MEETING OF THE BOARD OF DIRECTORS
Thursday 24th February 2022
at 1.00 p.m.

The meeting will be held via MS Teams

Board Members:
Board Members are asked to raise any questions for clarification on matters contained within the reports with the lead Executive Director prior to the meeting.

The 'chat' function on MS Teams should not be used during the meeting.

Governor/Public Observation:
Invitations to observe the meeting have been sent to all Governors and posted on social media and the Trust's website. Those responding will be sent instructions to join the event using MS Teams.

If you are observing the meeting please keep your microphone on mute. No questions or statements are allowed.

The timings provided in the agenda are indicative only.

Pre-Meeting Governor Session with the Chair:
The Chair has invited all Governors to join him for a pre-meeting question and answer session from **12.00 noon**. This provides an opportunity for them to raise any matters on the reports due for consideration during the meeting.

Joining instructions for the event have been circulated separately.

AGENDA

Standard Items (1.00 pm – 1.15 pm):

1	Apologies.	**Chair**	**-**
2	Chair's welcome and introduction.	**Chair**	**Verbal**
3	To approve the minutes of the last meeting held on 27th January 2022.	**-**	**Draft Minutes**
4	To receive any declarations of interest.	**-**	**Verbal**
5	Board Action Log.	**-**	**Attached**
6	Chair's Report.	**Chair**	**Verbal**
7	To note any matters raised by Governors.	**Board**	**Verbal**

Strategic Items (1.15 pm – 1.45 pm):

8	Chief Executive's Report.	**CEO**	**To follow**
9	To consider the Finance Report to 31st January 2022.	**DoF&I**	**Report**
10	To consider the Performance Dashboard Report as at 31st January 2022.	**ACEO**	**Report**

Goal 1: To Co-create a Great Experience for our Patients, Carers and Families (1.45 pm – 2.10 pm):

11	To consider the report of the Chair of the Quality Assurance Committee	**Committee Chair (BR)**	**Committee Key Issues Report**
12	To consider the Learning from Deaths Report.	**DoN&G**	**Report**
13	To consider the report of the Chair of the Mental Health Legislation Committee.	**Committee Chair (PH)**	**Committee Key Issues Report**

Goal 2: To Co-create a Great Experience for our Colleagues (2.10 pm – 2.30 pm):

14	To receive the half yearly report of the Freedom to Speak Up Guardian.	**Dewi William (F2SUG) to attend**	**Report**
15	To receive the quarterly report of the Guardian of Safe Working.	**Dr Jim Boylan (GoSW) to attend**	**Report**

Matters for Information (2.30 pm – 2.35 pm):

16	To receive and note a report on the use of the Trust's seal.	**Co Sec**	**Report**

Exclusion of the Public (2.35 pm):

17	**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:* *Information relating to any particular applicant for, or recipient or former recipient of, any service provided by the Trust.* *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 relating to the financial or business affairs of any particular person (other than 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.*	**Chair**	**Verbal**

Paul Murphy
Chair
18th February 2022

Contact: Phil Bellas, Company Secretary Tel: 01325 552312/Email: p.bellas@nhs.net

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON 27 JANUARY 2021 COMMENCING AT 1.00 PM via MS Teams

Present:
Mrs S Richardson, Non-executive Director/Senior Independent Director/Interim Deputy Chair (Chair of the meeting)
Dr C Carpenter, Non-executive Director
Ms J Haley, Non-executive Director.
Prof P Hungin, Non-executive Director
Mr J Maddison, Non-executive Director
Mrs B Reilly, Non-executive Director
Mrs R Barker, Associate Non-executive Director (Non-voting)
Mr J Preston, Associate Non-executive Director (Non-voting)
Dr S Dexter-Smith, Director of People and Culture (Non-voting)
Mr R Patton, Interim Chief Operating Officer
Mrs E Moody, Director of Nursing and Governance/Deputy Chief Executive
Mrs S Pickering, Director of Planning, Commissioning, Performance and Communications/Assistant Chief Executive (Non-voting)
Mrs L Romaniak, Director of Finance, Information and Estates
Dr S Wright, Interim Medical Director

In Attendance:
Mr P Bellas, Company Secretary
Ms L Hughes, Interim Corporate Governance Advisor
Mrs W Johnson, Team Secretary
Ms D Oliver, Deputy Trust Secretary (Corporate)

Observers/Members of the Public
Mary Booth, Elected Staff Governor
Steve Double, Elected Public Governor
Hazel Griffiths, Elected Public Governor
Jill Wardle, Elected Public Governor

22/01/1/177 APOLOGIES

1.1 Apologies were received from Paul Murphy, Interim Chair, Brent Kilmurray, Chief Executive and Ann Bridges, Director of Corporate Affairs and Involvement (Non-voting).

22/01/2/178 CHAIRMAN'S INTRODUCTION

2.1 The Interim Deputy Chair welcomed everyone to the meeting and explained that the Trust had the pleasure of welcoming Gillian Keegan MP, Minister of state for Care and Mental Health to West Park Hospital, Darlington that day to meet staff and patients. Paul Murphy, Interim Chair, Brent Kilmurray, Chief Executive and Ann Bridges, Director of Corporate Affairs were accompanying Gillian Keegan on her visit

22/01/3/179 MINUTES OF PREVIOUS MEETING

3.1 **Resolved:** the minutes of the previous meeting held on 25 November 2021 were approved as a correct record and agreed to be signed by the Chairman.

22/01/4/180 DECLARATIONS OF INTEREST

4.1 There were no new interests declared and no declarations of interest received in relation to open agenda items.

22/01/5/181 PUBLIC BOARD ACTION LOG

5.1 It was noted that there were no open actions on the Action Log, all actions had been completed.

22/01/6/182 CHAIRMAN'S REPORT

6.1 Shirley Richardson, Interim Deputy Chair provided a verbal report. She drew reference to:

6.1.1 Governance Locality meetings had been arranged to take place over the next two weeks. These meetings would be held on a regular basis going forward to support the updated governance structures.

6.1.2 Mental Health Confederation meetings continue to be most valuable to communicate on key topical issues.

6.1.3 Living the Value Awards had commenced in December 2021 and are planned to take place monthly going forward. Non-executive Directors who would like to be involved to support the development of the revised process were asked to forward their interest to Ann Bridges. **ACTION (Non-executive Directors/A Bridges)**

6.2 Elizabeth Moody provided an update on the meetings held with local Members of Parliament and Local Authority representatives, which proved beneficial and enabled discussions around the forthcoming ICS changes.

6.2 **Resolved:** the Interim Chair's verbal report was noted.

22/01/07/183 MATTERS RAISED BY GOVERNORS

7.1 The Interim Deputy Chair provided an update on the briefing meeting held with Governors prior to the Board meeting that day. One of the Governors had queried if the Trust was aware of the standards of care for a private autism service in Durham. In response, Sharon Pickering and Elizabeth Moody explained that this service had been contracted by the Trust to support the Trust waiting list initiative. The process followed the standard NHS contract arrangements and the Trust had gained CCG approval to use slippage to fund this arrangement.

7.2 **Resolved:** the matters raised by Governors were noted.

22/01/08/184 PATIENT STORY

8.1 It was noted that due to unforeseen circumstances the Patient Story included on the agenda that day had been deferred to the next Board meeting.

22/01/09/185 CHIEF EXECUTIVE'S REPORT

9.1 The Chief Executive's Report was received and noted. In the Chief Executive's absence Elizabeth Moody drew attention to the following:

9.1.1 The Care Quality Commission (CQC) – the Trust's Action Plan in response to the CQC's Well-led Review had been reviewed and supported by the Quality Improvement Board. The Board were in support of the Action Plan.

9.1.2 COVID/OMICRON - the Trust had seen an increase in cases during December and January in the communities it served. During December 2021, York and parts of North Yorkshire had the highest cases. During January 2022 to date the North East was reported to have the highest number of cases in the country.

9.1.2.1 The Trust had experienced very high levels of staff absence, extremely high levels of bed occupancy and continued to declare Opel 4, the highest level of escalation, short

of a critical incident with services reverting to their business continuity plans and operational oversight increased.

9.1.2.2 The Board relayed huge thanks to staff for their continued support during this unprecedented time to provide services to the Trust's patients and carers.

9.1.3 Organisational Change, Structures Update – the majority of interviews and appointments had been made to date to support the organisational change process.

9.1.4 Mandatory Vaccinations – the Trust continued to work with staff in support of the April 2022 target date.

9.1.4.1 John Maddison, Non-executive Director queried if there is a risk of any staff taking legal action as part of the mandatory vaccinations process. In response, Sarah Dexter-Smith explained that the Trust was working with the trade unions and there had been a meeting held earlier that day. She advised that the risk of staff taking legal action at that time was low.

9.1.4.2 Charlotte Carpenter, Non-executive Director queried the number of staff affected by the Mandatory Vaccination requirement. In response, Sarah Dexter-Smith explained that there were circa 286 staff affected. Meetings were planned to take place the following week with 100 staff and 50 staff had notified the Trust that they had received the vaccination, which was currently being investigated.

9.1.5 Integrated Care System (ICS) Developments – the Planning guidance, which was issued on 24 December 2021 confirmed that the Integrated Care Boards (ICBs) would be deferred by three months from 1 April to 1 July 2022. The delay will allow the legislation through the parliamentary process. As a result of this the CCGs will continue as they are until 1 July 2022. It was noted that the Trust is very supportive of the direction and there are no implications for the Trust in relation to the deferred implementation date.

9.1.6 Information Commissioner's Office, Audit Update - the Information Commissioner's Office (ICO) conducted a consensual audit during the week commencing 25 November 2021. The findings of the audit were noted to be reasonable.

9.1.6.1 In response to John Maddison, Non-executive Director's request it was agreed that the outcome of the ICO Audit would be presented to the next Strategy and Resource Committee; and the next Audit and Risk Committee. **ACTION (P Bellas/L Romaniak)**

9.2 **Resolved:** the Chief Executive's Report was noted.

22/01/10/186 BOARD ASSURANCE FRAMEWORK SUMMARY REPORT

10.1 The Board Assurance Framework (BAF) summary report was received with linkages to the agenda noted. Since the last Board meeting the BAF had been reviewed by Executive Risk owners and updated accordingly.

10.2 **Resolved:** the Board Assurance Framework summary report was received, noted and accepted.

22/01/11/187 REPORT OF THE AUDIT AND RISK COMMITTEE CHAIR

11.1 John Maddison, Non-executive Director/Chair of Audit and Risk Committee explained that the format of the report followed the recommendations made by GGI following their Well-led review and he asked the Board to consider if it was timely to review the template. He confirmed that the Committee had no matters of concern to bring to the attention of the Board. There had been assurance provided with good progress made in several areas and he drew reference to the following of note:

11.1.1 The BAF and Corporate Risk Register (CRR) were received and reviewed in detail. The role of the Committee is to review the process of risk management as part of the Trust's internal control. The Committee noted that the BAF was developing and that there continued to be further work ongoing to improve risk management. A further review of the BAF and CRR is planned to take place at the Audit and Risk Committee in May 2022, following the implementation of the new governance arrangements. Elizabeth Moody advised that the appointment process for the Head of Risk Management position was underway.

11.1.2 Internal Audit had not identified any issues from their work to date that might significantly impact the Head of Internal Audit Annual Opinion for 2021/22.

11.1.3 John Maddison complimented Liz Romaniak on the decreasing trend of overdue high and medium priority Internal Audit recommendations.

11.1.4 Limited assurance had been provided by Internal Audit on their review of clinical waste. As a result of the potential risks, follow up work on the delivery of the recommendations was progressing with the aim of achieving an improved position by the end of January 2022.

11.2 Liz Romaniak explained that a discussion had also taken place at the Committee around undertaking deep dives to gain a greater understanding on risks to gain assurance on the mitigations/actions in place.

11.3 **Resolved:** the report of the Audit and Risk Committee Chair from the meeting held on 13 January 2022 was noted.

22/01/12/187 FINANCE REPORT

12.1 Liz Romaniak spoke to the Finance Report as at 31 December 2021. She drew reference to the following of note:

12.1.1 The Trust's projection for the year end position is a surplus of £8.1m; £3m ahead of the planned surplus of £5.1m for 2021/22, which reflected the receipt of unplanned income, including the prior year final pay control provisions.

12.1.2 Capital Programme - the Annual capital requirements for 2021/22 were set at an affordable programme within the Trust's £13.6m capital allocation. Capital expenditure was noted to be slightly behind plan at £1.2m. Two planned asset sales had been delayed resulting in the Trust being below its capital allocation by £0.8m.

12.1.3 Statement of Comprehensive Income - the year to date position is a surplus of £5.0m, which is £0.3m ahead of the planned £4.7m surplus. This is before £0.5m additional unplanned profit from disposal of fixed assets.

12.1.4 Cash Balances of £84.5m, which equated to £1.3m ahead of plan.

12.1.5 Nationally NHS organisations are required to agree financial plans for 2022/23 to support the ICS, with final plans submitted to the ICS by 19 April 2022. Concern was raised due to there being no indication to date of any additional mental health spending allocation for 2022/23.

12.2 John Maddison, Non-executive Director drew reference to the BAF financial sustainability, which is rated as a significant risk and queried the reasons and any longer term underlying issues. In response, Liz Romaniak explained that the underlying issues included the significant staffing pressures and ability to fill vacancies.

12.3 Jules Preston, Associate Non-executive Director drew reference to 3.4 within the report 'cash releasing savings' and acknowledged the Trust was in a good financial position at present but recommended greater focus going forward on delivery of the underperforming schemes. In response, Liz Romaniak confirmed that it is the Trust's intention to achieve the glide path referenced within the report.

12.4 **Resolved:** the Finance Report as at 31 December 2022 was received and noted.

22/01/13/187 PERFORMANCE REPORT

13.1 Sharon Pickering explained that due to the increased pressures on the Trust's clinical services at that time the Performance Report covering the period to 31 December 2021 was provided as an abridged summary. The Board noted this arrangement was put in place to minimise the impact on clinical teams, to facilitate the release of the Corporate Performance Team staff to support operational services, and to ensure focus remained on the care of patients and welfare of staff.

13.2 A key concern remained within the Quality, Activity and Workforce domains with continued challenges in relation to staff sickness and the ability to recruit to staff vacancies. Waiting times are longer than the Trust would wish for patients to experience and the pressures on inpatient services remained a significant concern. It was noted, however, that Out of Area Placements had improved significantly.

13.3 **Resolved:** the Performance Report as at 31 December 2021 was received and noted.

22/01/14/188 KEY ISSUES AND RISKS ARISING FROM THE DIRECTOR'S VISITS

14.1 It was noted that the Director's Visits enabled teams to hold conversations directly with Board Members to raise any matters of importance and they were not inspection visits. The visits enable Board Members to gain a greater understanding on the key issues and risks within services, which in turn helps Board members to triangulate information against Board papers and Board discussions.

14.2 Discussion took place around the importance of working together across different sectors to support people in the community setting such as the Local Authority and the housing sector.

14.3 The Interim Deputy Chair (Chair of the meeting) explained that a Task and Finish Group had been established to look at the process and the criteria for the Director's Visits. The outcome of that would be reported to the Board in the future.

14.4 Board members received and considered the reports from the Director's Visits held on 13 December 2021 covering: i) Durham Perinatal Team ii) Tees Community Autism Service iii) Forensic Outpatient Services for CAMHS iv) Military Personnel Inpatient Services; and v) FOLS Team, North Yorkshire and York.

14.5 **Resolved:** the key issues and risks arising from the 13 December 2021 Director's Visits were received and noted.

22/01/15/189 REPORT OF THE QUALITY AND ASSURANCE COMMITTEE CHAIR

15.1 Bev Reilly, Non-executive Director/Chair of the Quality and Assurance Committee explained that there were no matters to escalate to the Board's attention from the meeting held on 13 January 2022. She drew reference to the following of note:

15.1.1 BAF risks linked to the Committee. It was agreed that some risk profiles required updating to reflect the recent CQC findings and subsequent action plans in place. Members sought further assurance on the processes for managing and reducing risks. The Committee was advised that the Audit and Risk Committee had reviewed these in detail, specifically in relation to any strategic impact and the systems and processes in place to support the BAF. Work is taking place to align the risks included on the Corporate Risk Register to the BAF.

15.1.2 Corporate Risk Register (CRR) risks aligned to the Committee were reviewed. The Committee noted the work in place to improve the risk management process, which aims to improve assurance provided to the Board Committees and the Board.

15.1.3 The Committee was informed that the Action Plan in response to the CQC inspection was planned to be considered by the Quality Improvement Board on 19 January 2022 and would be reviewed by the Committee/Board for approval prior to submission to the CQC.

15.1.4 Plans are in place to review the letter received from the CQC's visit to HMP Durham at its next meeting.

15.1.5 Capacity and business continuity of the Central Approvals Team and Patient Safety Team were highlighted due to the number of incidents that require reviewing. The Committee noted that actions were in place to address this.

15.1.6 An investigation is underway to look at the increasing number of self harm incidents across the Trust.

15.1.7 An investigation is underway to look at the reasons and lessons learned with regards an under 18-year-old who was admitted as an inpatient to an adult ward due to lack of bed availability.

15.1.8 The Committee learned that the investigation into the incident, which involved a member of staff working a 23-hour shift had been completed with lessons learned.

15.1.8.1 Elizabeth Moody explained that the member of staff who worked the 23-hour shift had done so with good intentions to support the Trust in providing the quality and patient service. Lessons had been learned and arrangements are in place to monitor shifts closely with escalate up to Executives and the Board as required.

15.1.9 The Infection, Prevention and Control six monthly report was received with the team commended for providing expert advice on COVID whilst continuing to deliver on core business across the Trust.

15.2 **Resolved:** the Report of the Quality and Assurance Committee Chair from the meeting held on 13 January 2022 was received and noted.

22/01/16/190 HARD TRUTHS NURSE SIX MONTHLY STAFFING REPORT

16.1 Elizabeth Moody explained the Hard Truths six monthly Staff Report covered the period of June to 30 November 2021 and a peak had been noted in January 2022. The report covered four themes: i) high use of bank, agency and overtime to maintain safe staffing levels; ii) challenges to recruitment of registered nurse vacancies; iii) compliance with statutory and mandatory training; and iv) embedding best practice in roster management. Actions in place to address the four key areas included: i) over recruitment of HCSW; ii) on-going recruitment of registered nurses including international recruitment; iii) flexible approaches to the delivery of statutory and mandatory training; iv) increased emphasis and support of roster competency and usage with ward managers and matrons; and v) risk escalation and oversight of safer staffing including business continuity arrangements.

16.2 Elizabeth Moody reported that a neighbouring Trust had offered a golden hello recruitment package and some of the independent sectors were offering enhanced salaries. In response to this a small number of newly qualified nurses and substantive in-patient staff had chosen to move into these areas. It was acknowledged that the Trust needs to consider its position and response to ensure it is not adversely affected going forward. The Interim Deputy Chair (Chair of the meeting) expressed concern that

this was occurring within the ICS footprint and the Board agreed a joined-up approach of working would be welcomed with organisations across the ICS footprint.

16.3 John Maddison, Non-executive Director drew reference to page five of the report with regards to the number of health care workers. In response, Elizabeth Moody explained that there is a national programme, which the Trust is participating in. The programme aims to reduce agency spend and not carry vacancies.

16.4 John Maddison, Non-executive Director queried the percentage of medication errors. In response, Elizabeth Moody explained that the percentage is very low with most patients experiencing low or no harm. Steve Wright added that when EPMA is introduced it is anticipated there will be a significant reduction in medication errors.

16.5 **Resolved:** the Hard Truths six monthly Staffing Report including the issues raised for further action and development was received and noted.

22/01/17/190 REPORT OF THE PEOPLE, CULTURE AND DIVERSITY COMMITTEE CHAIR

17.1 Shirley Richardson in her position as Chair of the People, Culture and Diversity Committee spoke to the report from the meeting held earlier that day. She drew reference to the following of note:

17.1.1 Staff experience story was most interesting to hear how they had changed following their learning from experiences.

17.1.2 Performance report in relation to workforce and an update on the recruitment and retention process in place was received.

17.1.3 Health and Wellbeing Deep Dive - a tool is currently under development to enable self-assessments to be carried out. There is also a big programme of work taking place to reframe the Health and Wellbeing offer to staff across the Trust.

17.1.4 EDS2 report was approved for Board ratification.

17.1.5 Committee Workplan had been refreshed and included several Deep Dive topics.

17.1.6 Jill Haley, Non-executive Director and Sarah Dallal plan to meet to discuss the Equality and Diversity work plans, which is planned to be included as an agenda item for the May 2022 meeting.

17.1.7 A meeting is being arranged for Shirley Richardson and Sarah Dexter-Smith to meet with the two Governor Health and Well-being Champions to discuss how their role can be taken forward.

17.2 **Resolved:** the report of the People, Culture and Diversity Committee Chair from the meeting held on 27 January 2022 was received and noted.

22/01/18/191 SELF ASSESSMENT AGAINST THE EQUALITY DELVIERY SYSTEM (EDS 2)

18.1 Sarah Dexter-Smith explained that it had been recommended to the People, Culture and Diversity Committee that the Equality Delivery System 2 (EDS2) is reviewed at three yearly intervals going forward, which was supported.

18.2 The Board noted that the self-assessment tool had been developed by NHS England in line with the requirements of the Equality Act 2010. This is aimed to support NHS Trusts to comply with the Public Sector Equality Duty and promote equality for all in service delivery and employment.

18.3 The EDS2 summary report included the outcome of the self-assessment into areas of good practice and areas that require improvement. Information highlighted some disparities existed for service users within protected groups compared to those in non-protected groups with the Trust's position noted to be varied.

18.4 **Resolved:** the Trust's EDS2 (2021) report was approved for publication on the Trust's website.

22/01/19/192 GENDER PAY GAP REPORT

19.1 Sarah Dexter-Smith explained that the Trust is legally required to produce an annual Gender Pay Gap report and publishing on the Government's Gender Pay Gap Service website and the Trust website. It was noted the report covered the period ending 31 March 2021 and is required to be published by 30 March 2022.

19.2 The Board noted the legal and statutory requirements of the gender pay gap reporting and the Trust's commitment to equality. Sarah Dexter-Smith explained that the Trust is committed to understanding any differences identified in the gender pay report and further analysis will be undertaken to gain a greater understanding for the differences with any actions taken as appropriate.

19.3 Russell Patton queried the difference between Agenda for Change pay and the Pay Gap pay. In response, Sarah Dexter-Smith explained that the Pay Gap is the take home pay.

19.4 **Resolved:** the Gender Pay Gap Report was received, noted and approved for publication on the Government's Pay Gap Service website and the Trust's website.

22/01/20/193 QUALITY SYSTEM OVERSIGHT FRAMEWORK REPORT

20.1 It was noted that the Trust was placed in Segment 3 in June 2021 when the Single Oversight Framework (SOF) came into effect. Organisations within Segment 3 are defined as requiring significant support needs against one or more of the five national oversight themes and in actual or suspected breach of its licence.

20.2 The Trust's position against the SOF metrics, at Quarter 3 2021/22 was noted**,** which also reflects the Trust's overall CQC rating of Requires Improvement and has been further confirmed with the reduction in the Well-led rating to requiring improvement.

20.3 It was noted that it is likely that the Trust will remain in Segment 3 for the next quarter and it is essential that the Trust delivers the CQC action plan.

20.4 **Resolved:** the Quality System Oversight Framework Report was received and noted.

22/01/21/194 USE OF THE TRUST'S SEAL

21.1 **Resolved:** in accordance with Standing Order 15.6 the Board noted the use of the Trust seal on five occasions since the last Board meeting.

22/01/22/195 CONFIDENTIAL MOTION

22.1 **Resolved:** 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 any particular 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.

Any advice received or information obtained from legal or financial advisers appointed by the Trust or action to be taken in connection with that advice or information.

Information which is held by the Trust with a view to its publication, by the Trust or any other person, at some future date (whether determined or not), and it is considered reasonable, in all the circumstances, to withhold the information from disclosure until that date.

Following the transaction of the confidential business the meeting concluded at 3.30 pm.

Paul Murphy
Chair
24 February 2022

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Board of Directors

Public Action Log

RAG Ratings:

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

Date	Ref No.	Action	Owner(s)	Timescale	Comments	Status
27/01/22	**22/01/09/185/9.1.6.1**	Agreed that the outcome of the ICO Audit would be presented to the next Strategy and Resource Committee; and the next Audit and Risk Committee	Co Sec/DoF	March/April 22	Noted for inclusion on agendas	Open

Tees, Esk and Wear Valleys
NHS Foundation Trust

Item 9

PUBLIC
BOARD OF DIRECTORS

DATE:	**24th February 2022**
TITLE:	**Month 10 Finance Report for Period 1 April to 31 January 2022**
REPORT OF:	**Liz Romaniak, Director of Finance, Information and Estates**
REPORT FOR:	**Assurance and Information**

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

Executive Summary:

The Month 10 report reflects performance within the context of national financial arrangements supporting the NHS to sustain the Coronavirus Pandemic response.

The Trust submitted a plan to deliver a surplus of £47k for the second 6 months of 2021/22 (H2), giving a 2021/22 composite planned surplus of £5.1m when added to confirmed performance for the first 6 months of the year. The Trust projects a probable case end of year surplus of £5.9m, which is £0.8m ahead of our planned surplus of £5.1m for 2021/22. This reflects receipt of unplanned income, including for prior year Final Pay Control provisions.

- **Statement of Comprehensive Income:** The year to date position is an operational surplus of £5.0m, which is £0.5m ahead of the planned £4.5m surplus. This is before £0.5m additional unplanned profit from the disposal of fixed assets, which is excluded in assessing NHS provider financial performance.
- **Capital Programme:** Annual capital requirements for 2021/22 were prioritised to set a programme that was affordable within the Trust's £13.6m capital allocation. Schemes were impact assessed to inform the final plan. Capital expenditure is £1.8m below plan. One planned asset sale has been delayed, but is subject to auction in February, the other will not now proceed. Inclusive of these disposal impacts, net expenditure is £1.4m below plan at month 10. The Trust expects to generate a £0.2m under spend against the £13.6m allocation but notes some uncertainty principally in relation to the timing and quantum of VAT recovery but on the assumption that IT infrastructure supplies are receipted as planned.
- **Cash Balances** are £87.8m, or £6.5m ahead of plan, with details in section 3.7.

Work continues below Integrated Care System (ICS) level to understand individual organisation and sub-ICS 'place' level impacts of 2022/23 ICS draft revenue and capital envelopes. The Trust does not yet have visibility of contract offers from all commissioners (due 11th February) and there is significant residual uncertainty regarding Service Development Funding nationally and organisationally. Planning requirements for 2022/23 to 2024/25 are targeted to support the NHS to navigate a phased return, or 'glidepath', to more normal capitation-based revenue allocations.

Recommendations:

The Board of Directors is requested to receive the report, consider the issues and risks raised and any related further assurances needed.

1. INTRODUCTION & PURPOSE:

This report sets out the financial position for month 10 of 2021/22; 1 April to 31 January 2022 against a planned surplus for the period of £4.5m.

2. BACKGROUND INFORMATION AND CONTEXT:

2.1 This report will enable the Board of Directors to monitor the Trust's key financial duties and key performance indicators (KPIs) which are both statutory requirements. Appendix 1 provides an overview of the Trust's KPIs for the year to date.

2.2 NHS Improvement's (NHSI) Use of Resources Rating (UoRR) evaluates Trusts based on ability to service debt, liquidity, income and expenditure (I&E) margin, achievement of planned I&E margin, and agency expenditure.

2.3 National financial arrangements operated throughout 2020/21, and block funding mechanisms have continued throughout 2021/22, supporting the NHS in responding to the Covid-19 pandemic. The Trust supported the submission of high level systems plans that would deliver a H1 surplus of £4.7m for the Trust and a breakeven plan for the Tees Valley 'place' and wider North East and North Cumbria Integrated Care System (NENC ICS). The Trust delivered a surplus of £5,441k for the period April to September 2021 (H1). When adjusted to remove profits from fixed asset disposals of £420k, this gave a £5,021k surplus and surpassed the H1 operational plan by £301k.

2.4 The Trust submitted its financial plan in November with an anticipated surplus position of £47k for H2. This results in a composite (H1 plus H2) planned surplus of £5,068k for the financial year. Included within this plan is an efficiency requirement of £1.8m.

2.5 Month end processes now include system partner consideration of best, probable and worst case forecasts. The level of variability between best and worst case in aggregate means we have informally considered the collective ICS and Place probable case outturn forecasts.

A run rate, balance sheet and forecast review suggests a current Trust probable case forecast that is £0.8m ahead of our planned surplus of £5.1m, i.e. a full year £5.9m surplus. This represents an in-month forecast deterioration of £2.2m to reflect elevated staff costs linked to shift incentives approved through Gold Command, and elevated Independent Sector bed utilisation, including as a consequence of temporary bed reductions in Scarborough and wider bed occupancy / length of stay pressures.

Variability in the forecast is expected to reduce as the Trust's more significant end of year accounting issues relating to annual leave, provisions and central guidance (including on Spending Review /other income) crystallise.

The increased surplus arises due to:

- Unplanned income;
- Changes in the national approach of charging providers for Final Pay Control via NHS Pensions (generating the reimbursement of prior year liabilities); offset by
- Independent Sector bed costs and shift incentive payments linked to inpatient staffing pressures.

Work continues through Quarter 4 to monitor and risk assess other material variables to ensure the delivery of financial plans is supported at a system, place and Trust level.

2.6 The Noth East and North Cumbria (NENC) ICS received a 2021/22 allocation of £185m from the national capital departmental expenditure limit (CDEL). This was less than the sum of organisations' composite 'aspirational' plans. Individual plans were re-visited and prioritised on a more consistent 'pre-commitment' and 'safety' basis, to inform envelopes for individual organisations. The Trust's capital funding envelope on this basis is £13.6m.

2.7 Operational planning guidance for 2022/23 was issued on 24th December 2021, followed by supporting technical guidance in various trances since 14th January 2022. Indicative contract envelope (ICE) allocation information continues to be received. There is, and will be at draft submission stage, uncertainty around the level of service development and new investment funding the Trust will receive.

2.8 Draft ICB level plan submission are expected on 1st March, provider detailed draft plans on 17th March 2022 and final plans on 28th April. The Trust has been asked to share indicative bottom line financial information with NENC ICS colleagues by 18th February, but notes that this will be in advance of having received contract offers, other than from NENC CCG commissioners.

3.1 Key Performance Indicators (KPIs)

Appendix 1 provides a summary of KPIs for the period ending 31 January 2022.

3.2 Statement of Comprehensive Income – Year to date

The year to date position is a surplus of £5.0m, which is £0.5m ahead of plan. This excludes £0.5m unplanned profit from fixed asset disposal, which is excluded when assessing NHS provider financial performance, and is therefore included as a 'below the line' adjustment at Table 1. Performance is summarised in table 1:

Table 1	Year to Date				Forecast	
	Plan	Actual	Variance	Last Month Variance	Actual	Variance
	£000	£000	£000	£000	£000	£000
Income From Activities	326,221	334,820	-8,599	-6,903	416,254	-8,759
Other Operating Income	16,280	16,950	-670	-500	19,763	-64
Total Income	**342,501**	**351,769**	**-9,268**	**-7,403**	**436,017**	**-8,823**
Employee Operating Expenses	-272,710	-279,110	6,400	5,523	-348,141	4,599
Operating Expenses Excluding Employee Expenses	-62,012	-64,106	2,095	1,578	-77,651	3,093
Non Operating Expenses	-3,319	-3,562	243	-1	-4,324	300
Surplus / (Deficit)	**4,459**	**4,990**	**-531**	**-303**	**5,901**	**-832**
Profit on sale of Assets	0	509	-509	-509	509	-89
Surplus / (Deficit) incl adjustments	**4,459**	**5,499**	**-1,040**	**-812**	**6,410**	**-921**

Income from patient care activities was £8.5m higher than plan due to additional income, including for Mental Health spending review allocations, and pay award funding (£4.2m), where allocations were clarified after plan submission. The Trust has discussed additional Mental Health income with Partnership Boards and Commissioners, with a focus on progressing external (including VCS) schemes to alleviate capacity and winter pressures.

Other operating income is £0.7m above plan due to salary recharges, research and development and non-patient care income not anticipated at plan.

Pay expenditure was higher than planned by £6.4m due to:

- £4.2m nationally determined pay award not confirmed at plan;
- £5.9m higher than planned agency and bank expenditure, including costs relating to the Gold Command decision to offer incentives (£0.9m temporary staffing), bolster acute and forensic inpatient safer staffing, but also reflecting observations and sickness and vacancy cover;
- £0.3m of substantive staffing incentive payments introduced during the festive period / Omicron peak and required to improve staffing levels in urgent care provision (additional to £0.9m included in bank staff costs);
- £0.7m higher than planned trainee grade expenditure due to successful recruitment within the last medical rotation; and
- £4.7m net vacancies across the Trust which offset the above pressures and vacancy cover. Activities to progress recruitment and attract and retain staffing, including to bolster staff bank, are ongoing.

