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**MEETING OF THE BOARD OF DIRECTORS**
**30 March 2023**

**The Boardroom, West Park Hospital, Edward Pease Way, Darlington,  
DL2 2TS and via MS Teams  
at 1.00 p.m.**

**AGENDA**

A break will be held at approximately 3pm.

**Standard Items (1.00 pm – 1.20 pm)**

1	Chair's welcome and introduction	Chair	Verbal
2	Apologies for absence	Chair	-
3	Declarations of interest	-	Verbal
4	To approve the minutes of the last ordinary meeting held on 23 February 2023	-	Draft Minutes
5	To approve the minutes of the last special meeting held on 14 March 2023	-	Draft Minutes
6	To receive the Board Action Log	-	Report
7	To receive the Chair's report	Chair	Report
8	To consider any questions raised by Governors in relation to matters included on the agenda <i>Questions to be received by 1pm on 28 March 2023</i>	Board	Verbal

**Strategic Items (1:20 pm – 2.30 pm)**

9	To receive the Board Assurance Framework Summary Report	Co Sec	Report
10	To receive the Chief Executive's report	CEO	Report
11	To consider the Integrated Performance Report	Asst CEO	Report

12	<p>To consider the strategic journey documents:</p> <ul style="list-style-type: none"> <li>a) Our Clinical Journey to Change</li> <li>b) Our Quality and Safety Journey to Change</li> <li>c) Our Cocreation Journey to Change</li> <li>d) Our People Journey to Change</li> <li>e) Our Infrastructure Journey to Change</li> </ul>	CEO	Report
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**Goal 1: To co-create a great experience for our patients, carers and families  
(2.30 pm – 2.45 pm)**

13	To consider the report of the Chair of Quality Assurance Committee	Cmt. Chair (BR)	Report
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**Exclusion of the Public:**

14	<p><b>The Chair to move:</b></p> <p><i>“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:</i></p> <p><i>Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office-holder, former office holder or applicant to become an office-holder under, the Trust.</i></p> <p><i>Information relating to any particular applicant for, or recipient or former recipient of, any service provided by the Trust.</i></p> <p><i>Information which, if published would, or be likely to, inhibit –</i></p> <ul style="list-style-type: none"> <li><i>(a) the free and frank provision of advice, or</i></li> <li><i>(b) the free and frank exchange of views for the purposes of deliberation, or</i></li> <li><i>(c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.</i></li> </ul>	Chair	Verbal
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**David Jennings**  
**Chair**  
**24 March 2023**

**Contact:** Karen Christon, Deputy Company Secretary  
 Tel: 01325 552307  
 Email: [karen.christon@nhs.net](mailto:karen.christon@nhs.net)

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**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON  
23 FEBRUARY 2023 AT WEST PARK HOSPITAL, EDWARD PEASE WAY, DARLINGTON  
AND VIA MS TEAMS, COMMENCING AT 1.00 PM**

**Present:**

D Jennings, Chair  
B Kilmurray, Chief Executive  
B Reilly, Non-Executive Director and Deputy Chair  
R Barker, Non-Executive Director  
C Carpenter, Non-Executive Director  
J Haley, Non-Executive Director  
P Hungin, Non-Executive Director  
J Maddison, Non-Executive Director  
J Preston, Non-Executive Director and Senior Independent Director  
Z Campbell, Managing Director, North Yorkshire, York & Selby Care Group  
E Moody, Director of Nursing and Governance and Deputy Chief Executive  
L Romaniak, Director of Finance, Information and Estates  
H Crawford, Director of Therapies (non-voting)  
S Dexter-Smith, Director for People and Culture (non-voting)

**In attendance:**

P Bellas, Company Secretary  
K Christon, Deputy Company Secretary  
T Olusoga, Consultant Psychiatrist  
L Taylor, Care Group Director of Operations and Transformation  
S Theobald, Associate Director of Performance  
D Williams, Freedom to Speak up Guardian

**Observers/members of the public:**

*B Murphy, Chief Nurse designate*  
*J Green, Governor*  
*H Griffiths, Governor*  
*M Ovens, Governor*  
*R Tuckett, Governor*  
*A Williams, Governor*  
*M Discombe, HSJ*  
*Member of the public*

**23/228 CHAIR'S WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting and noted the attendance of Beverley Murphy and Dewi Williams.

Commenting on the agenda, the Chair acknowledged that it was important for the board to receive a patient story, to set the tone and focus for its work. This was work in progress and in the interim he would provide a citation from a patient, family or carer, that had been chosen at random. He then went on to read the following:

“After over two years of no help or support for my 14-year-old daughter, I wasn’t coping and was very nearly at the point of a breakdown. My daughter has been completely lost in a very dark hole, then in May 2021 she got referred to IHT under the care of *[names removed]*. From the first day myself and my family met you all, you put hope back into our lives, you

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were absolutely amazing with my daughter, so supportive and patient. I really thought I had lost my daughter, from locking herself in her room, [*names removed*] talking to her through the door, slowly building up that trust and getting to know her, she very slowly started to come back to us. My daughter hasn't been to school for nearly three years and, after the help and support from you, she is now in college under home and hospital care doing her GCSEs. All their support and understanding helped her get a diagnosis of Asperger's Syndrome, so that she will get all the support and help to succeed in whatever she chooses to do in life. I have never met such a dedicated supportive understanding team; you are truly passionate and dedicated to your job. I can honestly say I dread to think how things would have gone without you coming into our lives. I can't express enough gratitude for these life savers. I am so grateful to say that at the end of that black hole there was light. Myself and my family can't thank you enough for this, I just wanted you to know what an absolute amazing team you are, myself and my daughter would like to thank you from the bottom of our hearts".

The Chair noted that not every experience would be as positive but welcomed the citation as one that was powerful and up lifting.

### **23/229 APOLOGIES FOR ABSENCE**

Apologies for absence were received from: J Preston, Non-Executive Director; A Bridges, Director of Corporate Affairs and Involvement; M Brierley, Assistant Chief Executive; K Kale, Medical Director; and P Scott, Managing Director, Durham, Tees Valley & Forensics Care Group.

[J Preston later joined the meeting]

### **23/230 DECLARATIONS OF INTEREST**

None.

### **23/231 THE MINUTES OF THE LAST ORDINARY MEETING ON 26 JANUARY 2023**

In respect of calls to the Crisis Line in North Yorkshire, Z Campbell advised that, whilst there had been some fluctuation, 37% of calls in the week prior to the board meeting had been answered. There was evidence of a slow upward trajectory, and it was anticipated an acceptable level of calls answered would be achieved within six months.

The board noted the concerns expressed by governors previously on the performance of the Crisis Line and it was proposed that an update be provided at the next Council of Governors meeting.

**Action: Z Campbell/P Scott**

**Agreed:**

- i) *The minutes of the last ordinary meeting on 26 January 2023 be agreed as an accurate record and signed by the Chair.*
- ii) *An addendum be included to the minutes of the last meeting to confirm the position of the Crisis Line.*

### **23/232 BOARD ACTION LOG**

The board reviewed and noted the Board Action Log and in discussion the following points were raised:

- (1) The Chair requested that all actions be updated with an anticipated timescale for completion, where not provided and ongoing actions be closed.

**Action: Executive Directors, K Christon**

- (2) B Kilmurray noted that the outcome of the governance review would be presented to the board in March 2023.
- (3) [22/199, Duty Nurse Co-ordinator] S Dexter-Smith advised that a formal response had been provided to concerns raised and further work would be completed via the on call review to consider the role and the impact on other services.

The Chair requested that the action log be updated with a timescale for completion of the review.

**Action: P Scott**

- (4) [23/220, Serious Incidents] E Moody noted that a report would be considered at the next Quality Assurance Committee meeting.
- (5) [23/217, 2023/24 Financial position] L Romaniak advised that an additional Strategy and Resources Committee had been convened in March to review the 2023-24 Financial Plan.

### **23/233 CHAIR'S REPORT**

The Chair presented the report, which provided a summary of work undertaken since the last meeting. He highlighted and welcomed the meeting of Chairs of mental health trusts as an opportunity to discuss emerging issues and commented on a recent discussion with Dr Strathdee on the rapid review into data on mental health inpatient settings. She had expressed interest in work the trust had done on the culture tool and an offer to visit had been extended to her.

P Hungin welcomed the opportunity for the Chair to meet with colleagues from acute trusts and the Chair confirmed that liaison between trusts and transfer of patients had been discussed.

### **23/234 MATTERS RAISED BY GOVERNORS**

The Chair advised that two questions had been received from a governor the day prior to the board meeting. He noted that the previous Chair had allowed a late question where it had related to an item on the agenda, but he considered that the board would not generally take questions at late notice.

The Chair then went on to read the questions, as follows:

1. Does the Board of Directors consider governors to have a primary role as representatives and ambassadors of the trust and its executive, or as representatives and ambassadors of members, patients and carers and the public?
2. Does the Board of Directors respect the independence of the Council of Governors to set its own agenda and control the distribution of its own documentation?

The Chair indicated that the questions reflected a matter raised at the Our Journey to Change event and it was not clear if the views expressed were shared by all governors.

Commenting on the specific questions raised, the Chair advised that the role of governors and the Council of Governors was outlined in NHS guidance and in the trust's Constitution and, as Chair, he would not wish to depart from that.

He considered that it was a matter the Council of Governors should discuss and advised that he would raise the matter at the next Council of Governors meeting to explore the potential to

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establish a task and finish group to review their role and reflect on the national guidance and the trust's Constitution.

**Action: D Jennings**

## **23/235 BOARD ASSURANCE FRAMEWORK SUMMARY**

The board received and noted the Board Assurance Framework (BAF) summary report, which provided information on the alignment between the strategic risks and matters due to be considered at the meeting.

In presentation, P Bellas drew the board's attention to the new report format, which set out positive and negative assurances identified since the last meeting and material reports at the meeting in the context of the management of relevant strategic risks.

In discussion, the following points of clarification or queries were raised:

- (1) Responding to a query on how often movement would be noted, P Bellas confirmed that the full BAF would be updated and reported to the board on a quarterly basis and would reflect information presented to committees in advance.
- (2) The Chair referenced the discussion at the last board meeting on tolerance of the difference between the actual and target risk score and suggested that the development of the BAF would support the board to understand gaps that existed, mitigation taken and traction achieved.
- (3) B Kilmurray noted the content of the full BAF report and commented on the ability of the trust to make significant progress in respect of major risks, such as demand. He suggested the board and committees would consider actions taken in response to risks identified and the trajectory of progress.
- (4) The Chair noted that the BAF did not provide the answers but presented the board with information that supported a further conversation, including with system partners.
- (5) P Hungin noted the role of the board in oversight of key issues and queried how the information presented had been linked to service quality and the experience of service users and carers.

In response, B Kilmurray suggested that the full BAF report provided this greater level of detail and noted that the connection would be made by Audit and Risk Committee and corporate and operational structures.

- (6) P Bellas advised that the BAF included agreed risk tolerances and profiles and outlined the risk management strategy related to each risk. The BAF would be reviewed during the business planning cycle to ensure risks reflected delivery of the trust's strategic goals and to provide clarity on when the risk tolerance level was expected to be achieved and the impact that would be realised.

Commenting on the risk management structure, he noted that the Executive Risk Management Group would review corporate risks and mitigation, and would advise the Executive Directors Group if it considered mitigation was robust, for adjustments to be made. The Audit and Risk Committee would seek assurance on behalf of the board that risk was managed effectively.

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- (7) The Chair noted a proposal raised at the Our Journey to Change event, that metrics be provided linked to the strategic journeys.
  - (8) The Chair noted that the BAF would continue be developed in tandem with the Integrated Performance Report and suggested that good progress had been made.
  - (9) P Bellas advised that work would take place on the board and committee meeting timetable for 2023 to 2024, to reflect revised arrangements by which the Integrated Performance Report would be reported. It was proposed that Executive Directors Group would provide assurance to the board on achievement of targets and committees would take a longer term view on broader risk, controls in place and their impact.
  - (10) Responding to a query, P Bellas confirmed that a number of actions would flow from the outcome of the governance review. This included a review of the trust's Constitution and the Scheme of Delegation.

### **23/236 CHIEF EXECUTIVE'S REPORT**

The board received and noted the Chief Executive's Report, which aimed to highlight topical issues that were of concern.

In presentation, B Kilmurray drew the board's attention to:

- (1) The recent board to board meeting with NHS England (NHSE) and Integrated Care Board (ICB) representatives, as part of a formal process to review the trust's oversight framework segmentation. It was suggested that the presentation on quality improvements had been well received and the involvement and contribution of board members at the meeting was welcomed.

The trust would remain in segment 3, but this would be reviewed in six months' time. This review was expected to be a focus on the progress of quality and safety work, workforce plans, the financial outlook, digital and data.

- (2) Discussions that had taken place with Teesside University on opportunities to build on the existing relationship and joint future ambitions in a number of areas.
- (3) Joint work that had taken place with the University of York and York St John University in the area of physical activity and severe mental illness.
- (4) The appointment of Beverley Murphy as the trust's Chief Nurse and it was noted that an extended handover would be completed with E Moody prior to her departure at the end of April.
- (5) The Our Journey to Change Workshop, which had involved over 90 attendees across a mix of staff, governors, involvement members and partners, and which provided an opportunity for further engagement on trust priorities and care group plans. Further discussions would be held on the draft delivery plan, which would be presented to Strategy and Resources Committee and the board in March for approval.
- (6) The re-establishment of quarterly Our Journey to Change Leadership events, which involved leaders across the organisation and provided a forum for communication and engagement.
- (7) Launch of the National Mental Health, Learning Disability and Autism Quality Transformation Programme, by NHS England and the rapid review into data on mental health inpatient settings by Dr Strathdee. It was anticipated that the transformation programme would lead to guidance on what good looked like and the trust had sought to be included within the first cohort.

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In discussion, the following additional matters or points of clarification were raised:

- (1) J Maddison queried the autism diagnosis and treatment services that the trust had been contracted to provide and suggested that these be mapped against expectations from the national programme.

In response, B Kilmurray advised that the trust was not commissioned to provide direct autism services but was required to make reasonable adjustments for service users that presented with autism. A number of historic contract specifications were in place that may not now reflect delivery. Autism was less expressly set out in inpatient services, and he noted that the trust had a different approach in each care group area in respect of diagnostic pathways, due to historic commissioning arrangements. The trust had established a central team that provided training, support, service development and input into complex cases.

- (2) B Reilly welcomed the opportunity to meet with ICB and NHSE colleagues at the board to board meeting and queried the role Quality Assurance Committee had in relation to a change in the current Oversight Framework score.

In response, B Kilmurray advised that Quality Assurance Committee had key lines of enquiry in relation to progress on the CQC action plan and the assurance statements produced in response to the Niche Reviews. A multi-faceted approach was required to change the Oversight Framework score and prior to the next board to board meeting the board would wish to be confident that there had been positive change in respect of the financial position, quality and safety, workforce planning and use of data.

- (3) Responding to a query, B Kilmurray advised that NHSE and ICB Non-Executive Directors would not be expected to be directly involved in a provider level review. As Chief Executive, he had been invited to attend the North Yorkshire ICB board meeting to present the trust's improvement plan.

Commenting further, the Chair suggested that the ICB was still in development and he noted that the Chairs of foundation trusts had met with the ICB to discuss a framework for how the ICB and trusts would work together.

- (4) The Chair thanked board members for taking part in the board to board meeting and suggested that the trust had given a good account of itself and had been honest in what had been achieved and the challenges it faced. He suggested that if the trust achieved its key performance indicators it would trigger a review of the score.
- (5) P Hungin noted the current environment and proposed that close communications be maintained with the ICB to ensure they remained invested in the trust's improvement journey.

