.	Regulations 12(1) and 12(2) (b)
AMH Acute and PICU	**29**	The trust must ensure that concerns about access and discharge to the service are managed appropriately including management of delayed discharges and the use of leave beds.	Regulation 9, Person centred care
ALD Inpatient	**30**	The trust must ensure that care and treatment is provided in a safe way for service users by ensuring that staff carry out appropriate monitoring of patient's physical health.	Regulation (12) (1)
ALD Inpatient	**31**	The trust must ensure that care and treatment is provided in a safe way for service users by ensuring that there is a continued reduction in the use of restraint particularly in the reduction of prone and supine restraint.	Regulation (12) (1)
ALD Inpatient	**32**	The trust must ensure that seclusion reviews are undertaken in line with the Mental Health Code of Practice.	Regulation 12 (1)

Service	Action No.	CQC Action required	Regulation
ALD Inpatient	**33**	The trust must ensure that care meets people's needs and reflects their preferences by ensuring all patients have a discharge plan and by continuing to make progress in supporting people to be safely discharged from the service into appropriate ongoing placements and reduces lengths of stay.	Regulation 9 (a) (b) (c)
ALD Inpatient	**34**	The trust must ensure that governance processes are effective and embedded and ensure the service continues to improve.	Regulation 17
ALD Inpatient	**35**	The trust must ensure that there are enough staff to provide safe and consistent care to people.	Regulation 18, Staffing
AMH Community	**36**	The trust must ensure that waiting lists are reduced to ensure that patients receive timely access to services and support.	Regulation 9, person centred care
AMH Community	**37**	The trust must ensure that there are sufficient staff to provide timely, safe and consistent care.	Regulation 18, staffing
ALD Community	**38**	The trust must ensure that there are sufficient staff to provide safe and consistent care to people.	Regulation 18, Staffing

Should Do Recommendations:

Service	Action No.	CQC Action required
Trust wide	**1**	The trust should consider that the mental health legislation committee reviews data on the use of restraint and the use of force report.
Trust wide	**2**	The trust should ensure that governors have clear lines of support and access to non-executive directors.
Trust wide	**3**	The trust should ensure that disciplinary and grievances are completed within the trust's policy.
Trust wide	**4**	The trust should ensure that data and intelligence provided to the board from the freedom to speak up guardian is utilised to its full extent including within its work on closed cultures.
Trust wide	**5**	The trust should ensure that freedom to speak up guardian's report includes what action had been taken to resolve cases to assure the board and committee of the outcomes of speak up feedback.
Trust wide	**6**	The trust should consider a review of the work and rest spaces for doctors.
Trust wide	**7**	The trust should ensure that support offered to peer support workers is formally included in supervision policies.
Trust wide	**8**	The trust should consider how actions and outcomes from executive visits to service is fed back to staff at service level.
Trust wide	**9**	The trust should review how issues effecting more than one sub-committee of the board are reviewed and shared.
Trust wide	**10**	The trust should review Mental Health Act policies to ensure that they are reviewed and in line with best practice and statutory frameworks.
Trust wide	**11**	The trust should ensure that the quality of information provided in safeguarding referrals improves to ensure they wholly evidence 'think family' and always include information about what is in place to support management of immediate risk.
Trust wide	**12**	The trust should ensure that the pharmacy workforce and succession plans are in place.
Trust wide	**13**	The trust should ensure that the harm minimisation policy is fully embedded and reflected in staff practice.
Trust wide	**14**	The trust should consider how audits include review and oversight of clinical decision making and clinical practice beyond the daily huddle structure.
Secure Inpatient Services	**15**	The service should ensure that staff receive supervision.
Secure Inpatient Services	**16**	The trust should ensure that search records are accurate and reflect the search process and findings.

Service	Action No.	CQC Action required
Secure Inpatient Services	**17**	The trust should ensure that patients and staff are offered a debrief following incidents.
Secure Inpatient Services	**18**	The trust should ensure that the blanket restrictions on Kestrel and Kite wards are individually assessed.
Secure Inpatient Services	**19**	The trust should ensure that rooms and facilities are accessible for patients with mobility needs, including access to emergency call alarms.
Secure Inpatient Services	**20**	The trust should ensure that appropriate food options are available for patients and food is stored in line with food safety requirements.
Secure Inpatient Services	**21**	The trust should ensure that staff complete all required training including mandatory training.
Secure Inpatient Services	**22**	The trust should ensure that information is shared consistently with ward based staff who cannot attend the team meetings.
Secure Inpatient Services	**23**	The trust should ensure that actions from community meetings are actioned, and the outcome and update shared with patients.
Secure Inpatient Services	**24**	The trust should ensure that care records are person centred, including individual reasons for the care plan for example choking. There should be evidence of patients' involvement in care plans and that the patient voice is clear. Multidisciplinary meeting minutes should be person centred with thorough updates from members of the team recorded and rationale for decision recorded.
Secure Inpatient Services	**25**	The trust should ensure that staff consider how they access the ward spaces and not use wards as a cut through.
Secure Inpatient Services	**26**	The trust should ensure that all equipment that required calibration is calibrated, including auroscopes.
Secure Inpatient Services	**27**	The trust should ensure there is support available for staff to attend reflective practice and other wellbeing opportunities.
Secure Inpatient Services	**28**	The trust should review how they plan and conduct the ward visits to ensure staff visit unannounced at different times to ensure balanced feedback is gathered.
Secure Inpatient Services	**29**	The trust should ensure that all lockable safes for patient use are in working order.
Secure Inpatient Services	**30**	The trust should develop their governance processes to ensure information is easily accessible.
MHSOP Inpatient	**31**	The service should ensure that staff receive training and supervision.
MHSOP Inpatient	**32**	The trust should ensure that there is clear rationale for prescribing as required medicines including when multiple medicines are prescribed for the same indication and a direction is given for which is first or second line.
MHSOP Inpatient	**33**	The trust should ensure that the storage of gas cylinders is carried out in line with their own policy.
MHSOP Inpatient	**34**	The trust should ensure that each patient's identified risks are clearly mitigated within a risk management plan.
MHSOP Inpatient	**35**	The trust should continue to make improvements to ensure that the number of bathrooms is sufficient for the number of patients on each ward.
MHSOP Inpatient	**36**	The trust should continue to monitor and mitigate the risk of patient falls and take action to reduce the number of falls.

Service	Action No.	CQC Action required
AMH Acute and PICU	**37**	The service should ensure that staff receive training and supervision.
AMH Acute and PICU	**38**	The trust should ensure that patients are afforded the necessary safeguards when they are secluded, including appropriate medical and nursing reviews. The trust should ensure that where it is not possible to meet the requirements for seclusion safeguards that cogent reasons are recorded for having to depart from national guidance.
AMH Acute and PICU	**39**	The trust should ensure there is clear rationale for prescribing as required medicines including when multiple medicines are prescribed for the same indication and a direction is given for which is first or second line.
AMH Acute and PICU	**40**	The trust should ensure that medicines authorisation paperwork is readily available at the time of prescribing and administering medicines.
AMH Acute and PICU	**41**	The trust should ensure that appropriate action is taken when medicine fridge temperatures are out of range and that oxygen is stored correctly.
AMH Acute and PICU	**42**	The trust should continue to maximise patients' privacy and dignity when patients on Cedar ward were required to be escorted to the seclusion room at the end of the male patients' bedroom corridor.
AMH Acute and PICU	**43**	The trust should ensure that where autistic patients are admitted to the acute wards, information about their individualised needs (positive behavioural support, communication, and sensory needs) are more clearly indicated in care planning and risk assessments records for all staff to see and consider.
ALD Inpatient	**44**	The service should ensure that staff receive training.
ALD Inpatient	**45**	The service should ensure that the respite unit at Bankfields Court is well-maintained.
ALD Inpatient	**46**	The service should ensure that all of people's care records are holistic, thorough, and regularly updated.
ALD Inpatient	**47**	The service should ensure that governance processes are embedded to ensure audits are effective in making improvements to people's care records.
ALD Inpatient	**48**	The service should ensure that they continue to work within models of care that support people to leave long term segregation and seclusion.
ALD Inpatient	**49**	The service should ensure that the reasons for use of as required medication is consistently recorded.
ALD Inpatient	**50**	The trust should ensure that people's living spaces are conducive to recovery and feel welcoming.
ALD Community	**51**	The service should ensure that staff receive training and supervision.
ALD Community	**52**	The trust should ensure staff have access to integrated online systems.
ALD Community	**53**	The trust should ensure that supervision systems allow accurate recording.
AMH Community	**54**	The service should ensure that staff receive training and supervision.
AMH Community	**55**	The trust should ensure that patients are able to access services by telephone in York and Middlesborough.
AMH Community	**56**	The trust should ensure that they continue to embed the harm minimisation policy.