Non pay expenditure is £2.1m higher than planned, due to:

- £1.1m higher than planned purchased healthcare due to the need to provide additional bed capacity, including following the temporary closure of an acute admissions ward in Scarborough due to staffing pressures. The Trust block contracted (and is fully utilising) five independent sector adult Mental Health assessment and treatment beds which have been contracted to the end of March 2022, however significant non contracted capacity is also being used, with a focus currently on reviewing lengths of stay as a contributory driver of adult occupancy pressures;

- £0.6m higher than planned consultancy expenditure to support ICS projects, reviews and investigations;
- £0.6m NHS Pensions final pay controls not included in plan;
- £0.3m above plan drugs costs due to changed prescribing practices; and,
- £0.5m partial mitigation of the above variances as a consequence of lower than planned expenditure on computer hardware, furniture and fittings.

3.4 Cash Releasing Efficiency Savings (CRES)

The Trust has offset its CRES requirements in full, using non-recurrent under spending linked to a reduction in travel expenditure due to remote working arrangements and other non-recurrent savings. These 'fortuitous' offsets arising due to pandemic ways of working are reported as non-recurrent CRES and have therefore not been subject to quality impact assessment. Recurrent related smart working schemes are however being worked up for 2022/23.

The Trust continues to identify and consider schemes to deliver future requirements and will include quality impact assessments (QIA) where schemes have been identified and due to commence.

3.5 Capital

Capital expenditure is £1.8m below plan. Two modest planned asset sales have also been delayed meaning the Trust is below its Capital Allocation by £1.4m at the end of month 10. The larger of these is not not proceeding, the smaller will be subject to auction in February 2022.

The Trust is forecasting to outturn at £13.4m; slightly below its agreed ICS capital allocation of £13.6m. Plans have required re-prioritisation in-year to keep required expenditure within the overall envelope, but notes some uncertainty, principally in relation to the timing and quantum of VAT recovery and on the assumption that IT infrastructure supplies are receipted as planned.

3.6 Workforce

Tolerances for flexible staffing expenditure are set at 1% of pay budgets for overtime, 2.4% for agency (based on NHSI agency cost cap metric), and are flexed in correlation with staff in post for bank and Additional Standard Hours (ASH).

The NHSI agency cap has not applied during the pandemic but would equate to an equivalent cost cap of £7.0m for the year to date. Agency expenditure to date is £10.8m; which is £3.8m above the indicative cap for the period ending 31 January 2022. Expenditure spans all localities and reflects operational and business continuity staffing pressures experienced due to community infection rates and the impact on staffing levels, and substantive staff recruitment gaps. Levels have been volatile during the pandemic, but elevated use of inpatient 'headroom' has been observed since quarter 3.

Nursing and Medical expenditure headings account for 95% of total agency expenditure; cover is required to maintain essential services and to cover vacancies, sickness, increased test and trace and isolation levels and to support enhanced observations with complex clients.

The Workforce sub group of Senior Leadership Group is considering actions to target improved substantive recruitment and retention and will consider related resource implications as Business Plans for 2022/23 are developed.

3.7 Statement of Financial Position

Cash balances are £87.8m as at 31 January 2022 and £6.5m ahead of plan (£81.3m). This reflects the £1.0m higher than planned surplus (inclusive of disposals), £1.4m lower than planned capital, supplemented by other movements on working capital for the period including capital creditors.

The Trust achieved the 95% Better Payment Practice Code (BPPC) target compliance for the prompt payment of both NHS and non-NHS suppliers.

Conversations are ongoing with organisations to take collection of all debt over 90 days. 84% of aged debt relates to 7 organisations, all of which are public bodies. None of the amounts outstanding are currently disputed, the delay in payment is linked to process delays within organisations e.g. purchase orders not raised, invoices mislaid, staff sickness.

Aged debts that are not subject to repayment plans constitute £237k. Of this quantum, no further receipts have been collected at the time the report was circulated. Discussions continue as we support organisations to settle all debts.

3.8 Use of Resources Risk Rating (UoRR) and Indicators

3.8.1 The UoRR is impacted by Covid-19 with national monitoring suspended. However, the Trust continues to assess the UoRR based on planning submissions and actual performance. Detail can be found in table 2 below.

Table 2: Use of Resource Rating at 31 January 2022

NHS Improvement's Rating Guide	Weighting	Rating Categories			
	%	1	2	3	4
Capital service Cover	20	>2.50	1.75	1.25	<1.25
Liquidity	20	>0	-7.0	-14.0	<-14.0
I&E margin	20	>1%	0%	-1%	<=-1%
I&E margin distance from plan	20	>=0%	-1%	-2%	<=-2%
Agency expenditure	20	<=0%	-25%	-50%	>50%

Actual performance 31 January 2022	Actual		YTD Plan		RAG
	Achieved	Rating	Planned	Rating	Rating
Capital service cover	2.75x	1	2.61x	1	
Liquidity	36.8	1	35.9	1	
I&E margin	1.6%	1	1.3%	1	
I&E margin distance from plan	0.3%	1	0.0%	1	
Agency expenditure (£000)	£10,803k	4	£7,013k	1	
Overall Use of Resource Rating		**3**		**1**	

Operational planning guidance for 2022/23 indicates that a return to more normal agency expenditure levels and controls is required from April 2022. The Trust will need to re-visit and refresh related controls, including actions to closely monitor and address price and wage breaches and to develop sustainable bank alternatives and permanent staff recruitment as infection rates from the Omicron variant subside.

3.8.2 The **capital service capacity** metric assesses the level of operating surplus generated, to ensure Trusts are able to cover all debt repayments due in the reporting period. The Trust has a capital service capacity of 2.75x (can cover debt payments due 2.75 times), which is ahead of plan and is rated as a 1.

3.8.3 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 36.8 days; this is ahead of plan and is rated as a 1.

3.8.4 The **Income and Expenditure (I&E) margin** metric assesses the level of surplus or deficit against turnover, excluding exceptional items e.g. impairments. The Trust has an I&E margin of 1.6%, this is ahead of plan and is rated as 1.

3.8.5 The **I&E margin distance from plan ratio** metric assesses the I&E surplus/deficit relative to planned performance. The Trust I&E margin is 0.3% ahead of plan, which is rated as a 1.

3.8.6 The **agency expenditure** metric assesses agency expenditure against a capped target (pre-pandemic) for the Trust. Agency expenditure of £10.8m is £3.8m (54%) higher than planned and is rated as a 4. This will be a renewed area of focus for 2022/23.

3.8.7 The 'headroom' margins on the individual metrics are as follows:

- Capital service cover - to deteriorate to a 2 rating the Trust's financial position would have to decrease by £4.4m.
- Liquidity - to deteriorate to a 2 rating the Trust's working capital position would have to decrease by £45.5m.
- I&E Margin – to deteriorate to a 2 rating the Trust's financial position would have to decrease by £2.0m.
- Agency Costs – to improve to a 3 rating the Trust's agency expenditure would have to decrease by £0.3m.

4. IMPLICATIONS:

4.1 There are no direct CQC, quality, legal or equality and diversity implications associated with this paper.

5. RISKS:

5.1 There are no risks arising from the implications identified in section 4.

5.2 Despite including an increased efficiency requirement in H2, national financial arrangements provide short term assurance on the 2021/22 financial position. Residual uncertainty in relation to recurrent organisation-level revenue and capital allocations from 2022/23 makes coherent longer-term financial planning challenging. Key concerns include the extent to which real terms mental health investment standard funding is maintained. Risks include the differential impact of Agenda for Change pay award costs for non acute providers and the recurrent mechanism for funding the 6.3% increase in employers' NHS Pensions contributions (albeit that we understand Pensions remain fully funded through central arrangements during 2022/23).

5.3 Whilst significant national funding will be targeted to effect Elective Recovery (acute provider) from April 2022, no similar provision has been confirmed for Mental Health. These significant uncertainties have the potential to impede progress to deliver long term plan priorities aand wider service sustainability by diluting real terms growth. Discussions continue, including through local Partnership Boards, to agree immediate and future investment priorities.

5.4 CRES targets have been offset by non-recurrent underspending for the year to date and forecast to continue for the financial year. The Trust's Financial Sustainability Board (FSB) oversees CRES planning and delivery and coordinates overall financial planning activities. Nationally, efficiency requirements have been more challenging since October 2021; and equivalent to 1.1%, or £1.8m for TEWV in H2 and confirmed to continue via a 1.1% national tariff efficiency throughout 2022/23. Non recurrent national allocations of Covid support funding reduced by 5% in H2 of 2021/22 and will reduce by 57% in 2022/23 (compared to 2021/22). Business Planning work will take account of anticipated CRES requirements as allocations are understood at place and oranisation level and as the Trust begins to formulate sustainable recurrent plans for future years.

5.5 The UoRR is impacted by Covid-19 with national monitoring currently suspended. Agency usage has been sustained in 2021/22 and has been increasing since October, meaning that the Trust would score 4 against this individual metric. As a result the Trust's overall UORR would be caped as a 3. Excluding this cap the Trust would be assessed as a rating of 1. Planning requirements for 2022/23 are targeted to support the NHS to navigate a planned phased national return, or 'glidepath', to more normal capitation-based allocations. This, alongside an explicit expectation of reduced agency expenditure, means our business plans and operational focus need to decrease agency utilisation and identify cost reduction measures.

6. CONCLUSIONS:

6.1 The Trust achieved a surplus of £5.0m for the period ending 31 January 2022, which is £0.5m ahead of our operational financial plan. This excludes £0.5m unplanned profit from the disposal of fixed assets, which are discounted when assessing NHS provider financial performance.

6.2 The CRES requirement for 2022/23 is not yet understood due to delayed contract offers and residual allocation uncertainty, however the Trust has commenced activity to identify schemes to deliver requirements on a recurrent basis, including through Business Planning. Mitigations to offset efficiency requirements during 2021/22 have been identified, with scope to make some savings recurrent.

6.3 As a result of the Trust's agency risk rating the overall UORR would be caped as a 3 for the period ending 31 January 2022, and is behind plan. Excluding this cap, the Trust would be assessed as a rating of 1. Levels of expenditure on agency workers are higher than planned and will require action moving into the new financial year.

7. RECOMMENDATIONS:

7.1 The Board of Directors is requested to receive the report, consider the issues and risks raised and any related further assurances needed.

Liz Romaniak
Director of Finance, Information and Estates

Tees, Esk and Wear Valleys
NHS Foundation Trust

Appendix 1

Key Financial Indicators for the period ending 31 January 2022

Surplus variances are shown as negative	Year to date			RAG	Prior Month Variance	RAG
	Plan	Actual	Variance			
I&E (Surplus) / Deficit £m	-4.5	-5.5	-1.0	●	-0.8	●
Profit on sale of Asset (Inc in I&E performance shown above)	0.0	-0.5	-0.5	●	-0.5	●
Income £m	-342.5	-351.8	-9.3	●	-7.4	●
Pay Expenditure £m	272.7	279.1	6.4	◆	5.5	◆
Non Pay Expenditure £m	62.0	64.1	2.1	◆	1.6	◆
Non Operating Expenditure £m	3.3	3.6	0.3	◆	0.0	●
Capital Expenditure (including disposals) £m	11.2	9.7	-1.4	●	-0.8	●
Capital Service Cover	2.61x	2.75x	-0.14x	●	-0.22x	●
Liquidity Days	35.9	36.8	-0.9	●	0.3	◆
I&E Margin	1.3%	1.6%	-0.3%	●	-0.2%	●
Variance from I&E Margin plan	0.0%	0.3%	-0.3%	●	-0.2%	●
Agency Expenditure £m	7.0	10.8	3.8	◆	3.1	◆
Cash Balances £m	81.3	87.8	-6.5	●	-1.3	●
Total debt over 90 days	5.0%	9.0%	4.0%	◆	2.6%	◆
BPPC NHS invoices paid < 30 days	95.0%	95.8%	-0.8%	●	-0.8%	●
BPPC Non NHS invoices paid < 30 days	95.0%	95.7%	-0.7%	●	-0.8%	●

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Board Performance Dashboard
As at 31st January 2022

journey to change

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

CONTENTS

Executive Oversight

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Out of our 21 key performance measures, there are 11 areas of concern identified within the January 2022 report that we are trying to improve. One area that was previously being monitored has now been identified as a concern (SWEMWBS); one area that had been a concern in previous months has shown some improvement but we are continuing to monitor it as there is an open action against it.

Our key concerns remain within our Quality, Activity and Workforce domains and we continue to experience challenges in relation to staff sickness, both Covid/Omicron and non-covid related. Our waiting times are longer than we would like our patients to experience and the pressures on our inpatient services remain a significant concern.

Quality

Improvements that had been visible over the last 3 months for both our waiting times measures have stalled this month and a decreasing position is visible. Performance continues to be impacted by national pressures throughout the NHS and locally within Trust services in respect of high demand and staff capacity, and we remain concerned that we are not assessing or treating our patients in as timely a manner as we would like. Initiatives are continuing in relation to service models and waiting list management.

Whilst out internal out of area placements have significantly improved, we are observing an increase in the number of patients that we are placing in beds external to our Trust. Whilst this is a national issue due to current demand levels, it is something that we are concerned about and are monitoring closely.

To note, we have changed our Patient Experience Measure (TD04) to ensure the question is aligned to that within the Friends & Family Test. The question being monitored still continues to reflect patient experience of our services and is in line with that previously reported. Work is currently underway to amend a data quality issue that is impacting on April and May 2020 data.

Activity

Pressures on our inpatient services are continuing and bed occupancy remains at a high level, within our adult and older people wards in January and we continue to have a high number of patients remaining in beds for over 90 days within Durham and Tees localities. Monitoring meetings have been established in both areas and a key challenge identified has been the availability of beds within local funded care home placements.

Workforce

Whilst some teams continue to experience recruitment challenges, our vacancy levels are returning to a level that we would expect to see. However, our sickness levels continue to be higher than we aspire to across all Localities and whilst all sickness is managed in line with Trust Policy and is closely monitored within operational services, this is impacting the delivery of our some of our services. We continuing to see small increases in the number of staff that have up to date appraisals and mandatory & statutory training, but these remain not as significant as we would like to see. This is an issue across all Trust services, corporate and clinical.

Finance

We are continuing to meet our financial targets; however it is important to note that this is not at the expense of our other standards. The key drivers impacting on delivery of the quality, activity and workforce standards are the levels of demand, acuity of patients and availability of staff. The Trust is committed to improving the quality of our services and the health and well being of our patients and staff and considerable work is being undertaken to improve our performance in those areas.

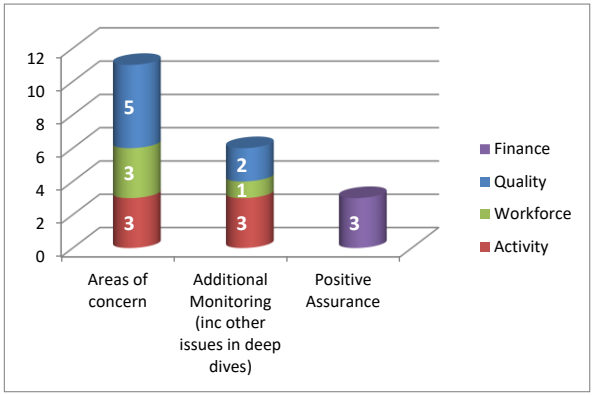
Summary Position

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

These are the areas of concern we are trying to improve:

- We are not seeing as many patients **within 4 weeks for a first appointment** as we would like (6231 patients out of 7286 in January which is 85.52% compared to our standard of 90%).
- The number of **patients receiving treatment within 6 weeks** is not as high as we would like (885 patients out of 1676 in January which is 52.80% compared to our standard of 60%).
- We recognise the potential to improve our learning from **Serious Incidents.** In December, 8 Serious Incidents (from a total of 9) were found to have a significant lapse or lapse in care (equivalent to a root cause or contributory finding). This is 88.89% compared to our standard of 32%.
- Our Adult and Older Persons' teams are not demonstrating the **improvement we would like in patient outcomes (HONOS)** (40 out of 88 in January which is 45.45% compared to our standard of 60%).
- Our Adult and Older Persons' teams are not demonstrating the **improvement we would like in patient outcomes (SWEMWBS**) (52 out of 83 in January which is 62.65% compared to our standard of 65%).
- The number of **patients being referred and taken on for treatment** is fewer than we would expect (1946 patients out of 7960 referred in October which is 26.53%). No standard has been set for this measure.
- Our wards are extremely busy and **bed occupancy** is higher than we would like it to be (10,740 occupied bed days out of 10,483 available bed days which is 102.45% in January compared to our standard of 90%).
- The number of Adult and Older People **staying in beds longer than 90 days** is higher than we would like (68 patients in January compared to our standard of no more than 61).
- The number of **staff with a current appraisal** is not as high as it was previously (4836 members of staff out of 6262 in January which is 77.23% compared to our standard of 95%).
- The number of **staff compliant with their mandatory and statutory training** is not as high as we would like it to be (92,617 training courses out of 108,268 in January which is 85.54% compared to our standard of 92%)
- **Sickness Absence rates** for staff are higher than we would like them to be (15,444 working days out of 216,340 in December which is 7.14% compared to our standard of 4.3%)

All three finance measures are providing assurance that we are delivering in line with our financial plan.



These are the areas that require monitoring to better understand what's happening before we are certain that they are an area of concern or that the actions we have taken are having the desired impact:

- Whilst we are placing significantly fewer of our patients in a bed outside their local hospital, there were 11 patients placed in beds external to the Trust accounting for 405 **inappropriate OAP days** in the 3 months ending January.
- Whilst **patients report their overall experience** is showing an improvement it remains slightly lower than our ambition.
- Whilst the number of **patients referred** is at a level we would expect, actions are ongoing in Forensics.
- The number of **patients with an assessment completed** is lower in North Yorkshire & York than we would expect.
- The number of **patients discharged** is lower in Tees than it was previously.

One measure previously under areas of concern is now being monitored to better understand what is happening:

- Whilst the number of **vacancies** is higher that we would like, a downward trend is now visible within the data and vacancies are at a level we would expect.

Our Guide To Our Statistical Process Control Charts

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Within our Trust 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	There is no significant change in our performance. – it is within the expected levels.
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 target/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

Our Approach to Data Quality and Action

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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

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

Data Quality Assessment status

DQ ★	Data Quality Assessment Score **100%**	No action required
DQ ✓	Data Quality Assessment Score **85% to 99%**	Some work is required
DQ ✗	Data Quality Assessment Score **less than 80%**	Significant work is required

Action status

	Positive Assurance	We are doing well in this area and therefore no action is required
	No Concerns	No further action is needed at this point in time
	Additional Monitoring	We need to monitor this more closely to better understand what's happening before it becomes an area of concern
	An Area of Concern	We need to investigate this to understand what's happened and/or take action

Trust Dashboard Summary

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Quality

Measure Name	Variation Ending Jan - 2022	Assurance Ending Jan - 2022	Standard (YTD)	Actual (YTD)	Annual Standard
1) Percentage of patients seen within 4 weeks for a 1st appointment following an external referral	L	?	90.00%	86.86%	90.00%
2) Percentage of patients starting treatment within 6 weeks of an external referral	L	?	60.00%	57.31%	60.00%
3) The total number of inappropriate OAP days over the reporting period (rolling 3 months)	L	?	1,833	405	1,833
4) Percentage of patients surveyed reporting that they would recommend our services to others	H	?	94.00%	89.10%	94.00%
5) The percentage of Serious Incidents which are found to have a root cause or contributory finding	H	?	32.00%	64.63%	32.00%
6) % of in scope teams achieving the benchmarks for HoNOS score (AMH and MHSOP) - month behind	L	?	60.00%	47.92%	60.00%
7) % of in scope teams achieving the benchmarks for SWEMWBS score (AMH and MHSOP) - month behind	L	?	65.00%	64.89%	65.00%

Activity

Measure Name	Variation Ending Jan - 2022	Assurance Ending Jan - 2022	Standard (YTD)	Actual (YTD)	Annual Standard
8) Number of new unique patients referred				80,768	
9) The percentage of new unique patients referred with an assessment completed (2 months behind)	H			77.08%	
10) The percentage of new unique patients referred and taken on for treatment (3 months behind)	L			30.80%	
11) Number of unique patients discharged (treated only)				28,800	
12) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	H	?	90.00%	98.19%	90.00%
13) No. of patients occupying a bed with a LoS from admission > 90 days (AMH & MHSOP A&T Wards)-Snapshot	H	P	61	68	61
14) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days (AMH & MHSOP)	L	?	9.90%	8.16%	9.90%

Workforce

Measure Name	Variation Ending Jan - 2022	Assurance Ending Jan - 2022	Standard (YTD)	Actual (YTD)	Annual Standard
15) Finance Vacancy Rate				-7.80%	
16) Percentage of staff in post with a current appraisal	L	F	95.00%	77.23%	95.00%
17) Percentage compliance with ALL mandatory and statutory training (snapshot)	L	?	92.00%	85.54%	92.00%
18) Percentage Sickness Absence Rate (month behind)	H	?	4.30%	6.33%	4.30%

Money

Measure Name	Plan (YTD)	Actual (YTD)
19) Delivery of our financial plan (I and E)	-4,460,000	-5,499,257
20) CRES delivery	1,687,664	1,687,664
21) Cash against plan	81,334,000	87,800,034

TD01) Percentage of patients seen within 4 weeks for a 1st appointment following an external referral – *Trust Standard 90%*

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are all committed to co creating a great experience for patients, and carers and families by ensuring access to the right care and treatment is timely as we know this supports patient safety, wellbeing and quality of care. We want to ensure our patients receive an assessment at the earliest opportunity so they are placed on the most appropriate treatment pathway in a timely manner, enhancing their experience and outcomes and reducing the risk of a deterioration in their condition and the potential need for admission.

7286 patients attended a first appointment during January; of those, **6231 (85.52%)** were within 4 weeks of referral

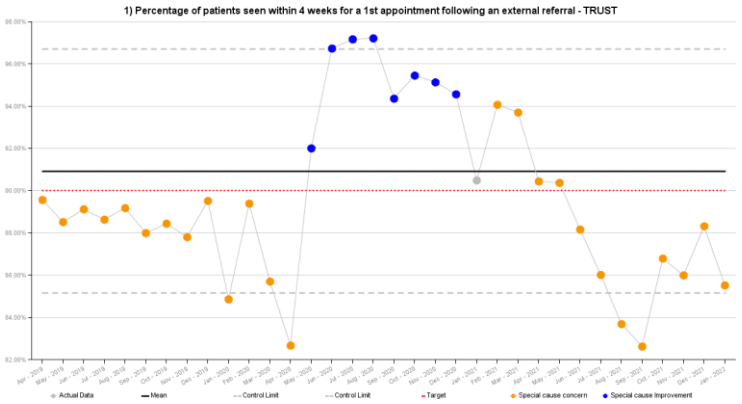
We're aiming to have high performance and we're moving in the wrong direction.

We need to investigate this to understand what's happened and/or take action

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

DQ

100%



Locality	Variation	Assurance
TRUST	L	?
DURHAM AND DARLINGTON		?
FORENSIC SERVICES	L	P
NORTH YORKSHIRE AND YORK	L	?
TEESSIDE	L	?

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
We are concerned that we are not seeing as many of our patients in a timely manner as we would like. This was first identified as a potential area of concern in July 2021.	Actions are detailed on the following pages.		Whilst a slightly increasing position has been visible since September, there has been no sustained improvement. Actions remain ongoing.

TD01) Percentage of patients seen within 4 weeks for a 1st appointment following an external referral continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
Tees Locality			
Children & Young People's Services (CYPS), a delay in processing referrals through the Single Point of Access Team has led to a reduction in the number of patients being triaged to the community teams in a timely manner.	A plan to be developed to clear the current waiting list.	**Completed**. The plan has been developed and completed and the backlog is now cleared. Pending any further concern being identified, this issue will be removed from next month's report.	An increased position is now visible and performance has returned to expected levels.
High levels of sickness and an increase in referrals has impacted capacity within the Adult Mental Health (AMH) Stockton Access Team.	Overtime support is to be provided by the Affective Disorder Team and Perinatal Services during October. The Associate Nurse Consultant is to work with the team during October to review processes and identify potential blockages in the system.	**Ongoing.** Sickness levels remain high and the team has been impacted by maternity leave; support is being provided by the community teams where possible. Overtime slots have been offered through February and March, with positive uptake. Patients whose appointments are due in the forthcoming weeks are being proactively contacted to improve attendance rates and, where appropriate, cancelled appointments are being offered to other patients.	A slightly increasing position has been visible since December; however this is not sufficient to denote an improvement. Actions remain ongoing.
	Head of Service to lead a review to streamline the referral documentation for Access services, to reduce the time required to record assessments for patients who receive advice and support and are then signposted to other services	**Ongoing.** A proposal for the use of the GP system Systm1 for access and assessment processes within the Access Teams has been supported by the Quality Assurance Group; however, discussions are ongoing with Corporate teams regarding the potential implications with this proposal.	
Whilst waiting times within Mental Health Services for Older People have been impacted by support provided into our Forensic Wards to help manage current pressures, the main concerns have been staff sickness, vacancies and increased acuity.	Recruitment is ongoing to appoint new staff to enable demand to be met.	**Complete**. Recruitment into MHSOP Community Teams is now complete and staff are undergoing induction.	No visible positive impact and whilst actions remain ongoing, the decreasing position is continuing.

TD01) Percentage of patients seen within 4 weeks for a 1st appointment following an external referral continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
Further analysis of Learning Disability services has shown that there has been increased sickness and acuity. There are a number of vacancies across the service that are impacting on our waiting times.	Increased monitoring to be undertaken during October to confirm whether this is an area of concern. Recruitment is ongoing to appoint new staff to enable demand to be met.	**Ongoing**. Covid sickness has started to improve, but stress-related sickness is increasing. Trust policy is being followed for all episodes of sickness. **Ongoing**. Three staff are joining the service in March, and interviews are scheduled during February for a Band 5, Band 6 and a Band 6 apprenticeship post. In addition, 5.8 posts are awaiting authorisation to go out to advert. A Band 7 Psychology post has been advertised twice with no success; this is being readvertised as a developmental post and further options for a trainee practitioner psychologist are being considered. There is a vacancy for a Consultant Psychiatrist in Hartlepool.	Whilst an increasing position was visible during quarter 3, the decreasing position is now continuing. Actions remain ongoing.
North Yorkshire & York Locality Children and Young People's (CYP) Services are being impacted by staffing resources within the Single Point of Access Team.	Recruitment is underway, which would provide more staff to undertake assessments. Staff from the generic CYP team to provide interim overtime support to reduce the backlog of screening forms.	**Ongoing.** All current posts are recruited and this is supporting timely triage and the assessment of more patients. **Ongoing**. Overtime is continuing.	Although an increasing position can now be seen within the data, concern remains visible. Actions remain ongoing.

TD01) Percentage of patients seen within 4 weeks for a 1st appointment following an external referral continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
There are a number of vacancies within the Mental Health Services for Older People (MHSOP) Harrogate, Scarborough and Ryedale community teams and Harrogate Memory team.	Recruitment is underway, which would provide more staff to undertake assessments.	**Ongoing.** The Ryedale and Whitby teams are fully recruited to. The Scarborough team is almost fully staffed but have been unsuccessful in recruiting a community mental health nurse therefore will be re-advertising. The Harrogate Memory team only have one vacancy for an administrative post; however, have been impacted by sickness. No mitigating actions could be put in place resulting in the cancellation of assessments and appointments.	No visible impact at this point and the decreasing position is continuing. Actions remain ongoing.
The teams are concerned they do not have sufficient nursing and medical staff to operate the current model and meet the demand of referrals.	The service delivery model to be reviewed to ensure there is flexibility to meet demand.	**Ongoing.** A review of budgets and current staffing numbers scheduled in December was cancelled due to sickness absence. Work started in January with the Quality Improvement team to collect data to inform service improvement to support capacity and demand. Further discussions are scheduled for March to consider the need for a single point of access, as well as a restructure of community services across Scarborough, Whitby & Ryedale.	
The York Memory Service has been impacted by capacity issues due to an increase in referrals and under-establishment.	A pilot to be undertaken with GPs to support the referral process and minimise inappropriate referrals.	**On hold.** This work has been paused indefinitely to support business continuity. Funding was requested for additional resources for this to continue, but this reduces the availability of staff for assessments and redirected resources from the waiting time work. The service continues to work towards the target of all waiters to be eliminated by April 2022 but this has been impacted by an increase in referrals.	No visible impact at this point and the decreasing position is continuing. Actions remain ongoing.
	A 0.6 whole time equivalent clinical staff member to return from secondment to increase support.	**Complete.** The member of staff has now returned to work in the team.	

TD01) Percentage of patients seen within 4 weeks for a 1st appointment following an external referral continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
Within Adult Mental Health Services, there has been reduced staff capacity due to vacancies and sickness within the Hambleton & Richmondshire East community team, and the team do not have the capacity to meet current demand and acuity of referrals.	Recruitment is underway, which would provide more staff to undertake assessments.	**Ongoing.** Two clinical posts remain out to advert. One clinical nurse has been recruited and is going to through pre-employment checks. The service continues to be impacted by short term sickness absences and there have been no additional resources to mitigate the impact.	Performance continues at expected levels. Actions remain ongoing.
The York North, York South, Scarborough and Whitby & Ryedale community teams have been impacted by vacancies. The Scarborough team has been unsuccessful in sourcing permanent or agency staff.	Recruitment is underway, which would provide more staff to undertake assessments.	**Ongoing**. York North CMHT is fully recruited and Whitby & Ryedale CMHT have recruited to their final 3 posts and are awaiting start dates. York South CMHT has appointed all clinical posts, but have repeatedly been unsuccessful at attracting agency staff and are investigating the availability of off-framework agency. Scarborough CMHT continue to have vacant Band 6 senior practitioner roles which continue to impact the availability of initial assessment; they have skills-mixed within the team to support this. They also have a psychologist post out to advert.	
	Third sector support as part of winter pressure monies to be explored with commissioners to assist the Scarborough team.	**Complete.** Funding was not approved.	

TD01) Percentage of patients seen within 4 weeks for a 1st appointment following an external referral continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
The York & Selby Wellbeing Access service has received a significant increase in referrals, which has impacted staff capacity. The team has a number of vacancies and some staff sickness, which has reduced the number of assessments that can be completed and consequently, the number of patients taken on for treatment.	'Stop the line' process to be established to enable current processes to be reviewed.	**Complete.** Staff capacity has improved following the return of staff from short term sickness; therefore support is no longer required from the community teams and the team is no longer in 'Stop the line' process.	Performance continues at expected levels. Actions remain ongoing.
	All referrals for patients that have been previously discharged within the last year to be allocated directly to the community teams in York and Selby.	**Complete.** Processes are in place to enable patients to be assessed and allocated slots quickly following re-referral; staff have been supported to up-skill to improve the efficiency of assessments. Assessment processes are embedded and most patients are now being assessed within 4 weeks of referral.	
	The service to initiate a triage process to address the backlog of patients waiting for assessment from November 2021.	**Ongoing**. Triage process in place but referrals continue to be above assessment capacity. The team manager and Advanced Nurse Practitioner are working with the team to refine the process. An update will be provided in February.	
	The Head of Service, Locality Manager, Team Manager and Advanced Nurse Practitioner to review staff capacity to enable the maximum number of assessments slots to be offered.	**Ongoing.** Safe staffing reviews are underway and expected to complete in February.	
	Recruitment is underway, which would provide more staff to undertake assessments.	**Complete**. The team is fully recruited to and staff are going though pre-employment checks.	
Capacity within the North Yorkshire & York Perinatal team has been impacted by staff sickness.	Sickness to be managed through the Trust sickness procedure.	**Complete.** All members of the team have now returned to work	

TD01) Percentage of patients seen within 4 weeks for a 1st appointment following an external referral continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
Durham & Darlington Locality			
Within Children & Young People's (CYP) Services potential concerns were identified within the Darlington, Easington, North Durham and South Durham Targeted Teams and the specialist Autism and Eating Disorder teams.	A review of waiting list management across all Locality CYP services to be undertaken, with support from the Head of Service, Information team, Performance Team, Quality Improvement and the Service Development Manager.	**Ongoing**. The standardised procedure for tracking patients waiting for assessment and treatment continues, including daily huddles and the operation of the visual control board to ensure progress is maintained and any concerns identified immediately and actioned.	Although an increased position can now be seen within the data, concern remains visible. Actions remain ongoing.
Within Mental Health Services for Older People, episodes of long term sickness and staff vacancies have impacted the Derwentside community team.	Retire-and-return support to be sourced.	**Ongoing.** 0.8 wte member of staff waiting to commence in post however funding discussions are continuing with Finance.	No visible impact; the decreasing position remains visible. Actions remain ongoing.
	Recruitment is underway, which would provide more staff to undertake assessments.	**Ongoing**. Two vacancies have been filled; however both were internal appointments leaving two further gaps. A Senior Mental Health Practitioner is now in post and is training to undertake assessments. Three medical staff vacancies are currently being covered by a locum consultant.	
The Darlington-Teesdale community team has been impacted by staff vacancies.	Recruitment is underway, which would provide more staff to undertake assessments.	**Ongoing.** Three vacancies were appointed to in December; 1 is in post and the remaining two are pending. All 3 staff will focus solely on completing assessments. The team currently have one doctor vacancy and a vacancy within the Darlington-Teesdale Care Home Liaison team, which impacts assessment capacity as it requires backfilling with duty shifts by community team staff.	