The Chair concurred and indicated that, based on discussions held, he was of the view that both the ICB and NHSE were invested in the trust, and he noted the support and challenge provided by the Intensive Support Team.

- (6) B Kilmurray noted the role of the regional team as a key decision maker, and the role of the monthly Quality Board to review evidence and by which the trust would maintain confidence.

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**23/237 INTEGRATED PERFORMANCE DASHBOARD**

The board received and noted the Integrated Performance Report (IPR), which provided oversight of the quality of services delivered for the period ending 31 December 2022 and assurance on action taken to improve performance in the required areas.

In presentation, S Theobald drew the board's attention to:

- (1) Changes to the IPR, since the last board report, and areas that were of concern where there was limited performance assurance and negative controls assurance.
- (2) In respect of staff in post with a current appraisal [measure 21], further work would take place to identify gaps, areas within the trust's control, and appropriate smart objectives. An improvement plan would be provided with the next board meeting.  
**Action: M Brierley**
- (3) Work that was underway to develop a performance improvement plan with smart objectives in relation to long-term plan ambitions that were at risk. These would be linked to the Accountability Framework and taken forward with care groups in March.
- (4) Broader work in respect of safe staffing, environmental risks, bed occupancy, workforce planning, Agenda for Change and other pay awards.
- (5) Summary information provided in respect of the care groups.
- (6) The proposal to report to the board in a timelier manner, on the second Thursday of the month from the start of the new financial year.

In discussion, the following matters or points of clarification were raised:

- (1) In respect of the flow of performance reporting, the Chair noted that the IPR would be reported through the executive team with elements of the report scrutinised by committees who would provide assurance to the board through the 3A's framework.
- (2) As an example that the trust was aware of emerging issues, E Moody noted concerns raised through Quality Assurance Committee in relation to a deterioration in patients who reported feeling safe. In response, care group action plans would be developed and reviewed by Executive Quality Assurance and Improvement Group.
- (3) E Moody proposed that the IPR reported on the most up to date position in related of serious incidents and agreed to action this following the meeting.  
**Action: E Moody**
- (4) C Carpenter welcomed the work that would be taken forward. She noted that however strong and improved the narrative would be, action would need to result in fewer red risks or a further discussion on what action the trust would take to remove any barriers to improvement.
- (5) The Chair welcomed the increased refinement of the report and proposed that the next step would be to consider action the trust had taken and if that had led to an improved trajectory.
- (6) J Maddison welcomed the improved report and thanked officers in this regard. He noted the proposal to improve the timeliness of the report and suggested this would remove inconsistency between narrative and data reported.

He went on to note that the majority of tables in the report did not provide narrative in respect of 'actual impact' and requested that work take place to populate this to provide assurance to the board.

**Action: M Brierley**

- (7) The Chair suggested that the report appropriately reflected the trust's workforce and demand challenges, about which the board was aware. He noted work had taken place in respect of the workforce strategy and by the Bed Occupancy Group and commented on the importance of community services to avoid inpatient admissions.

### **23/238 RISK APPETITE STATEMENTS**

The board received the report, which set out the board's revised risk appetite for agreement.

Responding to a query, P Bellas confirmed that the revised risk appetite had been discussed and agreed by each of the committees.

***Agreed:** that the board approve the revised risk appetite statement as set out in Annex 1 of the report.*

### **23/239 CORPORATE RISK REGISTER**

The board received the Corporate Risk Register, which set out high risks that had an organisational wide impact.

In presentation, E Moody highlighted:

- (1) Changes to the process and revised criteria, in order that that the board was sighted on risks scored 15 and above that had an organisational wide impact or direct impact on delivery of a trust goal.
- (2) Risks that had been removed from the register and the reported rationale for this.
- (3) That the board would be aware of risks aligned to quality, which had been considered by Quality Assurance Committee. Cross cutting risks, such as workforce, which would be considered by more than one committee.
- (4) That, from a nursing and governance perspective, she considered that the report provided a reasonable level of assurance and the new governance arrangements would provide a structure by which services would be held to account.

In discussion, the following matters or points of clarification were raised:

- (1) J Maddison noted progress that had been made on risk management, which had included establishment of the Executive Risk Management Group, staff training and implementation of a risk management framework. He referenced the opportunity for further improvement, including in relation to report content and consistency and noted that J Haley had offered to meet with K Marley and A Lowery to progress this.

**Action: A Lowery**

- (2) J Maddison proposed that where Executive Directors Group had agreed to change a risk score that narrative on the rationale for this, be provided in the board report.

**Action: E Moody**

J Haley welcomed the request, which she suggested would support the development of risk reporting to the board.

- (3) E Moody noted that the trust had gone out to procurement on a new risk management system and expressed confidence that this would improve oversight.

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- (4) The Chair welcomed the progress that had been made and noted the interrelation between the Corporate Risk Register and the Board Assurance Framework.

He went on to propose that enhanced narrative be provided in respect of risks assigned to a care group and collective action be taken in respect of those actions that had passed their review date.

**Action: E Moody**

- (5) J Maddison proposed that the report provide clarity on risks that were within the gift of the trust to respond to, including with partners, alongside information on timescales.

**Action: E Moody**

- (6) E Moody sought clarity on the level of information that would be reported to committees and the board. She noted that each committee would review in detail those risks that had been assigned to it, and Audit and Risk Committee would have oversight of the risk management process.

In response, J Maddison suggested there was a collective view on this from committee Chairs and agreed to discuss further with E Moody outside of the meeting.

- (7) B Reilly advised that the reduction in compliance that had been noted at Quality Assurance Committee had been attributed to completion of culture assessments and an improvement was expected to be reported at the next meeting.

## **23/240 LEADERSHIP WALKABOUTS REPORT**

The board received and noted the Leadership Walkabouts Report, which provided high-level feedback from recent leadership walkabouts to services for older people across the trust.

Presenting the report, B Kilmurray commented on the common themes that had arisen during the visits, which were reflected in the Integrated Performance Report and the Corporate Risk Register, and he noted that despite demands on colleagues, teams remained focused on patient care, and he had seen good examples of collective and individual leadership.

The Chair welcomed the visits as an opportunity to triangulate issues that the board had been aware of.

B Reilly noted that she may not be able to attend some visits due to their location and timing and may wish to change teams as a result.

## **23/241 REPORT OF THE CHAIR OF QUALITY AND ASSURANCE COMMITTEE**

The board received and noted the report from the Chair of Quality Assurance Committee, which aimed to alert, advise and assure the board on matters raised at the last committee meeting.

B Reilly, Chair of the committee, noted the significant number of agenda items considered by the committee and highlighted:

- (1) The current position in respect of serious incidents, on which committee would receive a further report at the next meeting and an update would be provided to the board in March.
- (2) The temporary closure of adult learning disabilities, which had led to admissions in adult services and concerns in respect of the availability of appropriately skilled staff and the requirement for out of area placements.

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- (3) Committee had noted little change to the ongoing challenge of safe staffing and concerns were raised in relation to the low fill rate for registered nurses in some areas. It was also noted that 13 wards operated with more than 25% of bank staff.
  - (4) Good progress was noted in relation to the Adult Learning Disabilities Improvement Plan and committee would receive a further update following the visit by Mersey Care.
  - (5) Following concerns raised at Audit & Risk Committee, the committee had considered the position in relation to the management of safety alerts, where reasonable assurance on process but limited assurance on performance was noted. Feedback would be provided to the next meeting of Audit & Risk Committee.
  - (6) Board attention was drawn to the good level of assurance provided from the 48 culture assessments conducted, which had been a significant piece of work in a short period of time.

Commenting further, B Kilmurray thanked colleagues for the support that had been provided to undertake the culture assessments at short notice.

In discussion, the following matters or points of clarification were raised:

- (1) E Moody noted that a recovery plan had been developed in respect of serious incidents and a contract had been agreed with the North East Commissioning Service (NECS) to complete the backlog over a three to six month period. An external consultant had also been commissioned to review systems and oversee coordination of the allocation to NECS. Following recruitment, the team was at full capacity and in a position to maintain the workload going forward.
- (2) B Kilmurray advised that the Adult Learning Disability Improvement Plan had been overseen by Executive Directors Group and an improvement in discharge trajectories had been noted.
- (3) In respect of admissions to acute wards, B Kilmurray noted that admissions would be taken if appropriate, but he suggested this had not always been the case. He noted that Sir David Pearson had been appointed by NHS England as Senior Intervener for learning disability services, to progress discharges.
- (4) B Kilmurray noted that a meeting had been held with Directors of Adult Services to discuss potential for a system summit on transformation, in order to progress proposals that had paused during Covid recovery.
- (5) The Chair welcomed the updates provided and proposed that consideration be given to how narrative on the work in progress outlined in the meeting, could be reflected in the Board Assurance Framework, Corporate Risk Register and Integrated Performance Report.  
**Action: B Kilmurray**
- (6) In respect of the management of safety alerts, E Moody noted that 100% of national patient safety alerts were addressed in time. She acknowledged that field safety alerts were not as timely as the trust wished due to identification of those with medical devices and team capacity. Agency support had provided additional capacity to the central team and an action plan would be presented to Quality Assurance Committee.

Responding to a query, E Moody confirmed that Medical Device Safety Officers had been employed to complete a gap analysis and the subsequent business case would be considered by Executive Directors Group.

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**23/242 LEARNING FROM THE INDEPENDENT INVESTIGATION REPORT INTO MATERNITY AND NEONATAL SERVICES IN EAST KENT – READING THE SIGNALS**

The board received and noted the report, which set out the key issues and learning from the national independent investigation into maternity and neonatal services in East Kent.

The Chair advised that he had attended a presentation of the report at the North East North Cumbria Integrated Care Board (NENC ICB), and had considered that the report should be discussed by the board.

In presentation, E Moody highlighted that:

- (1) The board was invited to consider the culture and leadership within the trust and how staff, service users and families were listened and responded to.
- (2) The report had been well received by staff at Our Journey to Change Leadership events.
- (3) Any improvement action by the trust would be considered in conjunction with Our Journey to Change, the culture assessments and the trust's response to the Ockenden Report.

H Crawford then took the board through the PowerPoint slides and in addition to the information provided highlighted the importance of listening to service users and triangulating that information with complaints and staff feedback and learning from every safety event that occurred. She noted that the review had not provided operational recommendations as it was considered that multiple documents were already in place to support service improvement.

[C Carpenter left the meeting]

In discussion, the following matters or points of clarification were raised:

- (1) The Chair commented on how powerful he had found the report to be and suggested that the themes raised may be seen across the NHS and mental health services. He noted that the trust had made significant improvements and welcomed the culture assessment work as a means of providing early warning and rapid support where intervention was needed. He went on to reflected how important culture was to delivery of strategy.
- (2) B Kilmurray advised that the findings of the report had been shared with 170 trust leaders and the potential to cascade this and create opportunities for further discussion would be explored. He went on to note that further work would take place following the culture assessments and suggested that the trust would not apologise for providing challenge and a focus on this work.
- (3) H Crawford reflected on the positive response from trust leaders to the presentation and the opportunity it had presented for an honest conversation, which she felt demonstrated a shift in the organisation. She noted that the trust intended to invite Dr Kirkup to attend a learning webinar session.

B Kilmurray noted that a recording of the session held by the NENC ICB could be made available.

- (4) E Moody also commented on the positive response from trust leaders and suggested that information should be included within the trust's induction and discussions held on the key themes as part of supervision. She also reflected on feedback from the culture assessments, where some groups had suggested they felt disconnected.

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- (5) B Murphy welcomed the work that was underway and noted the volume of information provided by the Integrated Performance Report and other reports on the board agenda and queried if the trust was clear about the signals it would look for within this information.

The Chair acknowledged that the board would need to review the information provided to identify areas of concern.

- (6) B Murphy advised that NHS England had subsequently asked neonatal and maternity services to prepare a delivery plan in response to the report and she suggested that the trust complete a similar exercise to seek assurance on relevant areas.

B Kilmurray noted the culture assessment work completed and participation in the NHS Culture and Leadership Programme. He suggested that once the scope of that was in place, the trust would determine how it would respond to it.

- (7) P Hungin referenced feedback from service users and relatives at the Our Journey to Change event on the need for staff continuity. He noted how important this would be to service users to ensure trust and relationships were remained, particularly as the trust often provided care over a long period.
- (8) J Maddison commented on the opportunity for the board to review the position annually, to ensure there remained a focus on the key themes and to avoid complacency.
- (9) The Chair noted that in response to a query he had raised at the ICB meeting, the review had identified that poor culture had been both immediate and incremental over time.

Bringing the discussion to a close the Chair noted that the video of the Integrated Care Board meeting and learning webinars would be made available. He also proposed that the board receive a further report in three months' time, via Quality Assurance Committee, on how this work and been adapted and taken forward to support Our Journey to Change.

**Action: E Moody/B Murphy**

## **23/242 REPORT OF THE CHAIR OF MENTAL HEALTH LEGISLATION COMMITTEE**

The board received and noted the report from the Chair of Mental Health Legislation Committee which aimed to alert, advise and assure the board on matters raised at the last committee meeting.

P Hungin, Chair of the committee, drew attention to a data query raised by the committee on use of the Mental Health Act, where it had been found that renewals had been recorded as new detentions. It was expected that there would be a reduction of up to half current totals as a result, which would place the trust lower than average compared to national data. The position had been reported to other committee members, in the event that such an anomaly may exist elsewhere.

He went on to commend the Mental Health Legislation Team who had become more assured of the role they played in the organisation.

The Chair welcomed the work that had taken place as a good example of where a committee had sought assurance on the data provided.

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J Maddison, Chair of Audit and Risk Committee, noted that, in order to provide assurance, Internal Audit had been requested to carry out a rolling review of key KPI's to confirm that correct definitions were always used.

## **23/243 REPORT OF THE FREEDOM THE SPEAK UP GUARDIAN**

The board received the report, which aimed to provide an update on activity over the previous six month period.

D Williams presented the report and highlighted:

- (1) Four staff had experienced detriment as a result of speaking up and he suggested that improvements were needed in relation to how the trust provided support to them. He went on to propose that in such cases a referral could be made to a lead Non-Executive Director to provide independent oversight but acknowledged that if cases increased the workload would become difficult to manage.
- (2) That 88% of staff had completed the mandatory training and a new version would be released imminently. This included a section on how to respond to someone who had spoken up, which aimed to reduce the escalation of cases into complex investigations.
- (3) There had been a number of cases related to concerns about unmanageable workloads and unsympathetic managers who had minimised concerns or made workers feel incompetent.
- (4) Staff working in prison services had continued to raise concerns that they felt unable to speak up, despite interviews and feedback sessions held by Organisational Development.

In discussion, the following matters or points of clarification were raised:

- (1) The Chair noted that a new course of action may be needed to achieve a different result and he queried the role proposed for a Non-Executive Director.
- (2) R Barker suggested that Freedom to Speak up needed to be further communicated and embedded in the organisation as a safe way for staff to raise concerns, and she advised that she was not averse to the role as an independent Non-Executive Director if it would be of benefit.

B Kilmurray cautioned on the commitment that may be required and suggested that the board would wish to have oversight and seek assurance that the system worked, with the Non-Executive Director involved in outlier cases.

- (3) E Moody provided an example of a member of staff who had faced detriment as a result of submitting a grievance and had resigned as a result. She queried if the trust sought to understand if staff who submitted grievances had faced detriment and welcomed a level of independence from the service.

In response, D Williams advised that staff who contacted Freedom to Speak Up would be invited to provide feedback on any detriment suffered as a result and if they would contact the service again. He suggested that additional support was required for staff who suffered detriment and advised that they felt they were not trusted and had been let down by the trust.