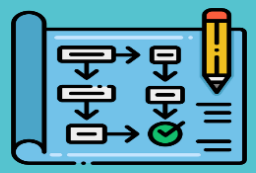
Appendix 2 – CQC Improvement Plan Development Framework

25 October 2023

- Formal publication of the Trust's CQC Inspection Report 2023
- Webinars held with Trust staff and external stakeholders

31 October, 01 November

Improvement Planning Events



03 November 2023

- Presentation to, and consideration of, Improvement Actions by the Strategic Fundamental Standards Group

22 November 2023

- Extraordinary Quality Assurance Committee to receive the Improvement Plan

27 November 2023

- Deadline for submission of actions to CQC

Care Quality Commission

Tees, Esk and Wear Valleys
NHS Foundation Trust

CQC Core Service and Well-led Inspection 2023

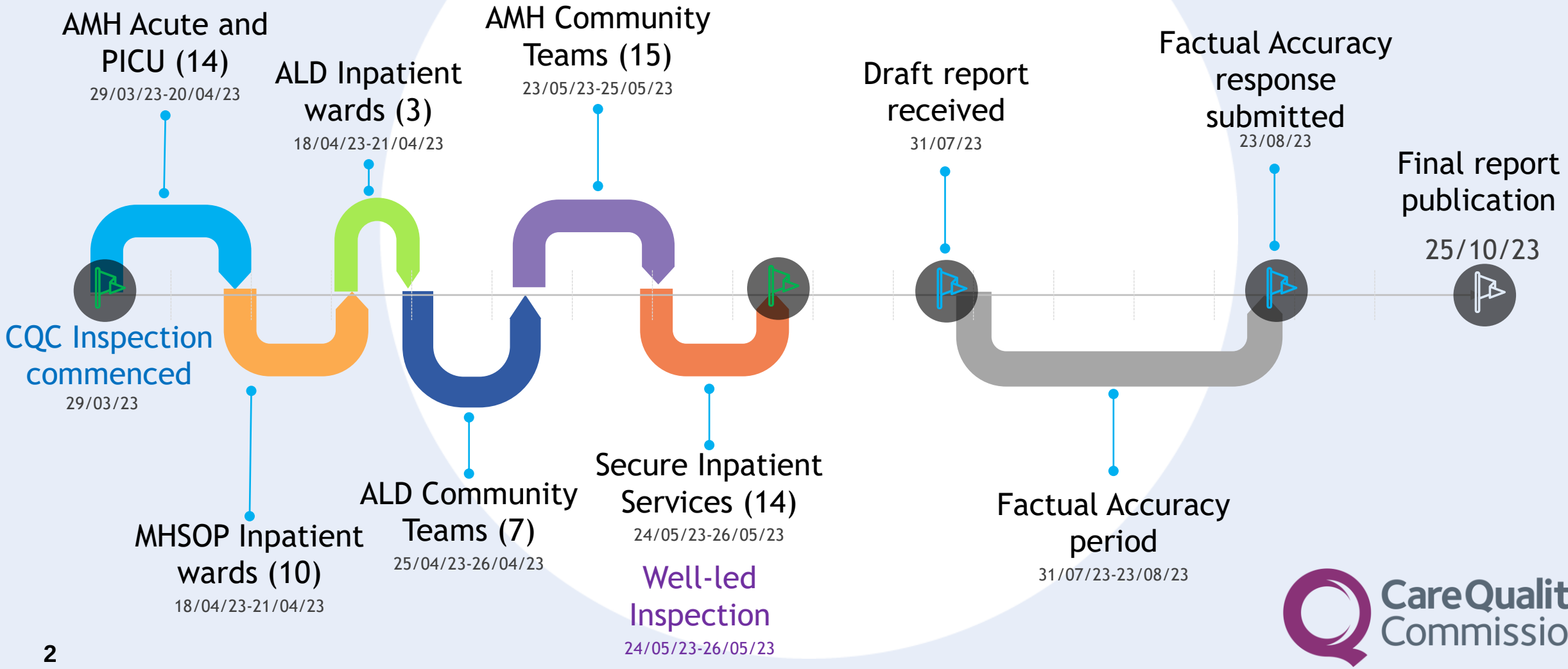
Council of Governors

04 December 2023

Bev Reilly, Non-Executive Director and Deputy Chair
Beverley Murphy, Chief Nurse

CQC Core Service and Well-led Inspection 2023

Tees, Esk and Wear Valleys NHS Foundation Trust



CareQuality Commission

CQC Core Service and Well-led Inspection 2023

Tees, Esk and Wear Valleys NHS Foundation Trust

The overall Trust rating remains as: **Requires Improvement**

Care Quality Commission

CQC Ratings - Comparison

Tees, Esk and Wear Valleys
NHS Foundation Trust

Previous ratings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Specialist eating disorders service	Requires Improvement	Outstanding ☆	Good	Good	Good	Good
Specialist community mental health services for children and young people	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community mental health services with learning disabilities or autism	Good	Requires Improvement	Outstanding ☆	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Wards for people with a learning disability or autism	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Inadequate
Forensic inpatient or secure wards	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Long stay or rehabilitation mental health wards for working age adults	Requires Improvement	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Community-based mental health services for adults of working age	Good	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement

Oct 2023 ratings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement →← Oct 2023	Good →← Oct 2023	Good →← Oct 2023	Good →← Oct 2023	Requires Improvement →← Oct 2023	Requires Improvement →← Oct 2023
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CQC Core Service and Well-led Inspection 2023

Tees, Esk and Wear Valleys NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Requires Improvement → ← Oct 2023	Requires Improvement → ← Oct 2023
Community-based mental health services of adults of working age	Requires Improvement ↓ Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Requires Improvement → ← Oct 2023	Good ↑ Oct 2023	Requires Improvement → ← Oct 2023
Wards for older people with mental health problems	Requires Improvement → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023
Long stay or rehabilitation mental health wards for working age adults	Requires improvement Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Community mental health services for people with a learning disability or autism	Requires Improvement ↓ Oct 2023	Good ↑ Oct 2023	Good ↓ Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023	Good → ← Oct 2023
Forensic inpatient or secure wards	Requires Improvement ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023	Good ↑ Oct 2023
Specialist community mental health services for children and young people	Requires improvement Sep 2022	Good Dec 2021	Good Dec 2021	Requires improvement Dec 2021	Requires improvement Dec 2021	Requires improvement Sep 2022
Community-based mental health services for older people	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Wards for people with a learning disability or autism	Requires Improvement ↑ Oct 2023	Requires Improvement ↑ Oct 2023	Good ↑ Oct 2023	Requires Improvement → ← Oct 2023	Requires Improvement ↑ Oct 2023	Requires Improvement ↑ Oct 2023
Specialist eating disorders service	Requires improvement Mar 2020	Outstanding Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Mental health crisis services and health-based places of safety	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021	Good Dec 2021

Of the 6 Core Services inspected:

- **3** Overall Core Service ratings have improved (MHSOP, ALD Inpatient, and Secure Inpatient Services)
- **3** Overall Core Service ratings have remained the same (AMH Acute and PICU, AMH Community and ALD Community)
- There have been **12** CQC domains across the core services inspected that have improved, **15** which have remained the same, **3** where the rating has decreased.