TD02) Percentage of patients starting treatment within 6 weeks of an external referral – *Trust Standard 60%*

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are all committed to co creating a great experience for patients, and carers and families by ensuring access to the right care and treatment is timely as we know this supports patient safety, wellbeing and quality of care. We want our patients to begin their treatment at the earliest opportunity to improve their experience and outcomes and also to reduce the risk of a deterioration of their condition and the potential need for admission.

1676 patients started treatment during December; of those, **885 (52.80%)** started within 6 weeks of being referred

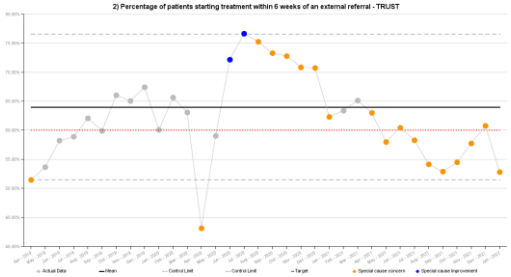
We're aiming to have high performance and we're moving in the wrong direction.

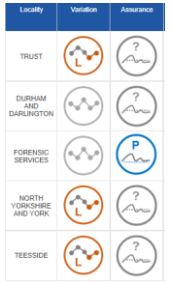
We need to investigate this to understand what's happened and/or take action

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

DQ

100%





KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
We are concerned that we are not starting treatment for patients in a timely manner. This was first identified in January 2021.	Actions are detailed below and following for each locality.		No visible impact, the decreasing position remains visible. Actions remain ongoing.
Durham & Darlington Locality			
In Children & Young People's Services (CYP) we have been impacted by staff vacancies.	Recruitment is underway, which would provide more staff to offer treatment.	**Ongoing.** There are now 51 unrecruited to vacancies across the CYP service. Recruitment continues and the service are currently receiving support from the Trust recruitment team to market their vacancies. Eight further posts are appointed to and the locality manager is working closely with recruitment to progress these. An update will be provided in March 2022.	An increasing position is now visible within the data and performance is at expected levels. Actions remain ongoing.
Waits for CYP on a neurological pathway to start treatment are longer due to the complexity of assessments.	Service Development Group (SDG) to consider whether these patients should be counted in this measure as they are not waiting for treatment but further assessment.	**Ongoing.** SDG and Senior Leadership Group have agreed that it is not appropriate for these patients to be included within this measure. Work is underway to action these changes.	

TD02) Percentage of patients starting treatment within 6 weeks of an external referral – continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
Some data quality issues were identified within the Darlington CYPS Team and Mental Health Services for Older People.	Work to be undertaken to understand and correct data quality issues.	**Ongoing.** All newly identified issues within MHSOP are resolved routinely. Work continues to correct those in CYPS; however this process has been slower than expected due to staffing pressures across the teams. The Head of Service is reviewing resources required to enable correction. An update will be provided in March 2022.	
Within Adult Mental Health Services performance is being impacted by data quality issues within the Access team.	Locality Manager to meet with the Access Team leadership in December to agree the actions required to improve data quality.	**Not started**. The scheduled meeting in December was cancelled due to pressure across the service and rearranged for February. Recording guidance was reviewed, including the interventions constituting treatment and this will be given additional focus during inductions, to support new staff to record accurately.	No visible impact; however actions have not yet .
Tees Locality			
There is a delay in the assessment process within the CYP Single Point of Contact (SPOC) team.	The Service is to review SPOC processes to improve efficiency.	**Complete.** Review completed and process streamlined.	An increasing position is now visible within the data; however this does not denote an actual improvement. As the 6 week standard has already lapsed it will take some time before we start to see an improvement in the waiting times for our patients.
	Backlog of referrals to be managed with support from the Getting Help Teams.	**Complete.** The backlog has been cleared and triaged as appropriate.	
	Following clearance of the backlog, patients are to be prioritised for treatment according to clinical need.	**Complete.** Patient flow through the SPOC teams has improved and both teams are now achieving the standard.	
High vacancy levels and sickness has impacted capacity within CYP.	Head of Service to review the current position and identify all required actions.	**Ongoing** A Trust-wide CYP Core Group has been established to review and progress the actions arising from the CQC Well-Led Inspection. The current workforce issues have been captured within the action plan and proposals include offering agency staff permanent Trust positions, outsourcing some assessment work, service-led caseload reviews and the development of a workforce strategy.	

TD02) Percentage of patients starting treatment within 6 weeks of an external referral – continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
High levels of sickness and vacancies have impacted capacity within the Mental Health Services for Older People (MHSOP).	Recruitment is underway, which would provide more staff to offer treatment.	**Complete.** Recruitment is now complete and new staff are undergoing induction.	No visible impact in the data; however actions remain ongoing.
North Yorkshire & York Locality			
We are concerned that we are not starting treatment for our patients in North Yorkshire & York in a timely manner.	Further analysis to be undertaken to assess whether are have any areas of actual concern.	**Complete.** See overleaf.	

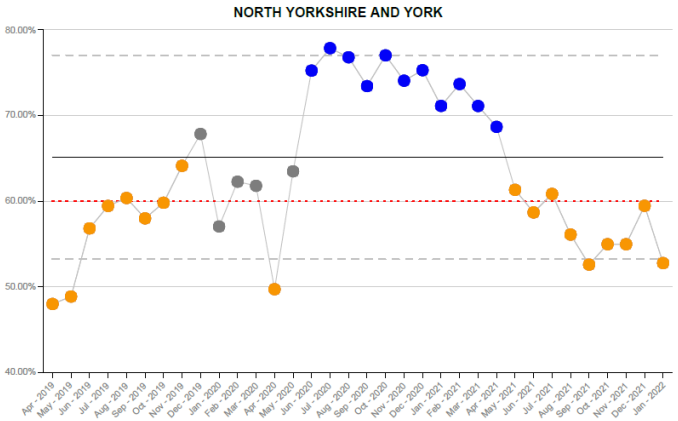
TD02) Percentage of patients starting treatment within 6 weeks of an external referral - *North Yorkshire & York Locality*

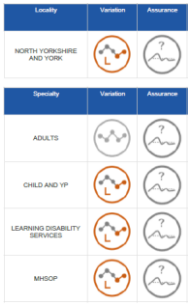
Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

DETAILED ANALYSIS

We are concerned that we are not starting treatment for patients in a timely manner within North Yorkshire and York. Analysis at speciality and team level has identified the following.

- Within Children & Young People's Services (CYPS) there is a potential concern within the Northallerton, Harrogate, Scarborough, Selby, York East and York West Community teams.
- Within Mental Health Service for Older People's (MHSOP) services there is a potential concern within the Memory Service and Harrogate and Scarborough Community teams.





- Whilst Learning Disability Services are showing a concern, this has been attributed to short term sickness within Scarborough community services. All staff have returned to work and therefore, there are no further concerns at this point. However, the situation will continue to be monitored.

- No concerns have been identified within Adult Mental Health.

CONCLUSIONS	ACTIONS BEING TAKEN
CYPS have been impacted by an increase in volume of neurodevelopment referrals reducing the ability to offer timely comprehensive assessments.	SDG and Senior Leadership Group have agreed that it is not appropriate for these patients to be included within this measure. Work is underway to action these changes.
The Scarborough ADHD team, York & Selby and Harrogate community teams are being impacted by a number of vacancies and the capacity to manage the volume of referrals.	Recruitment is underway, which would provide more staff to commence treatment interventions
Staffing resources due to sickness and staff turnover is resulting in delays in the Northallerton community team.	Director of Operations to raise staff concerns at Gold command in February to establish whether the team implements business continuity.

TD02) Percentage of patients starting treatment within 6 weeks of an external referral - *North Yorkshire & York Locality continued*

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

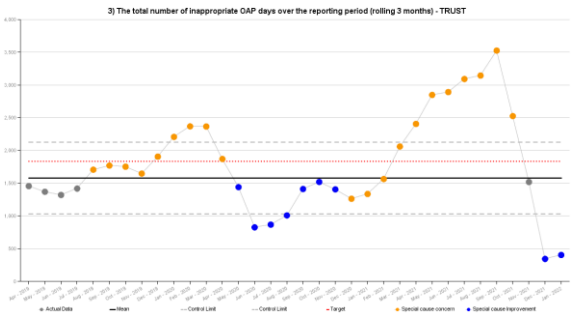
CONCLUSIONS	ACTIONS BEING TAKEN
In MHSOP the York Memory Service has been impacted by capacity issues due to an increase in referrals and under-establishment.	The service to establish a trajectory to eliminate waiters.
There are a number of vacancies within Scarborough and Harrogate Memory Service and the community teams within those areas.	Recruitment is underway to provide more staff to undertake assessments.
The Scarborough Memory Team is being impacted by a reduction in medical staff resources due to long term sickness.	A ring fenced clinical post to be created to take over medication monitoring patients, releasing staffing capacity to the memory service.
Scarborough, Whitby Ryedale Memory teams are concerned they do not have sufficient nursing and medical staff to operate the current model and meet the demand of referrals	Scarborough, Whitby & Ryedale MHSOP Locality Manager to lead a review of budgets and current staffing numbers with the Quality Improvement team, which will include consideration of increased medical input. This will be completed by March 2022.
The Hambleton & Richmondshire Memory Team is impacted by reduced staffing capacity due to sickness and reduced medic input	A multi-disciplinary approach to be established within the service to formulate diagnosis without medic input for non-complex patients.

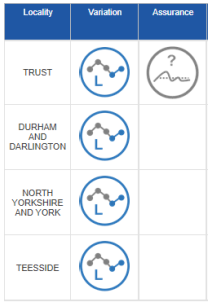
TD03) The total number of inappropriate OAP days over the reporting period – *Trust Standard 1833 days*

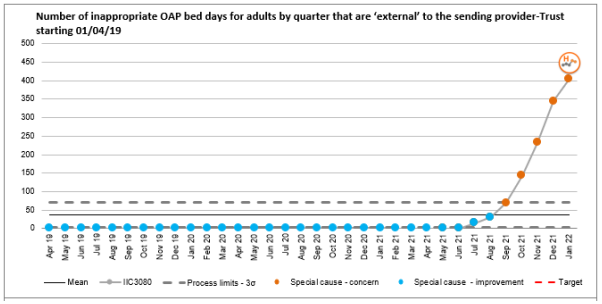
Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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

405 days spent by patients in beds away from their closest hospital during November 21, December 21 and January 22.







KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
More patients in our Adult Mental Health (AMH) and Mental Health Services for Older People (MHSOP) services are spending time in Trust beds away from their closest hospital. This was first identified in March 2021 and is being largely impacted by current pressures on our inpatient services. The Executive Team has agreed that we need some external support to help with this and this is currently being progressed.	Analysis to be undertaken to understand the impact of inpatient and community pressures on our out of area placements, to identify any areas of concern. A Trust-wide review to be undertaken to ensure the Continuity of Care Principles are embedded within all Service processes by the 30th September 2021. The Out of Area Protocol to be reviewed to ensure is up to date and fit for purpose.	**Complete.** Following initial analysis, data is monitored monthly. Bed managers continue to work together to support repatriation as soon as a local bed becomes available and it is clinically appropriate to do so **Complete.** A paper was presented to the Executive Oversight Team on the 5th October 2021. All recommendations were supported and work is now underway to include the principles within the Modern Matrons Audit from January 2022. **Complete.** The protocol was circulated on the 11th November 2021 with immediate effect.	Whist an improvement is now visible within the data, reflecting the reduction in internal OAPs and compliance to the Continuity of Care Principles, external OAPs are visibly increasing and are a concern.

TD03) The total number of inappropriate OAP days over the reporting period - continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

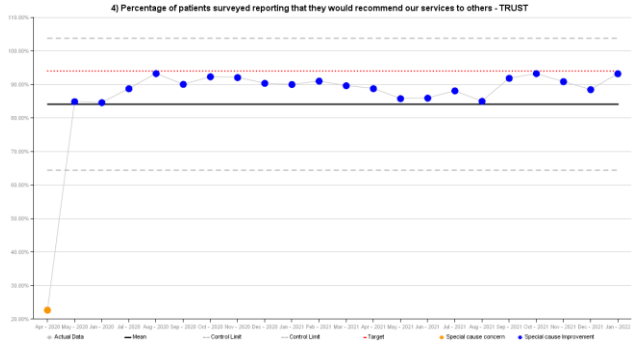
KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
Four beds were purchased initially in the independent sector until the 30th September 2021 for AMH and MHSOP patients. This has subsequently been increased to 5 beds and has been extended to the 31st March 2022. Eleven patients occupied these beds during January (150 bed days).	Increased monitoring of external placements to be undertaken. Acting Deputy Head of Corporate Performance to contact NHS England to renegotiate the Trust's trajectory for out of area placements.	**Complete**. External OAPs are now included within this report for oversight. **Ongoing.** Discussions are underway with commissioners to agree the 2022/23 trajectories.	

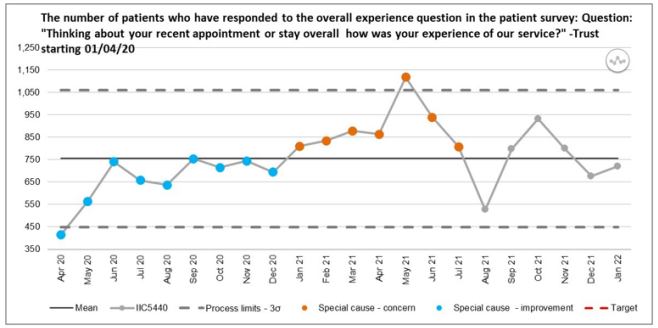
TD04) Percentage of Patients surveyed reporting their recent experience as very good or good – *Trust Standard 94%*

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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

720 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, **671 (93.19%)** scored "very good" or "good"





Note: work is underway to correct the title on the chart

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
A number of our patients are not rating our services as excellent or good. First identified in September 2020, concerns included waiting times, access to services, activities and feeling safe. The number of responses to our surveys are lower than we would like and have been impacted by Infection, Prevention & Control restrictions on the use of touch screen technology (Tablets and Kiosks) and the continued lack of face to face contact.	Patient Experience Improvement Plans to be established in all localities to monitor response rate, response numbers and the nature of feedback concerning patient experience. Monthly monitoring of response rates and progress against the Patient Experience Improvement Plans to be established.	**Completed.** Improvement plans have been agreed in all localities and monitoring will be through local governance processes, with updates presented to the Quality Improvement and Assurance Subgroup (QA&I) monthly. **Ongoing**. 17 out of 27 actions completed across all localities**.** The work continues to be impacted by operational pressures, acuity and demand. There are a number of actions that have been implemented including patient experience projects in Durham and Darlington, introduction of an SPD to reallocate cases following staff absence in Teesside and recruitment of patient experience leads in North Yorkshire and York as well as providing training on accessing Meridian, IIC and implementing QuAG reporting templates However, a number of actions across localities have not yet been completed.	An improved position is visible in the data, indicating that the actions we are taking are having the desired impact; however we are still not achieving standard.

TD04) Percentage of patients surveyed reporting their overall experience as excellent or good – *Trust Standard 94%*

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
	A comparison exercise to be undertaken with Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust on the 'Feeling Safe' theme. This is due to be completed December 2021.	**Ongoing.** A joint meeting was held between TEWV and CNTW on the 10th November. We undertook a comparison of themes identified by patients on inpatient wards and found similarities in feedback in relation to feeling safe, witnessing violence and aggression and the number of activities available. To explore further we agreed to hold focus groups initially within secure service which will be completed by end Feb-21. The focus group will aim to better understand what safety means to patients and what a safe day on the ward would look like. The wording of the feeling safe question with feedback surveys could be interpreted in different ways therefore 6 questions have been agreed to ask across both Trusts to obtain experiences from patients, they will also be asked to staff to ascertain if their perspective mirrors that of patients. Responses and feedback will be reviewed by the focus group and once we review and evaluate this first stage, we envisage to roll-out across all services simultaneously with CNTW. Delays in scheduling the visits have, however, been incurred due to staff absence.	

TD05) Percentage of Serious Incidents which are found to have a root cause (significant lapse) or contributory finding (lapse) (month behind) – *Trust Standard 32%*

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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

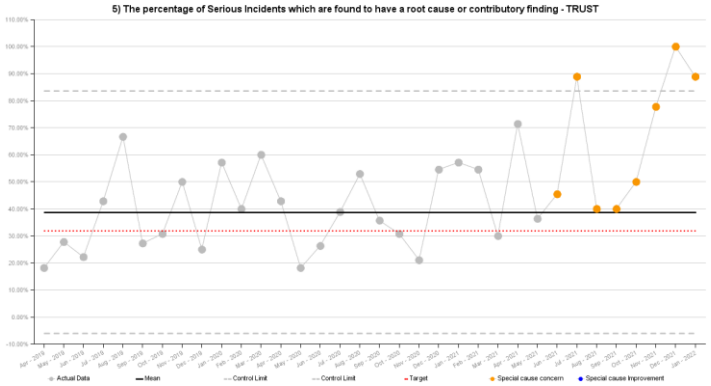
9 serious incidents were reported to the Trust Director Panel during December; of those, **8 (88.89%)** were found to have a root cause or contributory finding

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

We need to investigate this to understand what's happened and/or take action

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

DQ ✓ **85%**



Locality	Variation	Assurance
TRUST	H	?
DURHAM AND DARLINGTON	H	?
FORENSIC SERVICES		
NORTH YORKSHIRE AND YORK		?
TEESSIDE		?

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
We are concerned that we have not seen a reduction in the number of serious incidents in which lapses and/or serious lapses in patient care and treatment have been identified. First identified in August 2021, this was discussed at the September Organisational Learning Group Meeting. Themes identified included sexual safety, perinatal care and safeguarding.	Work to be undertaken to identify the nature of Serious Incidents and any emerging themes. These will inform any areas of learning and will be used to drive forward any improvements or changes to practice where necessary.	**Ongoing.** All findings are captured on a central database within the Patient Safety Department to enable the identification of themes and key learning. This is reviewed monthly and informs any actions or improvement work to be initiated and existing work programmes. Updates are provided to the Organisational Learning Group to provide assurance and learning bulletins are issued following Serious Incident Assurance Panels.	An increasing position is visible within the data. Whilst our improvement work helps us to understand the nature of incidents and prevent recurrence, the wide variance of incidents means that there will not always be a visible impact on the data.

TD05) Percentage of Serious Incidents which are found to have a root cause (significant lapse) or contributory finding (lapse) (month behind) - continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
	External subject matter expert to be identified to enable objective scrutiny of perinatal services, enabling opportunities for sharing mutual learning through external networks.	**Ongoing.** Work is underway with a Consultant Perinatal Psychiatrist from Neuro & Specialist services in Cumbria, North of Tyne & Wear NHS Foundation Trust. The initial focus, working with the TEWV senior leadership team to review incidents across all 3 localities, is underway and is including a review of similar incidents within CNTW to share learning. Evidence and assurance has been discussed at a January meeting and it was agreed that a review of all incidents would be undertaken before findings are shared across clinical networks An update will be provided in February.	An increasing position is visible within the data. Whilst our improvement work helps us to understand the nature of incidents and prevent recurrence, the wide variance of incidents means that there will not always be a visible impact on the data.
	Participation in a national collaborative focusing on sexual safety to assist in testing tools and interventions to reduce sexual safety incidents. The methodology will shared Trust-wide.	**Ongoing.** A proposal has been developed to pilot a single sex PICU in Tees, work is continuing and looking at risk management. An external review of 4 sexual safety incidents is being undertaken by colleagues at NHS England & Improvement and a January meeting shared some initial findings and some good practice across the localities. A further meeting is scheduled for February once reviews of the remaining incidents have been completed. An update will be provided in March 2022.	
	A range of safeguarding initiatives to be established.	**Ongoing.** A briefing regarding standards of documentation in relation to safeguarding was issued Trust-wide in November 21. Further briefings will be developed and shared based on areas identified through learning from incidents.	

TD06) Percentage of in scope teams achieving the benchmarks for HoNOS score (AMH and MHSOP) (month behind) – *Trust Standard 60%*

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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

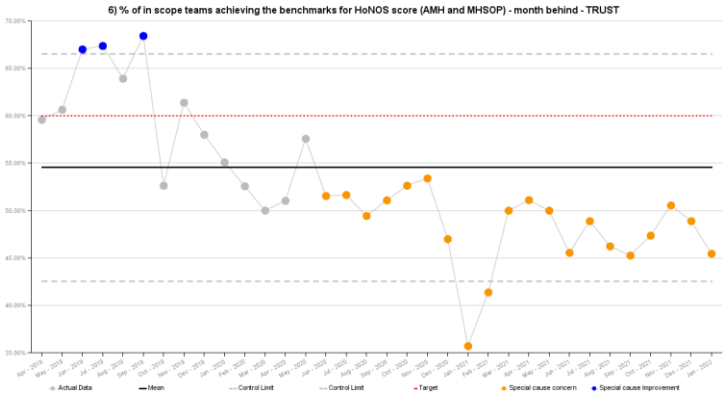
88 in scope teams have discharged patients from Trust services in the last three months; of those, **40 (45.45%)** achieved the agreed improvements in their Health of the Nation Outcome Score (clinician rated outcome measure)

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

We need to investigate this to understand what's happened and/or take action

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

DQ ✓ 95%



Locality	Variation	Assurance
TRUST	L	?
DURHAM AND DARLINGTON	L	?
NORTH YORKSHIRE AND YORK	L	?
TEESSIDE	L	?

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
A number of our teams are discharging patients that have not shown as much improvement as we would like. This was first identified as a concern in October 2020 and work is required to understand the underlying reasons. Please see below and overleaf for Locality concerns.	The Clinical Outcomes Steering Group (COSG) to develop a work plan that will include an approach for integrating outcome measures within our clinical services. This will include training for staff and analysis to understand what is impacting on our patients' improvement. Information to be analysed to understand why our patients feel that they have experienced an improvement (see TD07 SWEMWBS) but clinically have not shown that.	**Ongoing.** Progress on the high level plan is ongoing and all actions and action owners were agreed at the meeting on 25th January 2022. Analysis work has been delayed, as training was prioritised with staff; a completion date for this has not yet been identified. Clinical outcomes now forms part of huddle updates, supervisions sessions and pathway meetings.	Whilst performance is consistent and the decreasing position is not longer visible, it remains a concern. However actions are still ongoing.

TD06) Percentage of in scope teams achieving the benchmarks for HoNOS score (AMH and MHSOP) (month behind) - continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
North Yorkshire & York Locality			
We are concerned that patients within our Mental Health Services for Older People (MHSOP) are not showing as much improvement as we would like due to staff training requirements.	The Head of Service to arrange training to support staff's knowledge regarding the completion of HoNOS. Patient & Carer group to be consulted for their views on clinical outcomes and how they would be able to support co-created training.	**Ongoing.** Outcomes training was delivered to the Vale of York team in November; that for the North Yorkshire team has been scheduled for February. **Ongoing.** The Outcomes CQUIN requires the use of Patient Reported Outcome Measures; therefore discussions are scheduled at the February Service Development Group to progress. We have requested it be considered at the next regional Integrated Care System meeting for older peoples to understand regional approaches.	No visible impact; however actions are still ongoing.
Durham & Darlington Locality			
We are concerned that patients within our Adult Mental Health (AMH) services are not showing as much improvement as we would like.	Analysis at patient level to be undertaken by the clinical leadership team to identify any key areas of concern.	**On hold.** The discussion at the October Locality Quality Assurance & Improvement meeting to agree actions did not take place. Due to pressures within the Locality, the Director of Operations has been asked to identify two key issues to focus on within the coming weeks. The focus on HoNOS has currently been put on hold. However, please note the actions within the **Trust-wide** update on the previous page.	No visible impact; actions remain ongoing.

TD06) Percentage of in scope teams achieving the benchmarks for HoNOS score (AMH and MHSOP) (month behind) - continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
Tees Locality			
We are concerned that patients within our AMH and MHSOP services are not showing as much improvement as we would like.	A caseload management review at patient level to be undertaken by the clinical leadership team to identify any key areas of concern.	**Ongoing**. The caseload management reviews are progressing in Middlesbrough and Redcar & Cleveland and a number of solutions are being established on a case by case basis, including the establishment of discharge clinics to improve the discharge process. However, these have been delayed as the teams implement business continuing planning.	No visible impact; however actions remain ongoing.
	AMH Community Matrons to reinstate clinical outcomes monitoring within huddles, reinstate caseload management reviews and arrange training for staff.	**Ongoing.** The reinstatement of clinical outcomes monitoring in huddles, together with staff training has been delayed further by current pressures and sickness within the teams.	
	MHSOP Service Development Group to consider an appropriate approach for monitoring outcomes for patients with degenerative illness.	**Ongoing.** The Outcomes CQUIN requires the use of Patient Reported Outcome Measures; therefore discussions are scheduled at the February Service Development Group to progress. We have requested it be considered at the next regional Integrated Care System meeting for older peoples to understand regional approaches.	
	The SDM to review the clinical pathways within MHSOP to ensure they remain in line with Trust policy, sit within the clinical risk management process and the MHSOP specific harm minimisation modules.	**Ongoing.** The Delirium Pathway, Dementia Pathway and Behaviours that Challenge Pathway have now all been relaunched incorporating updates around outcomes monitoring and harm minimisation modules.	

TD07) Percentage of in scope teams achieving the benchmarks for SWEMWBS score (AMH and MHSOP) (month behind) – *Trust Standard 65%*

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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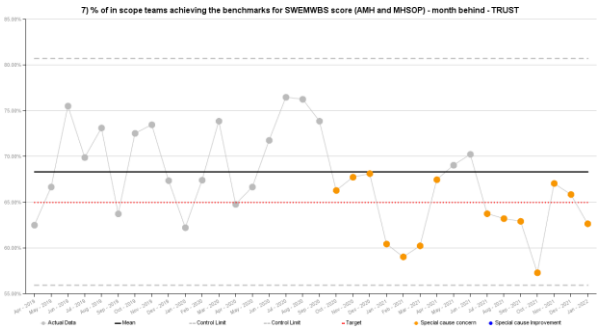
83 in scope teams have discharged patients from Trust services in the last three months; of those, **52 (62.65%)** achieved the agreed improvements in the short version of the Warwick–Edinburgh Mental Wellbeing Scale (patient rated outcome measure)



Locality	Variation	Assurance
TRUST	L	?
DURHAM AND DARLINGTON	L	?
NORTH YORKSHIRE AND YORK		?
TEESSIDE		?

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
We are concerned that a number of our teams are discharging patients that have not reported as much improvement as we would like. This was first identified as a concern in August 2021 within our **Durham & Darlington** Adult Services.	Analysis to be undertaken to identify any areas of concern.	**Completed.** This was included within the August 21 report and highlighted a potential concern within Adult Mental Health Services (AMH).	No visible impact; however actions remain ongoing.
A potential concern has been identified within a number of teams: Tunstall/Farnham Inpatient service, Derwentside & Chester le Street Affective team, Durham City Affective team, North Durham & South Durham Psychosis team, Eating Disorders Community team and Durham and Darlington Crisis team.	The Corporate Performance Team is to work with the team and Locality Managers to investigate further to confirm whether these are actual areas of concern. This work will be undertaken during September and findings reported in October 2021.	**On hold.** At the October Locality Quality Assurance & Improvement meeting, due to capacity issues within the Locality, the Director of Operations was asked to identify two key issues to focus on within the coming weeks. The focus on SWEMWBS has currently been put on hold.	

TD08) Number of new unique patients referred – *No Trust Standard monitoring only*

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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

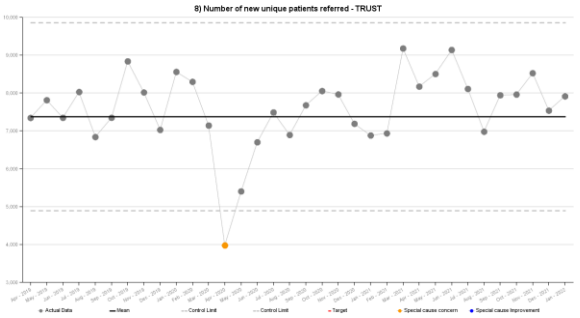
7912 patients referred in January that are not currently open to an existing Trust service

There is no significant change in our performance. – it is within the expected levels.

We need to monitor this more closely to better understand what's happening before it becomes an area of concern

DQ

100%



KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
We have received a high number of referrals for new patients into our **Forensics** services due to an increase in referrals to the Cleveland and Durham Liaison & Diversion teams. This was first identified in May and is anticipated to continue. The service has reviewed their processes to ensure those with the greatest need are prioritised but without further support from commissioners they cannot manage increasing demand.	The Head of Health & Justice Services to submit a business case to commissioners outlining options to manage the current demand by the end of May 2021.	**Completed.** A business case was submitted and the commissioners requested more information.	Activity is at a level that we would expect to see.
	The Service, with support from the Corporate Performance Lead, will continue enhanced monitoring of progress.	**Completed.** The number of referrals for Forensics and all three L&D teams are now at a level we would expect to see.	
	Referrals to be reviewed over the next 6 months to understand demand and to inform the discussion and business case with commissioners.	**Ongoing.** It has been agreed with commissioners that data will continue to be collected until April and reviewed in May 2022, to allow more data to be collected to better understand the demand.	

TD09) The percentage of new unique patients referred with an assessment completed (2 months behind) – *No Trust Standard monitoring only*

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

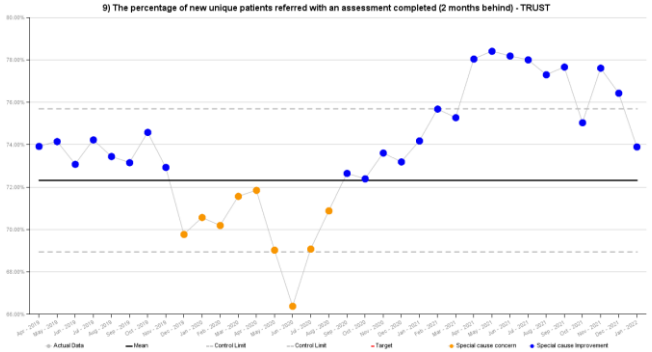
We are all committed to co creating a great experience for patients, and carers and families by ensuring that they experience support to achieve their goals and care that is right for each individual. Understanding the levels of patients that are referred to our services, assessed and taken on for treatment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

8524 patients referred in November; of those **6299 (73.90%)** patients have now had an assessment

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

We need to monitor this more closely to better understand what's happening before it becomes an area of concern

DQ ★ **100%**



KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
Whilst as a Trust we are not assessing the numbers of new patients that we would aspire to, potential concerns were first highlighted in September 2020.	Analysis to be undertaken to understand whether there were any areas of concern.	**Completed.** Since September analysis has been undertaken in three localities and a number of issues have been identified. These are detailed on the following pages.	Improvement has been visible since September 2020; however a decreasing position can be seen.

TD09) The percentage of new unique patients referred with an assessment completed (2 months behind) - continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
Tees Locality			
We are not assessing as many children & young people (CYP) within our generic Middlesbrough Community Team as we would like due to staff movement and sickness.	Plans to address staff absence and recruitment within the Middlesbrough Community team are underway.	**Complete.** The Assistant Psychologist has started with the team. A Psychological Therapist and Band 6 Nurse have been recruited.	Improvement has been visible since September 2020; however a slightly decreasing position can be seen.
There has also been an increase in the number of referrals to the Hartlepool and Stockton Autism Spectrum Disorder (ASD) Team.	To support demand, 2½ days triage for waiting patients is to be implemented.	**Complete.** The process enabled 80 patients from the waiting list to be progressed to the teams.	
	A discreet 'triage service' is to be established.	**Complete**. The Triage Coordinator, Highly Applied Psychologist and 0.5 whole time equivalent Applied Psychologist are now in post; the remaining 0.5 post will start in May 2022.	
North Yorkshire & York Locality			
Within Adult Mental Health (AMH) the York & Selby Mental Wellbeing Access service has been impacted by a significant increase in referrals.	'Stop the line' process to be initiated.	**Complete.** Staff capacity has improved in the team as staff have returned from short term sickness. Support is no longer required from the community teams and the team is no longer is 'Stop the line' process.	A decreasing position and concern is visible; actions remain ongoing.
	The service to initiate a triage process to address the backlog of patients waiting for assessment from November 2021.	**Ongoing**. Process commenced on 2nd November however referrals continue to be significantly above assessment capacity; the team manager and Advanced Nurse Practitioner are working with the team to refine the triage process. An update will be provided in February.	
	The Head of Service, Locality Manager, Team Manager and Advanced Nurse Practitioner to review staff capacity to enable the maximum number of assessments slots to be offered.	**Ongoing.** The safe staffing reviews are currently underway and expected to complete in February.	