- (4) S Dexter-Smith advised that an independent review had been completed and an options appraisal would be presented to Executive People, Culture and Diversity Committee in March 2023. She noted how important it was to understand where teams needed support

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in order that intervention could be provided, and she welcomed the role of an independent Non-Executive Director.

- (5) B Kilmurray proposed that if there was clarity on what a good resolution would be for the staff member, the trust would consider how that could be achieved. He went on to suggest that the level two training would address some concerns raised and noted that leadership training would support the trust's expectation that those who spoke up would be valued.
- (6) The Chair suggested that the trust needed to respond to concerns that staff had suffered detriment or there would be a negative impact on staff who were willing to speak up.
- (7) T Olusoga proposed that staff did not set out to be problematic and the trust may wish to consider the root causes of their behaviour and demands placed on managers. This may include extreme pressure on managers, that over time, resulted in staff who were less compassionate, and this was expressed in their interaction with others.

The Chair acknowledged the point made and suggested that while capacity and demands would be of concern, there was no excuse for behaviour that was outside of the trust's values.

- (8) In response to a query on the level of assurance provided by the FTSU work, D Williams advised that staff who had accessed the service had indicated they had been satisfied with the support they had received and the service had made improvements in signposting at an earlier point towards FTSU or the grievance procedure.

The Chair suggested that whilst there was some control assurance, there was less assurance in respect of performance or outcomes.

In response, S Dexter-Smith advised that this was an independent report provided by the FTSU Guardian and assurance on the service could be provided in a separate report, if required.

- (9) B Reilly queried what further support could be provided to support the freedom to speak up work. In response, D Williams advised that proposals had been developed for further communications to help to inform staff about the service. He suggested that the team had become smarter in how work was shared and reacted quickly to emerging issues.
- (10) L Romaniak highlighted the potential for People, Culture and Diversity Committee to receive a report that mapped over time any FTSU service hot spots and triangulated this with other data.
- (11) In response to an earlier comment, L Taylor welcomed the work by staff in prison services and acknowledged that the environment may not be suitable for everyone.

The Chair concurred and noted that he had been inspired by the team following a recent visit and recognised the challenges they faced in respect of the estate.

Bringing the discussion to a close, the Chair proposed that D Williams be involved in development of proposals for the board to consider and that this respond to concerns raised that some of those who had spoken up had suffered detriment as a result.

**Action: S Dexter-Smith**

## 23/244 REPORT OF THE CHAIR OF PEOPLE, CULTURE AND DIVERSITY COMMITTEE

The board received and noted the report from the Chair of People, Culture and Diversity Committee, which aimed to alert, advise and assure the board on matters raised at the last committee meeting.

J Haley, Chair of the committee, highlighted:

- (1) That the committee had received a story from a staff member who had wished to highlight the positive and supportive culture she had received at the trust, since she had joined. It was suggested that the story be shared and S Dexter-Smith advised that information had been passed to the communications team.
- (2) Ongoing work in respect of risk management.
- (3) That, whilst a number of challenges were systemic in the NHS, she considered that some improvement had been noted and this was reflected in the staff survey results.
- (4) Progress that had been noted in respect of equality, diversity and inclusion and that the trust had gone beyond that required by the Equality Delivery System.
- (5) Work that had been carried out in respect of concerns raised about the Duty Nurse Coordinator role and the opportunity this had created to review the position.

## 23/245 GENDER PAY GAP REPORT

The board received the report, which aimed to demonstrate adherence to the statutory requirements of the gender pay gap reporting legislation and explain any gender pay differences in order to demonstrate the trusts commitment to equality.

In presentation, S Dexter-Smith highlighted that:

- (1) Data presented was pre-restructure and further work would take place to understand how the restructure had improved the position.
- (2) The trust aimed to provide more information than required.
- (3) The report presented where differences had been identified and proposed a number of areas for further action.

In discussion, the following matters or points of clarification were raised:

- (1) P Hungin suggested there were a number of factors that would impact on differences in pay between genders and queried the aim of the further work proposed.

B Kilmurray acknowledged that there were a number of wider factors and suggested the trust had a duty to try to close the gap where it was able to. He referred to the proposed areas for further action, which included a review of Clinical Excellence Awards where support could be provided in order that comparable outcomes were achieved.

- (2) B Murphy suggested that the trust had a responsibility, beyond that which was statutory, to be curious and interested in what action it could take to improve the position and she noted the impact that could have on the wider health of the population.

### **Agreed:**

- i) *That there was good assurance that the trust is meeting its statutory requirements by producing data in relation to gender pay differences that exist within the organisation.*
- ii) *The actions identified be agreed and the Gender Pay Gap Report 2022 be published on the trust and government website, as required.*

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## 23/246 EQUALITY DELIVERY SYSTEM 2022 REPORT

The board received the report, which aimed to provide assurance that the trust had met its obligations under the NHS contract to complete the Equality Delivery System (EDS) 2022.

S Dexter-Smith presented the report and suggested that the report, which had been compiled by experienced staff, provided strong assurance to the board that a robust process was in place.

**Agreed:**

- i) *That it was assured that a robust process had been undertaken when completing the proposed scoring and evidence for EDS 2022.*
- ii) *To ratify the scores of EDS 2022 and agree to the publication of EDS 2022 on the trust website, as required.*

## 23/247 EQUALITY OBJECTIVES 2023-2027

The board received the report, which aimed to provide assurance that the trust had met its obligations under the Equality Act 2010 to develop and publish equality objectives every four years.

S Dexter-Smith presented the report and indicated that she had interrogated the proposed objectives and had confidence in those chosen.

Responding to a query on what the trust aimed to achieve, she advised that the objectives were designed to improve the trust's position and results would be seen through staff and patient experience. She went on to note that the trajectory had continued to improve for staff who shared a protected characteristic.

**Agreed:**

- i) *That there was good assurance that a robust process had been undertaken when developing the proposed equality objectives.*
- ii) *To ratify the objectives and agree to their publication on the trust website.*

## 23/248 EXCLUSION OF THE PUBLIC

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

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

*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.*

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Following transaction of the confidential business, the meeting concluded at 5.47 pm.

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Chair  
30 March 2023

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**MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON  
14 MARCH 2023 AT THE WORKPLACE, AYCLIFFE BUSINESS PARK, NEWTON AYCLIFFE,  
DL5 6AH AND VIA MS TEAMS, COMMENCING AT 2.00 PM**

**Present:**

D Jennings, Chair  
B Kilmurray, Chief Executive  
B Reilly, Non-Executive Director and Deputy Chair  
R Barker, Non-Executive Director  
C Carpenter, Non-Executive Director  
J Haley, Non-Executive Director  
P Hungin, Non-Executive Director  
J Maddison, Non-Executive Director  
J Preston, Non-Executive Director and Senior Independent Director  
M Brierley, Assistant Chief Executive  
Z Campbell, Managing Director, North Yorkshire, York & Selby Care Group  
K Kale, Medical Director  
E Moody, Director of Nursing and Governance and Deputy Chief Executive  
L Romaniak, Director of Finance, Information and Estates  
P Scott, Managing Director, Durham, Tees Valley and Forensics Care Group  
A Bridges, Director of Corporate Affairs and Involvement (non-voting)  
H Crawford, Director of Therapies (non-voting)  
S Dexter-Smith, Director for People and Culture (non-voting)

**In attendance:**

P Bellas, Company Secretary  
K Christon, Deputy Company Secretary

**Observers/members of the public:**

*B Murphy, Chief Nurse designate  
Member of the public*

**23/250 APOLOGIES FOR ABSENCE**

None.

**23/251 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting and thanked board members for their attendance at the special meeting, which had been organised to deal with a time limited matter.

**23/252 DECLARATIONS OF INTEREST**

None.

**23/253 CHIEF EXECUTIVE'S REPORT**

B Kilmurray provided a verbal update on strike action by junior doctors. He noted that 188 or two thirds of eligible junior doctors had chosen to take part in strike action and the trust had moved into full incident mode until the end of the action, to ensure staff cover and continuity of services. Approximately 50 clinics per day had been stood down and daily monitoring would take place. He placed on record this thanks to colleagues for their flexibility and support provided during the period.

In response to a query on the impact of strike action, B Kilmurray advised that work would take place to rearrange cancelled appointments as soon as possible and if necessary additional services would be organised, but this was not expected to be needed.

## **23/254 EXCLUSION OF THE PUBLIC**

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

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

*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.*

Following transaction of the confidential business, the meeting concluded at 3.00 pm.

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Chair  
30 March 2023

**Board of Directors  
Public Action Log**

ITEM NO. 6

**RAG  
Ratings:**

	Action completed/Approval of documentation
	Action due/Matter due for consideration at the meeting.
	Action outstanding but no timescale set by the 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.	Subject	Action	Owner(s)	Timescale	Status	Comments
31/03/2022	22/03/14/226	Outcome of the Establishment Reviews	Further updates on the Establishment Reviews to be presented to the People, Culture and Diversity Committee and the Strategy and Resource Committee	DoN&G	Apr-23		Update provided to the SRC on 17/8/22 (see conf item 7). Update Jan-23: Report to board in April 2023
29/09/2022	22/139	Patient experience	Quality Assurance Committee to review that services, particularly secure inpatient services, are provided in a way that is respectful of a individual's affirmed gender.	DoN&G	Mar-23		Nov-22: Chair of QuAC to raise at next meeting and provide feedback to the board in 2023. To be discussed by QuAC in Mar-23
29/09/2022	22/139	Workforce Delivery Plan	Workforce Delivery Plan to be presented to a future board meeting.	DfP&C	Feb-23		Draft plan presented to PCDC in Nov-22. Final report to PCDC and the Board in Feb-23. Jan-23: Update provided. Feb-23: Update provided. <b>SEE AGENDA ITEM 12</b>
29/09/2022	22/139	Staff survey	People, Culture & Diversity Committee to carry out a deep dive into the reductions in the percentage of staff who would recommend the trust as a place to work and the percentage of staff who responded to the survey.	DfP&C	May-23		
29/09/2022	22/144	Mental Health Legislation	Training to be provided to the board on the Mental Capacity Act	MD	Apr-23		Briefing circulated to the board on 8-Nov and 15-Dec. To be scheduled as part of the BoD briefing sessions during 2023 - the programme will be circulated April-23
22/10/2022	22/172	Board meetings	Dates be circulated for board meetings, seminars and lunch and learn events for 2023/24	Deputy Co-Sec	Apr-23		Dates for May23-Apr24 are subject to discussion by the Board mar-23 (governance review) and will be circulated April-23
22/10/2022	22/174	Integrated Performance Dashboard	Discussion to be held at future board development session on the level of reported outcomes following treatment	MD	Apr-23		To be scheduled as part of the BoD briefing sessions during 2023 - the programme will be circulated April-23
24/11/2022	22/186	Patient/Staff/Partner Story	The next patient/staff/partner story to be held at the January 2023 board meeting.	DoN&G	Jun-23		Work to take place on the format to ensure it meets the needs of the BoD and is a positive experience for those involved. Feb23: In the interim the chair to provide a citation
24/11/2022 26/01/2023	22/190 23/217	Integrated Performance Report development	Nov:22: Report to be developed to include a forward view on actions required to ensure progress is made. Jan-23: Detail be included in the IPR to provide clarity on smart objectives, outcomes and impact.	ACEO	May-23		

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Agenda Item 6

Date	Ref No.	Subject	Action	Owner(s)	Timescale	Status	Comments
24/11/2022 26/02/2023 23/02/2023	22/199 23/213 23/232	Duty Nurse Coordinator - staff capacity	Nov-22: Assurance to be provided at Jan-23 board meeting on staff capacity to undertake the Duty Nurse Coordinator Role and impact on safe staffing.	DTVCG MD DoN&G	Feb-23		Jan-23: Assurance provided. Feb-23: Written confirmation provided to PCDC Chair. Feb-23: Review of the role and impact on services to be considered as part of the on call review to be completed April-23
26/01/2023	23/215	BAF	Format to be reviewed to consider potential for a table detailing the target level of risk, actual risk and gap	Co Sec	May-23		
26/01/2023	23/215	BAF - lobbying	Stakeholder mapping to be completed to inform conversations held by the board.	DoCA&I	Jun-23		
26/01/2023	23/215	BAF - tolerance of high risks	Executive Directors and committees to scrutinise the position to understand how long high risks had remained at their current level and what related action was proposed.	Exec Directors, Committee Chairs	May-23		Mar-23: Discussed by QuAC in March-23 Next cycle of committee meetings will be May 2023
26/01/2023	23/217	2023/24 Financial position	Strategy & Resources Committee explore the financial position for 2023/24, to give assurance to the board on the level of risk and potential financial gap.	DoF&I	Mar-23		Additional S&RC held in March to review the financial position and 23/24 Financial Plan
26/01/2023	23/220	Serious Incidents	Clarity be provided through the Quality and Assurance Committee on when progress would be expected.	DoN&G	Mar-23		Mar-23: Update provided to the March QuAC meeting
26/01/2023	23/221	Learning from Deaths	Executive Directors Group and Quality Assurance Committee to reflect on the themes identified and what this may indicate about the first line of defence and the trust's culture and oversight and accountability of staff to their line manager.	DoN&G	Apr-23		
26/01/2023	23/221	Learning from Deaths	Future reports to be considered by QuAC for assurance to be provided to the board. Reports to include a focus on the number of times themes occurred as a measure of improvement.	DoN&G	Apr-23		
23/02/2023	23/231	Crisis Line	Update to be provided at the Council of Governors March meeting	MD DTV&F MD NY	Mar-23		Update provided at CoG on 09-Mar-23
23/02/2023	23/232	Board Actions	Action log to be updated with anticipated timescales for completion.	Exec Directors Dep. Co Sec	Mar-23		
23/02/2023	23/234	Council of Governors	Chair to raise at next CoG meeting the potential for a task and finish group to review their role and reflect on national guidance and the trust's Constitution.	Chair	Mar-23		Raised at CoG on 9-Mar-23
23/02/2023	23/237	IPR - staff appraisals	An improvement plan in respect of staff appraisals to be developed.	ACEO	Mar-23		
23/02/2023	23/237	IPR - serious incidents	Updated information on the position in respect of serious incidents to be captured by the IPR.	DoN&G	May-23		
23/03/2023	23/237	IPR - 'actual impact'	Information on 'actual impact' to be included within the report.	ACEO	May-23		
23/02/2023	23/239	Corporate Risk Register - reporting	J Haley, K Marley and A Lowery to meet to explore the opportunity to for improvements in relation to consistency and report content.	A Lowery	Apr-23		

Date	Ref No.	Subject	Action	Owner(s)	Timescale	Status	Comments
23/02/2023	23/239	Corporate Risk Register - narrative	Additional narrative and timescales to be included within the CRR: i) The rationale where Executive Directors Group had agreed to change a risk score ii) Where a risk had been assigned to a care group iii) to clarify risks within the gift of the trust to respond to, including with partners.	DoN&G	May-23		
23/02/2023	23/239	Corporate Risk Register	Action to be taken in respect of actions that had passed their review date.	DoN&G	May-23		
23/02/2023	23/241	CEO updates	Consideration to be given to how narrative on work in progress outlined at the meeting, could be reflected in the BAF, Corporate Risk Register and IPR.	CEO	May-23		To be actioned in next round of quarterly reports.
23/02/2023	23/242	CEO report - Kirkup Report	Board to receive a further report in three months time, via QuAC on how the work had been adapted and taken forward to support OJTC. The video of the ICB meeting to be shared and B Kirkup to be invited to attend a learning webinar.	DoN&G	May-23		
23/03/2023	23/244	Freedom to Speak up	Board to receive a report on the proposal, linked to culture assessment work and which would respond to concerns raised that some of those who had spoken up had suffered detriment.	DfP&C	May-23		

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## Chair's Report : 17<sup>th</sup> February 2023 – 30<sup>th</sup> March 2023.