CareQuality Commission

CQC Core Service and Well-led Inspection 2023

Tees, Esk and Wear Valleys NHS Foundation Trust

Must and Should Do Actions

Core Service	Must Do	Should Do	Total
ALD Community	1	3	4
ALD Inpatient	6	7	13
AMH Acute and PICU	5	7	12
AMH Community	2	3	5
MHSOP Inpatient	1	6	7
Secure Inpatient Services	6	16	22
Trust wide	17	14	31
Total	**38**	**56**	**94**

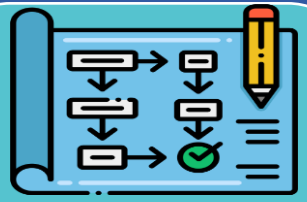
CareQuality Commission

CQC Improvement Plan Reporting Framework

Tees, Esk and Wear Valleys NHS Foundation Trust

25 October 2023

- Formal publication of the Trust's CQC Inspection Report 2023



31 October, 01 November

Improvement Planning Events

03 November 2023

- Presentation to, and consideration of, Improvement Actions by the Strategic Fundamental Standards Group

22 November 2023

- Extraordinary QuAC to receive the Improvement Plan

27 November 2023

- Deadline for submission of actions to CQC

CQC Core Service and Well-led Inspection 2023

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Positives

- ✓ Cultural changes
- ✓ Innovative practice
- ✓ Person-centred care
- ✓ Multi-disciplinary working
- ✓ Environmental changes
- ✓ Medication Management
- ✓ Risk Management
- ✓ Governance
- ✓ Clear Vision and Strategic Direction

Areas for Improvement

- ➢ Staffing
- ➢ Mandatory/Statutory Training
- ➢ Complaints/PALs
- ➢ Supervision
- ➢ Waiting times
- ➢ Physical health monitoring
- ➢ Serious Incident processes (including Duty of Candour)

Learning Themes

Staffing

Mandatory/Statutory Training

Complaints/PALs

Supervision

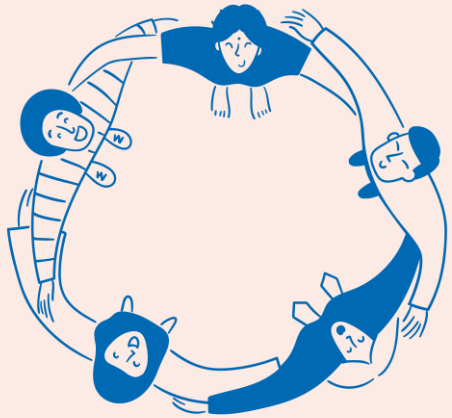
Waiting times

Physical health monitoring

Serious Incident processes (including Duty of Candour)

Improvement Plan Governance

Tees, Esk and Wear Valleys NHS Foundation Trust



- Co-produced with operational, clinical and subject matter leaders
- Extraordinary Quality Assurance Meeting 22 & 23 November 23
- Submission to the CQC 27 November 2023
- Monthly reporting to QuAC, NHSE Quality Board
- May 2024 Quality Assurance Committee workshop to consider progress and impact
- Regular progress and impact reporting to Board of Directors

Thank You

For General Release

Meeting of: Council of Governors

Date: 4th December 2023

Title: Report of CoG Task & Finish Group on Autism

Non-Executive Sponsor: Jules Preston

Authors: Members of the Task & Finish Group

Report for:				
	Assurance		***Decision***	**x**
	Consultation	**x**	***Information***	**x**

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	**x**
2: To co-create a great experience for our colleagues	**x**
3: To be a great partner	**x**

Strategic Risks relating to this report:

BAF ref no.	***Risk Title***	***Context***
3	**Involvement & Engagement**	**A fragmented approach to service user and carer engagement and involvement might prevent us from co-creating a great experience.**
4	**Experience**	**We might not always provide a good enough experience for those who use our services, their carers and their families, in all places and all of the time.**
6	**Safety**	**Failure to effectively undertake and embed learning could result in repeated serious incidents. Regulatory Action**
9	**Regulatory action**	**Further regulatory action could result in loss of confidence and affect our reputation among service users, staff, and other key stakeholders.**

Executive Summary:

Purpose: Governors agreed at their Council meeting 17th November 2022 to establish a Task & Finish Group to consider the experience of autistic people and how that could be improved. The scoping document agreed by governors is attached as appendix 1.

Proposal: That governors consider the report, reflect on what they feel should be the priorities going forward and to consider how they want to be kept informed about progress to achieving the vision described in the report.

Approach:

The group asked itself at the first meeting what were the issues that should be considered? What were the issues that needed addressing in order to improve the experience of those with autism and of carers?

In consideration of those questions it is important to note that all members of the group, with the exception of the chair, were either autistic themselves, had sons, daughters, grandchildren who are autistic or is a staff governor working on a ward with autistic people. We were very ably assisted by Kirsten White, (now) Autism Service Manager, deputising for the Medical Director, and Dr Elspeth Webb, Consultant Clinical Psychologist and Trust-wide Autism Clinical Lead who regularly contributed to the discussions. The group also met with a family, visited a ward and a community team, invited guest speakers including the Managing Directors of the Care Groups, members of the LD service and Commissioning staff from Hull and North Yorkshire Integrated Care System.

Given time constraints, hopefully the above enabled the Group to check their own experiences such that the views expressed in the report adequately reflect the views of the majority of patients, carers and families accessing TEWV services.

The issues have been prioritised and the structure of the report is based on section 3 describing each issue, the matters for consideration, those of concern, conclusions reached and recommendation(s).

Prior Considerations: Expectations of Council of Governors in establishing the group. See appendix 1.

Implications:

The thoughts and observations presented in the report are intended to assist the Trust in achieving its stated ambition to be an exemplar Trust in providing reasonably adjusted mental health care for autistic children, young people and adults. It is suggested that there is no treatment for autism but good practice, appropriate settings, reasonable adjustments, better communications will all contribute to good and safe care for those who come in to our services having MH or Learning Disability needs. This will require concerted effort acknowledging that the establishment of an Autism Service is a big step in the right direction.

Recommendations:

Each section of the report describes what the T&F group considers to be the key issues. Issues which need to be improved if the Trust is to provide a good experience for autistic people accessing TEWV services. There is a lot of good work across the Trust but in some cases not uniform across the organisation. Oliver McGowan e-training is well underway being 64% compliant, but we have not started rolling out the actual Tier 1 and 2 training as yet.

It is for those with operational responsibility to determine priorities and how issues could be addressed but members of the Task & Finish Group, as users by experience, are giving their view of the priorities and hope that the Trust finds this useful in planning the journey to becoming an exemplar trust for autistic people accessing Trust services.

To become an Exemplar Trust for Autism

Background: The Goal as stated in TEWV's clinical strategy published January 2023

Autism is a neurodevelopmental condition that affects 1-2% of the population. It has been widely acknowledged that the needs of autistic people are not well met by existing Health and Social Care structures, and these often go unidentified and unsupported for prolonged periods of time. Autistic people have far poorer health and social outcomes than their non-autistic peers. In 2009 the UK Government committed to ensuring the needs of autistic people were considered in all areas of life enshrined into law through the Autism Act. The National Autism Strategy which followed this in 2014 was subsequently updated in 2021.That guidance sets out various obligations for Health and Social Care providers, including staff training in autism awareness and making reasonable adjustments for autistic service users. The Trust responded to the national position via the work of the Trust-wide Autism Project which began in 2016. To meet the needs of our autistic population, the Trust intends to take a whole system and mainstreamed approach. There is a need for further targeted training and more specialist advice and support for staff working with autistic patients. Building capacity within clinical and corporate teams to embed these skills as core clinical practice will benefit all. Feedback from teams and managers indicates more of this resource would be welcomed, alongside direct in person support and modelling of autism informed practice to support staff development and increase quality of care.