TD09) The percentage of new unique patients referred with an assessment completed (2 months behind) - continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
Within Mental Health Services for Older People the Hambleton and Richmondshire Memory service has been impacted by reduced consultant capacity.	The Locality Manager to develop a process enabling simpler diagnostic decisions to be made in a multi disciplinary meeting to facilitate quick assessment completion.	**Complete.** The team has developed a process to enable a diagnosis to be made where clinically appropriate, without a consultant. This will enable quicker assessment completions reducing waiting time for patients and will increase consultant availability for complex assessments.	The decreasing position is continuing; however actions remain ongoing.
There are a number of vacancies in Scarborough and Harrogate Memory Services. In addition, there has been a reduction in the number of venues in Ripon and Wetherby at which the Harrogate team can provide assessments.	Recruitment is underway to provide more staff to undertake assessments.	**Ongoing.** One post remains unfilled within the Scarborough team and will be going back out to advert. The Harrogate Memory team only have one vacancy for an administrative post; however, has been impacted by short term absence due to Covid one member of staff on long term sickness absence. No mitigating actions could be put in place resulting in the cancellation of assessments and appointments.	
	The Harrogate team manager to modify the assessment pathway for less complex referrals using the DIADEM tool, tool used to assess memory patients which are less complex, to increase the number of assessments completed each week	**Ongoing.** Approximately 30 care home patients have been identified as potentially suitable to complete DIADEM rather than the routine assessment process. However this has been delayed by sickness and the care homes being placed into lockdown due to Covid-19.	
	The Harrogate service to agree with primary care services the use of Ripon community building in and a Wetherby GP surgery.	**Complete** . Both locations are now being utilised.	
Scarborough Memory Team are being impacted by delays in the delivery of computerised tomography scans.	Discussions to be held with the acute Trust.	**Complete**. Whilst discussions have been held it has not been possible to increase the number of scans available.	
Scarborough Memory Team is also being impacted by a reduction in medical staff resources due to long term sickness.	A ring fenced clinical post to be created to take over medication monitoring patients, releasing staffing capacity to the memory service.	**Ongoing.** Discussions are continuing with Recruitment.	

TD10) Percentage of new unique patients referred and taken on for treatment (3 months behind) – *No Trust Standard monitoring only*

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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

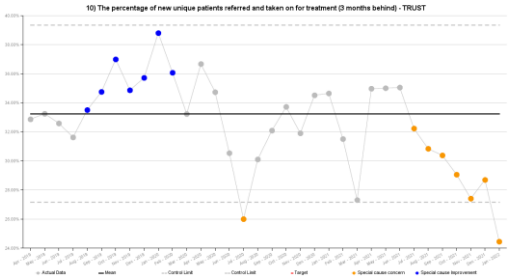
7960 patients were referred in October; of those, **1946 (24.45%)** patients have now been taken on for treatment

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

We need to investigate this to understand what's happened and/or take action

DQ

100%



KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
We are concerned that we are not starting treatment with as many of our patients as we would like. Potential concerns were first highlighted in September 2020.	Analysis to be undertaken to understand whether there were any areas of concern.	**Completed.** Since September analysis has been undertaken in all localities and a number of issues have been identified. These are detailed on this and the following page.	The decreasing position is continuing; however actions remain ongoing.
Forensic Services			
We are treating fewer patients within our Liaison & Diversion Services than we would like. Many referrals are not appropriate for the service and are redirected for appropriate care and a number of clients leave custody prior to receiving assessment and treatment. Many contacts are via telephone, which is currently excluded from this measure.	A list of appropriate treatment codes to be agreed with Team Managers and Paris options to be limited to those relevant to the service. The Head of Health & Justice Services to raise the appropriateness of telephone contacts as a treatment method at the Service Development Group (SDG) in June 2021.	**Completed.** Agreed codes were circulated to staff with effect from December 2020. Paris changes implemented in June 2021. **Completed**. Senior Leadership Group approved the removal of the L&D teams from the scope of this measure on the 24th November 2021. Work will be completed by March 2022 to implement the change within this measure. This action will remain on this paper pending the completion of this work.	Activity is showing a sustained improvement.

TD10) Percentage of new unique patients referred and taken on for treatment (3 months behind) - continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
Tees Locality			
We are treating fewer patients within Mental Health Services for Older People teams than we would like due to waits for a Computed Tomography scan to support a dementia diagnosis.	The Service to review the dementia pathway to minimise the number of patients referred for a scan to support pressures experienced during the pandemic.	**Complete.** The changes made during the pandemic enabled us to offer a memory service to patients without interruption.	Performance is at a level we would expect; however a decreasing position is noted. Actions remain ongoing.
	The Consultant Psychiatrist to lead a wider review of the dementia pathway to strengthen pathway leadership.	**Ongoing.** The Dementia Pathway Group is now meeting monthly. Leads have been identified in all localities to focus on 4 key priorities; referral to assessment times, referral to treatment, improving delivery of Dementia diagnosis and enhancing dementia diagnosis training to mental health nurses. An update will be provided in March 22.	
Some treatment codes are not recorded correctly.	Service Development Manager (SDM) to review all data quality issues.	**Complete**. The SDM has developed training which was rolled out to all staff on the 1st October 2021.	
Potential concerns have been identified within the MHSOP Middlesbrough and Hartlepool generic community teams. Sickness and vacancies within the teams is impacting the ability to progress as many patients to treatment as would be expected.	Sickness to be managed through the Long Term Sickness Team.	**Complete.** All episodes of long term sickness have ended and staff have returned to work.	
	Recruitment to be undertaken to fill all vacancies.	**Complete.** Recruitment is now complete and staff are going through induction processes.	
Potential concerns have been identified within the MHSOP North Tees Liaison and South Tees Frailty teams.	Analysis to be undertaken by the Service Development Manager and Head of Service to determine whether this is attributable to the service model.	**Complete.** Analysis has confirmed that performance is attributable to the service model, as the teams primarily do not take patients on for treatment but signpost patients to the most appropriate services.	

TD10) Percentage of new unique patients referred and taken on for treatment (3 months behind) - continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
Children & Young People's Services have a new service model, triaging referrals in a Single Point of Contact (SPOC) team so they can be directed to appropriate services for their needs. A high number of referrals has resulted in delay.	Development of an interim plan to streamline the referral processes	**Complete.** The plan is in place and processes have been streamlined. Patient flow through the SPOC teams has improved and both teams are now achieving the standard.	No visible impact; however as the delay to assessment has already occurred within the backlog, it will take some time before we will see some visible improvement in the data.
North Yorkshire & York Locality			
We are concerned that within our Mental Health Services for Older People (MHSOP), there is a high number of patients waiting for treatment within the Harrogate Memory Service and this is attributable to capacity within the team.	Recruitment is underway with all staff due in post by the 15th October 2021, with an aim is to complete 20 assessments per week from November.	**Ongoing.** Whilst all staff are in post the service remained unable to achieve the aim of 20 assessments. Formal clinics with consistent slots allocated to support the completion of 18 assessments a week were established; however, this has been impacted by staff sickness due to Covid-19 and the service were unable to mitigate this as no other resources were available at the time.	A decreasing position is continuing. Actions remain ongoing.
Potential data quality issues have been identified in the Harrogate Vanguard Community Care service.	The Locality Manager to undertake a deep dive during October to understand the underlying reasons; findings will be reported in November 2021.	**Complete**. The deep dive identified that assessment and treatment intervention codes are not recorded consistently on PARIS as this is not the team's primary patient based system.	
	The team manager to work with the team to resolve the current data quality issues and agree a data recording process. This work will be completed in November.	**Ongoing**. Work was scheduled for completion in December; however this was impacted by staff sickness. A standardised approach will be in place by the end of February. Data quality work is continuing.	

TD10) Percentage of new unique patients referred and taken on for treatment (3 months behind) - continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
North Yorkshire & York Locality			
Within Children & Young People Services (CYP) the Northallerton, Selby, Harrogate and York East community teams have reduced staffing capacity due to a number of vacancies. This has been further affected by support they have been providing to the York CYP Crisis service.	Recruitment is underway, which would provide more staff to be able to provide treatment appointments.	**Ongoing.** Recruitment is continuing in York & Selby; however 5 posts have been recruited to and are undergoing pre-employment checks. A number of interviews are scheduled for this month. Recruitment continues in Harrogate, with 3 posts out to advert; 2 CAMHS Practitioners and one psychologist. The Crisis team has recruited a Health Care Assistant who is undergoing pre-employment checks and are recruiting 2 CAMHS clinicians. CAMHS community teams continue to provide support to the Crisis team on an adhoc basis.	A decreasing position is continuing. Actions remain ongoing.
	'Stop the line' process to be established to enable current processes to be reviewed.	**Complete.** The service has held a number of locality-wide events to look at pressures across all of the teams and are working with Organisational Development to understand the impact for staff and to formulate an action plan.	
Staffing resources due to sickness and staff turnover is resulting in delays in the Northallerton community team.	Director of Operations to raise staff concerns at Gold command in February to establish whether the team implements business continuity.	**Complete**. Business continuity has been implemented for the team as it is at risk of being at 55% capacity, with a number of leavers and 2 staff members on long term sickness.	
Potential recording issues have been identified within the Scarborough Community team.	The team manager to review the use of treatment codes within the team during November. An update will be provided in December.	**Ongoing.** The review was completed and a number of data quality issues were identified. A refreshed list of the intervention/treatment codes for each of the Needs Based Groupings has been circulated to the team and their use will be monitored through the caseload hygiene/refresh and safety summary work that will be completed by March 2021.	
Within Adult Mental Health (AMH) the Harrogate Community service has a number of vacancies that they are struggling to appoint to.	Recruitment is underway, which would provide more staff to be able to provide treatment appointments.	**Ongoing**. With oversight from the Head of Service, Locality and Team manager, the service is skills-mixing a band 6 and band 5 post to a band 7 advanced nurse practitioner and a band 3 support worker. Agency block contracts remain in place however one of these is above capped rates.	A decreasing position and concern is visible; however, actions remain ongoing.

TD10) Percentage of new unique patients referred and taken on for treatment (3 months behind) - continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
The York & Selby Wellbeing Access service has received a significant increase in referrals, which has impacted staff capacity as the team has a number of vacancies and some staff sickness. This has reduced the number of assessments that can be completed and consequently, the number of patients taken on for treatment.	'Stop the line' process to be established to enable current processes to be reviewed.	**Complete.** Staff capacity has improved following the return of staff from short term sickness; therefore support is no longer required from the community teams and the team is no longer in 'Stop the line' process.	A decreasing position and concern is visible; however, actions remain ongoing.
	All referrals for patients that have been discharged within the last year to be allocated directly to the community teams in York and Selby.	**Complete.** Processes are in place to enable patients to be assessed and allocated slots quickly following re-referral; staff have been supported to up-skill to provide more efficient assessments. Assessment processes are embedded and most patients are now being assessed within 4 weeks of referral.	
	The service to initiate a triage process to address the backlog of patients waiting for assessment from November 2021.	**Ongoing**. Triage process in place but referrals continue to be above assessment capacity. The team manager and Advanced Nurse Practitioner are working with the team to refine the process. An update will be provided in February.	
	Recruitment is underway, which would provide more staff to undertake assessments.	**Complete**. The team are fully recruited and staff are progressing through pre-employment checks.	
Durham & Darlington Locality			
A potential concern is now visible in Locality; however there has been no previous concern identified.	Close monitoring to be implemented to confirm whether this is just monthly variation or further investigations are required.	**Complete.** Further analysis has been undertaken(see overleaf) and concern has been identified within Adult Mental Health Services and Children & Young Peoples Services. All actions identified as part of TD02 Percentage of patients starting treatment within 6 weeks of an external referral, are relevant to this measure.	

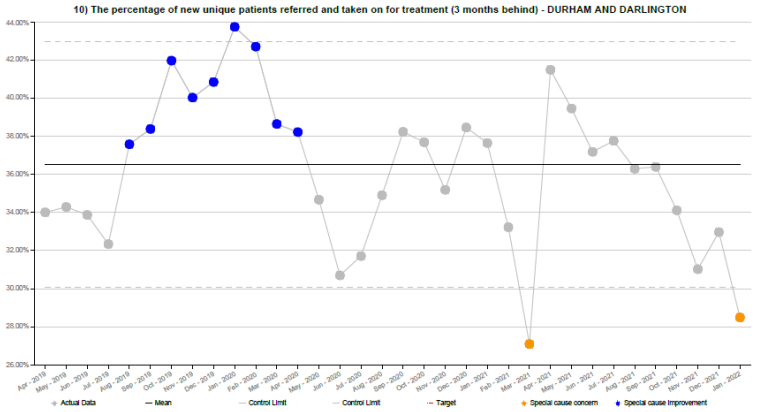
TD10) The percentage of new unique patients referred and taken on for treatment (3 months behind) – Durham and Darlington locality

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

DETAILED ANALYSIS

We are concerned that we are not starting treatment with as many of our patients as we would like in Durham and Darlington locality. Analysis at speciality and team level has identified the following.

- Within Child and Young People's Service (CYPS) there are vacancies within the Darlington and North Durham community teams that are impacting in the number of patients that we are starting treatment with.
- Within Adult Mental Health services (AMH) Services performance is being impacted by data quality issues within the Access team.



Locality	Variation
DURHAM AND DARLINGTON	L

Specialty	Variation
ADULTS	L
CHILD AND YP	L
LEARNING DISABILITY SERVICES	
MHSOP	H

- No concerns have been identified for Mental Health Services for Older People and Adult Learning Disability services.

CONCLUSIONS	ACTIONS BEING TAKEN
In Children & Young People's Services (CYP) we have been impacted by staff vacancies.	Recruitment is underway, which would provide more staff to offer treatment.
Within Adult Mental Health Services performance is being impacted by data quality issues within the Access team.	Locality Manager to meet with the Access Team leadership in December to agree the actions required to improve data quality.

TD11) Number of unique patients discharged (treated only) – *No Trust Standard monitoring only*

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

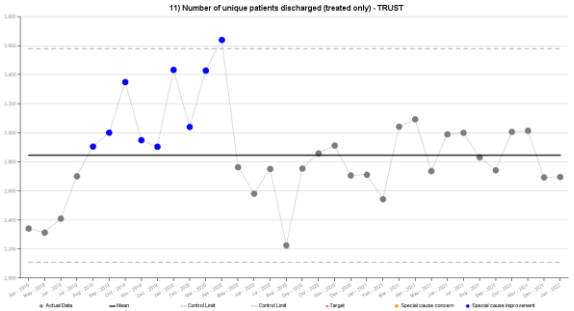
We are all committed to co creating a great experience for patients, and carers and families by ensuring that they experience support to achieve their goals and care that is right for each individual. Understanding the levels of patients that are discharged from our services is important as it demonstrates that our patients are recovering and allows us to ensure we can maintain sufficient capacity to take on new patients.

2696 have been discharged in January after receiving treatment

There is no significant change in our performance. – it is within the expected levels.

We need to monitor this more closely to better understand what's happening before it becomes an area of concern

DQ ✓ **85%**



Locality	Variation
TRUST	
DURHAM AND DARLINGTON	H
FORENSIC SERVICES	H
NORTH YORKSHIRE AND YORK	
TEESSIDE	L

SUMMARY

Whilst there is no concern with regards to the number of patients we are discharging from a Trust perspective, at a locality level there is a visible concern highlighted for **Tees**. First identified in July 2021, this has been fully investigated and attributed to:

- a restructure within the Children & Young Peoples Services generic community from a 4-team model to a 7-team model, sharing caseloads across the teams.
- work with the Local Authority and commissioners to discharge Mental Health Act Section 117 patients back to local care from the Mental Health Services for Older People Intensive Community Liaison & Psychiatry team

Therefore at this point we can conclude this is not an area of actual concern.

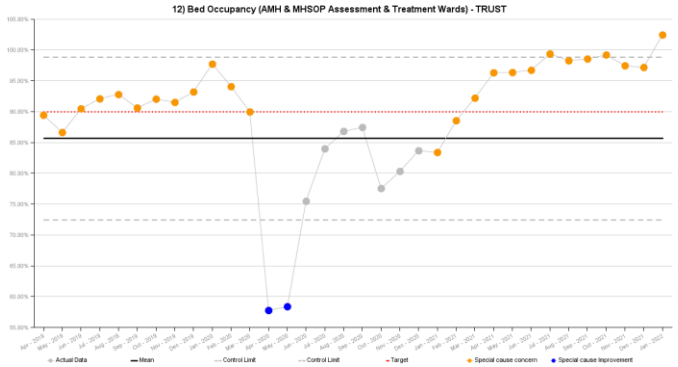
TD12) Bed Occupancy (AMH & MHSOP A & T Wards) – *Trust Standard 90%*

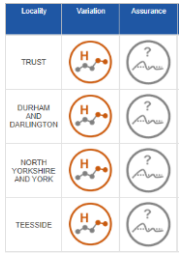
Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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

During January **10,483** daily beds were available for patients; of those, **10,740 (102.45%)** were occupied.

- H — We're aiming to have low performance and we're moving in the wrong direction.
- ! — We need to investigate this to understand what's happened and/or take action
- ? — Our performance is not consistent and we regularly achieve and miss the standard we have set ourselves
- DQ ✓ — **85%**





KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
We are concerned we have a greater number of patients occupying our inpatient beds than we would expect. Whilst this was first identified as a concern in June 2021, it has been monitored since September 2020 as there are a number of pressures on inpatient services within Adult Mental Health (AMH) and Mental Health Services for Older People (MHSOP). Whilst the number of admissions are at a level we would expect, occupancy is above a safe level and we have been unable to identify a safe, sustainable and robust plan to enable us to be flexible with bed capacity when required.	Analysis to be undertaken to understand the impact of community pressures, available resources and other factors, including out of area placements, to identify any areas of concern. Demand forecasting analysis to be undertaken to understand future pressures. Four beds to be purchased in the independent sector for AMH and MHSOP patients. Increased focus to be given to inpatient pressures at Locality Quality Assurance & Improvement Groups.	**Completed.** Following initial analysis, data is monitored monthly. Services have established groups to review patients with longer lengths of stay and Bed Managers are in post to monitor inpatient pressures more closely. **Completed.** Analysis shared with Chief Operating Officer, directors and key representatives of inpatient management. Routine monitoring agreed. **Completed:** Contract commenced 13th August 2021 and has now been extended to the 31st March 2022. An additional fifth bed has been purchased and all 5 beds are occupied. **Ongoing.** Discussions continue within the monthly meetings; however these were stood down during January due to service pressures.	No visible impact and we have reported over-occupancy for January 2022. Actions are still ongoing.

TD12) Bed Occupancy (AMH & MHSOP A & T Wards) - continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
Throughout January 2022, significant pressures have continued in inpatient services and acuity is high. One 13 bed female AMH ward has been closed to admissions, and 2 further AMH wards (one male and one female) and 2 MHSOP wards have been closed to admissions due to Covid outbreaks.	External support to help us to understand if there is anything further we can do to manage inpatient pressures and out of area placements to be commissioned. Bed census to be undertaken to help us understand our current patient base.	**Ongoing.** Three potential bidders have been identified and the tender is due to be sent to us for our response. We are in the process of arranging a meeting with the Procurement lead to start the work before the end of March 2022. **Ongoing.** The bed census has been undertaken and shared with Senior Leadership Group in December 2021. Throughout January the patient/ward level detail wash shared with Locality Managers across the Trust and for individual wards to support progression with any identified delays. Findings and further actions are to be identified during February. An update will be provided in March 2022.	

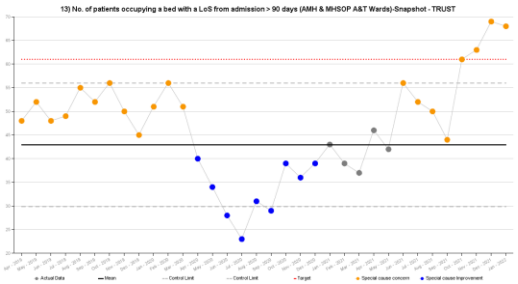
TD13) Number of patients occupying a bed with a length of stay (from admission) greater than 90 days (AMH & MHSOP A&T Wards – *Trust Standard no more than 61 patients*

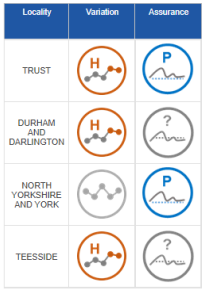
Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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

As at the 31st January 2022, **68** inpatients had a length of stay longer than 90 days

H – We're aiming to have low performance and we're moving in the wrong direction.	! – We need to investigate this to understand what's happened and/or take action
P – Our system is expected to consistently hit the target/expectation	DQ ★ – 100%





KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
Durham & Darlington Locality			
We are concerned there are a small number of our Adult Mental Health (AMH) and Mental Health Services for Older People (MHSOP) patients staying in beds longer than they need to be. This was first identified as a potential area of concern in June 2021 and is due to the needs and level of support required for the patients in their care.	Analysis to be undertaken to understand the impact of community pressures, available resources and other factors, including out of area placements, to identify any areas of concern.	**Complete.** Following initial analysis, data is monitored monthly. Findings continue to show the majority of instances involve patients with complex needs. No further themes were identified.	An increasing position is visible. Actions remain ongoing.
	Demand forecasting analysis to be undertaken to understand future pressures.	**Complete.** Analysis shared with the Chief Operating Officer, directors and key representatives of inpatient management. Routine monitoring agreed.	
	AMH service to form a Quality Assurance Group (QuAG) sub group to discuss and agree further actions.	**Complete.** QuAG met on the 19th November and additional actions have been identified; these are detailed below.	
	The Locality Manager to start weekly locality meetings to review 60+ and 90+ day admissions. The meeting will discuss any concerns and escalate issues from ward level up to locality managers. It will enable the locality to understand any common themes or concerns they need to take to further locality or Trust-wide discussions	**Complete**. Established at the end of November the meeting includes leadership representation from the clinical inpatient, crisis and community teams.	

TD13) Number of patients occupying a bed with a length of stay (from admission) greater than 90 days (AMH & MHSOP A&T Wards - continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
	Service Manager to develop a flowchart detailing funding streams and escalation routes, to make it easier for clinical teams to find suitable placements for patients ready for discharge and address delays. An update will be provided in February 2022.	**Ongoing.** This is progressing to plan.	An increasing position is visible. Actions remain ongoing.
	Consultant Psychologist to develop a template for completion of Independent Funding Requests by the end of December to increase the efficiency of this process. An update will be provided in February 2022.	**Ongoing.** This is progressing to plan.	
	Work is underway within MHSOP with Local Authorities to facilitate discharges into local care following the issue of new legislative guidance. An update will be provided in December.	**Ongoing.** Conversations are continuing with commissioners. We continue to experience some challenges finding funded care home placements for individuals with 1 to 1 requirements; within the locality area, these are in limited supply.	
	The service to meet each week to discuss all patients with a length of stay over 50 days to discuss any issues or concerns and actions in place where possible.	**Ongoing.** The meetings are continuing and a concern is the challenge to find funded care home placements within the locality area and patient/family care home choice. These are issues outside of Trust control.	
Tees Locality			
In October 2021 we identified a potential area of concern in Mental Health Services for Older People (MHSOP). This is attributable to the needs and level of support required for the patients in our care.	Locality Manager, ward managers and community team leads to meet weekly to review patients with a length of stay over 50 days, to discuss any issues or concerns and establish any actions.	**Ongoing.** The meetings are continuing and a concern is the challenge to find funded care home placements within the locality area and patient/family care home choice. These are issues outside of Trust control.	An increasing position remains visible; however performance is within expected levels. Actions remain ongoing.

TD14) Percentage of patients re-admitted to Assessment & Treatment wards within 30 days – *Trust Standard 9.90%*

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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

197 patients were discharged during January; of those, **7 (3.55%)** were readmitted within 30 days

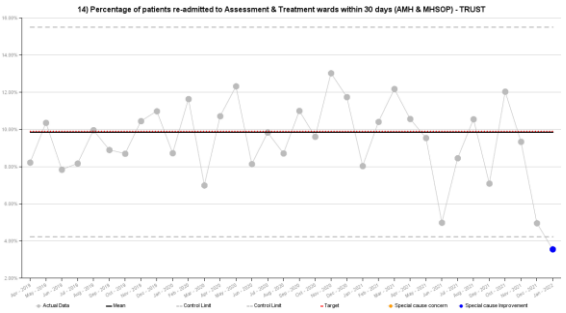
We're aiming to have low performance and we're moving in the right direction.

No further action is needed at this point in time

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

DQ

85%



Locality	Variation	Assurance
TRUST	L	?
DURHAM AND DARLINGTON		?
NORTH YORKSHIRE AND YORK		?
TEESSIDE		?

SUMMARY

We have achieved the standard we have set ourselves and whilst, we remain concerned about the pressures on inpatient services within Adult Mental Health and Mental Health Services for Older People, our performance against this measure indicates that we are not readmitting a significant number of patients within 30 days of their previous admission and are, in fact, seeing a visible improvement.

Therefore, at this stage this measure is not a cause for concern.

TD15) Finance Vacancy Rate – *No Trust Standard monitoring only*

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

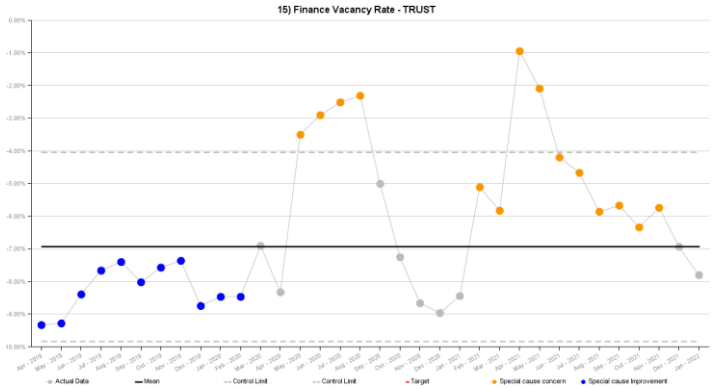
We are all committed to co creating a great experience for patients, and carers and families by ensuring we have staff available in the right place and with the right skills, supporting continuity of care for our patients. As a Trust having a full establishment ensure we can manage our resources and finances effectively.

During January we budgeted for **7696.72** full time posts; however **600.6 (7.80%)** of these were vacant

There is no significant change in our performance. – it is within the expected levels.

We need to monitor this more closely to better understand what's happening before it becomes an area of concern

DQ ✓ **80%**



KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
We are concerned that we have a high number of vacancies across the Trust. First identified in August 2021, the highest levels were identified within Tees and North Yorkshire & York.	Analysis to be undertaken to understand whether there were any areas of concern.	**Complete.** Analysis has been undertaken and a number of issues have been identified. These are detailed on this and the following page.	A decreasing position is visible and performance is at a level we would expect. Actions remain ongoing.
Tees Locality			
The current position within Children and Young People's (CYP) services is impacted by significant investment into the Child Eating Disorder service earlier in the year. Whilst a number of people are in post, the service model is in the process of being developed and the remaining posts will not be recruited to until the end of this financial year.	Head of CYP and team managers to agree the service model and complete recruitment by the 31st March 2022. An update will be provided in December 2021.	**Complete**. The service model has been agreed and an intensive home treatment team has been established to provide intensive packages of care for families within the home, or support when in acute care. All posts are fully recruited to.	No visible impact; however actions remain ongoing.

TD15) Finance Vacancy Rate – *No Trust Standard monitoring only*

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
There is a high number of vacancies within Adult Learning Disability (ALD) Services.	To undertake a recruitment campaign with the external company Indeed, to support the recruitment of up to 18 Health Care Assistants (HCA). This work is being led by the Head of ALD and is part of the work around changing the workforce model for Inpatient services.	**Ongoing.** Four registered nurses are due to start in February, with 6 healthcare assistants by the end of March 2022. A further 28 vacancies remain.	A decreasing position is continuing and performance is at a level we would expect. Actions remain ongoing.
	Head of ALD to develop a 12 month recruitment strategy for LD services. The aim is to market the service and nursing roles and includes linking with local schools and colleges to promote the role of ALD nurses. An update will be provided in January 2022.	**Ongoing**. This work is now being undertaken as part of a bigger workforce package within the Trust wide ALD Inpatient Redesign Programme Board. An update will be provided in March 2022.	
North Yorkshire & York Locality			
All specialities within the locality are struggling to recruit, with nursing posts, in general, and the Scarborough, Whitby & Ryedale area, in particular, being impacted the most.	Employment of a Project Manager for Recruitment & Retention to support intensive improvement work.	**Complete.**	A decreasing position is continuing and performance is at a level we would expect. Actions remain ongoing.
	Vacancy advertisements to be improved, including communication methods (eg using social media) and international recruitment. An update will be provided in February 2022 once these have been embedded.	**Ongoing**. Recruitment has commenced for identified candidates. Paperwork is being completed to enable individuals to travel to and work in the UK.	
	A 1-year pilot to be undertaken for Scarborough Inpatient services, to enable a premier to be paid to staff recruited to these posts.	**Ongoing**. The pilot has started, led by the Senior Project Officer Recruitment & Retention, with key metrics being identified in order to measure the success. Quarterly update meetings are scheduled with the Director of Operations. An update will be provided in March 2022.	

TD15) Finance Vacancy Rate – *No Trust Standard monitoring only*

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

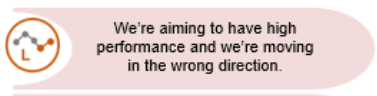
KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
North Yorkshire & York Locality			
	A community bank service to be created within the Trust to reduce the use of agency staff. An update will be provided in January 2022.	**On hold**. A proposed community bank model was discussed at the Workforce Senior Leadership Group in January and the concept approved. This work is being led by the Senior Programme Manager for Safe Staffing and further analysis is required to understand demand within community services. This will be completed early Quarter 1 2022/23; until then this is on hold.	A decreasing position is continuing and performance is at a level we would expect. Actions remain ongoing.
	An exercise to be undertaken by the Senior Project Officer Recruitment & Retention to identify the reasons for staff leaving and actions we can take to improve retention. An update will be provided in January 2022.	**Ongoing.** This work is progressing and work/life balance has been identified as a primary factor for staff leaving their roles; an additional action identified are detailed below.	
	The Project Manager for Recruitment and Retention to undertake conversations with Locality and Team Managers to discuss any actions to support the work/life balance of staff, including ways jobs could be more flexible.	**Ongoing**. An update on these discussions will be provided in March 2022. In the interim a 'Don't go' leaflet has been distributed to encourage staff to stay within the Trust.	

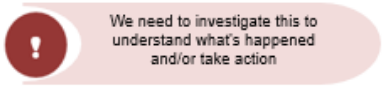
TD16) Percentage of staff in post with a current appraisal (snapshot) – *Trust Standard 95%*

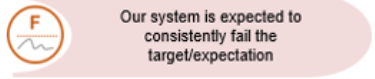
Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

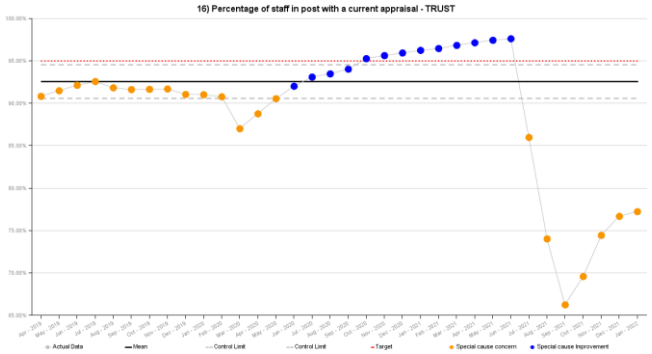
We are all committed to co creating a great experience for patients, carers families and our colleagues by ensuring colleagues feel engaged in the organisation and appraisals offer one opportunity for staff to get and give feedback on their experience of working for the Trust. We also ensure that our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

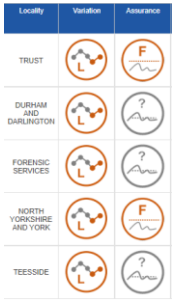
Of the **6262** eligible staff in post at the end of January; **4836 (77.23%)** had an up to date appraisal











KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
We are concerned that staff within our Localities have not received timely appraisals. To support business need during the pandemic, staff were given a series of extensions to ensure clinical care was prioritised. These grace periods started to expire in June and as a result we are starting to see the reduction in compliance.	Services to provide trajectories to be presented to the Locality Quality Assurance & Improvement (QA&I) Groups in October 2021.	**Ongoing.** Covid pressures impacted the work to complete the Trust-wide tool; however that is now being progressed in Durham & Darlington, North Yorkshire & York and Forensics. Tees have agreed trajectories using their own method and are currently working towards those trajectories.	An increasing position continuing; however this does not yet denote an improvement. Actions remain ongoing.

TD17) Percentage compliance with ALL mandatory and statutory training (snapshot) – *Trust Standard 92%*

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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

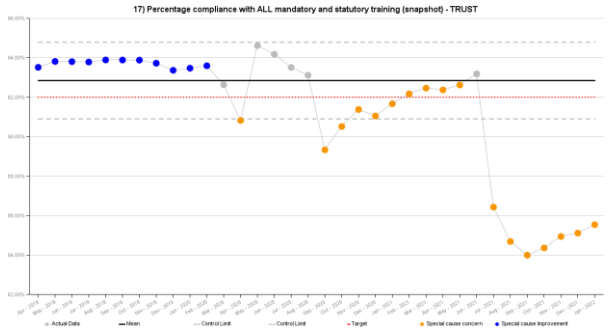
108,268 training courses were due to be completed for all staff in post by the end of January. Of those, **92,617 (85.54%)** courses were actually completed

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

We need to investigate this to understand what's happened and/or take action

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

DQ ★ **100%**



Locality	Variation	Assurance
TRUST	L	?
DURHAM AND DARLINGTON	L	?
FORENSIC SERVICES	L	P
NORTH YORKSHIRE AND YORK	L	?
TEESSIDE	L	?