### Headlines:

#### External:

- Weekly MH Chairs' Network
- Meeting NHS FT Chair on Constructive Challenge.
- Mentor meeting for DJ
- Meeting various MPs in relation to NICHE Number 4 Report
- Yorkshire & Humberside Chairs meeting
- North East & North Cumbria Chairs meeting

#### Governors

- Council of Governors
- Durham & Tees Locality Governors meeting
- Council of Governors Development Day
- Various issues from Governors

#### Internal

- Our Journey to Change & Business Plan Conference : Great North Air Ambulance HQ
- Board of Directors February 2023
- Judging, and giving, Living the Values Awards (x5)
- Leadership Walkabouts
- Visit Hartlepool Community Hub
- Board Development session (externally facilitated)
- Board meeting with Staff Side
- West Lane Committee
- Various meetings & discussions with executive officers

1 day annual leave 21 3 2023.



For General Release

**Meeting of:** Board of Directors  
**Date:** 30<sup>th</sup> March 2023  
**Title:** Board Assurance Framework – Summary Report  
**Executive Sponsor(s):** Brent Kilmurray, Chief Executive  
**Author(s):** Phil Bellas, Company Secretary

**Report for:**

<i>Assurance</i>		<i>Decision</i>	
<i>Consultation</i>		<i>Information</i>	✓

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

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

**Strategic Risks relating to this report:**

BAF ref no.	Risk Title	Context
11	Governance & Assurance	The Board Assurance Framework supports the Board discharge its overall responsibility for internal control.

**Executive Summary:**

**Purpose:** The purpose of this report is to support discussions at the meeting by providing information on the risks included in the Board Assurance Framework (BAF).

**Proposal:** Board Members are asked to take the strategic risks, included in the BAF, into account during discussions at the meeting.

**Overview:** The BAF brings together all relevant information about risks to the delivery of the Trust’s Strategic Goals.

A summary of the BAF is attached. This includes information on the strategic risks and related key controls and positive and negative assurances relating to them which have been identified since the last meeting. It also describes the impact of material reports due for consideration at the meeting in the context of the management of the relevant strategic risks.

**Prior Consideration and Feedback** The BAF is subject to review by the Board’s Committees. The full BAF was last reviewed by the Board at its meeting held on 23<sup>rd</sup> February 2023.

**Implications:** None relating to this report.

**Recommendations:** The Board is asked to take the strategic risks into account during its discussions at the meeting.

BAF Summary

Ref	Strategic Goals			Risk Name & Description	Exec Lead	Oversight Committee	Present Risk Grade	Target Risk Grade	Indicative Controls Assurance Rating	Key Controls and Assurance Ratings	Material Positive/Negative Assurance identified since last ordinary meeting	Material Reports for consideration at the meeting
	1	2	3									
1	✓	✓		<b>Recruitment</b> Inability to recruit sufficient qualified and skilled staff might jeopardise our ability to provide high quality/safe services	DoP&C	PCDC	High ↔	Low (Dec 23)	Good ↑	Establishment Reviews Recruitment Oversight Group Recruitment & Selection Procedure↑ "A great place to work" Partnerships with Education and Training Providers Planning beyond the Crisis↑	Positive: - Negative: -	
2	✓			<b>Demand</b> Demand for our services, particularly as a result of the post-Covid surge, might result in us not being able to meet patient/carer expectations or commissioner requirements	MD (DTV&F)	QuAC	High ↔	Moderate (Mar 23)	Good ↑	Partnership Arrangements↑ Surge Modelling ↑ Operational Escalation Arrangements Integrated Performance Reporting↑ Establishment Reviews↑	Positive: - Negative: -	
3	✓			<b>Involvement and Engagement</b> A fragmented approach to service user and carer engagement and involvement might prevent us from co-creating a great experience	DoC&I	QuAC	Moderate ↔	Moderate (Mar 23)	Good ↓	Revised Executive and Organisational Leadership Structure Business Plan (Co-creation priorities) Co-creation Programme Board (New)	Positive: - Negative: -	
4	✓			<b>Experience</b> We might not always provide a good enough experience for those who use our services, their carers and their families, in all places and all of the time (see also BAF refs 1 (recruitment and retention) and 6 (Learning))	DoCA&I	QuAC	High ↔	Moderate (Mar 23)	Reasonable	Complaints Policy Friends and Family Test/Patient Experience Survey Patient and carer engagement and involvement structures and processes Our Quality and Safety Strategic Journey	Positive: - Negative: QuAC – <ul style="list-style-type: none"> <li>Notwithstanding the actions taken to date and planned the position on response rates of the crisis lines for both DTVF and NYYS was considered to remain unacceptable and be a concern.</li> <li>Registered nurse fill rates remain consistently low across a number of wards for day shifts, although there is a slight improvement over recent months.</li> </ul> IPR - Percentage of CYP showing measurable improvement following treatment - clinician reported	

Ref	Strategic Goals			Risk Name & Description	Exec Lead	Oversight Committee	Present Risk Grade	Target Risk Grade	Indicative Controls Assurance Rating	Key Controls and Assurance Ratings	Material Positive/Negative Assurance identified since last ordinary meeting	Material Reports for consideration at the meeting
	1	2	3									
											(measure 6) now has negative controls assurance (previously neutral).	
5	✓	✓		<p><b>Staff Retention</b> Multiple factors could contribute to staff not choosing to stay with the Trust. This will undermine the provision of safe and sustainable services as well as putting individual staff and patients at risk of harm.</p>	DoP&C	PCDC	High ↔	Moderate (Dec 23) ↑	Good	<p>Understanding the cultures that exist across the organisation</p> <p>Health and Wellbeing Group and offers</p> <p>Ensuring staff are able to raise concerns in a safe and constructive way</p> <p>Work with services to resolve problems in relationships and culture, based on ABC model of wellbeing</p> <p>Ensure that we provide multiple spaces where staff can explore difficult and complex situations with each other safely and in line with our Trust values</p> <p>Cultural embeddedness in communities we serve</p> <p>Understanding why people choose to leave the trust or move roles</p>	<p><b>Positive:</b></p> <p><b>IPR –</b></p> <ul style="list-style-type: none"> <li>Percentage of staff recommending the Trust as a place to work (measure 16) now has neutral controls assurance (previously negative) and is assessed as having reasonable performance assurance (previously limited).</li> <li>Staff Leaver Rate (measure 18) now has neutral controls assurance (previously negative).</li> <li>Percentage Sickness Absence Rate (measure 19) now has neutral controls assurance (previously negative).</li> </ul> <p><b>Negative: -</b></p>	
6	✓			<p><b>Safety</b> Failure to effectively undertake and embed learning could result in repeated serious incidents</p>	DoN&G	QuAC	High ↔	Low (Mar 23)	Good	<p>Incident management policies and procedures</p> <p>Governance arrangements at corporate, directorate and specialty levels</p> <p>Performance Management of Serious Incident Review</p> <p>Organisational Learning Group (OLG)</p>	<p><b>Positive:</b></p> <p>An external consultant commenced with the Patient Safety Team on 8<sup>th</sup> March 2023 and has completed a draft summary of phase 1 of the work. Phase 2 has now been commissioned which includes overseeing and coordinating the SI Improvement Programme (with a focus on recovery of backlog), overseeing and allocation of additional workforce and liaison with NECS on commencement of their staff (April 3<sup>rd</sup> 2023), review and critique of SI reporting and review of governance of SI actions to embed quality improvements (including action plans). Review July 2023.</p> <p>An upgrade has taken place with the current risk management system (Datix) to ensure it is compliant with PSIRF reporting. A business case has been approved to commence towards a new provider of a system that will bring</p>	

Ref	Strategic Goals			Risk Name & Description	Exec Lead	Oversight Committee	Present Risk Grade	Target Risk Grade	Indicative Controls Assurance Rating	Key Controls and Assurance Ratings	Material Positive/Negative Assurance identified since last ordinary meeting	Material Reports for consideration at the meeting
	1	2	3									
											<p>together not only the current processes in Datix including risk management, incident reporting, complaints and PALS but also the clinical audit capability needed, CQC and NICE compliance, safety alerts, policy management, BAF as well as full action plan management. This system provides full data triangulation and visual dashboard from ward to Board enabling improved oversight, management and assurance that will support learning at all levels.</p> <p><b>QuAC –</b></p> <ul style="list-style-type: none"> <li>▪ Good assurance received on the Trust's compliance with the Use of Force Act.</li> <li>▪ Good assurance in relation to the consistent application of the safeguarding policy and procedures, and the safeguarding structures to support oversight of learning and the escalation of concerns.</li> </ul> <p><b>IPR -</b> The number of Incidents of moderate harm and near misses (measure 11) now has positive controls assurance (previously neutral) and is assessed as having good performance assurance (previously reasonable).</p> <p><b>Negative:</b></p> <p>Recent serious and untoward incidents have resulted in the need to undertake early learning reviews to establish rapid improvements necessary to improve safety.</p> <p>There is a risk of repeated incidents occurring due to the need to phase the implementation of the ligature reduction programme in relation to assistive technology. We are strengthening our mitigation of these risks. By enhancing patient safety assurance systems across inpatient wards. This will be reported to QUAC.</p> <p><b>QuAC –</b> Long standing concerns about the backlog of serious incidents. Reasonable assurance on the actions to improve staffing in the Patient Safety Team.</p> <p><b>IPR -</b> The number of unexpected Inpatient unnatural deaths reported on STEIS (measure 14) now has negative controls assurance</p>	<p><b>Confidential Agenda Items 5 - Reportable Issues Log; and 6 – Chief Executive's Confidential Report</b></p> <p>Update re: recent inpatient deaths (includes actions taken in relation to Key Lines of enquiry from NHSE Quality Board)</p>

Ref	Strategic Goals			Risk Name & Description	Exec Lead	Oversight Committee	Present Risk Grade	Target Risk Grade	Indicative Controls Assurance Rating	Key Controls and Assurance Ratings	Material Positive/Negative Assurance identified since last ordinary meeting	Material Reports for consideration at the meeting
	1	2	3									
											(previously neutral) and is assessed as having reasonable performance assurance (previously good).	
7	✓	✓	✓	<b>Infrastructure</b> Poor quality physical or digital infrastructure could impede our ability to co-create a great experience both for staff and for patients [excludes CITO (see risk 12), Cyber security (see risk 8) and RPH (see risk 14)].	DoF&I	SRC	Moderate ↔	Low (2025)	Good	Estates Master Plan (EMP)  ERIC PLACE national annual reporting / benchmarks and Green Plan submission and monitoring  Premises Assurance Model	<b>Positive:</b> -  <b>Negative:</b>	
8	✓	✓	✓	<b>Cyber Security</b> A successful cyber-attack could compromise patient safety, business continuity, systems and information integrity and cause reputational damage	DoF&I	SRC	High ↔	High (Mar 24)	Reasonable ↑	Controls information not provided due to security concerns	<b>Positive:</b> -  <b>Negative:</b> -	
9	✓	✓	✓	<b>Regulatory Action</b> Further regulatory action could result in loss of confidence and affect our reputation among service users, staff, and other key stakeholders (see also BAF ref. 11 – Governance and Assurance)	CEO	QuAC	High ↔	Moderate (Mar 23)	Good ↑	Senior secondments and interim appointments  Relationship Management Arrangements with the CQC↑  CQC Action Plan	<b>Positive:</b>  <b>QuAC</b> – Good assurance on the progress being made on the delivery of the Integrated Oversight Plan and the associated assurance evidence reviewed.  <b>Negative:</b> -	
10			✓	<b>Influence</b> Changes in the external environment, and insufficient capacity to respond or to align our objectives with those of partners, might lead to loss of strategic influence and reputation	Asst CEO	SRC	Moderate ↔	Low (Mar 23)	Substantial	ICS level governance arrangements  Specific Local Partnership Boards and Contact Management Boards  Provider Collaborative Boards (PCB)  Monitoring of the External Environment  Business Planning framework  Executive and Operational Organisational Leadership and Governance Structure	<b>Positive:</b> -  <b>Negative:</b> -	<b>Confidential Agenda Item 13 – Outcome of the Governance Review</b> The Executive Directors meeting now has a formal monthly agenda item to bring in external strategic intelligence and information for discussion with the executive directors and management group. This will inform how we respond to ICB and local place-based initiatives and planning requirements.

Ref	Strategic Goals			Risk Name & Description	Exec Lead	Oversight Committee	Present Risk Grade	Target Risk Grade	Indicative Controls Assurance Rating	Key Controls and Assurance Ratings	Material Positive/Negative Assurance identified since last ordinary meeting	Material Reports for consideration at the meeting
	1	2	3									
11	✓			<p><b>Governance &amp; Assurance</b> The absence of a clear line of sight from ward to Board, due to ineffective governance and assurance processes, could result in the inconsistent quality of services and increased risks to patients</p>	CEO	QuAC	High ↔	Moderate (Mar 23)	Good	<p>GGI Well-Led Implementation Plan</p> <p>Executive and Operational Organisational Leadership and Governance Structure</p> <p>Quality Improvement Approach and Team</p> <p>Senior Leadership Group Arrangements</p>	<p><b>Positive: -</b></p> <p><b>QuAC –</b></p> <ul style="list-style-type: none"> <li>Good assurance that there are effective controls in place to manage the corporate risks assigned to the Committee</li> <li>The annual clinical audit of emergency equipment demonstrated assurance on the assessment of all emergency equipment against the Trust's Resuscitation Policy</li> <li>Assurance that the Trust is compliant with the UK policy framework for health and social care research (2017), meets the required quality and governance standards and is ensuring that research is promoted across the Trust's geographies and specialties.</li> </ul> <p><b>Negative:</b></p> <p><b>QuAC –</b> Concerns about the length of the EQAIG agenda and the depth of discussion allocated for clarity on assurance and risk.</p>	<p><b>Confidential Agenda Item 13 – Outcome of the Governance Review</b> The recommendations of the governance review will make changes to how information flows through the organisation to provide evidence-based assurance up to the board and then back down through the organisation.</p> <p>An accountability framework has now been developed and agreed by both care group boards and EDG to support the principles of ensuring consistency describing the autonomy for care groups to act, and clarity on where decisions are made in the organisation and where information is shared to ensure all necessary contributors are engaged with.</p> <p><b>Public Agenda Item 12 – Our Journey to Change Strategic Journey's</b> The purpose of the development and approval of the strategic journeys was to create a widely owned understanding of how to interpret Our Journey to Change through a clinical, quality, cocreation, people and infrastructure "lens". By doing this we facilitate the alignment of the Delivery Plan 23/24 (considered in draft by the Board of Directors in February with final version to follow in April) with Our Journey to Change. Therefore approving the journeys is a positive assurance for BAF 11 – governance and assurance. This is because they create a clearer connection / line of sight between the overall strategy of the organisation and its delivery plan. April's OJTC Delivery Plan will provide positive assurance on several of the risk areas outlined in the BAF.</p>
12	✓	✓	✓	<p><b>Roseberry Park</b> The necessary Programme of rectification works at Roseberry Park and associated legal case could adversely affect our service quality/safety and financial, reputational and regulatory standing</p>	DoF&I	Board	High ↔	Moderate (Jan 26)	Good	<p>Roseberry Park Rectification Programme</p> <p>External Technical Expert Support</p> <p>Capital Programme</p> <p>Legal Support</p>	<p><b>Positive:</b></p> <p><b>Negative:</b></p>	