Our ambition for Autism

An autistic person accessing TEWV services experiences mental health and/or learning disability support and interventions that are reasonably adjusted and autism informed. People receive rapid assessment and accurate diagnosis, identifying any co-morbidity and associated needs. Where treatment is required, it is safe, evidence-based, and personalised.

We will be known as an exemplar autism trust

We will co-create a great experience for our patients, carers and families by providing training, support, and intervention to enable all staff at all levels to show respect and compassion, to feel empowered and to be clinically skilled to provide mental health interventions for autistic people.

Patients, families, and carers can expect:

- A service that is compliant with the Autism Act 2009 and associated strategies
- Co-creation with autistic people and their families to improve services
- Staff that are autism aware across specialities and localities and understand how autism links with the mental health interventions we provide.
- Equitable access to services for autistic people including co-produced autism informed care plans with appropriate reasonable adjustments.
- Access to a timely autism diagnostic assessment within individual teams (where this is commissioned from TEWV)
- Access to evidence-based interventions that are both autism informed and the provision of both reasonably adjusted and adapted interventions
- Trust physical environments that can offer appropriate reasonable sensory adjustments**.**

The Government has published its National Strategy 2021 – 26 and it focuses on six themes, which are:

- Improving understanding and acceptance of autism within society
- improving autistic children and young people's access to education, and supporting positive transitions into adulthood
- supporting more autistic people into employment
- tackling health and care inequalities for autistic people
- building the right support in the community and supporting people in inpatient care
- improving support within the criminal and youth justice systems

1 Introduction

Several objectives were set in the scoping paper agreed by Council of Governors (see Appendix 1) and, whilst none are dismissed the important objective is: To improve the experience of autistic people and their families/carers and make recommendations, if it considers changes are required.

The objectives set by Governors were set prior to the publication of TEWV's Clinical Strategy. The report highlights where progress has been made but references the need for even greater achievements, reinforced by CQC 2023 rating that LD & Autism Service has progressed from 'Inadequate' (2021) to 'Requires Improvement' (2023).

2 Reflections from first meeting

At the first meeting of the Task & Finish we considered what were the issues that needing addressing. We came up with a long list, which over successive meetings, gathered clarity on definition and prioritisation, and some deliberations have only scratched the surface. The following points are those matters the group consider to be a priority:

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

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

3. *Reasonable adjustments: The interface with acute services and within/between TEWV services. The transition to Community Services, finding appropriate placements. All important because while it is estimated that 25% of people will develop a mental health problem in their lifetime, amongst autistic people that figure is 70%. 'Autism Speaks' website lists some of the physical issues, namely gastrointestinal (GI) problems, epilepsy, feeding issues and disrupted sleep.*

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

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

6. *Invest (time not necessarily money) in clinical leadership setting explicit standards of behaviour and linked to the journey for change. Aim: to ensure effective*

communication, compassion, kindness and professionalism as a priority to change the culture.

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

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

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

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

3 Commentary on each key issue:

1. <u>There is a need to improve communications</u>

The need for better communications cropped up many times. Patients transferred without carer/family knowledge; not asking carers, not discussing change when changes proposed to ward environment are just two examples. Families and carers will have seen it all before, but improvement is acknowledged. They must be seen as part of the team.

Meeting with a family early in our considerations reinforced the need for this piece of work. 'Those assessing J seemed to think that such behaviours had always been present in J and had not appreciated that they were new and not his typical behaviour. Communication was poor; an allocated impact counsellor had no experience of autism. Importantly there seemed to be no recognition that the patient is the expert'. In their opinion:

- Training in autism is critical (see table below: Note that Oliver McGowan tier 1 & tier 2 training still to be rolled out)
- Reasonable adjustments need to be considered at all stages of treatment, recovery and transition back in to the community (see 3 below)
- The use of 'hospital passport' should be standard e.g. in the interface between locations and between acute care, particularly A&E, and MH hospitals (see 3 below).

See item 2 below, which describes progress, which now needs to be further developed.

The need to be able to spot potential autistic behaviours, to diagnose autism, to understand autism, to make reasonable adjustments and to recognise that the patient is the expert, are regular themes throughout this report.

The group would also suggest that having an autism champion at Board level would improve better communications.

LEVEL 2 UNDERSTANDING AUTISM TRAINING AS AT 31st October 2023	
Durham and Tees Valley	2904
North Yorks, York and Selby	1228
Forensics	779
Corporate including bank, therapies, HR, Estates etc.	399
Other (not Categorised)	407
Grand Total	**5717**
Durham and Tees Valley Breakdown	
AMH	1692
CAMHS	417
MHSOP	444
LD	351
Total	**2904**
North Yorkshire, York and Selby	
AMH	837
CAMHS	182
MHSOP	130
LD	79
Total	**1228**

Communications work being developed includes the recruitment of an Involvement and Engagement Facilitator (Rachel Mc Creesh) specifically to support co-creation in learning disability and autism services – priorities have been agreed with specialist services in those areas.

Through Rachel's work, the Trust has proactively recruited autistic individuals onto the involvement register. This has led to:

Two involvement members (service users and carers) with autism are on the Care Programme Approach working group, which has led to a targeted and inclusive approach actively seeking the views from people from autism community. This is a key priority in the Clinical Journey and the Co-creation Journey in terms of personalised care planning.

Autistic involvement members have been supporting student nurse training and the new involvement member inductions – this has helped shine a light on autistic voices in the Trust's training.

Autistic involvement member is delivering autism training to the peer support team, and supporting Trust-wide autism training across multiple service areas.

Autistic involvement members are members of the recently established Co-creation Boards across Durham, Tees Valley and Forensics, and in North Yorkshire, York and Selby, who sit alongside the two Care Group Boards.

The Involvement and Engagement Team themselves have just completed Level 2 Autism Training (8th November).

It is acknowledge more work is needed, however it is hoped that the above, plus the training, signals a sea change in how the Trust approaches, works and supports autistic individuals acknowledging that what happens on the wards and in the community is key to improvements.

2. Establish a clear and funded position on the future of the Autism Project Group Initiated by current CEO in 2017 whilst at the Trust previously to current role.

The Autism Project Group was initiated by current CEO in 2017 whilst at the Trust previously to his current role. It has been funded as a project on an annualised basis. A key concern to the T&F group members was that this could hamper long term planning. Additionally it was stood down for 2 years due to the pandemic, therefore a new start was necessary in autumn 2020.

The team consisted of 4.8 full time equivalent staff to cover >7,500 staff and covering every speciality across all services. A key focus of the work is to ensure that all staff understand the impact of autism on someone's mental health.

Another important aspect of their work is to offer diagnostic services provided at the highest possible standard (where commissioned to do so), ensuring that autistic people having access to reasonably adjusted mental health services, and having transition plans being in place.

Many of the issues concerning members of the T&F group were addressed in a 2-day workshop in July 2022 which looked at Reasonable Adjustments. Points to come out of the workshop covered communication needs of autistic people, the environment of wards, processes on wards and the ways they impact on different service users, need for on-going training, supervision on the wards, autism informed care planning and risk assessments, culture (misdiagnosis, mislabelling, misinterpretation of behaviours, etc.) and, importantly, service user and carer involvement.