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
We are concerned that staff within our Localities have not undertaken training in the required timescales. To support business need during the pandemic, staff were given a series of extensions to ensure clinical care was prioritised. These grace periods started to expire in June and as a result we are starting to see the reduction in compliance.	Services to provide trajectories to be presented to the Locality Quality Assurance & Improvement (QA&I) Groups in October 2021.	**Ongoing.** Covid pressures impacted the work to complete the Trust-wide tool; however that is now being progressed in Durham & Darlington, North Yorkshire & York and Forensics. Tees have agreed trajectories using their own method and are currently working towards those trajectories.	A slightly increasing position is now visible; however this does not yet denote an improvement. Actions remain ongoing.

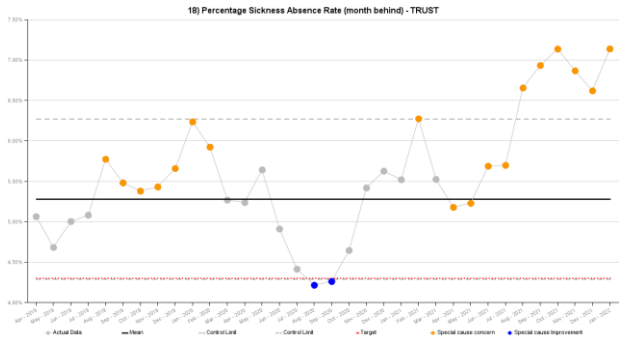
TD18) Sickness Absence – *Trust Standard 4.30%*

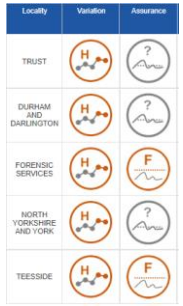
Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

We are all committed to co creating a great experience our colleagues. We want to ensure that we support all our staff to maximise their health and wellbeing and enjoy coming to work.

There were **216,340.92** working days available for all staff during December; of those, **15,444.2 (7.14%)** days were lost due to sickness.

We're aiming to have low performance and we're moving in the wrong direction.	We need to investigate this to understand what's happened and/or take action
Our performance is not consistent and we regularly achieve and miss the standard we have set ourselves	DQ ✓ **85%**





KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
We are concerned that more members of our staff have been absent from work due to sickness than we would like.	Actions are detailed overleaf and following for each locality.	**Ongoing.** Whilst a number of actions are ongoing within the localities, improvement has been impacted by the Omicron wave that started in December.	An increasing position is visible; however actions remain ongoing
Durham & Darlington Locality			
Sickness within the Crisis team in Adult Mental Health Services is being impacted by current low staffing levels.	Team Manager to ensure all long term sickness Is managed in line with Trust policy.	**Ongoing.** Regular reviews are in place and a number of members of staff have returned to work; 7 long-term sickness absences are ongoing. The team is currently operating at 47% staffing.	An increasing position is visible; however actions remain ongoing.
	Recruitment is underway to increase capacity within the team.	**Ongoing.** Recruitment for 17.6 wte vacancies continues. 7 staff have been appointed; 6 are due to commence in post during February and March. However, 5 Band 6 staff are due to leave the service by the end of February. Further options are being considered to try to attract more applicants.	

TD18) Sickness Absence - continued

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

KEY ISSUES	ACTIONS BEING TAKEN	PROGRESS	IMPACT
Forensic Services			
This was first identified as a concern in May 2020 and issues identified included a number of long term sickness episodes and the impact of Covid-19.	An action plan is in place for Forensic Services.	**Ongoing.** The Forensics Sickness action plan has been refreshed to reflect the current situation in the service. Out of the 14 actions in the previous plan 12 actions had been completed. The review of vacancy/use of bank to establish if any related trends and the audits of staff personal file /sickness data have started but have been taken forward to a new plan. The new action plan has 19 actions including these 2 actions and 5 ongoing actions from the original plan).	An increasing position is visible; however actions remain ongoing.
Tees Locality			
Within AMH, long and short term sickness absence is monitored weekly by the Head of Service and Locality Manager. All episodes of sickness are managed according to Trust Policy. Caseloads of those staff on long term sickness are being reallocated to ensure that patients are not waiting; however, this is impacting on the stress levels of remaining staff.	A review of locality sickness pressure to be undertaken to identify any actions required to mitigate risk.	**Complete.** Caseloads of those staff on long term sickness are being reallocated to ensure that patients are not waiting; however, this is impacting on the wellbeing of the remaining staff.	An increasing position is visible; however actions remain ongoing.
	The Locality Manager to proactively encourage good wellbeing practice within the Middlesbrough Affective Team.	**Ongoing**	
	Recruitment to be undertaken within the Hartlepool teams.	**Ongoing.** Of the 3 Band 5 vacancies in the Hartlepool Affective Team, 1 has been appointed and will commence in February. The team continue to be impacted by long term sickness absence.	
	Regular contact to be maintained with all staff absent from work. This will be supported by the Workforce team.	**Complete.** Regular contact is maintained and this is supported by the Workforce team.	
Ongoing staff sickness and vacancies are impacting the ADHD team.	Paper to be submitted to the February Quality Assurance Group with a proposal to outsource assessments to a private provider.	**Ongoing:** The team have stopped undertaking assessments whilst the remaining clinician works on her current caseload and provides support to community teams.	

Finance Measures

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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

TD19) Delivery of our Financial Plan (I&E)

We delivered a **(£5,499k)** surplus to 31st January against a planned year to date surplus of **(£4,460k),** including £509k unplanned profit on asset disposal.

(£1,039k) Favourable variance from plan

No further action is needed at this point in time

DQ ✓ **95%**

TD 21) Cash against Plan

We have an actual cash balance of **(£87,800k)** against a planned year to date cash balance of **(£81,334k)**.

(£6,466k) Favourable variance from plan

No further action is needed at this point in time

DQ ✓ **95%**

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

SUMMARY

The Trust targeted a (£4,720k) surplus for the first 6 months of the financial year (H1), and delivered a £5,021k actual surplus. A second half (H2) surplus of (£47k) was planned, providing a full year planned surplus of (£5,068k). The surplus to 31st January is (£5,499k), or (£1,039k) ahead of the (£4,460k) year to date plan. This includes (£509k) of unplanned profit from a fixed asset disposal (land); which is excluded when assessing financial performance, leaving (£530k) favourable operational plan variance.

Work is now in train Integrated Care System (ICS) levels to understand the implications, for individual organisations and 'sub ICS' places, of 2022/23 ICS-level draft revenue and capital envelopes. High level ICS details were issued on 24th December, with supporting allocation tools and technical guidance following during January. Planning requirements for 2022/23 to 2024/25 are understood to be targeted to support the NHS to navigate a planned phased national return, or 'glidepath', to more normal capitation-based revenue allocations. Business Planning activities to assess, coordinate and prioritise resource requirements for the new financial year, have commenced. This includes assessing options for delivering recurrent cash releasing efficiency savings and the scoping of opportunities identified before the Pandemic. Key programmes of work include:

- Reconciling of our anticipated income including shares of Place level income and Service Development Funding compared to forecast expenditures
- Agreeing key planning assumptions, including for workforce recruitment, turnover, vacancy profiles and their management
- Assessing key plan risks including i) from tariff-based funding mechanisms for nationally negotiated Agenda for Change increases and ii) forward risks from increased employer NHS Pensions contributions (funded nationally again in 2022/23, but with recurrent arrangements unknown).

Cash balances are (£6,466k) higher than plan. This reflects the £1.0m higher than planned surplus (inclusive of disposals), £1.4m lower than planned capital, supplemented by other movements on working capital for the period including capital creditors.

Financial performance and planning is discussed periodically at the Board of Directors, Financial Sustainability Board, Locality Management meetings and Strategy and Resources Committee.

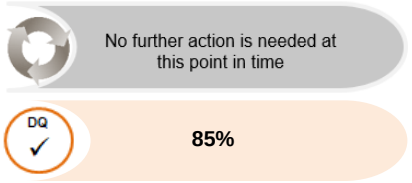
TD20) CRES Delivery

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

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

We planned to deliver **£1,688k** Cash-Releasing Efficiency Savings (CRES) for the year to date and have identified **£1,688k non-recurrent** CRES mitigations.

£0k Variance to plan



Financial values with brackets indicate a (surplus) or (favourable) position, financial values without brackets indicate a deficit or adverse position.

SUMMARY

Cash-Releasing Efficiency Savings (CRES) requirements arise where NHS organisations need to balance expenditure to within overall income, including to deliver national efficiency expectations (set out in national tariff assumptions) and to managed any additional cost pressures arising from organisational and / or system operational plan requirements. Tariff adjustments are usually applied to provider contracts annually and comprise:

- a national % uplift for estimated pay and price inflation, offset by
- a national % 'deflator' for the required annual efficiency requirement

Providers receive the 'net' cash increase of an inflationary % uplift less the efficiency % deflator. This means that CRES are needed to maintain real terms funding levels (to finance inflation). CRES requirements will exceed the national tariff efficiency requirement where other local unfunded cost pressures need to be managed. The NHS seeks to find more cost efficient ways to deliver services and utilise resources. E.g. CRES might include reviewing processes, staffing skills mix, premises utilisation, procurement or digital solutions.

As a result of national financial arrangements operating during the pandemic, the focus on CRES was initially suspended. More recently, the NHS was asked to recommence CRES delivery in 2021/22 with a view to returning to more normal arrangements from 2022/23. Nationally, 0.28% was targeted during H1 (April to September) with a national requirement of 1.1% during H2 (October to March).

High level 2022/23 national planning guidance was issued on 24th December, with supporting allocation tools and technical guidance following during January. Guidance included a national tariff efficiency requirement of 1.1% for 2022/23. In preparation, the Trust is starting to focus on identifying 2022/23 recurrent efficiency or waste reduction schemes through annualised Business Planning arrangements and with Financial Sustainability Board oversight.

System Oversight Framework

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

SUMMARY

From a **Trust** perspective, 4 standards have not been met during January:

- IAPT: Percentage of people who have waited more than 90 days between first and second appointments
- The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment
- The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment
- Number of inappropriate OAP bed days for adults by quarter that are 'external' to the sending provider

These are detailed below, with key **CCG** levels of concern.

1. **IAPT: Number of people accessing the service** – Whilst there is no Trust standard, we did not achieve the ambitions within all CCG areas during January. Actions are in place to increase the number of appointments available to our patients as well as to ensure staff are in place to deliver the number of assessment appointments required.

2. **IAPT: Proportion of people completing treatment who move to recovery** – Whilst we have achieved the 50% national standard from a Trust perspective, we did not achieve the standard within North Yorkshire CCG (45.74%). Work is underway to understand the nature of referrals that come into service and the impact they have on patient recovery. Actions for improvement will be established as part of this work.

3. **IAPT: Percentage of people who have waited more than 90 days between first and second appointments** – As a Trust we are exceeding the 10% standard at 10.87% as three CCG areas failed to achieve standard; County Durham (11.90%), Tees Valley(10.98%) and Vale of York (13.79%). This is the first month of concern for Country Durham and Tees Valley and analysis is underway to understand the position and any actions required. Within Vale of York staffing levels have been a concern but these have now increased and vacant posts are being advertised. Work is also underway to review the waiting lists to increase flow and ensure efficiency, which has enabled the service to reduce waiting times from 17 to 10 weeks.

4. **Inappropriate out of area placements for adult mental health services** - *This measure is contained within the Board Performance Dashboard (TD03) please see page 21 for further details.*

5. **Proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment** - The children and young people within our Eating Disorders service are waiting longer than the 95% national standard for routine referrals at Trust level (54.30%) and within all CCG areas; County Durham 34.78%, Tees Valley 81.63%, North Yorkshire, 38.00% and Vale of York 47.89%.
6. **Proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment** - The children and young people within our Eating Disorders service are waiting longer than the 95% national standard for urgent referrals at Trust level (45.76%) and within all CCG areas; County Durham 50.91%, Tees Valley 55.56%, North Yorkshire, 33.33% and Vale of York 26.32%.

   Within County Durham and Tees Valley work continues to fill vacancies and to ensure that appointments are available at times and venues suitable for patients. Within North Yorkshire and Vale of York recruitment is also continuing, in addition to focused improvement work on the referral forms used by referrers. A Kaizan improvement event is scheduled for February to review the assessment process and increase the number of assessment appointments available.

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Item 11

Quality Assurance Committee: Key Issues Report

Report Date to Board: 24th February 2022

Date of last meeting: 3rd January 2022. **Membership:** Quoracy was met. Apologies received – Avril Lowery, Naomi Lonergan

1 **Agenda items considered:**

- Trust Level Quality Assurance & Learning Report
- Quality Account Quarter 3
- CQC Inspections and updates from NHSE/I and TEWV Quality Improvement Board
- Locality updates (North Yorkshire & York, Teesside, Durham & Darlington, and Forensics)
- Safe Staffing
- TEWV Community Transformation Report

2a **Alert (by exception)**

The Committee alerts the Board to the following:

The Chair wished to note the continued efforts of all staff working exceptionally hard under OPEL 4 arrangements and in producing the reports for the Committee, which had been a quick turn-around due to the meeting being held slightly later in January 2022. The lead Directors of localities were given the opportunity to report by exception, rather than provide the full locality report. This offer was taken up by North Yorkshire & York and Durham and Darlington.

Since only three weeks had elapsed since the Committee last met there were no significant changes to report, except to note the demands placed on the Trust from the Omicron virus since its onset in December 2021.

Committee development in line with new governance structures
The Chair considered with members the ongoing development of the Committee and highlighted that the introduction of the new governance layers to the Trust, which was part of the organisational restructure and Journey to Change, from the end of April 2022, including the two Care Group Boards would be a positive move in streamlining the reported information to the Committee. The Committee would continue to work under hybrid arrangements with the continuation of current reporting until the new arrangements started to see some impact, which was likely to be in the Summer given the scale of the changes.

Board Assurance Framework (BAF) (risks relating to QuAC) and Corporate Risk Register
The BAF and Corporate Risk Register were not reviewed at the meeting, due to there being no updates to note, since the reports were recently presented at the 13th January 2022 meeting. There would be further discussions held with the Company Secretary and Director of Quality Governance to establish the frequency of these reports to QuAC throughout the coming year.

Members were keen that the Committee reviews both the strategic and corporate risks at each meeting, which had been advised by the Company Secretary in January 2022, with the aim that the BAF be used as an aide memoir when considering the business items on the agenda, with a re-visit at the end of each meeting to determine whether any risks had changed, or if there were any new risks to add.

CQC Update and NHSEI Quality Board:
The Committee received a presentation update on recent developments.

The CQC Core Service and Well-led Action plan was submitted to CQC 21st January 2022. The Chair requested oversight of the Trust action plan, and this would be taken to the 3rd March 2022 QuAC meeting.

Members reviewed and discussed recent activity.

- AMH Acute and PICU focused inspection action plan: The must do actions were due to be completed by end of March 2022 and evidence was being reviewed.
- HMP Durham inspection and potential Regulation 12, care and treatment breach the response was due to be sent to the Prison Governor by 9th February 2022.
- SIS and CAMHS Section 29A actions were due by March 2022. There had been discussions at the recent CQC engagement meeting.
- Thornaby Road CQC Social Care Inspection: the factual accuracy report was submitted on 1st February. This had been a very positive report with a few minor points to be picked up.
- A thematic review of restraint incidents is being undertaken by the Positive and Safe lead as some incidents of restraint were deemed inappropriate.
- MHA inspections on Tunstall and Farnham Wards had found repeated issues. The detailed Provider Action Statement was approved by the QIB on 4th February 2022 and submitted to the CQC.

Trust Level Quality and Learning Report:
Concerns continued in relation to the capacity and business continuity within the Central Approvals Team with a backlog of 1700 unapproved incidents. The figure had been static over recent weeks and 99% of incidents for December 2021 related to no or low harm. Some progress is being made by moving the approvals of incidents out to operational services, in conjunction with some improvements to data quality as there may be an issue with varying reporting mechanisms across operational services which may have skewed the data. This is being led by the Operational Development and Delivery Group who will be setting this up for all localities.

The Trust level concern regarding compliance with some elements of mandatory training and appraisals continues. The Trust is implementing a recovery plan based on high-risk areas.
Assurance was given within the report that actions are being taken as the Chair reminded the Committee that this has previously been brought to the attention of the Board.

Locality Updates:
The messages from all four localities remained consistent. Staffing issues, exacerbated by Covid and other sickness. Vacancies and recruitment and retention. Staff health, wellbeing and morale. High bed occupancy accompanied by a continued high acuity of patients. The impact of the closure of some care homes. A continued challenge to meet mandatory training requirements, appraisals and basic life support training. Each locality gave clarity in relation to addressing the concerns, with clear actions and narrative in their written reports.

The Chief Executive provided a summary of the key themes and the work that was underway. He drew attention to the escalating pressures for the provision of specialist packages of care, where these risks are being considered regularly by operational services, the Quality Improvement Board and SLG to identify what needs to be done. He noted that there has been some real improvement with recruitment but there was more to do to get underneath the data and QIB was doing an in-depth analysis. Likewise, for training and appraisals there would be some further clarity needed on the trajectories and the remedial work to support improvements. In terms of acuity, Gold Command were busy with a detailed review including some of the community pressures. There are also the challenges in relation to cohorting due to bed pressures linked to Covid.

Monthly Safe Staffing Exception Report

The Committee noted the safe staffing report for December 2021. Assurance was provided that the monitoring of safe staffing levels continues daily, supported with the ongoing use of the Safecare tool to aid decision making and prioritising the re-deployment of staff.

The onset of the Omicron virus during December 2021 had a significant impact on staffing, leading to more staff sickness and self-isolation.

	Following concerns last month over staff working long shifts, there were 89 shifts reported that exceeded 13 hours, two shifts where a nurse worked flexibly across the course of 24 hours to support a ward and a HCA worked a 22 hour shift to support an incident where there was a fire in a seclusion room. Members were advised that the reported data relating to missed breaks in secure inpatient services (320) (Sandpiper 43) was misleading as there were some challenges around staff interpretation of a break, that was not in line with the rest of the organisation. This was being followed up.
2b	**Assurance: The Committee assures members of the Board on the following matters:** **Quality Account Quarter 3** The Committee considered and noted the delays to the quality account actions due in Q2 and 3 2021/22 due to the need to redeploy staff to help with front line work related to covid and staffing pressures. Most of the work was therefore placed into Q 3 and 4 with 32 out of 50 actions (64%) either completed or on track for understandable adjusted completion dates. It was positive to note some improvements over the last three quarters for patient experience, with patients reporting their experience as 'excellent' or 'good' above the target of 94%. **Positive Practice Examples:** A nurse responded to a CPR incident when a defibrillator was used to successfully resuscitate a patient following a cardiac arrest on Northdale. The TEWV Community Transformation Report, September 2021, demonstrates collaboration working with five local Healthwatch teams where a survey was designed to gain insight into people's experiences of accessing mental health and well-being services. Based on the insight provided by service users and member of the public, seven recommendations have been made to inform the Tees Valley mental health community-based offer. The recommendations include trying to reduce waiting lists, improve signposting, provide new accessible community activities and create person-centred services. The Committee commended the report and asked to see progress reports as Healthwatch rightly hold us to account. The full report can be viewed in Appendix A below. (to be inserted)
2c	**Advise:** The Committee members agreed that the Board should be appraised on the following matters, from the meeting held on 3rd February 2022. 1. That various updates were received, including the Trust CQC action plan, actions relating to HMP Durham and the delays with the Q3 Quality Account. 2. Concerns continue about the capacity and business continuity of the Central Approvals Team. Plans to move approval of incidents to the localities should bring some improvements by the end of March 2022. 3. There is an increase in self harm incidents across the Trust, which is being investigated. 4. There were increased lengths of stay longer than 90 days due to pressures in the community and lack of bed provision in care homes. 5. The serious incident position was an improving position, but the Committee will continue to monitor. 6. There were two incidents where members of staff worked a 22 and 24-hour shift. One incident was to support an incident of a fire in a seclusion room. 7. There remain concerns about the health, safety and wellbeing of our staff.

Recommendation: **The Board is asked to note** the contents of the report.

3	**Risks to be considered by the Board:** There were no risks that were considered should be escalated to the Board.
4	**Report compiled by,** Bev Reilly, Chair of Quality Assurance Committee/ Donna Keeping, Deputy Trust Secretary

`Appendix A

healthwatch

TEWV Community Transformation Report

September 2021

Tees Valley Healthwatch Network:

Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland, Stockton on Tees

Contents

Executive summary

This report provides insight into what matters most to the people of the Tees Valley in terms of mental health support in the community. The Tees Valley Healthwatch Network engaged over 900 people, including seldom heard groups, who all have a vested interest in an effective mental health offering

Many of the respondents in our engagement exercise had received help or support in the past from a wide range of practitioners, offering a wide array of support mechanisms, and 61% of respondents told us the support they had been offered did help them. The demographics of those sharing their experiences through our survey and attention to those areas of our communities which are often 'seldom heard' through our focus groups, create a well-rounded and diverse foundation for this report.

Throughout this report, you will find common themes, with the following areas cited by members of the public within the Tees Valley region as the most important factors for an enhanced mental health community-based offer:

- Better communication to the public of what is available in terms of wellbeing support.
- Awareness raising in communities to reduce the stigma of mental health.
- Easier access through local community venues or supporting transport needs.
- Greater accessibility for those who face physical and mental health challenges.
- Provision of more creative activity, exercise, and social activity groups.
- Shorter waiting lists.
- Longer therapy pathways – for example more than 6 sessions.
- Greater exploration of therapies rather than medication.
- More empathy, understanding, respect and awareness of mental health conditions.
- Supporting those who have caring responsibilities, to attend wellbeing sessions themselves: care for the carer.

The focus and desire to improve services and create a mental health offering effective for all was very much welcomed by those we engaged with.

The survey upon which this report is built, was co-designed with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), and this report will be shared and discussed with them to provide an insight into those areas listed above that would benefit from more attention.

As your independent health and care champion, we will continue our offer to work with TEWV and the Tees Valley Mental Health Alliance as they develop their new mental health offering, to ensure the voice of local people is listened to when designing health and care services.

Michelle Thompson BEM

Chief Executive Officer, Healthwatch Darlington

On behalf of Healthwatch Hartlepool, Healthwatch Middlesbrough, Healthwatch Redcar & Cleveland and Healthwatch Stockton on Tees.

Introduction

TEWV Community Transformation Plan

NHS England set out in the Long-Term Plan (LTP) its ambition that by 2023/24:

'New integrated community models for adults with Severe Mental Illness (including care for people with eating disorders, mental health rehabilitation needs and a personality disorder diagnosis) spanning both community care provision and also dedicated services will ensure at least 370,000 adults and older adults per year will have greater choice and control over their care and are supported to live well in their communities.'

The Community Mental Health Framework (2019) set out its expectations for how and why this ambition could be delivered:

- **Co-production:** active participants who lead and own the design for future services.
- **Engagement** with people, and statutory consultation with the public if services are to change.
- **Inclusivity -** No wrong door.
- **Collaboration**: working as a system and building the infrastructure with existing services.
- **Person centred care**: Care is centred around individual needs.
- Care is **proactive** not reactive.
- The **assessment** process for individuals is collaborative with community services and not having to be repeated when accessing support.
- Community design which addresses **health inequalities** and **social determinants**

Co-production is essentially where professionals and people share power to plan and deliver support services together, recognising that both partners have a vital contribution to make. Co-production is integral to the success and overall vision of the Community Mental Health programme.

NHSE clearly state that the programme should be led by stakeholders which includes, staff, service users, carers, families, the general public and key partners such as GP/social care/drug and alcohol (*list not exhaustive*). The future design should be built upon place-based services which are representative of the communities within it.

Aim

The aim of Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) is to deliver a new mental health community-based offer by the:

- Redesign and reorganisation of core community mental health teams which are placed based. (*Sound clinical governance is critical to successful implementation.)*
- Creation of a core mental health service which is aligned with primary care networks, voluntary sector organisations and local community groups whereby dedicated services and functions will plug in.

The aim of the Tees Valley Healthwatch Network encompassing the communities of Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland, and Stockton-on-Tees is to provide insight to TEWV from groups and individuals within their communities to support TEWV's new mental health community-based offer.

Methodology

Five local Healthwatch teams have contributed to this report: Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland, and Stockton on Tees. For ease of reference, the five teams will be referred to collectively throughout this report as the Tees Valley Healthwatch Network (TVHN). Where insight relates to fewer than the five contributors, this will be referenced. Healthwatch Middlesbrough and Healthwatch Redcar & Cleveland produced a joint report under the operating name of Healthwatch South Tees.

The Tees Valley Healthwatch Network worked together to co-design a survey with Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) which enabled us to gain an insight into people's experiences of accessing mental health and well-being services.

The aim of the survey was to help us to identify what matters most to people, what is working well, what isn't, and what the gaps are in the current service provision.

Each local Healthwatch undertook the following research activities to gather the experiences and views of local people across their local authority areas:

- Supported accessibility of the survey through Survey Monkey, provision of hard copy surveys for the digitally excluded, and offered one to one support to those who required assistance to complete the survey.
- Actively promoted the survey through local media including social media (Facebook, Twitter), Healthwatch websites and newsletters, posters within local community settings, made available surveys in community settings (e.g., Pathfinder House, Hilda's House, and many others), and used local community media (such as Hartlepool Now).
- 16 focus groups were held to understand specific needs of groups which are often considered seldom heard. The timing of focus groups was carefully planned to ensure those who worked or attended college were able to attend. Focus groups were a mixture of online and face to face.
- Healthwatch Hartlepool produced a British Sign Language (BSL) video which was shared across the Tees Valley Network.
- Hartlepool Deaf community focus group data was collected under the guidance and support of Hartlepool's Deaf Centre with British Sign Language interpreter support.
- One to one support was given to the Blind and Visually Impaired community participants.
- Healthwatch South Tees produced promotional videos in different languages including Chinese, Urdu and British Sign Language to increase accessibility and understanding for local communities and to encourage them to share their experiences.

Each local Healthwatch targeted specific demographics through their focus groups to ensure diversity of views and experiences and provide richer insight.

The table below provides details of the focus groups held within the communities of respective local Healthwatch.

<table>
<tr><td rowspan="1">Darlington</td><td>Men (over 18)</td><td>Parent Carers and Carers (over 18)</td><td>Young people aged 16 to 25 in transition from child to adult mental health services</td></tr>
<tr><td rowspan="2">Hartlepool</td><td rowspan="2">Deaf community</td><td rowspan="2">Blind and Visually Impaired</td><td>Older People</td></tr>
<tr><td>LGBT</td></tr>
</table>

South Tees (Middlesbrough and Redcar & Cleveland)	Parent carers of children with Special Educational Needs and Disabilities	Visually Impaired	Refugees and Asylum Seekers
		Ethnic minority groups (Asian and Pakistani, and Chinese)	Older People
Stockton on Tees	People with a learning difficulty / disability	Substance misuse	Carers

Engagement activity was undertaken throughout August and September 2021.

Demographics

The Tees Valley Healthwatch Network worked with a variety of organisations to reach a diverse range of service users to gather insight which is reflective of the Tees Valley area.

Demographics were collected as part of the survey responses and can be found in **Appendix One** which demonstrates the diversity of participants within local communities across the Tees Valley.

A total of 967 people within the Tees Valley communities took part in this engagement exercise. 876 participated by providing feedback via a survey, 155 took part in a focus group. 64 of the focus group respondents also completed surveys.

Survey participants	Survey respondents	Focus groups	**Total participants**
Darlington	114	11	125
Hartlepool	185	72	200
South Tees (Middlesbrough and Redcar & Cleveland)	525	65	590
Stockton on Tees	52	7	52
Total	**876**	**155**	**967**

We asked people "on a scale of 1-5 how would you describe your mental health and well-being (1 being extremely poor to 5 being extremely good)" and whilst respondents utilised the full range of responses, the average score was three.

The responses to our survey showed that 22% are carers, 18% have a disability and 27% have a long-term health condition.

The focus groups gave us a rich seam of experiences and views. Many attending the focus groups also completed a survey, and the general themes as described in the 'Findings' section later in this report incorporate the views of all participants. Comprehensive narrative from the focus groups held can be found in **Appendix Two**.

This report incorporates information within the four individual reports created by the Tees Valley Healthwatch Network who took part in this engagement. These reports can be found on the websites of the Healthwatch concerned.

Findings

What matters most to people in the Tees Valley

The findings in this section are based on 876 responses to the survey which was co-designed with TEWV NHS Foundation Trust, and 16 focus groups held based around the survey questions.

Focus groups were chosen to ensure we had a diverse range of experiences and views of current and potential mental health support, and to reflect demographic population within the localities. 155 people took part in our focus groups.

Further details of the specific findings for each area can be found in the individual local Healthwatch reports which are available on their websites.

The areas particularly highlighted in the surveys and focus groups led by **Healthwatch Darlington** were awareness of where to go to access services and the lack of signposting to the 'right service at the right time', leading to some patients not seeking the help they need to support them with their mental health.

Patients with more complex mental health conditions (e.g., Post Traumatic Stress Disorder (PTSD) or Bipolar) reported finding it hard to get the right support, understanding and knowledge from mental health services. They reported NHS services are not able to offer prolonged support due to restricted numbers of sessions, and patients feel they are then offered medication 'too readily'.

The social support of family and friends was found to be very important, with more opportunities to socialise and meet new people needed to combat loneliness. Carers wanted to see their loved ones get the right support, especially social care support. A strong theme was the public perception of a lack of communication or 'joined up working' between NHS services and social care services, contributing to patients not being signposted and receiving appropriate support for their mental health.

The focus groups held by **Healthwatch Hartlepool** highlighted concerns around the stigma of having a mental health condition as a barrier to accessing essential services, and the worsening of conditions during the COVID-19 pandemic especially loneliness and isolation during lockdowns.

The Deaf community felt let down by health care services, including providers of mental health care. Many were unaware of how to access mental health support and cited poor communications systems for those with sensory impairment. Dissemination of accessible information was often seen as a barrier to service usage for those with sensory impairments. Many GP practices do not allow their patients to make appointments by text, the preferred communication method of many within the Deaf community. Appointments are too frequently cancelled and rescheduled as no interpreter was booked, which leads to frustration and 'giving up' for those who need support.

There is no clear and accessible gateway to mental health and wellbeing services which is recognisable and accessible to Deaf patients, exacerbating already high levels of health inequality experienced by some. Being unaware services exist leads to frustration and disillusionment by the barriers encountered when attempting to access services. Participants felt local gateways to mental health services in community settings were key to building trust and understanding of the specific needs of Deaf people.

The participants in the Blind and Visually Impaired focus group echoed many of the sentiments raised by the Deaf community. Consideration of audiobooks and braille would help those in the Blind and Visually Impaired communities, and consideration of using patient's homes for appointments to improve accessibility.

Older people value privacy and confidentiality, and transport availability is important to them and in some cases would alleviate anxiety. This group felt that awareness raising of availability of support via public bus stands and through local free papers would reach more people within the community. Anti-social behaviour and extreme isolation rate highly on their list of concerns.

The LGBT community were concerned about long waiting lists, help was often needed urgently and waiting often exacerbated the issue. Feelings of anxiety, being blamed, ignored and rejected were common statements, and it was evident that understanding and acceptance were important to this group in having the confidence and trust to access therapies.

Healthwatch South Tees is comprised of two the local Healthwatch of Middlesbrough and Redcar & Cleveland. The main themes in the focus groups they held were as follow.

Participants let us know that they felt waiting times for appointments was too long including initial GP appointments and referrals. It is crucial for people get the help and support they need when they need it.

Participants frequently wanted appointments and other support needs to be offered in community venues, drop-in centres, and GP surgeries. Having a choice of the venue, somewhere that is easily accessible, on a bus route and not too far to travel was important. Feedback indicated that people would also like to be given the option of having appointments in their own home where they feel comfortable or outside 'walking and talking'. It was important that appointments should be flexible and responsive to individual circumstances such as carer responsibilities, childcare and working hours, with a choice of face-to-face appointment, telephone, and online video appointments. Many people may feel anxious using the telephone and a choice of how the appointment takes place is important.

Longer support timescales and fewer changes in support workers providing consistency also featured highly in our feedback.

Many focus group attendees struggled to access support services as they did not know where to go for help or where to find relevant information as it was not produced in a format that met their needs. There is a huge problem of stigma within the ethnic communities engaged in our focus groups which is a significant barrier for accessing support as they can't acknowledge that they need it. There is a need for education and awareness of mental health with these groups understand the issues these communities face.

Asylum seekers and refugees have complex mental health requirements, often having been exposed to terrifying experiences before coming to our country, and require specialised support and/or understanding of this to be able to get the specific support they need.

If all services are for all local people, then this needs consideration and improvement, and staff need to have the skills to support everyone who comes through their doors and not segregate services for specific communities.

Healthwatch Stockton on Tees found that supportive social connections with family and friends, exercise activities, classes and/or groups were beneficial in supporting mental health and wellbeing. Local community support services such as Age UK, the Dementia Hub, Teesside dementia link services, SNAPS, parent support groups and 'Carers Together' among others had supported the mental health and wellbeing of carers. The social prescribing link worker service was also identified as a valuable source of additional practical support that can help people with their mental health and wellbeing.