Ref	Strategic Goals			Risk Name & Description	Exec Lead	Oversight Committee	Present Risk Grade	Target Risk Grade	Indicative Controls Assurance Rating	Key Controls and Assurance Ratings	Material Positive/Negative Assurance identified since last ordinary meeting	Material Reports for consideration at the meeting
	1	2	3									
										External Audit		
13	✓	✓	✓	<b>West Lane</b> The outcome of the independent enquiry, coroners' investigations, and civil legal actions could affect our reputational and regulatory standing if the Trust is not able to demonstrate the necessary improvements and approach	CEO	WLPC	High ↔	20 (Jan 26)	Good	Controls information subject to legal privilege	<b>Positive:</b>  <b>Negative:</b> Negative publicity linked to publication of the Niche Governance report.	
14	✓	✓	✓	<b>CITO</b> Failure to deliver the CITO project to its revised timescale will delay its benefits for patients and staff	DoFI	SRC	High ↓	Moderate (Summer 2024)	Good	Project Governance ↓ Staff CITO Awareness and Training Clinical Safety Clinical Capacity to support the development and implementation of CITO CITO supplier Clinical and Technical Support ↑	<b>Positive:</b>  <b>Negative:</b>	
15	✓	✓	✓	<b>Financial Sustainability</b> Failure to gain a fair share of resources for the Trust and mental health could impact on the delivery of Our Journey to Change and the sustainability of services	DoFI	SRC	High ↔	Moderate (2025 – review)	Reasonable ↑	Mental Health Partnership Boards ICP/ICB Funding Arrangements Provider Collaboratives Business Planning and Budget Setting Framework ↑ Financial Sustainability Board	<b>Positive:</b> <b>SRC</b> - Assurance that a robust analysis had been completed to model the financial position in regard to the 2023/24 Financial Plan.  <b>ARC</b> – Assurance that the Trust should be considered as a going concern and that the 2022/23 annual accounts should be prepared on that basis.  <b>Negative: -</b>  <b>SRC</b> – <ul style="list-style-type: none"> <li>▪ Remaining drivers of the Trust's current financial position.</li> <li>▪ Draft financial plan 2023/4 forecast.</li> </ul>	

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**For General Release**

**Meeting of:** Board of Directors  
**Date:** 30 March 2023  
**Title:** Chief Executive's Public Report  
**Executive Sponsor(s):** Brent Kilmurray, Chief Executive  
**Author(s):** Brent Kilmurray

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

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

<i>1: To co-create a great experience for our patients, carers and families</i>	<input checked="" type="checkbox"/>
<i>2: To co-create a great experience for our colleagues</i>	<input checked="" type="checkbox"/>
<i>3: To be a great partner</i>	<input checked="" type="checkbox"/>

**Strategic Risks relating to this report:**

<i>BAF ref no.</i>	<i>Risk Title</i>	<i>Context</i>
All	-	The report highlights important matters which the Chief Executive wishes to bring to the attention of the board. It provides information which might contribute to the board's understanding of the strategic risks and the operation of key controls.

**Executive Summary:**

**Purpose:** A briefing to the Board of important topical issues that are of concern to the Chief Executive.

**Proposal:** To receive and note the contents of this report.

**Overview:**

**Prior Consideration and Feedback** n/a

**Implications:** No additional implications.

**Recommendations:** The Board is invited to receive and note the contents of this report.

## **Independent Report into West Lane Hospital (Niche 4)**

The fourth report by Niche into issues arising following the deaths of three young women who were cared for at West Lane Hospital Tier 4 CAMHS unit was published on 21<sup>st</sup> March.

The Trust has published an assurance statement that sets out our current position regarding seven of the recommendations. The period covered by the report is from 2017 to 2019. Significant progress has been made against many of the issues raised and against the recommendations. There is still ongoing work on transitions of young people to adult mental health services and autism, both issues flagged in our 2023/24 Delivery Plan. These are areas that require support from the other organisations working with the Trust.

The publication of the report has been extensively covered in the media on 21<sup>st</sup> March. A further update will be provided at the meeting regarding any further follow up.

I want to reiterate our apology to all of those that have been affected by the issues raised in this publication. So much has changed since the period covered by the report and we continue to make progress in implementing Our Journey to Change.

## **BMA Industrial Action**

Some of our junior and middle grade doctors went on strike on 13<sup>th</sup>-15<sup>th</sup> March. 118 of the 188 eligible took part in the action, which was mainly about pay. Through planning and colleagues supporting it was possible to keep services safe and disruption to a minimum. We had to cancel in the order of 50 clinics per day during the strike. Clearly, we are working hard to ensure that those patients affected are seen as soon as possible. I wanted to take the opportunity to thank colleagues who demonstrated huge flexibility for supporting us to ensure essential cover. I also want to apologise to all of those patients who had appointments cancelled. As things stand there are no further plans for strikes pending the outcome of discussions with the Government. Unions representing other healthcare workers have reached a position on the matter of pay, which is being put to a ballot of union members.

## **Rapid Review into data on mental health inpatient settings**

On 23rd January, the Department of Health and Social Care announced an independently chaired rapid review into patient safety in mental health inpatient services. terms of reference can be [found here](#).

The aim of this 8-week review is to produce recommendations to improve the way data and information is gathered and used in relation to patient safety in mental health inpatient care settings and pathways. We are interested in your experience and views on the requirements and burden on your services of data collection systems from national and local levels and the types and utility of the information fed back. The review will look at a range of data and information, including any early

alerts that enable rapid response to safety concerns, including complaints, user voice, Freedom to speak out, IMHA and whistleblowing, local dashboards etc.

As part of the review, the rapid review team would like to meet with a small number of mental health providers to understand, in more detail, what data and information is collected and used from floor to Boards in their mental health and learning disabilities inpatient services to help promote safe, therapeutic care, and identify risk factors for patient safety.

The chair of the review, Dr Geraldine Strathdee, and her team visited West Park Hospital on 9<sup>th</sup> March. They attended the report out on Maple Ward, met with members of the executive and then had sessions with a number of staff from wards and corporate teams. They were planning to follow up with commissioners after they returned to London.

Dr Strathdee commented positively on the visit and had been very impressed by what she had seen.

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**BOARD OF DIRECTORS**

<b>DATE:</b>	<b>30th March 2023</b>
<b>TITLE:</b>	<b>Board Integrated Performance Report as at 31st January 2023</b>
<b>REPORT OF:</b>	<b>Mike Brierley, Assistant Chief Executive</b>
<b>REPORT FOR:</b>	<b>Assurance</b>

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

<b>Report:</b>	
<b>1</b>	<p><b>Purpose:</b></p> <p>1.1 The purpose of this report is to provide oversight of the quality of services being delivered for the period ending <b>31st January 2023</b> and to provide assurance to the Board of Directors on the actions being taken to improve performance in the required areas.</p>
<b>2</b>	<p><b>Background:</b></p> <p>2.1 As part of the continuous improvement of the Trust’s Performance Management Framework, we have developed a more integrated approach to quality and performance assurance and improvement. This approach will enable us to have oversight, monitor and report key measures that demonstrate the delivery of the quality of services we provide and provide assurance to the Board through our new governance structure.</p>
<b>3</b>	<p><b>Monthly IPR</b></p> <p>The monthly IPR focuses on the agreed key measures within the Integrated Performance Dashboard and the key ambitions agreed within the Long-Term Plan. Appendix one provides the detailed assurance supporting the Integrated Performance Dashboard (IPD) including the latest IPD Performance and Controls Assurance Framework Assessment and Long-Term Plan ambitions.</p>
<b>3.1</b>	<p>Part 1 of the Executive Summary highlights the key changes in the IPD from the previous report – for this month these are:</p> <ul style="list-style-type: none"> <li>• Percentage of Patients surveyed reporting their recent experience as very good or good – <i>improvement in performance and increased assurance</i></li> <li>• Bed Occupancy – <i>deterioration in performance</i></li> <li>• The number of Serious Incidents reported on STEIS - <i>reduced assurance</i></li> <li>• Percentage of staff feeling they are able to make improvements happen in their area of work – <i>increased assurance</i></li> <li>• Percentage Sickness Absence Rate – <i>deterioration in performance</i></li> </ul>

- Percentage of staff in post with a current appraisal – *increased assurance*
- Cash balances (actual compared to plan) – *improvement in performance*

This section also highlights the areas of concern within the IPD where we have **limited performance assurance and negative controls assurance** – for this month these are:

- Percentage of staff recommending the Trust as a place to work (*first identified in the report as at 31<sup>st</sup> December 22*)
- Unique Caseload
- Financial plan: Agency Expenditure
- Financial plan: Agency price cap compliance
- Use of Resources Rating – overall score
- CRES Performance Recurrent

Except for *Staff recommending the Trust as a place to work*, all other measures were identified as having limited performance assurance and negative controls assurance in the very first assessment which was undertaken and included in the report as at 30<sup>th</sup> September 2022.

The above areas of concern were discussed by Executive Directors Group (EDG) on the 22<sup>nd</sup> February 2023 and at a subsequent meeting of Executives on the 13<sup>th</sup> March 2023. It was agreed to develop a Performance Improvement Plan for each of the following issues that are impacting on performance describing the SMART actions and expected impact that support improvement and increased assurance:

- **Agency Expenditure** – to be facilitated by the Agency Reduction Group
- **Safe Staffing** – to be facilitated by the Safe Staffing Group
- **Bed Pressures including OAPs** – to be facilitated by the Bed Oversight Group
- **Caseload** – to be facilitated by the two operational Care Groups

The draft Performance Improvement Plans will be considered by EDG on the 26<sup>th</sup> April 2023 and then included in the Board IPR in May 2023.

3.2 There are several areas will not achieve the agreed trajectories in the Long-Term Plan which are outlined in the Executive Summary. These areas were discussed by Executive Directors Group on the 22<sup>nd</sup> February 2023 and it was agreed that as part of the new Accountability Framework, Care Groups would be asked to complete a Performance Improvement Plan for consideration by EDG on the 26<sup>th</sup> April 2023.

3.3 Part 2 of the Executive Summary focuses on the broader key issues/work in relation to Quality, Inpatient Pressures, People & Culture and Finance which are:

- Closed Culture Reviews
- Bed Occupancy
- Flu and covid vaccination programme
- Agenda for Change and other pay awards

The Executive Summary is supplemented by the two Care Board Summaries their covering areas of concern, positive assurances and other key information, issues and risks they wish to highlight or escalate.

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**Recommendations**

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

**BOARD OF DIRECTORS**

<b>DATE:</b>	<b>30<sup>th</sup> March 2023</b>
<b>TITLE:</b>	<b>Board Integrated Performance Report as at 31<sup>st</sup> January 2023</b>
<b>REPORT OF:</b>	<b>Mike Brierley, Assistant Chief Executive</b>
<b>REPORT FOR:</b>	<b>Assurance</b>

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

<b>Report:</b>	
<b>1</b>	<p><b>Purpose:</b></p> <p>1.1 The purpose of this report is to provide oversight of the quality of services being delivered for the period ending <b>31<sup>st</sup> January 2023</b> and to provide assurance to the Board on the actions being taken to improve performance in the required areas.</p>
<b>2</b>	<p><b>Background:</b></p> <p>2.1 As part of the continuous improvement of the Trust's Performance Management Framework, we have developed a more integrated approach to quality and performance assurance and improvement. This approach will enable us to have oversight, monitor and report key measures that demonstrate the delivery of the quality of services we provide and provide assurance to the Board through our new governance structure.</p> <p>2.2 On a monthly basis the Integrated Performance Report (IPR) will provide oversight and assurance against the agreed key measures in the Integrated Performance Dashboard (IPD). The monthly IPR will also include, by exception, the key ambitions agreed with Commissioners in the Long-Term Plan (LTP) that have not been delivered. On a quarterly basis the IPR will incorporate reports from the relevant Board Sub Committees (Quality Assurance, Mental Health Legislation, People, Culture &amp; Diversity and Strategy &amp; Resources). The IPR will also provide progress against the System Oversight Framework (the regulatory framework).</p>
<b>3</b>	<p><b>Key Issues:</b></p> <p>This Executive Summary is split into two distinct sections: the first section focuses on the latest IPR and the second section focuses on the broader key issues/work in relation to Quality, Inpatient Pressures, People &amp; Culture and Finance which is supplemented by the two Care Board Summaries.</p>
<b>3.1</b>	<p><b>Part 1: Integrated Performance Report</b></p>

### 3.1.1 IPD Key Changes

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

- **Percentage of Patients surveyed reporting their recent experience as very good or good (measure 1)** now has positive controls assurance (previously neutral) and is now assessed as having good performance assurance (previously reasonable)
- **Bed Occupancy (measure 8)** now has negative controls assurance (previously positive)
- **The number of Serious Incidents reported on STEIS (measure 10)** now assessed as having reasonable performance assurance (previously good)
- **Percentage of staff feeling they are able to make improvements happen in their area of work (measure 17)** now assessed as having reasonable performance assurance (previously limited)
- **Percentage Sickness Absence Rate (measure 19)** now has negative controls assurance (previously neutral)
- **Percentage of staff in post with a current appraisal (measure 21)** now assessed as having reasonable performance assurance (previously limited)
- **Cash balances (actual compared to plan) (measure 30)** now has neutral controls assurance (previously negative)

### 3.1.2 IPD Areas of Concern

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

- **Percentage of staff recommending the Trust as a place to work (measure 16)** The Trust is in the lowest performing quartile (a position of concern); 48 out of 51 Mental Health & Learning Disability Trusts. Whilst our People and Culture Journey work could have a positive impact in this area, we currently have limited assurance in terms of specific actions to improve this position.
- **Unique Caseload (measure 23)** We continue to have special cause concern at Trust level and in both Care Groups. The Task & Finish Group are in the process of sharing the analysis undertaken with operational teams to establish the reasons for the increase in caseloads relative to increases/decreases in staffing (funded and contracted) and changes to commissioning contracts. This work will be completed by the end of February 2023. There is currently limited assurance pending completion of this work and the identification of related improvement actions.
- **Financial plan: Agency Expenditure (measure 25a)** The Trust is overspending compared to planned agency costs for 2022/23. Monthly run rates for agency staff costs considerably exceed 2021/22 levels, meaning that the financial plan including associated CRES are not being delivered. There is limited assurance with elevated levels of agency expenditure being a cause of ongoing concern, both from a volume and a rate perspective. Key drivers since April have been support for complex packages of care for Adults with a Learning Disability, cover for increased medical vacancies, and staffing needed for patient observations, backfill for sickness, and vacancies, most notably for inpatient rosters. High inpatient bed occupancy, including due to longer lengths of stay, is continuing to exacerbate impacts on safe staffing and therefore elevating temporary staffing requirements

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

- **Financial plan: Agency price cap compliance (measure 25b)** Agency usage includes shifts fulfilled on hourly rates above the price cap. There is limited assurance due to the pressures highlighted at 24 and 25a) above driving staffing pressures.
- **Use of Resources Rating – overall score (measure 26)** The Trust is not achieving its planned Use of Resources Rating (UoRR). The issues highlighted in measures 24, 25a and 25 b above have impacted metrics across the UoRR measure (except for liquidity).
- **CRES Performance Recurrent (measure 27)** The Trust is not achieving its recurrent CRES savings target. This is being compensated by good assurance on measure 28 (non-recurrent); however, in addition this is impacted by the limited assurance we have for agency and OAPs. Non delivery of cost reductions principally relates to agency and Independent Sector bed placements, where costs in 2022/23 exceed levels incurred in the last financial year.

### 3.1.3 IPR Other points to note

#### **Integrated Performance Dashboard**

Most measures where we have reasonable performance assurance and negative controls assurance are being managed via various programmes of work; however please note the following update:

- **Financial plan (measure 24)** The Trust is not in line with its year-to-date financial plan; with a year-to-date deficit of £4.0m (£4.2m worse than plan) and including unfunded pay award pressures. However, mitigating action plans, confirmed contract changes, national year-end guidance and the impacts of schemes approved against national discharge funding have materially improved forecasts to the extent that the Trust now expects to achieve the £1.16m planned surplus.