Several key developments took place as a result. Having a Steering Group involving service users and carers was established. (Members of the T&F Group attend and will continue to do so). The Trust agreed that Oliver McGowan training level 1 & 2 will be applied to all staff and the Chairman and CEO agreed that Trust Board will undergo training. Currently we are 64% compliant with the e learning part of Oliver McGowan Mandatory Training, but we have not started rolling out the actual Tier 1 and 2 training. It is a big ask given that we now have nearly 8000 staff. The Service Team want to cover Health Education England Core Capabilities Framework which Oliver McGowan training does not cover.

All staff now have access to using a Reasonable Adjustments questionnaire, primarily for use on first contact. A children's version is being developed. Training to provide high quality autism assessments and diagnostic decision making for Community MH Teams in Co. Durham, Darlington and Tees Valley is well advanced.

That said, teams are at different stages of implementation and commissioning of services differs between the NYYS Care Group and DDTF Care Group. There is also the need to develop meaningful outcome measures, allow time for cultural change to develop and, of course, the need to find the resources for long term support of the work.

Great news and very welcome. The commitment of the Board is acknowledged. BUT, as described later, analysis (albeit it 18 months ago, showed that only 17% of patients of all ages accessing TEWV services were diagnosed as autistic. The actual number is likely to be 29%/30% (Nyrenuis 2022 data). This means that there could be 12% of TEWV patients having unrecognised autism, and therefore no reasonable adjustments.

A particular issue is the lack of available, appropriate and high quality residential and supported living for patients to be discharged to - particularly for people with Autism (but not with the usual focus on LD). This lack of placements can often lead to long protracted in-patient stays. This being an important issue which involves Commissioners and Local Authorities and needs to be taken up at the highest level.

3. <u>Reasonable adjustments.</u>

As one member of the Group suggested, reasonable adjustments are considered and applied best when the member of staff knows the patient well. It is the relationship that matters most. That said, some structure would assist with the process. Group members described several scenarios were this could have helped.

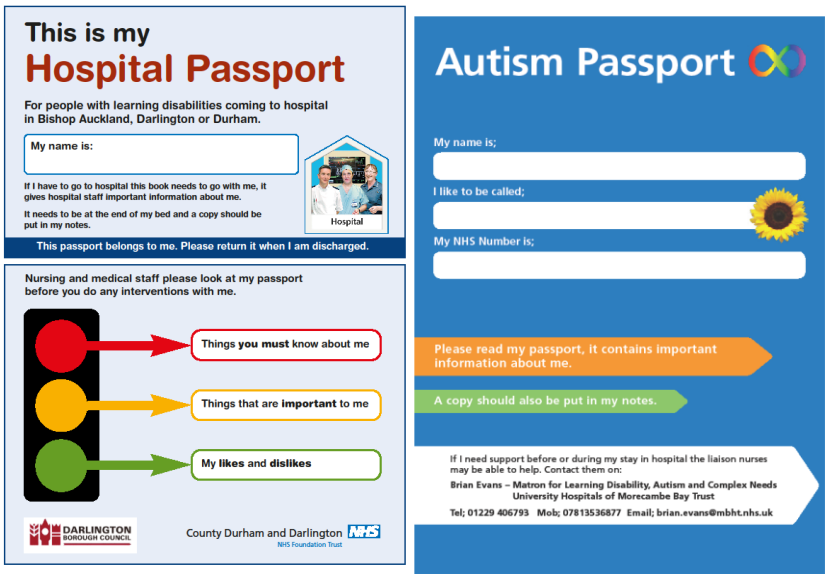
The concept of hospital passports or transition passports was considered and discussed regularly. The Group had an extremely useful presentation from the General Manager, LD Services Durham & Darlington, and his colleague, from which it was clear that hospital passports had been in use with LD services for about 10 years. Aimed at those with learning disability, it initially focused on the physical health issues of patients. The concept has developed since and Oliver McGowan training has influenced the thinking around autism. TEWV could be leading on this because it is not just a gap in our services as regards reasonable adjustments, it needs to be helping people, not just those with autism or LD, but across all TEWV services. The concept is very well used in LD services but not much in other services.

These documents need to become a key part of a hospital pack of information such that everyone is working with the same information assuring a same approach thereby providing safe and similarly focused care. It can work in any setting involving transition, into TEWV, between wards in TEWV, between hospitals, into placements or specialist accommodation, in the community; wherever it is necessary to ensure reasonable adjustments are put in place. In summary, it is an essential communications tool to ensure that transition goes well resulting in good and appropriate care.

Members of the Group described how this could significantly help their sons, one recalling an incident when having to give bloods. Other governors gave examples. All of the members were hugely supportive of the potential benefits that they thought could flow from a Trust-wide adoption of Autism passports. Following some further discussion it was clear that any information, e.g. medication could be included on the passport if of benefit to the service user. It could ensure that those with autistic sensory/environmental issues didn't end up on a 20 bedded ward with lights blazing, loud TVs, etc.

In conclusion, it was clear that the concept of hospital passports worked very well in Durham and Darlington but primarily in LD services. There doesn't appear to be any reason why a similar benefit shouldn't extend to service users with autism across the whole footprint of the Trust. Seeing this achieved within a year would be a great target, whilst recognising that getting to this point for LD has taken a lot of 'blood, sweat & tears' and has been 10 years in developing.

It was agreed that MH/autism was an appropriate focus for development of the Hospital Passports. The success of the use of passports in Durham & Darlington LD services, the success of Autism Passports used in Morecombe Bay could be effectively spread across the wider Trust area and to include other services especially MH/Autism.



The Autism example is courtesy of University Hospitals of Morecambe Bay Trust. Double clicking should open the document in a pdf format showing in the menu box.

4. <u>Involve autistic people, carers, families and friends to identify their priorities and map the good, the bad and ugly. Aim: to involve those that use our services.</u>

TEWV Website states that:

We welcome involvement from autistic people and their families in every element of our work. We sometimes call these people experts by experience. Our experts by experience have worked on the autism framework; sit on our autism steering group and associated work groups; developed infographics to support staff; and have developed and co-delivered the autism awareness training.

TEWV's Strategic ambition 'Journey to Change' states that:

One of three big goals is to co-create a great experience for our patients, carers and families.

Cares and families are represented on the Autism Steering Group. Governors are involved in reviewing Clinical Strategy plans and much else at second stage discussions but it needs to happen at a ward level; it needs to happen in the community; it needs to be on the front line. **As the training expands to all staff, that additional awareness and confidence from staff should have a positive impact**

on communications with patients and carers being the norm. At the moment there is still some way to go.

Probably not of TEWV's making but the decision to route the crisis line via 111 from next year drew lengthy discussion from the group. Under this banner of communications none were aware of the pending change and sincerely hope that 111 will have an appropriate algorithm to go through when responding to that first contact**. Whether it is 111 or TEWVs own crisis line there was a strong opinion that experienced staff are essential at the first point of call, so you want your most experienced staff answering the calls because they're the ones that will have the knowledge and the skill to be able to work out how to triage that call, not band three staff (with sincere respect to them). A quality service would put more experienced staff right at the front. Is this about cost and/or staff shortages? Apparently 111 have registered nurses answering calls so is it that TEWV has downgraded the role? Even if so, will 111 not then refer to TEWV so the need still requires an answer.**

5. Provide a snapshot position of the number of people of all ages in TEWV services with a diagnosis of Autism.

Autism and mental health – National data from Autistica (unless otherwise stated) suggests that:

Almost 8 out of 10 autistic people experience mental health difficulties (Cassidy and Rogers; 2017 – UK study)

Autistic people are 4x more likely to have a mental health problem (51%) than people without (11%)

More than 25% of autistic people receive two or more diagnoses of mental health problems

Around 15% of autistic people (compared to 2.8% of non-autistic people) are hospitalised due to a mental health problem.