Those with additional communication needs reported finding it difficult to access service, and health professionals that work with individuals to understand additional communication needs were praised highly.

Focus group participants were clear that 'patient focused' mental health services providing a person centred and holistic approach to mental health diagnosis, assessment, treatment, and support were essential in the effective management of mental health and wellbeing.

Better availability of treatment and therapies including improved access to talking therapies, other psychological therapies, and a wide range of therapeutic, peer and other support groups were also highly rated as important.

Working full time was seen as a barrier to accessing support, as taking time off work is often not an option, in some cases sue to financial constraints, and there are limited opportunities or flexibility in the timing of appointments.

Appendix 2 contains full details of focus groups held. This report is a consolidation of four individual Healthwatch reports, which can be found on the appropriate Healthwatch websites.

Detailed survey findings

Below is a summary of the feedback from all five teams in the Tees Valley Healthwatch Network. The questions focus on finding out what matters most to people, the responses provide us with the main themes that were important to those responding to the survey.

Expectations of mental health services

1. *We asked participants to tell us up to 5 things that contributed to their positive mental health and wellbeing*

A variety of external factors were cited as promoting positive mental wellbeing. The data told us the top five themes **(with the highest from the top to the bottom)** are as follows:

- **Family** - Individuals referred to relationships with partners, children and other relatives as a positive influence and went on to say spending time with them also helps.
- **Friends** - Individuals describe socialising with friends and having someone to talk to as helpful.
- **Exercise / nature** – Individual's mention sending time in the gym or running outside as helpful with further individuals describing walking outside to be helpful or spending time in natural spaces.
- **Hobbies** – Individuals referred to different forms of creative activity as diverse as art, jigsaws, music, reading as positive influences on mental wellbeing.
- **Pets** - Respondents quoted their pets as being a positive influence in their lives.

2. *We asked participants to tell us up to 5 things that impacted negatively on their mental health and wellbeing.*

The top five themes **(with the highest from the top to the bottom)** are as follows:

- **Money / debt** - Problems with the benefit system, cost of living, unexpected expenses, unemployment, and debt was the most significant contributory factor having a negative impact on mental wellbeing in this survey.
- **Work / unemployment** - Work related stress and poor work life balance were key factors including home working and the uncertainty COVID-19 has brought.
- **Physical Health** - Many respondents cited existing health conditions as contributing negatively to their poor mental health, such as chronic pain and mobility issues.
- **Family / friends / relationships** - Some individuals felt certain relationship can have a negative impact on mental wellbeing describing marriage breakdowns, coercive behaviours, domestic abuse, worrying about family members, not seeing family during lockdowns as factors affecting their mental wellbeing.
- **Living circumstances** – Uncertainties about their housing situation, or anti-social behaviours in the areas they lived in were causes of stress.

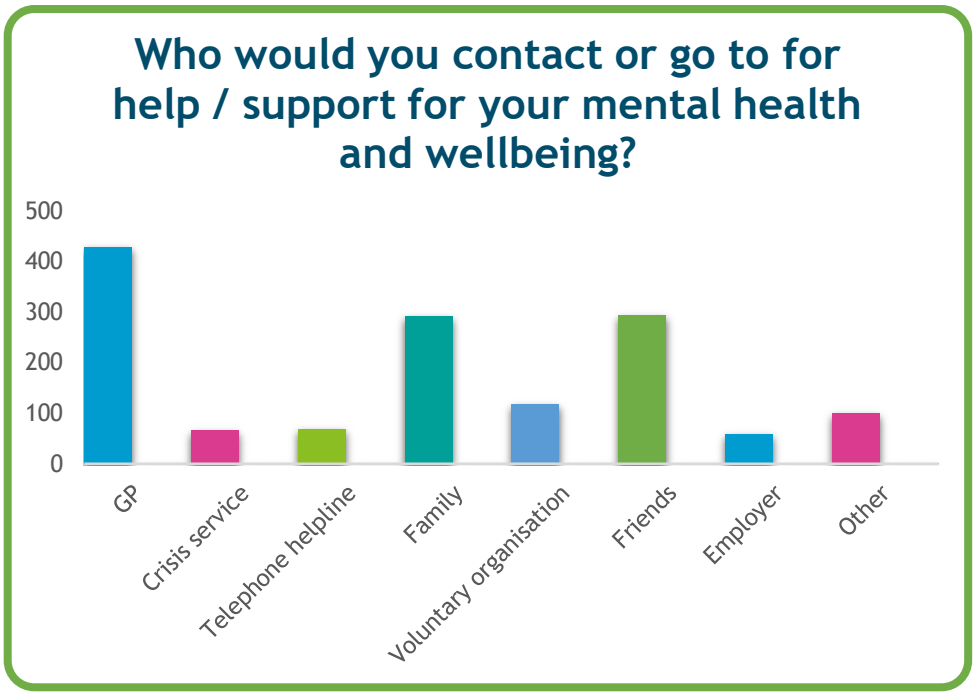
Current awareness and understanding of mental health and services

3. *We asked participants who they would contact or go to for help/support for their mental health and wellbeing.*

Some individuals picked more than one answer. 62% said their GP, with 42% each for friends and family.

The most frequent 'other' suggestions for where to go to for help included church, private counselling, emergency services, and online support.

Some suggested they would use none of the suggestions because *"they are useless"* and had no one to go to for help and support.



4. *We asked participants that had received help and / or support for their mental health or wellbeing, to let us know where this was from.*

A range of services was mentioned:

- Talking Changes.
- NHS services: GP / Hospital.
- Private services.
- Voluntary organisations (including but not limited to Man Health, MIND, Arcus, Starfish, Hartlepool Carers Alliance, Stewart House, Harbour Services).
- College / work counselling services.
- Child and Adolescent Mental Health Services (CAMHS).
- Friends.
- Crisis team.

5. *We asked participants what help and / or support they were offered.*

The most frequent responses covered:

- Counselling/talking therapies
- Medication
- Peer support
- Group activity
- Psychological therapies
- Cognitive Behavioural Therapy (CBT)
- Advocacy services
- Social prescribing link worker

6. *We asked participants to let us know if the support they received met their needs.*

61% of service users felt the support offered did help them and 39% of service users felt the support offered did not help them.

7. *We asked the 39% of respondents who said the support did not meet their needs, to tell us why.*

A range of factors were mentioned by service users such as waiting times, appointments, medication, and services not being helpful.

- **Waiting times** - Some service users reported waiting for too long to get treatment or support. One service user said *"I say no because I needed help desperately and had to wait many months for my actual counselling. I was assessed and immediately put on waiting list, but when you are that low and struggling daily 9 months wait is not good enough."*
- **Appointments** - Service users reported that not enough appointments or sessions were given to address their needs. One service users said, *"Reached the end of my allotted number of sessions."*
- **Medication** – Service users feel on some occasions that medication is often offered to patients instead of other treatment and care. One service user said, *"Refusal to look beyond medication."*
- **Unhelpful services** – Service users described in some cases the service/healthcare professional being unhelpful, and services not getting in touch and stopping treatments/therapies during the pandemic.

8. *We asked participants if there was anything that would prevent or prevents them from seeking help, and if there was, to tell us what it was.*

34% of respondents let us know they encounter barriers to seeking help for their mental health. The following reasons were most often cited.

Waiting lists and communication – Long waiting lists, services not answering the phone or getting back to them, maximum six-week support offer not meeting needs were regular concerns of service users who answered this question.

Stigma and trust – Service users mention lack of understanding from those around them, stigma and awareness prevent them from seeking help. Further to this some service users feel 'let down' by services previously or feel staff attitudes and awareness within service are poor.

Information - Some service users feel they don't know where to go and the lack of information isn't helpful. They often feel they are 'passed around' between different services as the professionals sometimes don't know where they 'fit'.

Previous experience - Service users who feel they are in a 'mental health crisis' have mentioned that in their experience the crisis team do not return calls or answer the phone, and this contributes further to their mental health. Many respondents reported having 'given up' due to previous frustrations with services.

Accessible communication - This related to many factors such as English not being a first language, lack of interpreters, additional needs for the Deaf community, not being 'understood', 'heard', or sometimes feeling 'ignored'.

Caring responsibilities - Including childcare. Those with responsibilities often feel they do not have the time to put themselves first.

"I'm not aware of any support due to not reading/understanding English"

"I would contact the mental health team, but we don't have a number"

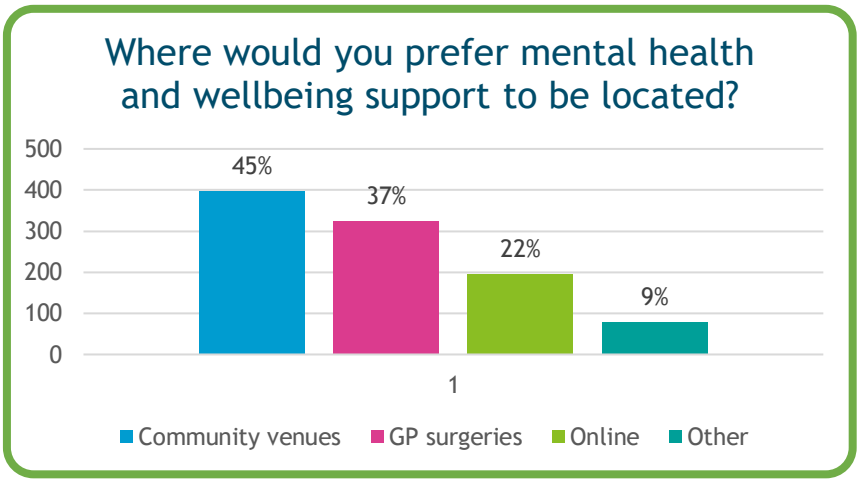
"The important thing is to know where the information is to begin with"

How the public would like to access mental health services

9. *We asked participants where they would prefer mental health and wellbeing support to be located.*

Participants were able to choose multiple responses, and many chose all of the venues suggested. 45% of service users feel mental health and wellbeing support should be located within community venues. 37% mention GP surgeries 22% would use online.

Further suggestions included a mental health hub walk-in centre and the home environment. For many the most important aspect was that they were located in easily accessible venues.



10. *We asked participants to tell us what would influence their decision to go and get the right help and support they needed.*

The following themes were mentioned most frequently as circumstances that would encourage service users to seek support:

- **Accessibility and waiting times** – Service users mention accessibility is a major factor, so whatever support is available it should be easy to access and available at different times of the day (not just during work hours). Shorter waiting times were regularly mentioned.
- **Word of mouth** - Hearing from family and friends' positive experiences would encourage people to use services.
- **Understanding** - Not being judged and experiencing friendly and empathetic staff attitudes, with appreciation and understanding of different conditions was regularly mentioned as something that would encourage service users to use services.
- **Knowledge of what is available** - Knowing what is available, how to sign up / be referred, and where to go are important factors in influencing decisions.
- **Face to face** - Service users mention that they would like the option of face-to-face appointments, and that having this choice would encourage them to seek support.
- **Childcare support** – If there was support for childcare when attending appointments, this would help many who cannot attend as they are not able to arrange childcare
- **Cost of transport** - Some respondents advised they could not afford the transport to get to appointments, and having more support located within communities or 'at home' options would encourage them to seek help.

11. *We asked participants if they had any additional needs that required consideration before they could access mental health and wellbeing support.*

The responses in this section are consistent with responses to other questions and focus on the following needs which some service users feel are barriers to accessing mental health and wellbeing support:

- Physical health conditions affecting mobility.
- Complex mental health conditions such as PTSD.
- Learning disabilities requiring communication support.
- Those in employment having set working hours
- Hearing and sight sensory impairment requiring equal opportunity to access services.
- Social anxiety and fear of leaving the house.

Information

12. *We asked participants where they would like to find information about how they could improve and / or access support for their mental health and wellbeing*

Respondents were able to select more than one option, and many selected all. Whilst websites were the most popular option, phone apps, leaflets and social media were all rated similar at over 40%.

Those who selected 'leaflets' or 'other' often highlighted the barriers faced for some who may not find information accessible online. It was also noted that none of the options were appropriate for those with communication difficulties such as dementia, or learning difficulties, and a wider range of communications and awareness raising options needs to be considered.

For those who were comfortable with digital, Facebook was a popular choice for finding out information.

Having more information available in health settings such as GP practices and hospitals was a popular comment. Respondents did however highlight that at the moment, physical attendance

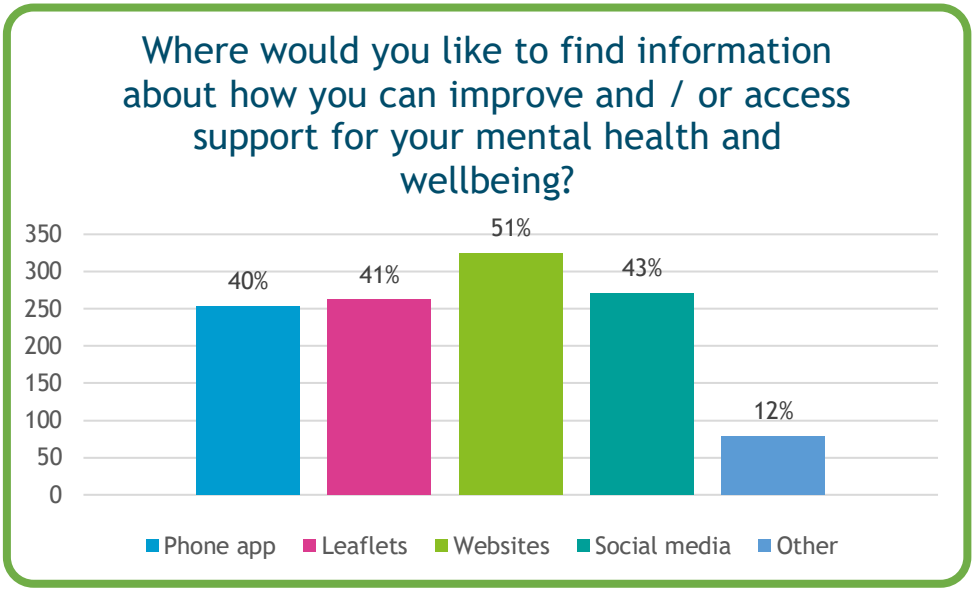
within many GP practices was limited and in the current environment this was not likely to be an effective solution.

Some examples of comments include:

"Nothing here is appropriate for some people with learning disabilities or who are living with early onset dementia."

"There are lots of websites and information on the Internet but seeing this on poster and leaflet form in any type of venue is important. Also, more staff need to be clearer and more educated when it comes to other support available."

"More awareness and information on local services, telephone helpline numbers in A&E departments, across all council services, dentists, local cafés - anywhere where people access, community organisations. There needs to be far more awareness and the breaking down of barriers, talks not just leaflets, organisations that reach out in supermarkets, shopping centres."



What keeps communities well in their local area

13. *We asked participants who take part in community activities or groups that help their mental health and wellbeing, to tell us what they are.*

The following themes were highlighted by service users:

- **Creative activity -** Art in general, dancing and music were mentioned by services users.
- **Exercise classes -** Walking groups, running groups and swimming groups were regularly mentioned and recognised as great ways to socialise.
- **Social/peer support groups** - Socialising in any format such as coffee and chats, walking and talking groups, or peer support groups were mentioned. Age UK, Dementia and Carers services were given as examples amongst many small local groups.
- **Nature** – different groups were mentioned such as Wild Wanderers, Bee Keeping and Wild Swimming.
- **Volunteering** – Making a difference has been recognised as helpful with many suggesting volunteering as something they currently do or would take part in. Catalyst Stockton was mentioned as a good source of information.

14. *We asked those participants who don't take part in community activities or groups, to tell us why.*

A variety of reasons were mentioned with regular themes being:

- **Confidence and anxiety** – Many service users mention anxiety or their confidence in general to socialise would stop them from using community groups or activities. Stigma around attending certain groups which are seen as highlighting mental health issues. Communication difficulties in general.
- **Lifestyle** – Other commitments such as work, childcare, college, and caring responsibilities were also regularly mentioned as one of the reason service users would not take part in community activities.
- **Awareness** – Some feel they don't know about community activities so this would stop them from attending.
- **Accessibility -** Times of activities not suitable. Barriers to attendance due to poor physical health.
- **Inappropriate -** Activities available do not meet the needs of those who would benefit from them.

15. *We asked participants to tell us about community activities or groups that would help with their mental health and wellbeing that were not currently provided in their communities.*

A range of suggestion were made, with the following themes most common place:

- **Specific groups for different needs -** For example, more peer groups for people with similar backgrounds (e.g., menopause support groups), looking at root causes, and condition specific groups (e.g., autistic adult peer mentors, dementia groups for deaf people).
- **Exercise groups -** Some service users regularly mentioned increasing access to exercise groups and leisure facilities would be helpful. These facilities should be accessible as one person said, ***"I find busy gyms with loud music overwhelming."*** Walking groups were seen as a popular activity. Specifically targeted groups were common in responses (e.g., walking groups for teens).
- **Creative workshops -** Arts and crafts, hobby related interests such as gardening, fishing, animal therapy.
- **Social gatherings -** General coffee mornings, where people could attend without the perceived 'stigma' of the group being related to mental health.

Activities should be accessible in time, so evening sessions considered, with more information available to encourage attendance, and transport available for those who would otherwise be excluded.

Conclusion

The survey indicated that supportive family, good friends, exercise, being outdoors, hobbies and pets were all positive factors on wellbeing.

In contrast, money and debt worry, stressful work and unemployment, poor physical health, tension in family and friendship groups, and poor living situations were all negative factors on wellbeing.

GPs were an important factor in wellbeing and usually the first port of call for respondents to our survey contacting someone for help and support with their mental health and wellbeing.

Many of the respondents had received help or support in the past from a wide range of practitioners, offering a wide array of support mechanisms. 61% told us the support they had been offered did help them. Of the 39% who felt they had not been helped by the support offered, long waiting times, lack of appointments, unwanted medication solutions, and unhelpful services were quoted as the most likely cause of dissatisfaction.

A third of respondents said they did not seek help because of long waiting lists, poor communication, stigma, lack of awareness of what was on offer, poor previous experiences of mental health services, and being restricted by caring responsibilities.

45% told us they would prefer services to be available in community venues, 37% GP practices, and 22% online. General comments suggested that in future an established pathway improving links between services and the Voluntary Community Sector / community groups would be the way to go. If more people were aware of what they can take part in, within their communities, this would potentially reduce the need and demand on crisis intervention. It was also mentioned that the development of this type of approach would also support people whilst on waiting lists so they're not left without any support during an often anxious time.

Improved accessibility, shorter waiting times, a friend / family member recommending the service, feeling understood and respected by healthcare professionals, awareness of available services, and removal of barriers such as caring responsibilities and lack of transport would encourage more people to seek the help they need.

Respondents would like to see a full range of accessible material promoting mental health services, supporting those who are digitally excluded and those with particular communication needs.

Creative activity, exercise, social activity, being outdoors and volunteering were popular ways of supporting wellbeing.

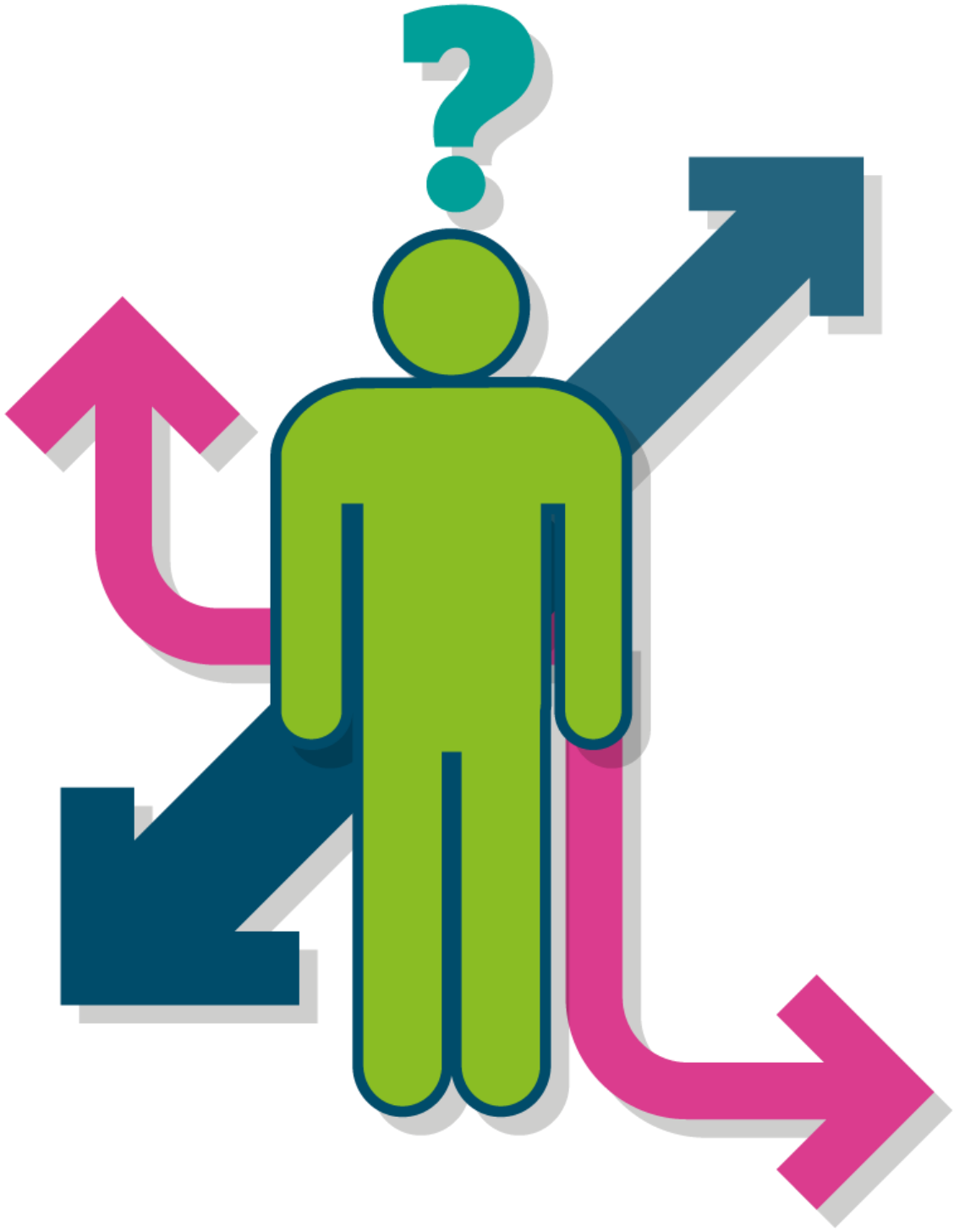
Lack of confidence, general anxiety, busy lifestyle, lack of awareness, poor accessibility and lack of suitable activities were all reasons why some respondents did not currently take part in community activity or groups.

Targeted support groups, exercise, creative workshops, and social gatherings were the most frequently mentioned community activities that respondents felt would support their wellbeing.

Participants in this engagement exercise agreed that information sharing, and established pathways need to be improved in the Tees Valley, within the NHS, local authority, voluntary sector services, and in the community. They wanted to see services working together to understand the needs of patients with multiple complex needs. Interventions should help to address underlying reasons for mental health decline such as low confidence, unemployment, relationship problems and loneliness. If more people were aware of what they can take part in, within their communities

this would potentially reduce the need and demand on crisis intervention, and support those on waiting lists.

There is a lack of accessible information, such as different languages, large print etc. and people don't know what help is out there, or how to access support. Equity of access is important for those presented with barriers due to physical impairment, including but not limited to the Deaf community and the Blind and visually impaired community.



Recommendations

Based on the insight provided by service users, carers and members of the public, the Tees Valley Healthwatch Network propose the following recommendations to inform the Tees Valley mental health community-based offer.

1. Review funding and assess creative and effective ways of reducing **waiting lists**, and the length of the therapy itself (i.e., number of sessions available).
2. A flexible Tees Valley wide mental health **awareness campaign** to raise awareness of the mental health community provision available and help reduce stigma attached to mental health conditions, delivered in a variety of ways to best reflect local demographic groups.
3. Improved **signposting** pathways to make the best use of the resources available which are delivered by the community and voluntary sector so that patients wellbeing needs can be met holistically. Responsive and person centred, confidential, community or in-home as required.
4. Provision of new **accessible community activities** that offer local people the opportunity to meet others who they can relate to, improve their wellbeing, and connect with nature.
5. Ensure **service delivery** is 'joined up' across voluntary and statutory partners to address the needs of local people by working collaboratively and joining together through networks.
6. Creation of **person-centred services** to consider times of support available, transport accessibility, and allowing those who care for others support in their caring responsibilities.
7. A clear **accessible gateway** for those with additional communication requirements including but not limited to those with sensory impairments, learning difficulties, language barriers etc. The Accessible Information Standard should be given greater prominence including access to British Sign Language interpreters and vision support helping deliver services fairly and consistently. Accessible information is essential to inform local people and professionals of what help is out there, how to access it, who to speak to etc.

Tees Valley Mental Health Alliance Response

We acknowledge and warmly welcome the feedback from our local communities across the Tees Valley region in response to the ask of Mental Health services.

Working collectively as partners within the Tees Valley Mental Health Alliance, we are committed to making changes across the mental health system. At the last Alliance meeting held on the 15th October 2021 the partnership discussed the report and have acknowledged the following next steps.

Moving forward, we will work with each individual place-based area to ensure we are acting upon the key themes raised within the report. We endeavour to have place-based responses back to Healthwatch by December 2021 in terms of more detailed localised actions.

Currently, within secondary mental health care services we have recently held a visioning event, taking on board the Healthwatch feedback to ensure our pathways into services are more accessible, flow with ease, reduce waiting times and work alongside partners to deliver patient centred care. We have committed to the below principles moving forward in our redesign:

- There will be no wrong door in accessing help: No referral will be refused.
- We will accept each other's assessments, so the individual does not have to repeat their story.

- There will be no discharge - patients are able to access services in future if needed without having to be re-referred into services.
- We will work with system partners to ensure care is jointly triaged to ensure the right care in the right place at the right time

We look forward to continuing our work with Healthwatch throughout the lifetime of this work to provide updates, receive feedback and engage with local voices in shaping the future direction of all mental health services across the Tees Valley.

Dominic Gardener: Chair of the Tees Valley Mental Health Alliance

Next steps

The Tees Valley Healthwatch Network welcome the commitments made within the response above.

We look forward to working, both collectively and individually (where place-based working is appropriate) with the Tees Valley Mental Health Alliance to support progress within key themes raised within this report.

Place-based responses from the Tees Valley Mental Health Alliance are proposed to be available to Healthwatch by December 2021 in terms of more detailed localised actions, and we will provide updates as appropriate in partnership with the work of the Alliance.

We look forward to continuing this work and providing insight and public voice as needed when the principles outlined above are shaped into tangible service change as part of the redesign.

Acknowledgements

The Tees Valley Healthwatch Network thanks everyone who has helped us with our engagement for the TEWV Transformation Plan including:

Members of the public who took the time to complete our survey and focus group participants who shared their views and experiences with us.

All those who shared and promoted this piece of work to enable access for a wide range of communities in the Tees Valley

Our dedicated staff, volunteers, and Community Champions.

All organisations that contributed to our work and focus groups.

Appendix one: Demographics

1. *Age category*	*Participants*	
13 - 17 years	30	3%
18 - 24 years	36	4%
25 - 34 years	143	16%
35 - 44 years	160	18%
45 - 54 years	177	20%
55 - 64 years	125	14%
65 - 74 years	90	10%
75+ years	69	8%
I'd prefer not to say / no response	46	5%

2. *Gender*	*Participants*	
Woman	622	71%
Man	177	20%
Non-binary	15	2%
Other	4	<1%
I'd prefer not to say / no response	54	6%

3. *Ethnic background:*	*Participants*	
Arab	3	<1%
Asian / Asian British: Bangladeshi	1	<1%
Asian / Asian British: Chinese	2	<1%
Asian / Asian British: Indian	9	1%
Asian / Asian British: Pakistani	51	6%
Asian / Asian British: Any other Asian / Asian British background	2	<1%
Black / Black British: African	5	1%
Black / Black British: Caribbean	3	<1%
Black / Black British: Any other Black / Black British background	0	

Gypsy, Roma, or Traveller	0	
Mixed / Multiple ethnic groups: Asian and White	2	<1%
Mixed / Multiple ethnic groups: Black African and White	1	<1%
Mixed / Multiple ethnic groups: Black Caribbean and White	2	<1%
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background	1	<1%
White: British / English / Northern Irish / Scottish / Welsh	717	82%
White: Irish	3	<1%
White: Any other White background	22	3%
Another ethnic background	1	<1%
I'd prefer not to say / no response	51	6%

4. *Sexual orientation*	Participants	
Asexual	17	2%
Bisexual	30	3%
Gay	15	2%
Heterosexual / Straight	676	77%
Lesbian	16	2%
Pansexual	17	2%
Other	5	1%
I'd prefer not to say / no response	90	11%

5. *Religion or beliefs*	*Participants*	
Buddhist	9	1%
Christian	356	41%
Hindu	6	1%
Jewish	1	<1%
Muslim	54	6%
Sikh	3	<1%
No religion	334	38%

Other	29	3%
I'd prefer not to say / no response	69	8%

6. *Marital or civil partnership status:*	*Participants*	
Single	225	26%
Married	369	42%
In a civil partnership	22	3%
Cohabiting	67	8%
Separated	27	3%
Divorced / dissolved civil partnership	64	7%
Widowed	12	1%
I'd prefer not to say / no response	90	10%

7. *Pregnant or have you been pregnant in the last year?*	*Participants*	
Yes	20	2%
No	798	91%
I'd prefer not to say / no response	58	7%

8. *Carer, have a disability or a long-term health condition? (Please select all that apply):*	*Participants*	
Yes, I consider myself to be a carer	195	22%
Yes, I consider myself to have a disability	158	18%
Yes, I consider myself to have a long-term condition	238	27%
None of the above	362	41%
I'd prefer not to say	14	2%

Appendix two: Focus groups

A full breakdown of focus group data can be found within the individual local Healthwatch reports. It can also be obtained within a separate document which is available alongside this main report.

Healthwatch Darlington

Healthwatch Hartlepool

Healthwatch Middlesbrough

Healthwatch Redcar and Cleveland

Healthwatch Stockton on Tees

Working collectively to review the mental health system

COMMUNITY TRANSFORMATION IN TEES VALLEY

Aims of Community Transformation and background work

Background:

- Driven by NHS England long term plan offering significant investment to enable those with severe mental health illness better access to integrated primary and community mental health care
- Move from fragmented silo working to integrated, holistic, person-centered care model
- Services and care pathways should be co produced with service users, carers and local communities.

What's been happening?

- Engagement with external partners across the Tees Valley to look at challenges and solutions to new ways of working
- Shadowing of community mental health teams across the Tees Valley to understand how things could work differently
- Service user/ focus group established and 3 members appointment to the programme board.
- **Healthwatch consultation with local communities**

Healthwatch findings

Purpose of the report:

Understand each of the five local communities' need's: what keeps people well and how communities would like to access mental health services in each area.

Establish a baseline of what local people's knowledge of current services are and your expectations of mental health services.

Enable local communities to have **greater choice** and control over their care, and to live well within each community.

Develop **localised place-based** action plans that are held collaboratively as partners to meet the needs of local populations

- **Better communication** to the public of what is available in terms of wellbeing support.
- **Awareness raising** in communities to reduce the stigma of mental health.
- **Easier access** through local community venues or supporting transport needs.
- **Greater accessibility** for those who face physical and mental health challenges.
- Provision of **more creative activity**, exercise, and social activity groups.
- **Shorter waiting lists**.
- **Longer therapy pathways** – for example more than 6 sessions.
- **Greater exploration of therapies** rather than medication.
- More **empathy, understanding, respect and awareness** of mental health conditions.
- **Supporting those who have caring responsibilities**, to attend wellbeing sessions themselves: care for the carer.

Darlington	Men (over 18)	Parent Carers and Carers (over 18)	Young people aged 16 to 25 in transition from child to adult mental health services
Hartlepool	Deaf community	Blind and Visually Impaired	Older People
			LGBT
South Tees	Carers	Visually Impaired	Refugees and Asylum Seekers
	Ethnic Minority groups (2)		Older People
Stockton on Tees	People with a learning difficulty / disability	Substance misuse	Carers

healthwatch

900 people engaged in consultation across the Tees Valley

Tees Valley Mental Health Alliance next steps

Tees Valley Mental Health Alliance response:

We acknowledge and warmly welcome the feedback from our local communities across the Tees Valley region in response to the ask of Mental Health services.

Working collectively as partners within the Tees Valley Mental Health Alliance, we are committed to making changes across the mental health system. At the last Alliance meeting held on the **15th October 2021** the partnership discussed the report and have acknowledged the following next steps.

Moving forward, we will work with each individual place-based area to ensure we are acting upon the key themes raised within the report. We endeavour to have **place-based responses back to Healthwatch by December 2021** in terms of more detailed localised actions.