There have been 3 consistent key operational drivers of financial performance: elevated bed occupancy/delayed transfers of care, independent sector bed utilisation and elevated agency staffing pressures. In addition, adverse financial impacts of the nationally negotiated pay review body outcomes on NHS staff pay have been reported since month 6 (effective payment date). If remitted on the nationally allocated basis of a 1.66% contract uplift, the Trust would have a £2.6m year to date pressure (included in the Month 10 position, or £3.0m full year, assumed fully funded and adjusted for in-year National Insurance contribution reduction).

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

with NENC ICS system partners.

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

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

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

### **Long Term Plan ambitions**

In terms of the Long-Term Plan ambitions, we will not deliver our planned reduction in out of area placements and the agreed trajectories in the following areas:

- Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy (County Durham, Tees Valley, North Yorkshire and Vale of York)
- Percentage of people who have waited more than 90 days between first and second appointments (County Durham, Tees Valley and Vale of York)
- IAPT: The proportion of people who are moving to recovery (North Yorkshire)
- The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (County Durham, Tees Valley, North Yorkshire and Vale of York)
- The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment (County Durham, Tees Valley and North Yorkshire)
- Number of people accessing IPS services (County Durham, Tees Valley and North Yorkshire)
- Number of women accessing specialist community PMH services. (North Yorkshire and Vale of York)

Actions in relation to improving performance in the above areas, are contained within the Long-Term Plan section of the IPR.

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

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

### **3.2.1 Quality**

#### **Closed Culture Reviews**

In December 2020 the Board received a paper on the patient abuse identified by Panorama at the Edenfield Centre, Greater Manchester NHS FT. The National

Director for Mental Health wrote to all NHS Trusts to request specific areas were reviewed by Trust Boards. In addition to this, the Humber and North Yorkshire Integrated Care System also requested that providers within the Mental Health, Learning Disability and Autism Provider Collaborative review the mitigations in place to prevent closed cultures developing.

Recognising that many of our areas are at inherent risk of developing a closed culture due to the nature of services provided where some people are not free to leave and have multiple vulnerabilities, for the Trust, this includes all of our inpatient services due to the nature of our people and that they may be treated under the Mental Health Act. For this purpose, a cultural assessment or 'trigger tool' was created within the Nursing and Governance directorate, based on those known factors for identifying services at risk of developing a 'closed culture' including learning from CQC. Following a desk top exercise where this was populated, a series of ward review visits were undertaken initially to those areas identified at most risk. Following this an agreement was reached to visit all wards to carry out a 'see, hear and feel' visit. These visits/ward reviews were coordinated by Care Groups and involved a range of multidisciplinary senior professionals from both clinical and corporate services. Unfortunately, due to time constraints it was not always possible for someone with lived experience to attend which was the preferred approach and this should be considered in relation to next steps. Visits were undertaken in both a planned and unannounced manner and typically took upwards from 2 hours spent on the ward with opportunities to speak to staff, some families and service users

The key outcomes of the ward reviews were presented to the Quality Assurance Committee in February 2023 and made recommendations for next steps. The report focussed on a high-level overview of where we feel we have areas for shared learning, further triangulation, and continuous improvement to make in order to collectively ensure every opportunity to learn, act and reflect on our safety culture is taken.

The majority of feedback from both staff and service users and observations of practice suggested many aspects of good practice and high visibility of compassionate, caring staff. Whilst the exercise has been felt by teams and reviewers to be beneficial and worthwhile, no closed cultures were identified and it is acknowledged that these are very difficult to spot, therefore this exercise should be seen as part of a need for wider and ongoing surveillance to identify these risks and address poor cultures emerging at an early stage.

Overall, it is felt that this has been a valuable piece of work to review quality data that may help to identify wards or teams which may be at risk of closed cultures. Work is now underway to make this data available and easily accessible at ward level for teams to use to inform good care and ward leadership as well as oversight at Care Group and Trust level through a dashboard. Opportunities will now be taken to further triangulate findings with other key quality information, input from those with lived experience and partners such as advocacy, health watch, carers and families to ensure the approach is embedded into our quality assurance approach.

### 3.2.2 Inpatient Pressures

#### **Bed Occupancy**

As reported previously the impact of the bed occupancy plan is being monitored through the scorecard which contains several key metrics and agreed improvement measures (targets).

The current position (as of the end of January 2023) shows that delivery of the £360K efficiency saving and reduction in bed occupancy to 95% is off track and requires an intense focus to develop a recovery plan. The deliverability assessment tool has therefore been adjusted to show that the plan is now at high risk of delivery (Red RAG).

An immediate action that has been taken is the introduction of a weekly meeting with key clinical and managerial leads (Adult Mental Health speciality) from the Durham Tees Valley and North Yorkshire and York Care Groups, chaired by the Medical Director. The focus of this meeting is to discuss all patients with a length of stay above 25 days where there may be barriers to discharge. This weekly meeting will form part of the internal escalation process, provide support for clinical decision making in complex cases and initiate earlier conversations and escalation within the system with the aim to reduce any barriers to discharge.

At a local level, Durham Tees Valley Care Group are putting in place a revised membership of their weekly performance meetings, this will now include representation from the General Manager and Associate Medical Director, with the aim to ensure ongoing review and oversight of patients where there are barriers to discharge.

Other potential short-term actions are being explored for their feasibility impact, and capacity to deliver at pace, making further recommendations for implementation.

Longer term the Beds Oversight Group are working towards the development of a Trust-wide bed occupancy reduction plan by the end of March 2023, which will aim to achieve a reduction in bed occupancy to within safe occupancy levels and zero independent bed sector usage.

### 3.2.3 People & Culture

#### **Flu and covid vaccination programme**

We are nearing the end of this financial year's flu and covid vaccination programme, which is important to help protect our staff, their patients, their families, friends, and communities. This is delivered by colleagues in the health and wellbeing team in People and Culture with significant support from colleagues across services particularly in nursing and pharmacy. This year's campaign provided a range of opportunities for staff to be vaccinated on trust premises, as well as the ability to be vaccinated through other external means (e.g. GPs, pharmacies etc) supported by a communication strategy.

Our local data shows 39% have received a flu vaccine provided by the Trust which is lower than the data collected by the Point of Care (POC) system used by NHSE for operational purposes which has a higher rate of 53% of staff recorded for our Trust. The POC system shows a national uptake of 51.4% and regional uptake of 56.6% with staff in the care groups showing a higher rate of uptake than those in other services. It is important to note that it is only local data that is used for publication of healthcare worker update and is used to calculate the CQUIN payment for Trusts ie those staff who either had a vaccine from us or told us about receiving a vaccine elsewhere; however, with a lower threshold of 70% and an upper threshold of 90% we will not achieve this standard based on either data source. We are continuing to raise with NHSE, concerns about the duplicate systems for data and the burden on providers to collect this data again locally when there is a national system that could be used. Across the country the uptake rates are significantly below the CQUIN

standard and future planning will need to take this into account. We will be liaising with colleagues nationally to influence this where possible and mitigate where possible.

For the covid vaccine our uptake is 47.4% which is slightly lower than the national uptake of 50.2% and regional uptake of 54.8%. In relation to Covid Booster vaccines we were informed in early January that no more vaccines were available for Trust use (this applied to other similar Trusts as well) although staff could still access a covid vaccination via their GP and community pharmacy as usual and our figures reflect uptake regardless of point of access if the person indicated their place of work.

A Vaccination Campaign Learning Lessons Event will be held on Friday 17th February to review the vaccination programme, policies, procedures, resourcing to start planning for the 2023/24 season. As part of the evaluation a short survey has gone out to ask staff who did not have a vaccination this year why this was the case and to learn from this as part of planning for later in 2023. We will also be going to the NHS England recommended good practice for vaccination campaigns as part of this review.

### 3.2.4 Finance

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

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

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

### 3.2.5 Care Board Summaries

#### **Durham Tees Valley and Forensic Care Group**

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

- The percentage of inpatients reporting that they feel safe whilst in our care is a concern for us. Several initiatives have been developed that whilst have brought some improvements, have not led to significant improvements overall, therefore we have agreed a priority programme with weekly oversight and delivery within the care group during quarter 2.
- Pressures on our inpatient services are continuing; our bed occupancy remains high within our adult wards, however there are sustained improvements when

compared to three months ago. Actions within our bed occupancy reduction plan have been mapped against those of the National 100-day discharge challenge and new actions added to support this work. These remain ongoing and are reported monthly through the Trust wide Beds Oversight Group.

- The outcomes within our CYP and AMH services are not where we would like them to be, although we have seen improvements in CYP clinician reported outcomes. Actions are in place across all specialties and continue to progress.
- Within the Long Term Plan, whilst we continue to see improvements within our Children's Eating Disorders service, we are keen to continue these. Several actions remain ongoing including working with County Durham and Darlington Foundation Trust around the provision of dieticians, a workshop took place to develop a decision-making matrix of care to ensure roles and responsibilities of each trust are defined. The development of a temporary Service Level Agreement continues to progress following feedback from CDDFT and should be finalised by the end of February 23.
- Fewer people are accessing our IAPT service than we would like. A deep dive identified concerns around patients not attending appointments, patients' self-referring who we were then unable to contact and other patients being referred on to secondary mental health services. Further work and discussions are ongoing to look at options we can take forward on this and a position statement will be brought to the Quality Impact assurance meeting in March 23.
- Fewer people who are experiencing EIP are being treated with a NICE approved care package within 2 weeks of referral, further work has identified a number of key actions to improve processes which will be in place by the end of February, and some further analysis into specific areas is underway to identify any further actions.

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

- Within our IAPT services we are achieving the standard for patients achieving recovery and we continue to have excellent waiting times, achieving the 6 and 18 week standards for accessing our services.
- We continue to exceed standards consistently for the number of people who receive two or more contacts from NHS or NHS-commissioned community mental health services for adults and older adults with severe mental illnesses and the number of CYP aged under 18 supported through NHS-funded mental health with at least one contact. We also continue to achieve standards around 72 hour follow ups following discharge from our inpatient facilities following improvements to our processes.

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

- Within our Crisis services, performance around the 4 hour measure appears to have deteriorated, however the measure itself is to be relaunched next month which takes into account national recording guidance around the nature of the urgency of the referral. Following the quality improvement event in December and the implementation of the new screening methodology, initial improvements in the crisis call answer rate have been seen. There are plans to increase the capacity further by adding two additional screener posts into the team. Current answer rates are 50% in Durham and Darlington team and 71% in Tees team.

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

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

- Pressures on our inpatient services are continuing; our bed occupancy remains high within our adult, older people and adult learning disability wards however, collective effort has retained the reduction of the number of patients admitted to the independent sector for North Yorkshire, York & Selby. As at end of January 23, we have 2 patients in an independent sector bed.
- Whilst we have seen some improvements in compliance with mandatory training and appraisals, issues remain with staff capacity as a result of high caseloads, staff leavers and recruitment challenges and day to day operational pressures.
- Memory waiting times is impacted as capacity is outstripping demand and with no further investment to improve capacity. A demand and capacity exercise was due to commence in December, this has been delayed due to sickness and service demands, this will therefore commence at the end of February 23 which will inform next steps.

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

- Within Long Term Plan as at the end of January 23, we continue to have excellent waiting times within IAPT and are achieving the 6 & 18 week standards for accessing our services.
- We are achieving recovery standard for both North Yorkshire and Vale of York Sub-ICB location and continuing to meet the IAPT access for Vale of York ICB.
- EIP 2 weeks standard has been achieved for both North Yorkshire and Vale of York Sub-ICB.
- 72 hour follow up standard is achieved for North Yorkshire Sub-ICB location.

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

- All-age Crisis phone line remains a significant risk with daily oversight remaining in place. Two new agency staff have joined the York teams and are contributing to the telephone response. Daily staff management remains in place with service and general manager oversight. The percentage of calls responded to was 57% during January, of those selecting MHS line, 96% were answered, and the crisis teams were able to respond to 54% of them. Discussions are underway with a view to improve with a possibility of those patients who are not in crisis, the MH support line will give them a call back.
- The Perinatal service has been placed in Business Continuity from end of January for a period of 6 months as their staffing capacity is significantly reduced due to repeated sickness absence in addition to the existing vacancies. The Business Continuity process will ensure patient safety and enable recruitment of key posts within the service.
- System wide pressures are ongoing and overall recruitment remains challenging, particularly within MHSOP Therapies

### 3.3 Summary of Key Risks

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

**(BAF Risk 15) Financial Sustainability & (CRR risk 1260)** There is a risk that if we do not optimise and make effective use of our annual financial resources this may result in regulatory interventions and/or adversely impact quality

- Failure to reduce inpatient staffing costs and Trust wide agency (in particular Medical and LD premium rate) utilisation (volume and rate reductions to reduce related premium costs)
- Failure to reduce lengths of stay, including through work with system partners,

to reduce adult A&T and PICU bed occupancy and eliminate unfunded adult Independent Sector bed placements, maintain nil older adult Independent Sector bed placements and reduce safer staffing requirements for inpatient wards

- Failure to negotiate equitable recurrent funding mechanism for in-year and accumulated prior year AFC pay deal and nationally negotiated 2022/23 pay deals (tariff-based) pressures
- Failure to agree funded alternative clinical models as an alternative to unsustainable high-cost complex packages of care
- Failure to retain permanent staffing, including as a consequence of acute cost of living pressures

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

#### Recommendations:

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



Tees, Esk and Wear Valleys  
NHS Foundation Trust

# Board Integrated Performance Report

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## As at 31<sup>st</sup> January 2023

Report Produced by: Ashleigh Lyons, Head of Performance  
Date the report was produced: 20 February 23

For any queries on the content of this report please contact: Sarah Theobald, Associate Director of Performance  
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# Chapter 1

# Integrated Performance Dashboard (IPD)

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

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

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

## Assurance: is the standard achievable?

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

**Please note assurance on whether the standard/plan is achievable is now included for a number of measures. Standards for the remaining ones will be reviewed in the new financial year.**

## Data Quality

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

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

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

## Action Status

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

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

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		Performance Assurance Rating			
		Substantial	Good	Reasonable	Limited
Positive			<ul style="list-style-type: none"> <li>*Patients surveyed reporting their recent experience as very good or good</li> <li>*CRES Performance – Non-Recurrent</li> </ul>		
Neutral	Page 57		<ul style="list-style-type: none"> <li>*Restrictive Intervention Incidents</li> <li>*Medication Errors with a severity of moderate harm and above</li> <li>*Unexpected Inpatient unnatural deaths reported on STEIS</li> <li>*Capital Expenditure (Capital Allocation)</li> <li>*Cash balances (actual compared to plan)</li> </ul>	<ul style="list-style-type: none"> <li>*Carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for</li> <li>*CYP showing measurable improvement following treatment - clinician reported</li> <li>*Serious Incidents reported on STEIS</li> <li>*Incidents of moderate harm and near misses</li> <li>*Uses of the Mental Health Act</li> <li>*Staff feeling they are able to make improvements happen in their area of work</li> <li>*New unique patients referred</li> </ul>	
Negative			<ul style="list-style-type: none"> <li>*Inappropriate OAP bed days for adults that are 'external' to the sending provider</li> </ul>	<ul style="list-style-type: none"> <li>*Inpatients reporting that they feel safe whilst in our care</li> <li>*CYP showing measurable improvement following treatment - patient reported</li> <li>*Adults and Older Persons showing measurable improvement following treatment - patient reported</li> <li>*Adults and Older Persons showing measurable improvement following treatment - clinician reported</li> <li>*Bed Occupancy (AMH &amp; MHSOP A &amp; T Wards)</li> <li>*Staff Leaver Rate</li> <li>*Percentage Sickness Absence Rate</li> <li>*Compliance with ALL mandatory and statutory training</li> <li>*Staff in post with a current appraisal</li> <li>*Financial Plan: SOCI - Final Accounts - Surplus/Deficit</li> </ul>	<ul style="list-style-type: none"> <li>*Staff recommending the Trust as a place to work</li> <li>*Unique Caseload (snapshot)</li> <li>*Financial Plan: Agency expenditure compared to agency target</li> <li>*Agency price cap compliance</li> <li>*Use of Resources Rating - overall score</li> <li>*CRES Performance - Recurrent</li> </ul>