The prevalence of autism within an adult psychiatric outpatient service was 19% with another 5 - 10% having just sub threshold symptoms (Nyrenuis et al; 2022 – Scandinavian study)

Autistic adults without a learning disability are 9 times more likely to die by suicide than the general population

It is the second leading cause of death for autistic people and is now highlighted in the recently published government policy paper 'Suicide Prevention in England: 5-year cross-sector strategy – Sept 2023'

Autistic women are 13 times more likely than non-autistic women to die by suicide.

We don't routinely record someone's autism diagnosis on PARIS when they come in to services. The information may be within case notes and also on letters but, unless it is recorded as a diagnosis on the system, it won't show up on a data trawl. The Autism Service team is doing its best to change this and CITO will help with this as there are better prompts to do this but we know that this is an issue. It is a national issue not just a local one. And it is something which then impacts upon other things – such as when a Serious Incident occurs, it isn't clear straight away if this involves an autistic person. For example – it comes to light when the reviewer is going through notes.

From a TEWV perspective the data from 18 months ago showed that 17% of children, young people and adults accessing TEWV services have an 'autistic marker' on PARIS. However, this is likely to be very much an underestimate as we are not good at recording when people are autistic if they haven't accessed our services for their diagnosis. **So it is suspected that TEWV rates are more in line with the Nyrenuis (2022) data which suggests that it would be more like 29% and, with the awareness raising work that has been going on, our data might be different now. The truth is that we don't know with any certainty although greater awareness through training is improving matters.**

6. Invest (time not necessarily money) in clinical leadership setting explicit standards of behaviour and linked to the journey for change.

Clinical leadership is embarking on a significant development programme. It is not specific to autism but all leaders in formal governance roles (from service management level up, including clinical leaders of all professions) are undertaking a 3 module leadership programme working through (mod 1) self as leader/ values/ management and leadership/ insights profile, (mod 2) 360, working together as a leadership group and impact on team, (mod 3) the impact of leadership group on their communities and the wider system.

The CEO and Director of People & Culture are currently working up a workshop for the quarterly leadership workshops in November on how that changes as we become more senior and how we assess that, and then how we develop a more academy style approach to developing leaders throughout the trust. We will be linking that with the perils of believing we are 'playing a finite game' and the behaviours that leads to, rather than the infinite challenge of building an organisation that will outstrip all our careers.

The healthcare leadership model is the model to be used across the trust for agenda for change staff and Very Senior Managers. This describes behaviours under 9 dimensions and can be accesses by anyone at any level. All of this is linked to the evidence of what types of leadership behaviours create and sustain high performing organisations. **Before an appraisal, individuals have to self-assess against Trust values and the manager will then assess individuals. Feedback and personal objectives are linked to Trust values as well.**

The table on page 6 above demonstrates the significant training that has been put in place across the Trust awareness and thereby standards.

7. Map out the key actions from SUI's, complaints, CQC reports

The recent CQC report summarised the fact that the service had improved from 'inadequate' to 'requires improvement'. Progress has been made but still some way to go which confirmed what members of the Group thought and experienced.

CQC said that, 'Wards for people with a learning disability or autism (and wards for older people) had all improved since our last inspection. In wards for people with a learning disability or autism, people told us staff were friendly and nice. They told us staff supported them to carry out activities that were of interest to them. People showed us their accommodation and described how they had personalised it. One person was happy to tell us about their future plans. Relatives and carers of people using the service told us that environments were clean and fit for purpose. They told us people usually had a stable staff team who knew and understood the person well. They told us they felt their relatives were safe using the service. One family member told us there had been a significant reduction in the number of incidents involving their

relative. They told us people received high standards of person-centred care' However, 'two family members raised concerns about the number of agency staff working in the service. One family member said there weren't enough meaningful activities'.

As to Community services for people with a learning disability or autism they said, 'Patients told us they were actively involved in discussing and planning their care needs along with their social care needs. One patient told us their care was "really, really good, I like my nurse and psychiatrist". Other patients told us that the service "couldn't be better" and was "great". Carers and relatives told us that the service helped them identify what support was available for them and their relative and the team "moved heaven and earth for us. Staff were using electronic devices to aid communication with patients. All patient information was produced in easy read format (this was deemed to be outstanding practice)'.

In terms of requirements CQC stated that:

1. The trust must ensure that care and treatment is provided in a safe way for service users by ensuring that staff carry out appropriate monitoring of patient's physical health. Regulation (12) (1).
2. The trust must ensure that care and treatment is provided in a safe way for service users by ensuring that there is a continued reduction in the use of restraint particularly in the reduction of prone and supine restraint. Regulation (12) (1).
3. The trust must ensure that seclusion reviews are undertaken in line with the Mental Health Code of Practice. Regulation (12) (1).
4. The trust must ensure that care meets people's needs and reflects their preferences by ensuring all patients have a discharge plan and by continuing to make progress in supporting people to be safely discharged from the service into appropriate ongoing placements and reduces lengths of stay. Regulation 9 (a) (b) (c).
5. The trust must ensure that governance processes are effective and embedded and ensure the service continues to improve. (Regulation 17).
6. The trust must ensure that there are enough staff to provide safe and consistent care to people. Regulation 18 (Staffing).

The Group would not disagree with the points above and would certainly endorse bullet points 4 and 6.

There is a fundamental matter to draw out, however. CQC refer to 'LD & Autism' as a single service. This makes it very hard to have the appropriate focus on Autism. It is a fact that patients access TEWV services because they have a learning disability or a MH diagnosis, and it may be that the patient is autistic. Autism is not of itself the focus of admissions. Why is there not a targeted focus on autism? Is this national policy?

The recent report by Baroness Hollins, My Heart breaks' states that the number of autistic patients with a learning disability has increased by 98% in recent years.

In terms of a mental health diagnosis missing an autism marker then it should be said that that is one of the things that the Autism Service is about – supporting all clinical staff to try and understand what is the difference between an autism marker and mental health presentation. And it can happen both ways – sometimes people ignore the fact that people are autistic and we get treatment wrong and sometimes people attribute everything to someone's autism and

don't treat the MH issue at all. Making sure that this doesn't happen is exactly one of the key issues to be addressed by the Autism Service.

8. Start to be a true partner in working across the Trust and with all other system players, including Local Authorities, ICB/ICSs, the Third Sector and Primary Care.

Meeting the Care Group MDs was critical to get a sense of the direction TEWV was seeking to develop. The importance of providing services for those with autism and other neurodevelopmental needs is recognised. Assurance on this is confirmed by the fact that recruitment to posts has commenced. It is also the case that the ICB for NE&Cumbria have had a first meeting involving the wider ICB Partnership looking at autism. Autism presents one of the systems biggest risks. The work has started but it is not a quick fix. Collaboration with CNTW NHS FT will also be important.

Both Care Groups recognise the importance of the Autism Project Team now being an established service. It is seen as a really significant move which should strengthen the development of reasonable adjustments, the training of staff and clinicians in being autism aware. The big difference is that diagnosis and assessment is contracted out to a different provider in North Yorks, York & Selby with waiting lists of some 20 months.

Whilst C&NE ICB have created a project group to look at autism, the H&NY ICB do not appear to have anything similar. That said, they have organised their annual conference scheduled 9th November on the subject of autism. **A major concern for the Group is that H&NY have introduced a self-assessment tool to reduce waiting lists. This makes the entry point for the service so high that it is considered by many to be life threatening to autistic people by leaving diagnosis and assessment too late. Whilst a commissioning issue the concern is such that it needs to be mentioned.** TEWV will have to deal with any consequence to such action. It links to the wider need for parity across services for autistic people and is something which TEWV should seek to influence.

Whilst the above is very concerning, through the strength of a trust wide service, TEWV is now able to offer consultations around more complex cases. It is about making the Trust more trauma informed, making sure that all of our front facing clinicians have the skills necessary. It is really important that this is seen as a trust-wide offer that reaches into both ICBs equally, but maybe something that the Trust Chair and Executive need to influence.