Currently, within secondary mental health care services we have recently held a visioning event, taking on board the Healthwatch feedback to ensure our pathways into services are more accessible, flow with ease, reduce waiting times and work alongside partners to deliver patient centred care. We have committed to the below principles moving forward in our redesign:

- There will be no wrong door in accessing help: No referral will be refused
- We will accept each other's assessments, so the individual does not have to repeat their story
- There will be no discharge- patients are able to access services in future if needed without having to be re-referred into services.
- We will work with system partners to ensure care is jointly triaged to ensure the right care in the right place at the right time

We look forward to continuing our work with Healthwatch throughout the lifetime of this work to provide updates, receive feedback and engage with local voices in shaping the future direction of all mental health services across the Tees Valley.

Dominic Gardener: Chair of the Tees Valley Mental Health Alliance

Proposed model

Principles:
We accept each other's assessments.
We do not refuse a referral

Assessment, triage, support and advice

Intervention and treatment

Getting advice

Getting Help

Getting more help

Local community support

Primary Care networks

Libraries/ leisure centres

Parks/ recreation

Education

Places of worship

Family/Friends

Work/Colleagues

Online support/ self help

Social Media

Aligned by PCNs

Primary Care Network Mental Health Team
Based in GP surgeries

Community Hub
Senior clinical staff including peers and community navigators.

Co-located with VCS and LA

Physical health Review offer/ medication

Treatment and Intervention Services

One team per locality

EIP

ADHD/ ASD

Personality & Relational

MHSOP & Dementia Ax

Rehab

Eating Disorders

Perinatal

SUPPORTED BY NAVIGATORS

System one recording

CITO recording

Next steps

Next Steps

- Continued communications with staff
- Place based discussions with partners and providers
- Continued engagement with service users and carers and external stakeholders
- Working groups established – place based
- Full project plan developed
- Internal and External Agreement (Governance routes)

Tees, Esk and Wear Valleys
NHS Foundation Trust

ITEM 12

FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	**24th February 2022**
TITLE:	**Learning from Deaths – Dashboard Report Q3 2021/22**
REPORT OF:	**Elizabeth Moody, Director of Nursing & Governance**
REPORT FOR:	**Information**

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

Executive Summary:

The Learning from Deaths Dashboard Report sets out the approach the Trust is taking towards the identification, categorisation, and investigation of deaths in line with national guidance. The mortality dashboard for Q3 of the 2021/2022 financial year is included at Appendix 1 and includes 2020/2021 data for comparison.

During Q3, 23 deaths were reported on StEIS. 22 deaths were community deaths and 1 was an unexpected in-patient death, now known to be related to physical health issues. The patient died in the acute Trust but had remained open to mental health in-patient services. There were 4 expected inpatient deaths related to physical health. 506 cases met the criteria for a mortality review. Of those cases, under locally agreed criteria, 105 cases had a part 1 review. 12 of those cases were selected for a more detailed Part 2 Structured Judgement Review (SJR).

15 serious incident reviews were completed and discussed at Directors' panel. 12 cases were found to have lapses in the care and/or treatment provided. Recurring lapses related to CPA/Care planning, risk assessment/harm minimisation. Other lapses included lack of carer support/engagement, meaningful patient engagement and issues with referrals/triage.

A project plan was put in place after a quality improvement event entitled, 'Improving the Experience of Patients, Families, and Staff during Serious Untoward Incident Reviews' (SIR). These Improvements will help to strengthen and demonstrate how we are capturing, actioning, and sharing learning to improve care for our service users and their families. The policy relating to learning from deaths was reviewed to reflect improvement work. Work continues with the Better Tomorrow Programme.

Recommendations:

The Board is requested to note the content of this report, the dashboard and the learning points and consider any additional actions to be taken.

MEETING OF:	**Board of Directors**
DATE:	**27th January 2022**
TITLE:	**Learning from deaths - Dashboard Report Q3 2021/2022**

1. INTRODUCTION & PURPOSE:

1.1 The national guidance on learning from deaths requires each Trust to collect and publish specified information on a quarterly basis. This report covers the period from October to December 2021.The Board is receiving the report for information and assurance of the Trust's approach.

2. BACKGROUND INFORMATION AND CONTEXT:

It is expected when people die in our care, that the Trust reviews practice and works with families and others to understand what happened and what can be learned from the death to prevent reoccurrence where possible. All NHS Trusts are required to publish a dashboard (Appendix 1) highlighting the numbers of deaths that occur in the organisation on a quarterly basis. These are deaths which are in-scope of the Learning from Deaths policy, and which have been subject to any investigation or mortality review. It is important to note that when reviewing the data presented in the dashboard all the deaths categorised as in scope for the Learning from Deaths policy are subject to an initial review before determining if they require further investigation.

There is now a full-time mortality reviewer in place to continue to develop and take new processes forward as well as a 0.2 WTE senior practitioner from Mental health Services for Older People (MHSOP) who continues to assist with Structured Judgement Reviews.

A project plan is in place following the Quality Improvement learning event 'Improving the Experience of Patients, Families, and Staff during Serious Untoward Incident Reviews (SIRs)' which was held in July 2021. The project plan has been developed to address locally identified issues and importantly in line with the explicit standards within the new Patient Safety Incident Response Framework (PSIRF). Funding was secured for a 12-month project lead for the delivery and sustainability of the plan. This is now out to advert.

The Trust's participation in the National 'Better Tomorrow' Programme has provided feedback on current systems and processes for mortality reviews. In keeping with the Trust's Journey to Change, these improvements will help us to work in partnership with patients, carers/relatives, and staff. Further meetings with the Better Tomorrow Programme have been delayed due to capacity issues within the Trust, these will be reinstated in February. Improvement and development work has continued in relation to learning from deaths.

The Learning from Deaths policy has been reviewed. It is aligned to our Journey to Change in that we will ensure that carers and families receive compassionate care following the loss of a loved one. We will work more closely with families and carers of patients who have died to ensure meaningful support and engagement with them at all stages, from the notification of death through to actions taken following an investigation/review. We will ensure that our staff are trained to undertake thorough reviews of deaths to ensure that learning is identified and embedded into practice to improve the services we provide. We will also work collaboratively with other Trusts,

as part of a Northern Alliance, and the Better Tomorrow Programme to facilitate shared learning/good practice and valid comparisons.

3. KEY ISSUES:

3.1 Mortality Reviews and Learning

Mortality Review 2021/2022
In Q3 2021/2022, 506 cases met the criteria for a mortality review. Of those 506 cases, 105 had a part 1 mortality review. 12 of those cases were selected for a more detailed Part 2 Structured Judgement Review (SJR). Further details and the locally agreed criteria for Mortality reviews and SJRs can be found in Appendix 2.

Month	Total Number of Deaths which met criteria for a review	Total Number of Deaths which has been reviewed under locally agreed criteria.	Total Number identified as requiring a Structured Judgement Review
October	203	39	7
November	168	39	1
December	135	27	4
Total	**506**	**105**	**12**

Mortality Reviews
The following table highlights learning and good practice from the 10 SJRs returned in Q3.

Points of learning • Records lacking detail and rationale for clinical decisions made • Lack of plan from Acute Trust when patient transferred back to MH hospital, challenge made by staff in relation to this, but no outcome recorded. • No follow up of referrals made e.g., cardio referral/dietetic referral with GP
Points of Good Practice • Good person-centred care • Section rescinded when a person is placed on end-of-life care • Good evidence of medication review risk/benefit analysis discussed with patient • Good liaison between services • Support given to family • Excellent physical health monitoring
Further developments Following the most recent mortality review panel, further work will be undertaken in researching best practice issues in relation to: • Parkinson's disease – Parkinsonism, anti-psychotic medication, and Extra-Pyramidal Side Effects • Writing a clinical case note with a rationale for treatment Examples of best practice will be shared via the Learning Library

3.2 **Learning from deaths and serious incidents**

During Quarter Q3, 23 unexpected deaths were reported on StEIS. 22 of these deaths were community deaths and 1 was an unexpected in-patient death thought to be related to physical health issues – the patient died in the acute trust. There were 4 physical health related in-patient deaths; these will be investigated via the mortality review process.

15 StEIS reportable serious incidents resulting in death were reviewed in the period. This included 1 in-patient death and 14 community deaths. 12 of these cases were found to have lapses in care/service delivery.

The five most common lapses were as follows:

- Harm minimisation and risk assessments - longitudinal risks and ongoing risks underestimated. Lack of triangulation of available evidence and collateral information from other agencies and families.
- CPA/Care Planning - lack of adherence to the CPA process to support, assess and provide adequate and timely interventions. Lack of formulation with a subsequent overarching plan of care. Teams working independently of each other.
- Carer support and engagement - not offering carers' assessments. Families had not been involved in the care planning process or when risks were formulated.
- Meaningful engagement/patient experience- interventions not reflecting need.
- Referrals and Triage – this lapse was identified in several cases following the thematic review of one of Trust's Crisis teams.

In comparison, in Q2 the five most common lapses were as follows:

- CPA/Care planning – care plans not reflecting needs, not developed in collaboration with patients and carers.
- Risk Assessment - safety summary not reflecting current and/or longitudinal risks, not exploring risks when concerns were raised by family/others.
- Record keeping – rationale for decision making not recorded, MDT discussions not reflected.
- Safeguarding – missed opportunities to identify safeguarding needs, not discussing with TEWV safeguarding Team, not following the PAMIC process.
- Clinical pathways not being followed – examples include

i) Referral criteria not being followed
ii) Lack of compliance with DNA Pathway
iii) Lack of compliance with PIPA pathway

In terms of learning in Q3 compared to Q2, care planning and risk assessments remain key areas of focus and further embedding When analysing the impact of learning from deaths during Q2 and Q3, the following information must be taken into consideration. The improvement work relating to risk assessment, risk mitigation, safety plans, observation and leave plans commenced in January 2021 in inpatient areas. Most reviewed cases in Q2 and Q3 are community deaths. The one in-patient death in Q3 was in early 2021, which was prior to the improvements being embedded into practice in in-patient areas. The improvement

work is now focusing on people using community services; all cases reviewed in Q3 pre-date the improvement work in community settings. The recent appointment of Community Matrons is seen as pivotal to improve the quality of record keeping in community teams. This includes the provision of clinical supervision however their availability is still limited due to established posts and the need to cover recent staff shortages as a result of the continued impact of the Covid pandemic.

Information from patient/carer experience groups and learning from Sis and complaints needs to be triangulated to consider how we can incorporate learning from deaths to facilitate service improvement/development. Work has already commenced in this area. Improved links are being established with patient/carer experience groups and the Patient Safety team. Members of the Carers' group recently attended the Organisational Learning Group to talk about their experiences and how they feel they could help improve carer engagement.

From January 2022 each Trust Board meeting will provide the opportunity for a patient or relative/carer to tell their story. This will help the board to learn how problems in care provision affect and impact upon patients and their families, this will include listening to the experiences of bereaved families to enable us to learn from deaths from a relative's perspective. It will also help maintain a focus on continually improving patient safety and experience.

The Trust has advertised two Lived Experience Care Group Director posts. These appointments will bring the lens of lived experience to strategic leadership and support co-creation throughout the care groups.

3.3 Structures to support and embed learning

3.3.1 Practice Development Group (PDG)

The Practice Development Teams (PDTs) overseen by the PDG are addressing 2 of the key areas of learning as identified by lapses in Q3, namely care planning and assessment of risks and safety plans.

The current assessment tools utilised within the Trust wide Quality Assurance Programme have been amended to assess the quality of documentation including the mitigation of any risks identified. A similar quality assurance tool in relation to risk assessment, safety planning, contingency planning, involvement of other agencies and documentation to reflect changes to risk has been drafted for community services. This will be introduced in Q4. Outcome/impact of the quality assurance tools is measured through the Quality Assurance reporting cycle.

Practice Development Practitioners (PDP) continue to develop in their posts across in-patient wards.

In Q2, a task and finish group was established to analyse care plans and to identify common problems/themes. It was identified that care plans were not based on need and too generic. A pilot, which applied to all admissions and incoming transfers, took place on 5 wards. It commenced on 04/10/2021 and ended on 03/12/2021. The aim was to move towards personalised plans based on need using DIALOG to support the care planning process. A ward information booklet was introduced detailing non-personalised plans such as the right to privacy and dignity. The care planning pilot continues with the 5 identified wards.

The staff are using the information pack developed for patients to enable the reduction of policy driven plans. The staff are reducing the number of policy driven plans however, the wards still require a significant amount of support to develop person -centred and goal based plans and interventions. Staff are trying to use the DIALOG rating scale but need help to translate that into care plans. This is encouraged to happen in the formulation meeting when the full MDT is available to contribute especially when the DIALOG rating scale has not been completed.

The trust care planning lead continues to support staff with this work. Senior nurses on site are also supporting ward staff with this.

A Quality Improvement event will be held in March 2022 to focus on the clinical model of care planning across the Trust. This work continues to be a priority and will be overseen by the Quality and Safety programme Board.

3.3.2 Organisational Learning Group (OLG)

The Trust continues to strengthen its arrangements for organisational learning via the Organisational Learning Group. Over the reporting period learning from patient safety events has been shared through a range of mechanisms. There have been 7 urgent patient safety briefings, and 2 SBARDs circulated Trust wide. Examples of these urgent safety messages relate to supportive observations and engagements, the importance of face-to-face visits during Covid when patient are in crisis and use of Trust issue shower curtains. 'Learning from Serious Incidents Bulletins' are distributed across the Trust. The bulletins have shared key learning and good practice highlighted in serious incident reports presented at the Directors' Assurance Panel. Significant progress continues to be made with the learning library and learning database. A quality Improvement event will be held in August 2022 to focus upon how we can improve the communication and impact of learning in front line services.

3.3.3 Journey to Safer Care

The Journey to Safer Care as part of the Trust's Journey to Change highlights four key patient safety priorities:

- Suicide Prevention and Self-harm Reduction
- Reducing Physical Restraint and Seclusion
- Harm Free care, Psychological Safety including sexual safety and a Safe Environment
- Promoting Physical Health

A Patient Safety Campaign steering group is currently mapping out work that is taking place in all 3 localities in relation to these priorities.

i) Suicide Prevention and Harm minimisation

A period of engagement is in progress with staff, service users, carers/relatives, and partners to help shape the Trust's draft Preventing Suicide Strategy. The draft strategy considers measures to reduce suicides for people using inpatient services, community services and the wider population. The proposed four key priorities are safe care, working in partnership, providing support, and ensuring that we are a learning organisation. Leadership for suicide prevention is through the Clinical Strategy Lead supported by a multi-disciplinary Preventing Suicide and Self Harm Reduction group which will monitor progress against the strategy's action plan. All actions will be aligned to our Journey to Change.

In support of the above strategy, the preventing suicide project leads continue to work closely with the Patient Safety team and our partners by:

- sharing information from the early alerts system in Teesside for all suspected suicides (not just people open to the Trust) to facilitate shared learning with partners
- attending and working with partners in all localities where there have been multiple suicides in a particular area or site (not just people open to the Trust)
- targeted work with rail network; to work closer together with shared protocols for preventing suicides
- Providing direct support & guidance to teams on completing Rapid Reviews, reflecting on lessons learnt and how the project workers can support clinical services
- Identifying emerging themes within their locality then engaging with those services directly to share the learning and provide guidance and support on best practice.

ii) Harm Free Care - Safe Environment

The Environmental Risk Group receives monthly incident reports involving ligatures and other risks where environmental factors may have contributed to harm as well as progression of initiatives to reduce harm. Any urgent learning from this group is disseminated Trust wide via Patient Safety Briefings or SBards as detailed above in para 3.3.2. Oxe-health is now live in 9 in-patient areas. Work is progressing to install this in 7 other inpatient areas. Further engagement is taking place by the Trust lead for the benefits realisation group with experts by experience in relation to national concerns about the functioning of the system from a service user and carer perspective.

iii) Promoting Physical Heath

Work continues in relation to improving the physical health of people with mental health problems in keeping with ICS priorities when learning from deaths. This has included the appointment of physical health practitioners to support wards and teams. Training portfolios are in place for both registered and support staff within inpatient and community settings. Training includes recognition of the deteriorating patient and the Physical Health Intervention Framework for Serious Mental Illness.

3.3.4 Safeguarding

Despite improvement work already undertaken to embed the principles of 'think family' and use of the PAMIC tool, it continued to be a finding in serious incidents investigations. It was agreed that the issue is about the qualitative aspect of how parental mental health impacts on children and that this should be considered as part of a comprehensive risk assessment under the category of risk to others. Having this as a narrative in the risk assessment will enable fuller information to be shared/documented about what has been considered from a 'think family' perspective.

Links between the patient safety team and the safeguarding team continue to be strengthened with joint working on SI cases and in the Patient Safety team huddle.

3.3.5 Serious Incident Investigation Process

The quality improvement event, 'Improving the Experience of Patients, Families, and Staff during Serious Untoward Incident Reviews (SIRs)' commissioned by the Director of Quality Governance, built on existing work that had been already been carried out to improve the SI investigation process. Additional resources were identified from the PMO and NHSE/I. There is a project plan in place with designated clinical leadership within the Nursing and Governance directorate. A further fixed term Project Manager post has been advertised to drive delivery of this improvement work as well as the wider PSIRF standards. In keeping with the Journey to Change there has been, and will continue to be, engagement with all relevant stakeholders. Improvement work has continued to identify early learning/themes from rapid reviews ensuring that clinical services embed early actions into practice. This work has been supported by Serious Incident Reviewers and the Preventing Suicide project leads.

To facilitate closer working relationships between clinical services and the Patient Safety team, each reviewer has been requested to choose an area of interest. Reviewers will work with clinicians in areas such a peri-natal services, suicide prevention and physical health to undertake more proactive work in relation to patient safety and learning from deaths.

All newly appointed serious incident reviewers have registered for serious incident investigation training which is being provided by the Healthcare Safety Investigation Branch (HSIB)

3.3.6 Better Tomorrow Programme

The Better Tomorrow Team undertook a desk top review of the Trust's current Mortality Review processes. Further discussions relating to improvement work is to be completed in Q4. The Learning from Deaths policy has been reviewed to reflect changes made in the Mortality Review process. The Protocol for reporting Learning Disability deaths to the Learning Disabilities Mortality Review (LeDeR) Programme) was also incorporated into this policy. Links continue to improve with regional LeDeR reviewers to share learning. The Mortality Review Manager attends the Mortality Leads Network. This is a supportive forum facilitated by the Better Tomorrow Programme.

3.3.7 Thematic reviews

Two thematic reviews have recently been completed in relation to perinatal services and one of the Trust's Crisis Teams. The aim of these reviews was to identify any themes/service wide learning from serious incidents/deaths. External input into both reviews facilitated oversight and a sharing of expertise. Four themes were identified in the Crisis Team thematic review these were service model, culture, inter-relationships with other teams and patient/carer experience. A plan is being formulated to include robust actions with clear measurable outcomes. The final plan will be presented at the Quality Improvement Board (QIB) and will be monitored by the Service Development Group (SDG). The outcome of the perinatal review will be shared in Q4 once it has completed the assurance cycle.

3.3.8 Training

During Q3 4 staff attended postvention bereavement training provided by the Integrated Care System (ICS) North east and North Cumbria. 15 staff attended Postvention assisting those bereaved by suicide (PABBS) training provided by Suicide Bereavement UK. 288 qualified staff and 39 non-registered staff attended face to face suicide awareness training. This training, related to the 'Connecting for People' programme, runs alongside the Trust's mandatory harm minimisation training.

The NHS Patient Safety Strategy has launched a patient safety syllabus with five levels of training. The syllabus sets out a new approach to patient safety emphasising a proactive approach to identifying risks to safe care while also including systems thinking and human factors. The 5 levels of training build on each other. The first two levels have now been published, these are titled *Essentials for Patient Safety* and *Access to Practice*. All Trust staff, including those in roles that are not patient facing, will be required to complete level one. This will help to ensure that the people who use our services are kept as safe as possible. Level one also provides an additional session for boards and senior leadership teams. Level two, *Access to Practice,* is intended for those who have an interest in understanding more about patient safety and those staff who wish to access higher levels of training. We are currently reviewing the training programmes to consider how and when we will implement this in the organisation.

3.3.9 Patient Safety Specialist

The Trust's Patient Safety Specialist continues to attend the Patient Safety Specialist Improvement Programme Webinars, arranged by the National Patient Safety Team. These interactive forums connect over 700 Specialists from around the country. There is also the opportunity to discuss any issues relating to patient safety including learning from deaths on the Patient Safety Specialists' workspace both from a national and regional perspective.

3.4 Gap analysis

Learning from deaths during Q2 & Q3 has highlighted that patients with dual diagnoses are often not followed up proactively by mental health services. Further work is required to understand the various dual diagnosis initiatives already in the Trust; it is proposed to include this work as part of the Trust's clinical strategy. These initiatives will be mapped out during Q4.

3.5 The Learning from Deaths Dashboard

The learning from deaths dashboard is attached at Appendix 1 and includes 2020/21 data for comparison.

For Q3 the dashboard highlights the following:

- A total of 603 deaths were recorded (not including LD deaths). This is all deaths (including natural expected and unexpected) in relation to people who were currently open to the Trust's caseload.
- There were 15 StEIS reportable serious incidents resulting in death reviewed and 23 StEIS reportable serious incidents resulting in death reported.
- 42 learning points were identified from completed Serious Incident reviews.
- 506 cases were identified as meeting the mortality review criteria.

- 105 cases were reviewed (see appendix 2 for locally agreed criteria).
- 18 community learning disability deaths were reported on Datix. All these cases were reviewed via the Trust mortality review process and have been reported to LeDeR.
- 5 in-patient deaths were reported over this period. There was 1 unexpected MHSOP case (now know to be a physical health related death). 4 other deaths occurred in MHSOP services; all 4 were related to physical health and will be reviewed via the mortality review process.

4.0 IMPLICATIONS:

4.1 **Compliance with the CQC Fundamental Standards:**
Improvements in the learning from deaths processes outlined will support the Trust to demonstrate the delivery of high quality, safe patient care in line with CQC Fundamental standards.

4.2 **Financial/Value for Money:**
There are financial and reputational implications associated with poor standards of care. A focus on learning helps the Trust to improve the quality and safety of our care services.

4.3 **Legal and Constitutional (including the NHS Constitution):**
CQC's Fundamental Standards in respect of Regulation 17 - Good Governance.

4.4 **Equality and Diversity:**
The Trusts learning from deaths reviews consider any issues relating to equality and diversity to ensure that any issues of discrimination are addressed.

4.5 **Other implications:**
No other implications identified.

5. RISKS:

There is a risk that if we fail to embed key learning from deaths that patient safety and quality will be compromised.

There is a risk that the data published is used or interpreted without context as there is no current national benchmarking or methodology within mental health and learning disability services for mortality.

6. CONCLUSION:

This paper outlines how the Trust is strengthening its arrangements for organisational learning and the provision of assurance in the context of learning from deaths and embedding these to improve patient safety in both in-patient and community settings. In keeping with our Journey to Change we continue to improve the experience of bereaved families during the serious incident investigation process, we are working closely with our partners to share learning from deaths and ensuring that staff recognise that patient safety is everyone's responsibility.

7. RECOMMENDATIONS:

The Board is requested to note the content of this report, the dashboard and the learning points and consider any additional actions to be taken.

Background Papers:

Learning From Deaths Framework
https://www.england.nhs.uk/?s=Learning+from+Deaths

Southern Health Report
https://www.england.nhs.uk/2015/12/mazars/

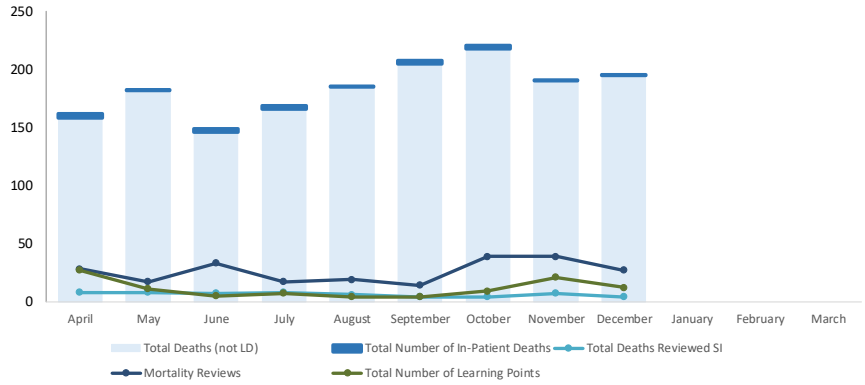
Appendix 1 Dashboard

Learning from Deaths Dashboard - Data Taken from Paris and Datix
Reporting Period - Quarter3 -October - December 2021

Summary of total number of deaths and total number of cases reviewed under the SI Framework or Mortality Review

Total Number of Deaths, Deaths Reviewed (does not include patients with identified learning disabilities)

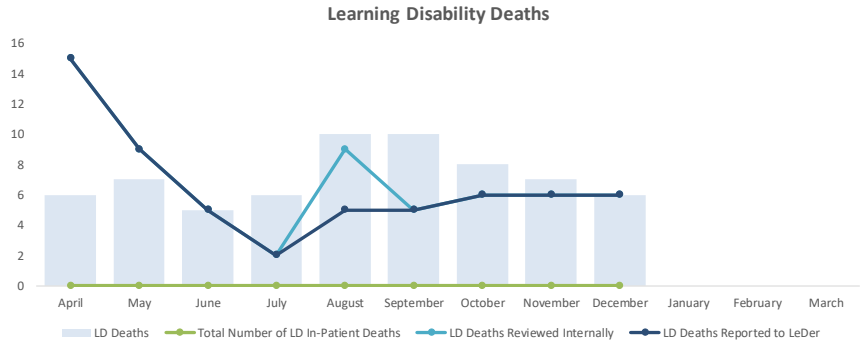
	Total Deaths (not LD)		Total Number of In-Patient Deaths		Total Deaths Reviewed SI		Mortality Reviews		Total Number of Learning Points	
	2021/22	2020/21	2021/22	2020/21	2021/22	2020/21	2021/22	2020/21	2021/22	2020/21
Q1	486	↘ 979	8	↘ 14	23	↘ 29	78	↘ 337	43	↗ 18
Q2	556	↗ 486	7	↗ 6	18	↘ 43	50	↘ 194	15	↘ 30
Q3	603	↘ 731	5	↔ 5	15	↘ 35	105	↘ 126	42	↗ 29
Q4		691		7		22		98		18
YTD	1645	↘ 2887	20	↘ 32	56	↘ 129	233	↘ 755	100	↗ 95



Summary of total number of Learning Disability deaths and total number of cases reviewed under the SI Framework or Mortality Review

Total Number of Learning Disability Deaths, and total number reported through LeDer

	LD Deaths		Total Number of LD In-Patient Deaths		LD Deaths Reviewed Internally		LD Deaths Reported to LeDer	
	2021/22	2020/21	2021/22	2020/21	2021/22	2020/21	2021/22	2020/21
Q1	18	↘ 34	0	↔ 0	29	↘ 34	29	↘ 34
Q2	26	↗ 13	0	↔ 0	16	↗ 12	12	↔ 12
Q3	21	↘ 28	0	↘ 1	18	↘ 25	18	↘ 25
Q4		32		1		36		36
YTD	65	↘ 107	0	↘ 2	63	↘ 107	59	↘ 107



Mortality Reviews 2021/2022

Appendix 2

Mortality reviews are completed in-line with guidance from the Royal College of Psychiatrist and peer organisations across the region.
The mortality review tool used consists of a Part 1 and Part 2 review.
Part 1 is a review of the care records, if any red flags or concerns are noted a Part 2 (Structured Judgement Review) will be carried out.

The “red-flags” to be considered during the Part 1 review are as follows:

- Family, carers, or staff have raised concerns about the care provided
- Diagnosis of psychosis or eating disorders during the last episode of care
- Psychiatric in-patient at the time of death, or discharged from care within the last month (where the death does not fit into the category of a Serious Incident)
- Under Crisis Resolution and Home Treatment Team at the time of death (where the death does not fit into the category of a Serious Incident)
- Patient had a Learning Disability. These cases will also be referred to LeDeR
- Prescribed Clozapine or high doses of anti-psychotic medication

This criterion allows for greater learning from a more suitable selection of cases reviewed. To prioritise the most significant cases for learning from unexpected and expected physical health deaths throughout Q1, taking into consideration capacity issues, the following actions have been taken for those deaths reported on datix:

- All in-patient deaths have either had a Structured Judgement Review completed or are in the process of having one completed.
- All LD deaths have either been reviewed or are being reviewed under Part 1 of the mortality review process. Where any concerns are identified a Structured Judgement Review has been or will be requested. All these cases have also been referred to LeDeR for review.
- All community deaths for patients aged 64 and under have been reviewed under Part 1 of the mortality review process and where any red flags/concerns have been identified a Structured Judgment Review has been requested.
- 20% of community deaths for patients aged between 65 and 75 have been reviewed under Part 1 of the mortality review process and where any red flags/concerns have been identified a Structured Judgment Review has been requested. This 20% is selected from deaths within Trust services as opposed to deaths within care homes where the Trust is not the main care provider.
- 10% of community deaths for patients aged between 76 onwards have been reviewed under Part 1 of the mortality review process and where any red flags/concerns are identified a Structured Judgment Review has been requested. This 10% is selected from deaths within Trust services as opposed to deaths within care homes where the Trust is not the main care provider.

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

ITEM NO. 13

Mental Health Legislation Committee: Key Issues Report	
Report Date: 24th February 2022	**Report of: Mental Health Legislation Committee (MHLC)**
Date of last meeting: 17th February 2022	The meeting was quorate, there was one apology for absence

1 **Agenda: The Committee considered the following agenda items during the meeting:**

- Discharges from Detention
- Section 136
- Section 132 b
- Section 15 MHA Medical scrutiny – annual report
- Section 23 (2) (a) Notification of nearest relative giving 72 hrs notice for discharge – annual report
- Seclusion & Segregation
- CQC Mental Health Act Monitoring Activity
- Revised Trust policies

2a **Alert: The Committee alerts members of the Board to the following:**

Patient in long term segregation

Members requested a brief overview of progress for a patient in long term segregation, to provide oversight and assurance of how the Trust was meeting this patients' needs and human rights. Some issues from a family member have been raised recently with a Non-Executive Director.

The matter has been escalated to the Quality Assurance Committee and the Director of Durham and Darlington has been asked to provide an update to the 3rd March 2022 meeting.

Section 136

The use of Section 136 remained static from Q2 (127) to Q3 (126), with only a notable increase in Durham, which went up from 15 to 26 in Q3. This will be raised at the Urgent Care Forum where Police will be in attendance and more familiar with the details.

Members considered the level of assurances that can be provided to the MHLC on S 136.
The Trust monitors once section 136 has been instigated by the Police and brought to a Trust place of safety and that the requirements of the Mental Health Act, in terms of the timeliness of assessments are adhered to by operational staff. Any breaches in relation to timeliness of assessments are then investigated. Elements of the process that are out of the control of the Trust care in relation to the timeliness of the interview by the Approved MH Professional (AMHP), assessment by a second doctor and sourcing beds.

It was highlighted that there has been **growing challenges recently finding beds for under 18's in terms of a safe placement.**

There have also been problems in relation to bed availability for detained patients – technically the detention commences when a bed has been found. In the event of delays in a bed being found the detention is held up and individuals are having to wait within the community, such as at home or in A and E. For example, there were six individuals waiting over a recent weekend. In

	response the Trust opened four emergency beds, following which, due to further demand it was necessary to step the number of beds up to eight. The Quality Improvement Group will be asked to examine this further. Some assurance can be given in relation to the effectiveness of the Trust systems, evidenced in the relatively low numbers of people that require further follow up following being released from a Section 136.	
2b	**Assurance**	**The Committee assures members of the Board on the following:** **Discharge from Detention** There were no exceptions to note from the discharges from detention data. Assurance can be provided that the Trust has a high number of Frist Tier Mental Health Tribunals and Hospital Managers hearings, which is an indication of patients exercising their right to appeal and their requests being taken forward. When looking at national benchmarking, the Trust is below average (8%) for the numbers of discharges from tribunal hearings. **Seclusion and Segregation** During Q3 there were 47 episodes of seclusion (48 in the previous quarter). There was one episode of segregation (six in previous quarter). There were multiple episodes of seclusion for eight patients, with one person secluded on five episodes. Members considered it would be useful to do some further study the two strands of reporting on seclusion and segregation, which feature at both the Mental Health Legislation Committee and the Quality Assurance Committee. QuAC receives a quarterly Positive and Safe update, which includes the trends and themes around restrictive practices and the MHLC looks at the seclusion and segregation activity information. The aim of working with the Positive and Safe lead will help to clarify the assurances that report into both Committees and highlight the risks.
2c	**Advise** **The Committee advises the Board on the following:** **MHLC Developmental Session:** The Committee is planning to get together to look at the levels of assurance in relation to meeting one of the functions set out in its terms of reference: *"to gain assurance that the provisions of Mental Health legislation are applied to each individual patient and that practice is compliant with statutory and regulatory requirements". This will be held in April 2022.* **Section 132 – Information to Detained Patients** Tracking that Section 132 has been adhered to is undertaken by nursing staff completing a S132b form, which is then submitted to the MHL Department. This is done as soon as practicable after a patient's detention starts. An escalation process will then track any non-compliance. During Q3 it was necessary to use the escalation process 20 times with some unacceptable timescales. This included issues on Wold View, Rowan Lea and Ebor wards, together with some issues recording the escalation process in the MHL team, due to significant staff shortages in Q3. Members considered the legal implications of not adhering to the requirements of the Mental Health Act and providing patients with their rights. This could have significant consequences, including communication with nearest relatives, losing the right to appeal for the patient and potential impact on further care and treatment. It could also leave the Trust vulnerable to potential legal action. The implementation of CiTo will have a positive impact on these processes with the introduction of a mitigating fail safe step to ensure that patients are given their rights.	