# Board Integrated Performance Dashboard



Tees, Esk and Wear Valleys  
NHS Foundation Trust

Rep Ref	Our Quality measures	Committee Responsible for Assurance	Variation	Assurance	Standard (FYTD)	Actual (FYTD)
1)	Percentage of patients surveyed reporting their recent experience as very good or good	QAC			92.00%	92.06%
2)	Percentage of carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for	QAC			75.00%	71.86%
3)	Percentage of inpatients reporting that they feel safe whilst in our care	QAC			75.00%	56.90%
4)	Percentage of CYP showing measurable improvement following treatment - patient reported	QAC			35.00%	24.56%
5)	Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported	QAC			55.00%	43.57%
6)	Percentage of CYP showing measurable improvement following treatment - clinician reported	QAC			50.00%	42.94%
7)	Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported	QAC			30.00%	21.07%
8)	Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	S&RC				98.75%
9)	Number of inappropriate OAP bed days for adults that are external to the sending provider	S&RC				393
10)	The number of Serious Incidents reported on STEIS	QAC				109
11)	The number of Incidents of moderate harm and near misses	QAC				1,680
12)	The number of Restrictive Intervention Incidents	QAC				6,616
13)	The number of Medication Errors with a severity of moderate harm and above	QAC				11
14)	The number of unexpected Inpatient unnatural deaths reported on STEIS	QAC				2
15)	The number of uses of the Mental Health Act	MHLC				3,605

Rep Ref	Our People measures	Committee Responsible for Assurance	Variation	Assurance	Standard (FYTD)	Actual (FYTD)
16)	Percentage of staff recommending the Trust as a place to work	PC&D				54.33%
17)	Percentage of staff feeling they are able to make improvements happen in their area of work	PC&D				58.93%
18)	Staff Leaver Rate	PC&D				12.91%
19)	Percentage Sickness Absence Rate (month behind)	PC&D				6.33%
20)	Percentage compliance with ALL mandatory and statutory training (snapshot)	PC&D			85.00%	85.75%
21)	Percentage of staff in post with a current appraisal (snapshot)	PC&D			85.00%	83.90%

Rep Ref	Our Activity measures	Committee Responsible for Assurance	Variation	Assurance	Standard (FYTD)	Actual (FYTD)
22)	Number of new unique patients referred	S&RC				83,186
23)	Unique Caseload (snapshot)	S&RC				63,324

Rep Ref	Our Finance Measures	Committee Responsible for Assurance	Assurance	Plan (FYTD)	Actual (FYTD)
24)	Financial Plan: SOCI - Final Accounts - (Surplus)/Deficit	S&RC		-237,000	3,977,276
25a)	Financial Plan: Agency expenditure compared to agency target	S&RC		7,927,929	17,752,808
25b)	Agency price cap compliance	S&RC		100%	61%
26)	Use of Resources Rating - overall score	S&RC		2	3
27)	CRES Performance - Recurrent	S&RC		9,604,000	7,631,000
28)	CRES Performance - Non-Recurrent	S&RC		1,160,000	1,160,000
29)	Capital Expenditure (CDEL)	S&RC		8,684,000	7,112,000
30)	Cash balances (actual compared to plan)	S&RC		70,631,000	74,002,000

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

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

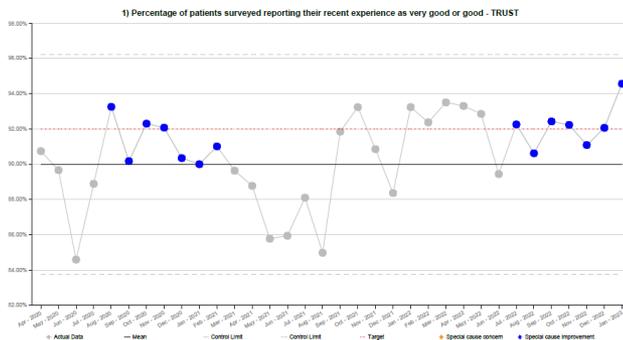
During January, **882** patients responded to the overall experience question in the patient survey: Question: "Thinking about your recent appointment or stay overall how was your experience of our service?". Of those, **834 (94.56%)** scored "very good" or "good".

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

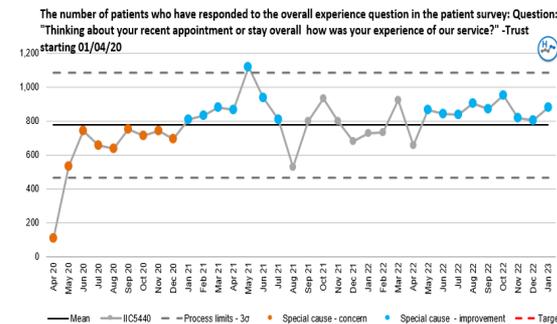
Our performance is not consistent and we regularly achieve and miss the standard we have set ourselves

93%

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

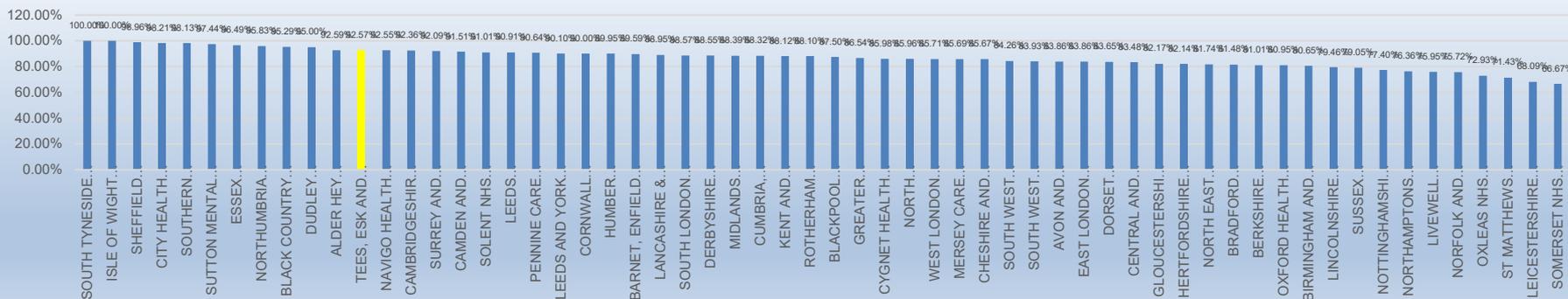


Car Group Directorate	Variation	Assurance
TRUST		
DURHAM, TEES VALLEY AND FORENSIC		
NORTH YORKSHIRE, YORK AND SELBY		



**National Benchmarking - Mental Health Friends and Family Test (FFT) data - December 2022** (latest data available). The Mental Health FFT dataset includes FFT responses for the latest month from providers of NHS funded mental health services. The England average (including Independent Sector Providers) percentage positive responses about their overall experience was **86%**, our Trust is identified by the yellow bar in the chart below. We are ranked 12 in the list of providers shown.

MENTAL HEALTH FFT DECEMBER 2022



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

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
<p>A cohesive programme of work is required to improve our understanding of the experience our patients are having, improve survey response rates, identify key themes and hotspot areas, and develop a set of clearly defined improvement actions.</p>	<p><i>Enabling action:</i> Patient Experience Task &amp; Finish to establish a service improvement action plan, including a set of clearly defined improvement actions, for each Care Group Board by the end of <del>January</del> March 2023.</p>		

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

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

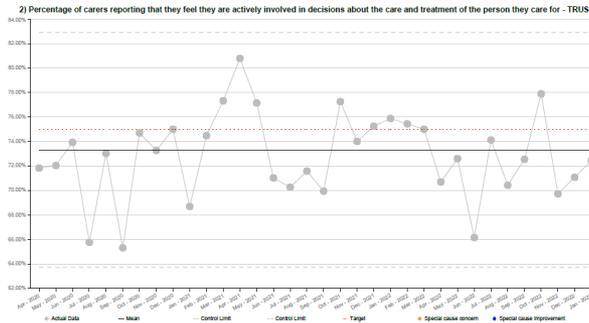
During January, **363** carers responded to the question in the carer survey: Question: “Do you feel that you are actively involved in decisions about the care and treatment of the person you care for?”. Of those, **263 (72.45%)** scored “yes, always”.

No significant change in the data during the reporting period shown

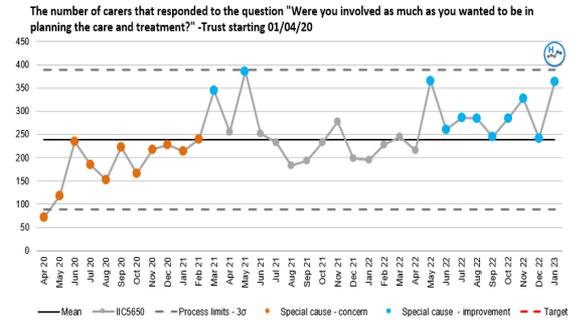
Our performance is not consistent and we regularly achieve and miss the standard we have set ourselves

**87%**

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



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



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

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

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

During January, **139** patients responded to the overall experience question in the patient survey: Question: "During your stay, did you feel safe?". Of those, **75 (53.96%)** scored "yes, always"



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



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

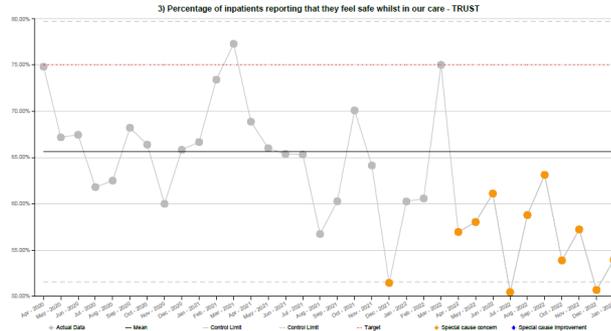


93%

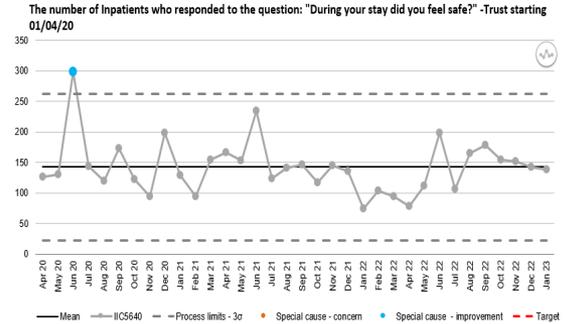


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**An Area of Concern**  
We are concerned with our performance in this area and action is required to improve



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



Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
We are concerned that inpatients in our Secure Inpatient Services (SIS) do not feel as safe as we would like during their stay with us	<i>Enabling action:</i> Care Group Director for SIS to develop a service improvement plan in October 2022. Originally delayed to December 2022, this will now be completed by the end of January 2023.	<b>Complete:</b> The service improvement plan has been completed, including actions relating to feeling safe, and progress will be monitored through the monthly CQC Improvement Action Plan meeting.	We would anticipate seeing the impact as the action plan progresses
'Feeling safe' has been identified as a priority within our 2022/23 Quality Account.	In order to improve Ward safety, 4 actions have been identified, which are being monitored on a quarterly basis by the Executive Quality Assurance & Improvement Group.	Of the 4 actions, 2 are complete and whilst 2 are not currently on track, risks to delivery are being managed by the teams working on these actions.	

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

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
A cohesive programme of work is required to improve our understanding of the experience our patients are having, improve survey response rates, identify key themes and hotspot areas, and develop a set of clearly defined improvement actions.	<i>Enabling action:</i> Patient Experience Task & Finish to establish a service improvement action plan, including a set of clearly defined improvement actions, for each Care Group Board by the end of <del>January</del> March 2023.	<i>Please see update in respect of 01) Percentage of Patients surveyed reporting their recent experience as very good or good</i>	
	<i>Enabling action:</i> The Patient Experience Team are to expand the focus groups to Mental Health Services for Older People and Learning Disabilities during February; findings will be reported to the Care Boards in March 2023.		

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

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

For the 3 month rolling period ending January, **706** patients were discharged from our CYP service with a patient rated paired outcome score. Of those, **169 (23.94%)** made a measurable improvement.

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



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



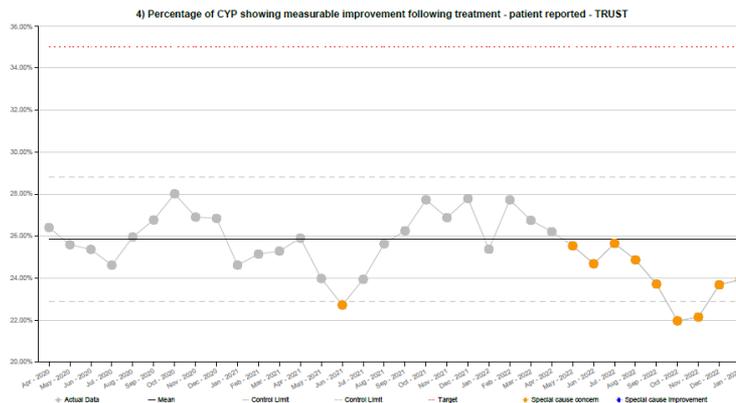
93%



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



Our system is expected to consistently fail the target/expectation



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

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

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

For the 3 month rolling period ending January, **805** patients were discharged from our CYP service with a clinician rated paired outcome score. Of those, **358 (44.47%)** made a measurable improvement.

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



No significant change in the data during the reporting period shown



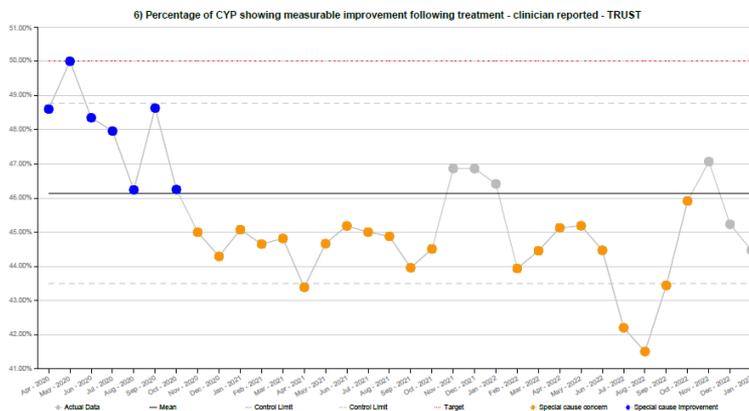
93%



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



Our system is expected to consistently fail the target/expectation



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

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

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
We need to ensure outcomes training is provided for both new and existing staff to ensure clinical outcomes is fully embedded into clinical practice	<i>Enabling action:</i> The CYP Specialist Practitioner in Clinical Outcomes Development will provide a monthly training session for all new starters	Team Managers are ensuring all new starters attend these sessions. In January 2 staff attended the monthly training sessions, 1 from Durham, Darlington and Teesside, 1 from North Yorkshire and York.	
To support continuous improvement there is a focus on the completion of ROMs to support clinical practice within Caseload Management Supervision	CYP Services to roll out the Caseload Management tool in all teams by the end of March 2023 to support clinical practice and ensure that ROMs are completed.	The tool is available on IIC and the training programme underway. Live reporting will be available from 1 <sup>st</sup> April 2023.	
<b>NEW</b> Analysis has highlighted that our patient outcomes may be impacted by a variety of factors, including long waiting times paired ROMs not being completed by the same clinician and disengagement of patients before planned discharge.	Specialty Development Manager to discuss the findings and agree improvement actions at the March Clinical Network Group.		