Clearly, autism is now on the system agenda. NHSE published their expectations of ICS/ICB in April 2023 and it requires ICB to:

- Check that people of all ages can access an autism assessment in the area.
- Identify gaps in autism assessment provision for particular groups (for example, people with an intellectual disability, or people in inpatient NHS or independent hospitals or services, at residential schools or colleges, or in prison).
- Consider at ICS level whether standardised referral processes across services have merit (for example, single point of access, an on-line form, and shared templates).
- Develop protocols for how people, and their families/carers can access pre- and post- assessment support if seen for an autism assessment by an external provider, including independent providers.
- Indicate what types of autism-relevant training is available for professionals working across services in the ICS.

- Identify who holds responsibility for periodically evaluating that information listed remains up to date.

As stated earlier, Cumbria & North East ICs has established a working group looking at service provision for autism and TEWV is heavily involved along with colleagues at CNTW NHS FT. Humber and North Yorkshire Health and Care Partnership, Mental Health, Learning Disabilities and Autism Collaborative Programme, planned their fifth annual conference, held on 9th November 2023 on the topic 'Let's talk autism'. We look forward to what develops. Inconsistency between ICSs, with commissioning, could still be problematic whilst meeting the above objectives.

Not mentioned as yet but Local Authorities have the statutory responsibility to develop an Autism Strategy for their areas. A desk top review of Local Authorities having current Strategies for Autism showed patchy results. Children and young people are well covered with support and advice, particularly around education. Otherwise very little or outdated. This will require discussion within the ICBs involving the Trust Chair and TEWV CEO.

9. Review the Trust position on atypical Autism presentations

Personality disorder is under review: As part of a Coroner's request, TEWV is undertaking a review of all the people we have with both a diagnosis of autism and a personality disorder.

The review is of the personality disorder diagnosis and the work is due to be completed in 2024. This is part of the overall action plan to respond to the Coroner request but members of the group consider it important for that the review takes place in any case.

10. A full understanding and appreciation of Autistic Burnout.

'Autistic burnout' is the intense physical, mental or emotional exhaustion, often accompanied by a loss of skills that some adults with autism experience. Many autistic people say it results mainly from the cumulative effect of having to navigate a world that is designed for neuro-typical people.

Burnout may especially affect autistic adults who have strong cognitive and language abilities and are working or going to school with neuro-typical people.

Like many aspects of autism, burnout varies greatly from person to person. Some autistic people experience it as an overwhelming sense of physical exhaustion. They may have more difficulty managing their emotions than usual and be prone to outbursts of sadness or anger. Burnout may manifest as intense anxiety or contribute to depression or suicidal behaviour. It may involve an increase in autism traits such as repetitive behaviours, increased sensitivity to sensory input or difficulty with change.

Burnout is often a consequence of camouflaging, or masking, a strategy in which autistic people mimic neuro-typical behaviour by using scripts for small talk, forcing themselves to make eye contact or suppressing repetitive behaviours. These strategies can help autistic people in their jobs and relationships but require immense effort. **(Thanks to Sarah Deweerdt, Spectrum News. https://doi.org/10.53053/BPZP2355)**

It can also result from sensory overstimulation, such as a noisy ward environment; executive function demands such as having to juggle too many tasks at once; or stress associated with change, particularly at moments of transition between wards or going

into inappropriate community settings without the need for reasonable adjustments being fully considered.

The experience of members of the group is that this is not a rare occurrence being able to describe several scenarios when autistic burnout has occurred to loved ones or to self. Transitions must be to appropriate placements with reasonable adjustments in place in order to avoid autistic burnout and revolving door admissions to TEWV. Personal experience tells us that getting it wrong can lead to an effective shut down of the autistic person lasting 3 years.

Someone who maybe is struggling with autistic burnout but doesn't have a learning disability could require help but being told 'it is autistic burnout, it is autism. We can't help (because not LD and perceived as not a MH issue)'.

Can TEWV really claim to be offering an autism service? Strong opinion that NHS should provide a purely Autism Service.

4 Risks and Mitigation

There were four risks identified on the cover sheet to this report. These are repeated in the table below. Attainment of any of the considerations above would mitigate all of the risks described below. However, in the opinion of the group, and having already developed an Autism Service, the introduction of autism passports, the delivery of autism awareness training and front line involvement of family/carers/and the patient would have the greatest impact.

3	**Involvement & Engagement**	**A fragmented approach to service user and carer engagement and involvement might prevent us from co-creating a great experience.**
4	**Experience**	**We might not always provide a good enough experience for those who use our services, their carers and their families, in all places and all of the time.**
6	**Safety**	**Failure to effectively undertake and embed learning could result in repeated serious incidents. Regulatory Action**
9	**Regulatory action**	**Further regulatory action could result in loss of confidence and affect our reputation among service users, staff, and other key stakeholders.**

5. Conclusions:

Everything seems to be on target to deliver the promises in the 2023/24 Clinical Strategy. A key point was that there is clear evidence that staff are now talking about autism. Staff are asking questions, asking for support. Training is being rolled out. Agreed by all that this was excellent news but much still to be considered including the need for reasonable adjustments, better planning for transitions, particularly into community placements and the question of how the service measures progress, a key next step for the recently established Autism Service.

Members of the Group hope that fellow governors find the report, not only as required by the scoping document, but informative concerning the need of patients with autism and the desire of family and carers to support the Trust in getting it right.

Council of Governors is asked to consider how they wish to be kept informed of Progress?

Authors: Christine Hodgson (public Governor), Heather Leeming (staff Governor), Alicia Painter (public Governor), Jules Preston (Chair of group and NED), Graham Robinson (public Governor), Jill Wardle (public Governor)

FOOTNOTE

The Kings Speech at the opening of Parliament on 7th November 2023 failed to list a revision to the Mental Health Act as being in the list of Bills to be considered over the next 12 months. Had it gone ahead, there would have been a significant focus on autism.

Baroness Hollins published her report, 'My heart breaks' on the 8th November 2023. It is available on the gov.uk website and it is worth a read. There are 2 key themes within the report. One is 'homes, not hospital'. The other is that hospital admissions be just for assessment and should take no more than 2 weeks. 17 States in the USA have achieved this whereas in the UK it can lead to long term segregation. To repeat, it is worth a read.

And finally, sincere thanks to members of the group who gave up so much time and effort to being prepared to openly discuss issues and concerns and in the production of this report which is significantly based on those discussions.

Appendix 1

Council of Governors

Task and Finish Group Scoping Paper

Title of Review:

Improving the experience of autistic people.

Background:

Autism is a lifelong neurodevelopmental condition which can lead to social and economic exclusion.

It is often overlooked by healthcare, education and social care professionals, which creates barriers to accessing support and services. Autistic people are also more likely to have coexisting mental and physical health conditions.

National research has found wide variation in rates of identification and referral for diagnostic assessment, waiting times for diagnosis, models of multi-professional working, assessment criteria and diagnostic practice for autistic people.

In 2009 the Government committed to ensuring the needs of autistic people were considered in all areas of life and this was enshrined into law through the Autism Act. The National Autism Strategy was published in 2014 and was subsequently updated in 2021. This guidance sets out various obligations for Health and Social Care providers, including staff training in autism awareness and making reasonable adjustments for autistic service users. The Trust responded to the national position via the work of the Trust-wide Autism Project which began in 2016.

Our Clinical Journey (draft) sets out the Trust's ambition for autism as:

"An autistic person accessing TEWV services experiences mental health and/or learning disability support and interventions that are reasonably adjusted and autism informed. People receive rapid assessment and accurate diagnosis, identifying any co-morbidity and associated needs. Where treatment is required, it is safe, evidence-based, and personalised."

The Trust aims to be known as an exemplar autism trust.