	Mental Health Act Monitoring Activity: There were six CQC MHA inspections over the period October 2021 to January 2022. Members were disappointed to see recurring themes being raised **Annual Reports:** Due to recent pressures and the MHL team working under business continuity measures a verbal update was received on two annual reports, Section 15a Mental Health Act Medical Scrutiny and Section 23 (2) Notification of nearest relative giving 72 hours' notice for discharge. There are no exceptions to raise from the information. **Revised Policies** Eleven updated policies were circulated and approved by the Committee.	
2d	**Review of Risks**	Despite good compliance in the vast majority of instances members considered that there is a potential risk to the Trust from a legal perspective, of not providing patients with their rights in a timely manner. There are increasing challenges finding suitable inpatient beds for under 18-year-olds.

Recommendation: The Committee agreed that the following matters should be raised to the Board.

i) Two matters have been escalated to the Quality Assurance Committee:

1. The data relating to Absent without leave (AWOL) for review of the risks to patient safety and quality of care. This information is currently reviewed by the Quality Improvement Board (QIB). A report will then be presented to MHLC at its next meeting in May 2022.
2. An update for oversight and assurance on a patient being cared for by Durham and Darlington, to ensure that the Trust is meeting their needs and human rights, whilst in long term segregation.

ii) The Committee is planning to hold a half day developmental session, to explore levels of assurance, relating to 3.1 of the Committee's terms of reference: *"to gain assurance that the provisions of Mental Health legislation are applied to each individual patient and that practice is compliant with statutory and regulatory requirements".*

iii) There are increasing challenges in finding beds for under 18-year-olds.

iv) The availability of beds for detained patients continues to be a challenge, with patients having to wait in the community or other settings until arrangements can be made.

iv) Despite good progress in progressing areas highlighted by the CQC generally members expressed disappointment to see some recurring themes being raised in Mental Health Act inspections by the CQC.

3	**Actions to be considered by the Board:** There are no actions for the Board to consider.
4	Report prepared by: Donna Keeping, ***Deputy Trust Secretary,*** Pali Hungin, ***Non-Executive Director (Committee Chair) and*** Elizabeth Moody, ***Director of Nursing & Governance***

Tees, Esk and Wear Valleys
NHS Foundation Trust

ITEM NO. 14

FOR GENERAL RELEASE

BOARD OF DIRECTORS PUBLIC AGENDA

DATE:	**24th FEBRUARY 2022**
TITLE:	**FREEDOM TO SPEAK UP GUARDIAN REPORT**
REPORT OF:	**DEWI WILLIAMS: FREEDOM TO SPEAK UP GUARDIAN**
REPORT FOR:	**PUBLIC AGENDA**

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

Executive Summary:

This report is for information and outlines developments within the Freedom to Speak Up role over the last 6 months, from October to the end of 2021
It discusses local, regional, and national developments, including details of numbers and types of referrals and includes reflections from some recent cases.

Q2 only had 10 cases, with 22 in Q3 with very few in August and September. Notable changes are the reduction in cases related to a culture of bullying compared to patient safety cases.

Following last summer's CQC report and the audit stressing the need for 5 days a week response from the FTSUG, I worked full time until we appointed Victoria Brinsley as our full time raising concerns officer. I have reduced my working week to 4 days since the new year.

We have recently undertaken a 3-day Quality Improvement event where we developed a range of standard processes, training plan for reviewers, and a revised communication strategy. We aim to fully implement these changes in the next few months. A copy of the communication statement can be found here:

Comms statement V1.docx

Recommendations:
To note the contents of the report and comment accordingly

MEETING OF:	**BOARD OF DIRECTORS**
DATE:	**24TH FEBRUARY 2022**
TITLE:	**DEWI WILLIAMS: FREEDOM TO SPEAK UP GUARDIAN**

1. INTRODUCTION & PURPOSE:

1.1 The purpose of this report is to inform the Board about the last 6 months of the Freedom to Speak Up role. The report will outline developments and activity to date and discuss how we intend to further develop the role in the coming year.

2. BACKGROUND INFORMATION AND CONTEXT:

2.1 The grid below displays the figures for the last 6 months and includes the previous reports for comparison.

	September 2019	March 2020	September 2020	December 2020	June 2021	December 2021
Total cases	28	44	27	6	40	32
Patient safety	5	16	2	3	12	20
Staff safety	0	3	8	0	8	4
Allegations of bullying	10	23	16	3	19	6
Culture systems/processes	4	2	1	0	1	2
Anonymous cases	12	25	13	1	15	8
Resolved cases	20	15	5	0	17	12

3. KEY ISSUES:

3.1 **Training**

All staff are currently required to undertake the NGO and NHSE/I developed 'Speak up' e-learning programme and will soon be required to complete the 'Listen up' e-learning. The NGO have promised that the final e-learning aimed at senior leaders will finally be available from April.

Part of our recent quality improvement event was to develop a training programme for potential reviewers (investigators) to increase confidence and deliver consistency.

An initial cohort of 10 will undertake a 3 hour introduction and commit to reviewing their first case with a an experienced practitioner. They will also receive one to one support prior to their first case from either John Savage or Sheila Halpin.

3.2 **Support networks**

Locally Barry Speak (Head of Employee Psychology Service/ consultant clinical psychologist) continues to act as deputy FTSUG.

Victoria Brinsley is currently on a 6 month fixed term contract. Her expertise has proved invaluable in developing the standard work, the data management, and technical innovation needed to improve the service. We are reviewing the ongoing scope of this role as part of the wider People and Culture restructure.

Our local network forum continues to meet regularly for sharing of intelligence and peer support. We are reviewing our terms of reference as there is a growing acknowledgement that our shared information could be of use to proactively support operational services. We have developed plans to formalise how we feedback to those operational service.

Our regional network for guardians meets quarterly. We have a rotating chair which has recently been supported by the NGO who have appointed regional representatives to support us, keep up to date with developments and continue the work of developing the service to ensure equity of provision.

Our National Guardians office continues to support and become increasingly clear about what ‘best practice’ might look like, through a weekly newsletter, and the publication of their Services reviews.

The NGO has recently appointed a new chair, Dr.Jayne Chidgey-Clark.

3.3 **Development of Champions**

We will be relaunching the champions initiative. Following the recent QI event we have clarified the skills required of the champions and will be contacting all current champions to see what support they may require, how best we can develop the role, and how we can encourage a diverse range of staff to volunteer.

3.4 **Data Management**

In line with recommendations from our audit report, we have agreed to amalgamate my record keeping tool and the one held by Sarah Dexter-Smith. The new shared reporting and monitoring tool along with the appointment of the FTSU officer is ensuring that we are able to address the concerns about timeliness of review and feedback to people raising concerns.

3.5 **Feedback**

The national guardian's office still require us to get feedback from those speaking up at the end of the process. We ask two questions, did they experience any detriment because the spoke up, and would they speak up again in the future. We often get positive feedback but rarely about the two required questions (a common problem for all guardians nationally.)

As part of our recent QI event, we wrote to 34 people who had used the service last year and asked a range of questions including the 2 NGO questions and received 17 responses. 2 said that they had experienced detriment. 6 said they would not speak up again and this was mainly due to staff reporting that they have seen no changes as a result of speaking up.

Given this improved response rate we plan to write to those who have used the service 2 months after closure of their concern to allow time reflection.

3.6 **Learning from experience**

At our recent QI event consideration was given to the ways we can improve opportunities to share learning from our reviews/investigations. Currently individual cases are treated in isolation, and little potential shared learning is formally distributed. We have now developed a proforma for reviewers which includes a commitment to identifying lessons learned so that we can collate on our new single date management tool. We intend working with our communications team to explore how best to share this information.

We also agreed to close the reporting tool currently available on the intranet. This had been intended as a way of gathering learning (it wasn't a mechanism to report concerns themselves) but had not been used and was potentially confusing to anyone who came across it.

As mentioned above, we also intend formalising how our local support forums soft intelligence is gathered and shared with operations to allow proactive intervention rather than being reliant on staff being brave enough to speak up.

3.7 **Case Examples**

A number of our recent patient/staff safety cases held many similarities. Unsurprisingly, many related to concerns about unmanageable workloads/caseloads, staff shortages, and over reliance on unfamiliar bank or agency staff. However, those who spoke up recognised the current challenges, but wanted to speak up about how they were treated by their managers. Many said they raised their concerns with management and were either ignored, told to 'get on with it', or worse, made to feel like they were inadequate, or clearly 'not up to the job.' Many said that this undermining of their confidence has led to them leaving their post or even the profession.

All these cases have been addressed separately but given the frequency of this type of concern, I wondered if the trust could consider an alternative approach to ensure consistency of response.

Sometimes it is helpful to share experience of swift and decisive response to cases of speaking up:

A patient/staff safety concern was received via the NHSE/I, who our staff had reached out to. This case had many elements relating to how a patients' dignity was being protected, concerns about the environment, and staff feeling inadequately trained and prepared to provide the level of care they would have hoped to.

On receipt of the concern, Sarah Dexter-Smith, engaged an independent manager to visit the site, which they did that afternoon. Given the multiple strands involving among others: safeguarding, estates, and operational management, a coordinator was appointed to ensure that all strands could report to one central point and ensure effective and regular feedback was shared with those who spoke up. There is now ongoing oversight of the service both locally and with external support.

4. CONCLUSIONS:

As a result of the QI event we are now in a position to implement a robust approach to speaking up which provides a greater confidence and assurance to people when speaking up.

Author, Dewi Williams, Freedom to Speak up Guardian
Title: FREEDOM TO SPEAK UP GUARDIAN REPORT

Background Papers:

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

High level data

Number of doctors / dentists in training (total):	74
Number of doctors / dentists in training on 2016 TCS (total):	72
Amount of time available in job plan for guardian to do the role:	1 PA
Admin support provided to the guardian (if any):	4 Days per quarter
Amount of job-planned time for educational supervisors:	0.125 PAs per trainee

Exception reports (with regard to working hours) from 1st October up to 31st December 2021

Exception reports by grade				
Specialty	**No. exceptions carried over from last report**	**No. exceptions raised**	**No. exceptions closed**	**No. exceptions outstanding**
F1 - Teesside & Forensic Services Juniors	0	1	1	0
F1 –North Durham	0	0	0	0
F1 – South Durham	0	0	0	0
F2 - Teesside & Forensic Services Juniors	0	3	2	1
F2 –North Durham	0	0	0	0
F2 – South Durham	0	0	0	0
CT1-2 Teesside & Forensic Services Juniors	0	23	23	0
CT1-2 –North Durham	0	0	0	0
CT1-2 – South Durham	0	7	7	0
CT3/ST4-6 – Teesside & Forensic Services Seniors	0	5	5	0
CT3 – North Durham	0	0	0	0
CT3 – South Durham	0	2	2	0
ST4-6 –North & South Durham Seniors	0	3	3	0
Trust Doctors - North Durham	0	0	0	0
Trust Doctors - South Durham	0	0	0	0
Trust Doctors - Teesside	0	0	0	0
Total	**0**	**44**	**43**	**1**

Exception reports by rota				
Specialty	**No. exceptions carried over from last report**	**No. exceptions raised**	**No. exceptions closed**	**No. exceptions outstanding**
Teesside & Forensic Services Juniors	0	29	28	1
Teesside & Forensic Senior Registrars	0	3	3	0
North Durham Juniors	0	0	0	0
South Durham Juniors	0	9	9	0
South Durham Senior Registrars	0	3	3	0
North Durham Senior Registrars	0	0	0	0
Total	**0**	**44**	**43**	**1**

Exception reports (response time)				
Specialty	**Addressed within 48 hours**	**Addressed within 7 days**	**Addressed in longer than 7 days**	**Still open**
Teesside & Forensic Services Juniors	1	15	12	1
Teesside & Forensic Senior Registrars	0	2	1	0
North Durham Juniors	0	0	0	0
South Durham Juniors	0	0	9	0
South Durham Senior Registrars	0	0	3	0
North Durham Senior Registrars	0	0	0	0
Total	**1**	**17**	**25**	**1**

Narrative for Exception Reports

South Durham Junior Doctors exception reports where all due to late finishes, the 3 South Durham Senior Registrar exception reports where due to not getting the rest time.

In Teesside, nine reports were made for finishing late/missing breaks and missing teaching. There are 3 gaps on the rota and they happened to be on long days after each other meaning there was no resident doctor available to cover the wards. The rest of the reports were for work done during non resident on calls. The one report that is not closed was submitted on 30th December 2021 and the medical staffing advisor was on annual leave so could not action by the end date of this report. It was not patient safety issue.
Also, there may be further exceptions to be reported as the current NROC period overlaps the end date of this report.

Work schedule reviews

Work schedule reviews by grade	
F1	0
F2	0
CT1-3	0
ST4 - 6	0

Work schedule reviews by locality	
Teesside & Forensics	0
North Durham	0
South Durham	0

Locum bookings

Locum bookings by Locality & Grade						
Locality	**Grade**	**Number of shifts requested**	**Number of shifts worked**	**Number of shifts given to agency**	**Number of hours requested**	**Number of hours worked**
Teesside & Forensics	F2	2	2	0	18.5	18.5
	CT1/2/GP	31	31	0	414.5	414.5
	CT3	10	10	0	141	141
	Trust Doctor	0	0	0	0	0
	SPR/SAS	8	8	0	144	144
North Durham	F2	0	0	0	0	0
	CT1/2/GP	16	16	0	123.5	123.5
	CT3	1	1	0	4	4
	Trust Doctor	0	0	0	0	0
	SPR/SAS	11	11	0	208	208
South Durham	F2	2	2	0	8	8
	CT1/2/GP	6	6	0	75	75
	CT3	4	4	0	16	16
	Trust Doctor	0	0	0	0	0
	SPR/SAS	60	60	0	1069	1069
Total		151	151	0	2221.5	2221.5

Locum bookings by reason					
Reason	**Number of shifts requested**	**Number of shifts worked**	**Number of shifts given to agency**	**Number of hours requested**	**Number of hours worked**
Compassionate Leave	0	0	0	0	0
COVID isolation	3	3	0	32.5	32.5
Maternity leave	0	0	0	0	0
On call cover	87	87	0	1616	1616
Vacancy	19	19	0	171	171
Sickness	40	40	0	386	486
Extra support	2	2	0	16	16
Total	151	151	0	2221.5	2221.5

Vacancies

Vacancies by month						
Locality	**Grade**	**October 2021**	**November 2021**	**December 2021**	**Total gaps (average)**	**Number of shifts uncovered**
Teesside & Forensics	F1	3	3	0	2	0
	F2	2	2	0	1.3	0
	CT1	0	0	0	0	0
	CT2	0	0	0	0	0
	CT3	0	0	1	0.3	0
	ST4 -6	0	0	0	0	0
	GP	0	0	0	0	0
	Trust Doctor	0	0	0	0	0
North Durham	F1	0	0	0	0	0
	F2	0	0	0	0	0
	CT1	0	0	0	0	0
	CT2	0	0	0	0	0
	CT3	0	0	0	0	0
	ST4 -6	0	0	0	0	0
	GP	0	0	0	0	0
	Trust Doctor	0	0	0	0	0
South Durham	F1	0	0	0	0	0
	F2	0	0	0	0	0
	CT1	1	1	1	1	0
	CT2	0	0	0	0	0
	CT3	0	0	0	0	0
	ST4 -6	1	1	1	1	0
	GP	0	0	0	0	0
	Trust Doctor	0	0	0	0	0
Total		7	7	3	5.6	0

Fines

Fines by Locality		
Department	**Number of fines levied**	**Value of fines levied**
Teesside & Forensic	9	£2529.65
North Durham	0	£00.00
South Durham	2	£576.4
Total	11	**£3,106.05**

Narrative – there may be more fines to be added in as the NROC period overlaps the end of this report.

Fines (cumulative)			
Balance at end of last quarter	**Fines this quarter**	**Disbursements this quarter**	**Balance at end of this quarter**
£3,106.05	**£3,106.05**	**£00.00**	**£3,106.05**

Purchases: None made this month

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

High level data

Number of doctors / dentists in training (total):	76
Number of doctors / dentists in training on 2016 TCS (total):	76
Amount of time available in job plan for guardian to do the role:	1 PA
Admin support provided to the guardian (if any):	4 Days per quarter
Amount of job-planned time for educational supervisors:	0.125 PAs per trainee

Exception reports (with regard to working hours) from 1st October 2021 up to 31st December 2021

Exception reports by grade				
Specialty	**No. exceptions carried over from last report**	**No. exceptions raised**	**No. exceptions closed**	**No. exceptions outstanding**
F1 - Northallerton	0	0	0	0
F1 - Harrogate	0	0	0	0
F1 - Scarborough	0	6	6	0
F1 - York	0	0	0	0
F2 - York	0	4	4	0
CT1-2 - Northallerton	0	1	1	0
CT1-2 - Harrogate	0	0	0	0
CT1-2 - Scarborough	0	13	13	0
CT1-2 - York	0	4	4	0
CT3/ST4-6 – Northallerton	0	0	0	0
CT3/ST4-6 – Harrogate	0	1	1	0
CT3/ST4-6 – Scarborough	0	3	3	0
CT3/ST4-6 – York	0	10	10	0
Trust Doctors - Northallerton	0	0	0	0
Trust Doctors - Harrogate	0	0	0	0
Trust Doctors - Scarborough	0	0	0	0
Trust Doctors - York	0	2	2	0
Total	**0**	**44**	**44**	**0**

Exception reports by rota				
Specialty	**No. exceptions carried over from last report**	**No. exceptions raised**	**No. exceptions closed**	**No. exceptions outstanding**
Northallerton/ Harrogate/ York	0	22	22	0
Scarborough	0	22	22	0
Total	**0**	**44**	**44**	**0**

Exception reports (response time)				
Specialty	**Addressed within 48 hours**	**Addressed within 7 days**	**Addressed in longer than 7 days**	**Still open**
Northallerton/ Harrogate/ York	5	14	3	0
Scarborough	11	5	6	0
Total	**16**	**19**	**9**	**0**

Narrative around Exception Reports

The majority of exception reports submitted by doctors in Scarborough were to report of late finishes to the normal working day. The remainder were to either claim additional payment following the submission of the NROC form, or to report inadequate rest whilst on call.

The majority of exception reports submitted by doctors in Northallerton/Harrogate/York were to report of late finishes to the normal working day. There was one to report inadequate rest whilst on call and one to report concerns about trainees being asked to move from non-resident on call shift to resident shift.

The majority of exception reports submitted by doctors on the middle tier rota were to either claim additional payment following the submission of the NROC form, or to report inadequate rest whilst on call. There was one report for a late finish to the normal working day.

Work Schedule reviews

Work schedule reviews by grade	
F1	0
F2	0
CT1-3	0
ST4 - 6	0

Work schedule reviews by locality	
Northallerton	0
Harrogate	0
Scarborough	0
York	0

Locum bookings

Locum bookings by Locality & Grade						
Locality	**Grade**	**Number of shifts requested**	**Number of shifts worked**	**Number of shifts given to agency**	**Number of hours requested**	**Number of hours worked**
Northallerton/ Harrogate/ York	F2	17	17	0	204	204
	CT1/2/GP	25	24	0	315.5	304
	CT3	12	11	0	155	148
	Trust Doctor	0	0	0	0	0
	ST4-6/SAS	15	14	0	288	272
Scarborough	F2	3	3	0	56	56
	CT1/2/GP	67	51	0	604	542.5
	CT3	1	1	0	16	16
	Trust Doctor	0	0	0	0	0
	ST4-6/ SAS	92	92	0	1697	1699
Total		**232**	**213**	**0**	**3335.5**	**3241.5**

Locum bookings by reason					
Reason	**Number of shifts requested**	**Number of shifts worked**	**Number of shifts given to agency**	**Number of hours requested**	**Number of hours worked**
Vacancy	8	8	0	152	152
Sickness	28	26	0	378.5	359
Other	196	179	0	2805	2730.5
Total	**232**	**213**	**0**	**3335.5**	**3241.5**

Vacancies

Vacancies by month						
Locality	**Grade**	**October 2021**	**November 2021**	**December 2021**	**Total gaps (average)**	**Number of shifts uncovered**
Northallerton/ Harrogate/ York	F1	0	0	0	0	0
	F2	0	0	0	0	0
	CT1/2/GP	0	0	0	0	0
	CT3	0	0	0	0	0
	ST4 -6	0	0	0	0	0
	Trust Doctor	0	0	0	0	0
Scarborough	F1	0	0	0	0	0
	F2	0	0	0	0	0
	CT1/2/GP	0.2	0.2	0.2	0.2	0
	CT3	0	0	0	0	0
	ST4 -6	8	8	8	8	0
	Trust Doctor	0	0	0	0	0
Total		**8.2**	**8.2**	**8.2**	**8.2**	**0**

Fines

Fines by Locality		
Department	**Number of fines levied**	**Value of fines levied**
Scarborough	0	£0.00
North Yorkshire & York	0	£0.00
Total	0	£0.00

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
£2325.54	**£0.00**	**£0.00**	**£2325.54**

Purchases

No Purchases made

ITEM NO.15

Trust Board of Directors

DATE:	**18th January 2022**
TITLE:	**Guardian of Safe Working Quarterly Report - January 2022**
REPORT OF:	**Dr Jim Boylan - Guardian of Safe Working**
REPORT FOR:	**Assurance**

This report supports the achievement of the following Strategic Goals:	✓
A great experience for patients, carers and families	
A great experience for staff	✓
A great experience for partners	✓

Executive Summary:

It is the responsibility of the Guardian of Safe Working to provide annual & quarterly reports to the Trust Board for assurance that Junior Doctors are safely rostered and working hours that are safe and in compliance with Terms and Conditions of Service.

There has been a continuing major impact on working conditions by the CoVID 19 pandemic for all staff, including Junior Doctors, over the past year and more recently a significant escalation of positive cases has meant an increase in the number off work due to self isolation or sick leave.

Following recent expressed concerns a visit has been made to the 136 suite at Lanchester Road Hospital which reassured the Guardian that the suite is not physically so remote from other clinical space, especially as the crisis team office is close by - but it remains clear that the key issue is the level of staffing within the Crisis Team so that support for 136 assessments can be reliably provided. As previous reports have also identified other junior doctor concerns regarding section 136 assessments, the medical director is pursing a Trust-wide quality improvement event to obtain baseline data and develop standard operating procedures to ensure the quality and staff / patient safety.

There continue to be a notable number of exception reports emanating from the Scarborough (in particular) and Teesside localities where there are Non-Residential On Call Rotas. These have continued to persist over many months now and are of particular concern in the Scarborough area where the pressure is being felt at all levels among medical staff and suggest a real need to address the elevated work intensity in this area. Where Guardian fines are levied these continue to be largely due to the breach of the 5 hours continuous rest rule.

We continue to monitor and review the process for exception reporting to try to ensure timely reporting by Junior Doctors and accurate intelligence of work intensity across all localities.

Recommendations:
The Board are asked to read and note this Quarterly report from the Guardian of Safe Working.

MEETING OF:	**Trust Board**
DATE:	**27th January 2022**
TITLE:	**Quarterly Report by Guardian of Safe Working for Junior Doctors**

1. INTRODUCTION & PURPOSE:

The Board receive Annual & quarterly reports from the Guardian of Safe Working as a requirement of the 2016 terms and conditions of service for Junior Doctors. This report contains both annual and quarterly data in the appendices and includes aggregated data on exception reports, details of fines levied against departments with safety issues, data on rota gaps/vacancies/locum usage and a qualitative narrative highlighting good practice and/or persistent concern. This will provide assurance to the Board and if needed, ask for approval for action to rectify a safety concern.

2. BACKGROUND INFORMATION AND CONTEXT:

The 2016 national contract for junior doctors encourages stronger safeguards to prevent doctors working excessive hours and during negotiation, agreement was reached on the introduction of a 'guardian of safe working hours' in organisations that employ or host NHS doctors in training to oversee the process of ensuring doctors are properly paid for all their work and ensure they are not working unsafe hours. It is a requirement that all doctors on the contract have an individualised schedule of work for each placement, variation from which requires them to place an exception report, based on hours of work and/or educational experience.

The Guardian role sits independently from the management structure, with a primary aim to represent and resolve issues related to working hours. The guardian is required to levy a fine against a department(s) if a Junior Doctor :-

- works on average over 48 hours/week
- works over 72 hours in 7 days
- misses more than 25% of required rest breaks
- on non-residential on call (NROC) does not have a minimum of continuous rest for 5 hours between 22:00 and 07:00
- does not have the minimum 8 hours total rest per 24 hour NROC shift
- has more than the maximum 13 hour residential shift length
- does not have the minimum 11 hours rest between resident shifts

The work of the Guardian is subject to external scrutiny of doctors' working hours by the Care Quality Commission and by the continued scrutiny of the quality of training by Health Education England.

3. KEY ISSUES:

- **Appendices 1 and 2** provide more details for North (Durham & Teesside) and South (York and North Yorks) sectors respectively for the quarter October to December (inclusive) 2021 with a short narrative explaining the data from the relevant medical staffing officer for each area. The relevant appendices are shared with the corresponding Health Education England body for the different sectors.

- From these appendices the data suggests that there has been some levelling off for exceptions being reported, particularly in the Scarborough locality, which may be linked to the closure of the ward at Cross lane hospital. During this quarter the total numbers of exceptions are evenly spread across both sectors (44 North and 44 South) and an additional positive indicator of an improvement in work intensity in the South is that no fines were necessary in that sector during Q4 2021. There were still substantial fines levied on Teesside though, and as usual these were related to the Non-Residential on call rotas. The trainees in Scarborough report that workloads appear to have improved somewhat but that on calls remain intense –still mostly related to out of area admissions, which remains mostly an issue at Weekends. A split weekend system with allocated days rest is the currently operating model and this has improved the situation somewhat.

- Trainees in the Teesside locality and the Junior Doctor wellbeing rep for the North sector have expressed mounting concerns about the poor provision of on-call accommodation and training facilities for Junior Doctors on the Roseberry Park site. They welcome the proposed re-designation of rooms and facilities within the Medical Development suite led by Bryan O'Leary (Associate Director for Medical Development), which would provide better facilities for on-call and education / meeting space, but are increasingly frustrated by the lack of progress with this development. This would appear to be a relatively straightforward and low cost re-provision and on behalf of the Junior Doctors I would ask the board to consider supporting the expedition of these proposals.

- There were no reports of concerns for the new dual middle tier NROC rotas in County Durham, but the Senior Registrar rep raised trainees concerns that the planned changes in Consultant cover for Learning Disability out of hours may impact on them and their frustration in not being formally consulted about this. Assurances were received that medical staffing will share plans for discussion with them prior to any definite action.

- Over the past quarter we have witnessed the continuing impact of CoVID 19 and, if anything, the new Omicron variant appears to have caused an upsurge in staff absences, particularly upon nursing staff levels. This has obviously had a negative impact on work intensity for all staff still working.

- We continue to monitor access to the Web Ice clinical results service out of hours and overall this has improved in most localities. There are still intermittent reports of difficulties in accessing lab results, particularly in the Teesside locality..

- There continue to be expressed concerns about the availability of Crisis Team staff, to support the Section 136 suite at Lanchester Road during out of hours assessments. We continue to monitor this situation in terms of working impact and safety for Senior Registrars on call, and have asked the SR rep to canvas her colleagues over this coming period about any concerns or difficult experiences they have encountered in this regard. We also continue to monitor for reports by Higher Trainees of pressure to discharge patients from section 136 without an AMHP having been in attendance. I have not received any specific reports of this, however, during the last quarter.

- Over this quarter I am satisfied that all exception reports submitted by doctors on the new contract have been actioned within specified and reasonable timeframes. The medical staffing department have supported doctors' supervisors to action these appropriately and maintain a log that enables trends to be spotted and reports submitted to locality forums.

- There have been no evident rota gaps of concern during this quarter and the internal locum system appear to function well with no reported use of Agency locums on Junior Doctors rotas.

- The Trust continues to monitor and provide compensatory rest arrangements that match or exceed requirements set out in the contract.

4. IMPLICATIONS:

4.1 Compliance with the CQC Fundamental Standards:

The work of the guardian will help to inform CQC in the areas of Safety, Good Governance, Staffing and Duty of Candour. This report evidences maintenance of these standards.

4.2 Financial/Value for Money:

The new contract is underpinned by the principle that junior doctors are paid for the work they do. Implementation of the contract has cost the organisation a significant amount of money. It is necessary that the Board understands that extra costs will be incurred for additional anti-social hours work and breaches of hours and rest agreements. It is vital that broader resources are effectively utilised to ensure work passed to junior doctors is necessary and appropriate.

4.3 Legal and Constitutional (including the NHS Constitution):

The Learning and Development Agreement signed by the Trust with Health Education England clearly sets out the expectations on placement providers. The organisation must ensure that the work schedules in the new contract allow junior doctors to fulfil their curriculum needs within a sound learning environment.

4.4 Equality and Diversity:

The revised 2016 terms and conditions included the responsibility of the guardian to oversee issues relating to Equality & Diversity. The Head of Equality and Diversity has therefore been invited to the quarterly trustwide Junior Doctor Forum. An Equality Impact Assessment has been completed and is updated within the forum. The Champion of Less Than Full-time Working is a core member of the Junior Doctor forum and holds an additional forum / network for less than full time doctors.

4.5 **Other implications:**
It is important that our junior doctor colleagues continue to believe that we are supporting them in providing an appropriate and safe learning environment.

5. RISKS:

The ongoing and developing situation with Covid 19 and the recent escalation of cases resulting in staff vacancies and shortages in key areas has compromised safety for Junior Doctors in some localities for urgent out of hours assessments and it is important that monitoring of this situation continues.

In terms of promoting recruitment and retention of doctors into more senior positions within the trust it is important for the board to continue active support for the development of resources and facilities for the accommodation and educational provision of trainees. Failure to do so is likely to risk a negative influence on decisions by our high quality trainee workforce to consider a future position within the organisation.

Pressure upon Junior doctors to assess section 136 patients without the presence of an AMHP does not constitute best practice and may compromise the level of assurance for decisions made about these patients and pose a professional risk for Junior Doctors.

Failure to anticipate the impact on Junior Doctors working situations of any major service changes remain a generic risk for a large and dispersed organisation such as the Trust and may lead to a Junior Doctor being placed in an unsafe situation.

The Trust rightly encourage high levels of necessary exception reporting and with current levels of negative media attention – these may be misunderstood and be reported in the media without adequate understanding of Trust policy and processes – which may lead in turn to reputational risk.

In the context of the current requirements for social distancing our normally robust structures for Junior Doctor Forums and meetings between senior medics are potentially more challenged, although there is continuing evolution in the availability and use of technology for remote linkage.

6. CONCLUSIONS:

The continuing challenges of the Covid19 Pandemic manifested more recently through staff shortages have impacted upon safe working practices for Junior Doctors in acute out of hours situations in some parts of the trust. There is a need to maintain active monitoring across all localities.

There continue to be issues around work intensity in some Non-Residential Rotas around the trust (most notably on Teesside) but it is encouraging to see indicators for improvement in this situation in Scarborough. We need to continue active monitoring.

Active support from the board to re-provision on call accommodation and educational facilities for Junior Doctors on the Roseberry Park site, where there is probably the highest concentration of trainees in the trust, is likely to be viewed positively and in the longer term could help with recruitment and retention.

Junior Doctors are appropriately submitting exception reports but continuing review of how to maintain and improve the efficiency of this process is important. Medical staffing are actioning exception reports in an appropriate and fair way. I am satisfied that reasonable processes continue to be in place to identify and rectify issues of safety despite the stringencies of safe distance working.

Appropriate alternative measures continue to be taken to provide ongoing training and support for Junior Doctors through regular webinars and video conferencing.
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7. RECOMMENDATIONS:

The Board are asked to read and note this quarterly report from the Guardian of Safe Working.

Author: Dr Jim Boylan
Title: Guardian of Safe Working for Junior Doctors

Background Papers:
Appendices 1 & 2: detailed information on numbers, exception reports and locum usage- North and South Sectors respectively – fourth quarter 2021.

ITEM NO. 16

FOR GENERAL RELEASE

BOARD OF DIRECTORS

DATE:	**24th February 2022**
TITLE:	**Report on the Register of Sealing**
REPORT OF:	**Phil Bellas, Company Secretary**
REPORT FOR:	**Information**

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

Report:

In accordance with Standing Order 15.6 the Board is asked to note the following use of the Trust seal:

Ref.	Date	Document	Sealing Officers
418	27.1.22	Licence to occupy Worsley Court, Doncaster Road, Selby	Brent Kilmurray, Chief Executive Phil Bellas, Company Secretary
419	27.1.22	Licence for alterations (supplemental to the licence to occupy) relating to Worsley Court, Doncaster Road, Selby	Brent Kilmurray, Chief Executive Phil Bellas, Company Secretary

Recommendations:

The Board is asked to receive and note this report.