To achieve its ambition and model of care, the Trust will be bringing together existing resources to develop a Trust wide Specialist Autism Service. This is intended to provide long term, sustainable training to support community and inpatient teams meet the needs of all autistic people accessing mental health services and to inform and guide the provision of all Trust services for autistic people and their carers.

Purpose:

The purpose of the task and finish group is:

1. To review the present and forecast prevalence of autism, and comorbidities, amongst service users and the general population and the implications of any changes for future service delivery.

2. To review the present arrangements, including commissioning arrangements and performance, for the assessment and diagnosis of autism; the level of awareness of staff of autism; and the delivery of reasonable adjustments for autistic service users.
3. To gain an understanding of the current experiences of autistic people and their families, staff and partners in regard to the identification and diagnosis of autism and receipt/provision of services including the provision of reasonable adjustments.
4. To review the progress of the Trust wide Autism Project, since its inception in 2016, identifying any learning which might inform future service delivery.
5. To undertake an assessment of the plans for the development of the Trust wide Specialist Autism Service and to make recommendations for mitigating any issues or risks identified in regard to:

    - The achievement of the Trust's vision for autism.
    - The involvement and engagement of service users and carers in the development and delivery of the service.
    - Improving the experiences of people with autism as identified through (3) above.
    - Collaboration with partners.
    - The adequacy of resourcing.

6. To review and gain assurance on the arrangements for ensuring the Trust wide Specialist Autism Service has its intended impact and make recommendations if it is considered improvements are required.
7. To review and gain assurance that the Trust's vision and model of care are aligned to and support system-wide approaches, and those of individual partners, to improve the experience of autistic people and their families and make recommendations if it considers changes are required.

Group Membership:

Non-Executive Director & Chair – Jules Preston.
Heather Leeming, Staff Governor: **Alicia Painter**, Public Governor: **Christine Hodgson**, Public Governor; **Graham Robinson**, Public Governor: **Roger Tuckett,** Public Governor (until Feb 2023): **Jill Wardle**, Public Governor.

Expected Outcomes:

A report to the Council of Governors which provides:

1. An appraisal of whether the Trust's approach to autism will deliver the Trust's vision and improve the experience of autistic people and their families in a sustainable way.
2. An understanding of the risks to the delivery of the Trust's vision for autism and assurance that adequate mitigations have been put in place by the Trust and are being delivered.
3. Recommendations on how the Trust, by itself or through collaboration, can further improve the experience of autistic people and their families.

Timescale:

The report to be delivered to the Council of Governors within 12 months of the commencement of the review.

Item 16

For General Release

Meeting of:	Council of Governors' Meeting
Date:	4th December 2023
Title:	Co-creation Committee Update
Executive Sponsor(s):	Ann Bridges, Director of Corporate Affairs and Involvement
Author(s):	Angela Grant, Corporate Governance Officer (CoG and Membership)

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***
All		*The Co-creation Committee of the Council of Governors' supports and monitors the delivery of the Trust's Co-creation Framework and also reviews the Trust's progress in relation to delivering on its strategic goals on co-creation.* *The Co-creation Journey was approved by the Board in March 2023, and contributes to service user and carer involvement and experience, including:* *1. Ensuring co-creation in care planning.* *2. Growing, diversify, and embedding service user and carer involvement across the Trust.* *3. Expanding and developing lived experience roles and leadership, including peers.* *4. Capturing accurate patient, carer and partner experience data including friends and family test, surveys, Patient Advice and Liaison (PALS) and complaints, and triangulating this with other intelligence e.g. serious incidents and using this to improve our services.* *These will be delivered and Key Performance Indicators (KPIs) will be set as part of the business planning cycle and the Our Journey to Change (OJTC) Delivery Plan. These are reported monthly through the Executive Review of Quality Group (ERQG) and the Executive Directors Group (EDG) and reported to the Co-creation Committee and Board of Directors quarterly.*

Executive Summary:

Purpose:	*This report aims to update the Council of Governors on discussions held at the last meeting of the Council of Governors' Co-creation Committee, held on 13th October 2023.*
Proposal:	*The Council of Governors are asked to receive this report for information.*
Overview:	*The report provides an overview of topics discussed by the Committee at its last meeting and details of the Committee's future priorities.*
Prior Consideration and Feedback	*The last update from the Committee was provided to the Council of Governors at their meeting held on 15th June 2023.*
Implications:	*None identified.*
Recommendations:	*The Council of Governors is asked to note the report for information.*

Council of Governors' Co-creation Committee Update

The Committee last met on the 13th October 2023.

Mary Booth was appointed as the new Chair of the Committee.

The following was considered at the meeting:

Co-creation Journey Update

An update report and presentation on co-creation work in the Trust which had included:

- The work of the Trust's Involvement and Engagement (I&E) Team and how they were supporting the Trust in its ambition to actively seek out the service user and carer voice, and how that was listened to and acted upon at every level. This had included details on the team's expansion and how I&E facilitators were able to focus on specific services to encourage involvement from service users and carers. It also provided details of their work with colleagues both in the Trust and in external services and information relating to involvement members, activities and payments.
- An update from the Trust's Lived Experience Directors in relation to the structure and purpose of the Trust's Co-creation Boards, co-creation in personalised care planning (Priority 1 in Co-creation Journey) across clinical and operational networks and other Trustwide matters relating to Oxehealth, service user and carer co-creation groups and co-creation with partners.

The Committee will be inviting the Lived Experience Directors to its next meeting (date to be confirmed) to discuss co-creation in personalised care planning. It will also invite colleagues in operational services to speak to the Committee to update them on on-going co-creation work at ward level.

Trust Membership

The Committee considered a report containing information on the public and staff membership of the Trust, as at 30th September 2023. The distribution of members, actual versus eligible membership and demographics of the Trust's membership were included in the report. It was noted that the Trust's membership remained broadly representative of the population it served. A. Bridges advised that in 2024 the Trust would need to develop a membership strategy and consider how to engage with its members.

Annual General and Members' Meeting (AGM) 2023 and Future Events

James Burman, the Trust's Corporate Affairs and Stakeholder Engagement Lead, updated the Committee on plans for the Trust's AGM in 2023. It was noted that:

- The AGM would be held in person on 23rd November 2023 at Darlington Arena, Neasham Road, Darlington, DL2 1DL and also broadcast online. A marketplace of information stalls would be available to attendees from 1pm and Trust staff were keen to showcase their services. The formal meeting would follow at 3pm.
- Patient Safety would be the theme of the event and J. Burman would be working with the I&E Team to ensure patient and carer voices would be included in the presentations.

- Therapy dogs would be attending and it was also hoped that the Communitas Converge Choir from York St John University would perform, to bring an element of celebration to the event.
- Consideration would be given to holding future AGMs and the Star Awards in different areas of the Trust as they had been in 2023 e.g. the AGM 2023 held in Darlington whilst the Star Awards 2023 are held in York.

Committee members:

- Were pleased that the AGM would be held face to face as it would provide an opportunity for people to network again and there seemed to be a real appetite for face to face events.
- Questioned how social media would be used for the event and whether people would be able to submit questions and make comments. It was noted that careful consideration would need to be given to how social media was used, however, people joining the event online would be able to post comments and ask questions.

Future Priorities

The Committee future priorities are:

- 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.

Membership of the Committee

The Co-creation Committee oversees and monitors the implementation of the Co-creation Framework, the Trust's membership and how representative it is of the community we serve and would like to ensure that the public, members, service users and carers are involved in the planning, design and delivery of efficient, joined up, co-ordinated services that are responsive to the needs of the community.

At present there are six members of the Committee but we would like to grow that membership if possible (20 Governors max). If you think you might be interested in joining this Committee, or would like further information or to observe a meeting, please let Angela Grant know by emailing angela.grant6@nhs.net or calling 01325 552068.