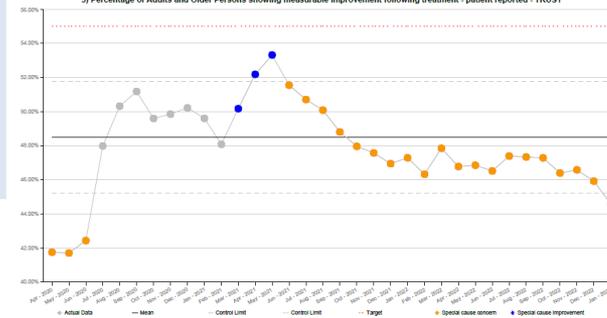
## 05) Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported

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

For the 3 month rolling period ending January, **1942** patients were discharged from our Adults and Older Persons services with a patient rated paired outcome score. Of those, **866 (44.59%)** made a measurable improvement.

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

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



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

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

93%

Our system is expected to consistently fail the target/expectation

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

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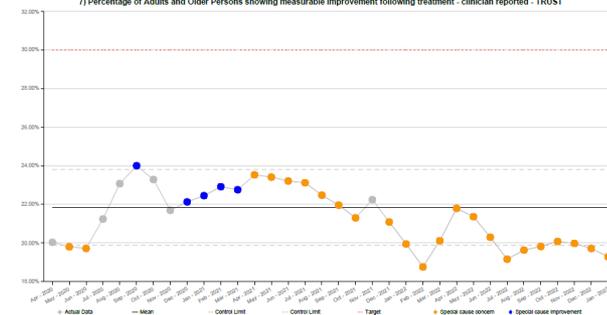
## 07) Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported

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

For the 3 month rolling period ending January, **3142** patients were discharged from our Adults and Older Persons services with a clinician rated paired outcome score. Of those, **606 (19.29%)** made a measurable improvement.

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

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



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

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

93%

Our system is expected to consistently fail the target/expectation

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

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

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
The staff need to have easily accessible displays of real time, patient and service level outcome data in order for outcomes to be used in a clinically meaningful way.	The Cross-Specialty Task & Finish Group to oversee the development of an easily accessible and meaningful 'Outcomes Dashboard' focused on the needs of clinicians and services users. Timescale to be confirmed.	<b>Closed.</b> The request for the new dashboard has now been stood-down. It has been established that phase 1 of CITO will deliver oversight of two of the New Proms (DIALOG/GBO) including a tracking over time function. This eradicates the need to develop a dashboard in the IIC at this stage.	
Clinical teams should have regular oversight of their progress regarding outcome measures.	<i>Enabling Action:</i> Adults and Older Persons Services to utilise the outcomes component of the Caseload Supervision Process (including the tool) to support outcome discussions with testing taking place between 17th October and 15th November. This will support the embedding of routine outcome measures in clinical practice and identifying gaps in service delivery.	The tool is available on IIC and the training programme is being finalised. Live reporting will be available from 1 <sup>st</sup> April 2023	
<b>NEW</b> Staff require training and support to better understand when and how to monitor the aspects of outcomes	<i>Enabling action:</i> The Section Head of Research & Statistics to work with the Digital Training Team to create a training video based on the content of the outcomes webinars. This work will be completed by the 17 <sup>th</sup> March.	Pending this work, bespoke outcomes sessions continue to be provided to teams on request.	

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

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, **11,098** daily beds were available for patients; of those, **10,694 (96.36%)** were occupied.



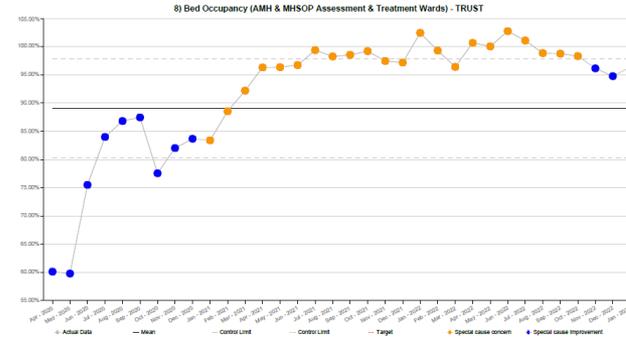
We're aiming to have low performance and we're moving in the wrong direction.



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



93%



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

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

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

For the 3 month rolling period ending January, **393** days were spent by patients in beds away from their closest hospital.



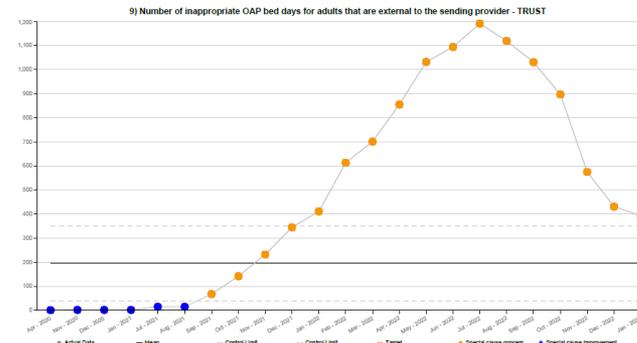
We're aiming to have low performance and we're moving in the wrong direction.



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



73%



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

### Supporting Measure

		2022 - 2023										
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	FYTD
Overall Occupancy including Trust, block booked (Priority) and independent sector bed usage	Number of occupied bed days	10,926	11,535	11,352	11,681	11,492	10,908	11,190	10,450	10,585	10,897	111,016
	Number of available bed days	10,578	11,253	10,890	11,253	11,253	10,890	11,098	10,740	11,098	11,098	110,151
	Percentage Bed Occupancy	103.29%	102.51%	104.24%	103.80%	102.12%	100.17%	100.83%	97.30%	95.38%	98.19%	100.79%

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

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
We need to better understand capacity and demand for beds within the Trust, to understand where our pressures are and whether we have the correct number of beds available within our care groups.	The Bed Oversight Group to oversee a full review of current bed allocation and develop new proposals for the number of beds, type, location and resource/staffing impact across the next 5 years by the end of June 2023.		
We need to ensure that our inpatient pathways are effective and support efficient management of patients from referral to discharge.	<i>Enabling action:</i> The General Manager (AMH Urgent Care) supported by the Quality Improvement Team to lead a 2-day Trust-wide rapid improvement event to redesign and relaunch the Purposeful Inpatient Admission process by the end of January 2023.	<b>Complete.</b> The event took place as scheduled; however, further considerations have been identified. ( <i>Please see below</i> )	
	<i>Enabling action:</i> The General Manager (AMH Urgent Care) supported by the Quality Improvement Team to lead an additional improvement event on the 9 <sup>th</sup> February to address outstanding considerations not completed in the initial 2-day Purposeful Inpatient Admission improvement event.		
	<i>Enabling action:</i> The General Manager (AMH Urgent Care) to lead a number of focused, site-specific improvement events within Durham & Tees Valley to support the redesign and relaunch the Purposeful Inpatient Admission process. These will be completed by the 31 <sup>st</sup> March 2023.		

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

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
<p>The Advancing Our Clinical, Quality and Safety Journeys (AOCQSJ) Programme is designed to support Trust teams to improve the quality of care they deliver while making efficiency savings as per the financial recovery plan and to improve performance within key areas to enable the overarching Journey to Change.</p>	<p><i>Enabling Action:</i> Programme Management Office to support the Durham and Tees Valley Adult delivery teams to manage risk to delivery by:</p> <ul style="list-style-type: none"> <li>• Assessing plans using agreed criteria</li> <li>• Prioritising areas that are high risk</li> <li>• Facilitating teams to strengthen existing plans</li> <li>• Facilitating data intelligence and benchmarking to establish concept and rationale, and identify top 5 actions for delivery</li> </ul> <p>This work will be completed by the end of March 2023.</p>	<p>To date, plans have been assessed and a financial recovery plan and key metrics developed. A scorecard detailing the metrics was shared at the January AOCQSJ Sub-Programme Board Meeting and the February Bed Oversight Group. Key actions from the Durham Tees Valley Adult Mental Health bed occupancy reduction plan continue with potential short-term actions being explored. These will be discussed at the Beds Oversight Group in March.</p>	
<p>We are committed to learning from the national 100 day challenge to ensure that people who are clinically ready to leave a hospital bed in a mental health or community health inpatient service setting are not delayed.</p>	<p><i>Enabling action:</i> North Yorkshire, York &amp; Selby General Managers to work with the Integrated Care Board to assess services against the 10 good practice points by the end of January 2023, with a view to developing an action plan if required.</p> <p>The General Manager and Strategic Lead Practitioner for MHSOP to develop an action plan in response to concerns identified in the 100 day challenge assessment. This will be presented to the Beds Oversight Group in March 23.</p>	<p><b>Complete.</b> The assessment was completed with no concerns identified for Adult Mental Health; however, there were some highlighted for Mental Health Services for Older People.</p>	

# 10) The number of Serious Incidents reported on STEIS

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

15 serious incidents were reported on the Strategic Executive Information System (STEIS) during January.



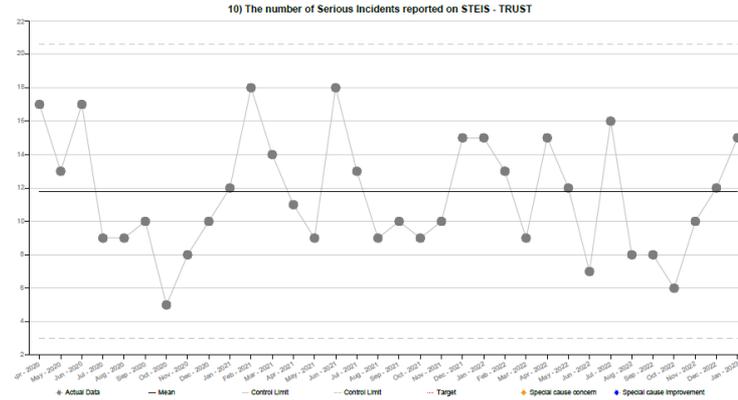
No significant change in the data during the reporting period shown



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



87%



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

There were no specific themes in the 15 serious incidents reported in January. Any issues identified at specialty level are being addressed by the Care Groups.

All serious incidents have an early learning review within the daily patient safety huddles to ensure any immediate learning is actioned quickly. We continue to look for any themes from serious incidents to enable us to apply a thematic approach to reviews; for example, a number of incidents within one team or where there are commonalities around practice and processes eg safe discharge, medication issues. We are currently reviewing a number of incidents related to the use of insulin and absence without leave within Forensic Services.

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

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

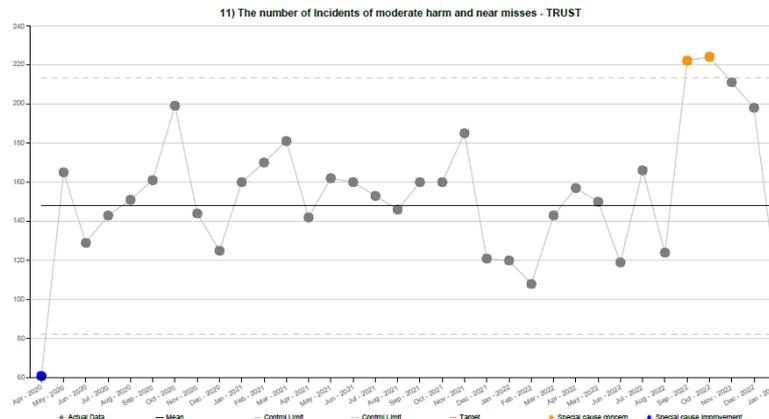
**109** incidents of moderate harm or near misses were reported during January.



No significant change in the data during the reporting period shown



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



Care Group Directorate	Variation
TRUST	
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NORTH YORKSHIRE, YORK AND SELBY	

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

## 12) The number of Restrictive Intervention Incidents

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

528 Restrictive Intervention Incidents took place during January.



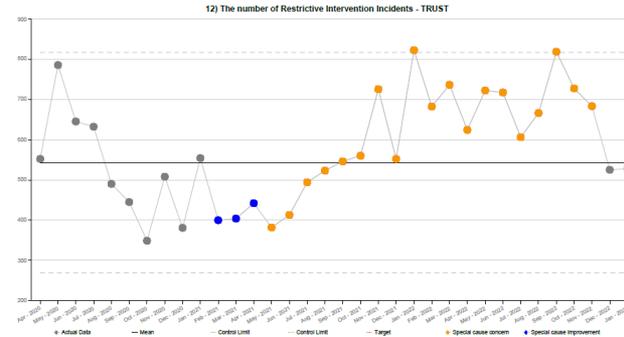
No significant change in the data during the reporting period shown



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



93%



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

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
<p>We have a number of patients within our two Adult Learning Disabilities Inpatient Wards with complex needs that require discharge from hospital.</p>	<p>The General Manager and Associate Clinical Director to ensure there is a discharge plan in place for each individual patient, in order to progress a safe discharge from hospital as outlined in their plan.</p>	<p>There are currently 7 patients ready for discharge:</p> <ul style="list-style-type: none"> <li>• 2 patients from Bankfields have had their discharges delayed and will be discharged by the end of April and May 2023. One patient is currently on leave from the ward.</li> <li>• The transfer of 1 patient at Lanchester Road to Bankfields has been paused, pending the discharge of the patients above. However, a community placement is the preferred option and is still being actively explored; a provider is in place but a placement has not been confirmed.</li> <li>• 2 patients within Bankfields have identified providers and placements; transition plans are being developed and discharge is expected to be in quarter 1 2023/24.</li> <li>• 1 patient has an identified provider but no placement.</li> <li>• 1 has no provider or placement identified.</li> </ul> <p>The service is receiving bespoke support in both units from an independent provider to expedite transfers.</p>	

## 12) The number of Restrictive Intervention Incidents

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
Following feedback from the Care Quality Commission, we have identified a training need within our Adult Learning Disability services.	The General Manager and Associate Clinical Director to ensure all Adult Learning Disabilities Inpatient staff attend the bespoke training by December 22.	<b>Complete.</b> Following approval at the January Durham, Tees Valley & Forensic Care Board the workshops have now been stood down. The leadership team will continue to monitor training needs and bespoke training will be arranged with the clinical skills training team as and when needed.	A decreasing (improving) trend is now visible
We must be assured that we have a robust Restrictive Intervention Reduction Programme that meet national standards and reflects best practice	<i>Enabling action:</i> The Nurse Consultant for Positive and Safe Care to table the gap analysis on the currently agreed Restrictive Intervention Reduction workstreams at the Care Group Positive & Safe meetings in January and February 2023, following which any improvement actions will be identified	<b>Complete.</b> The gap analysis has been completed and highlighted 3 clear actions in respect of physical restraint; the development of a Use of Force Policy, a review of patient leaflets on the use of force, and improvements to training. These actions will now be added to the Positive & Safe Plan.	
We require greater assurance locally from Care Boards on the implementation of the Restraint Reduction Plan	<i>Enabling action:</i> Care Boards to ensure delivery of the Restraint Reduction Plan by 31 <sup>st</sup> March 2023.	Positive & Safe Groups at Care Board level are established and are on track for delivering the Restraint Reduction Plan.	
We require additional resource to support Care Boards with reduction of restrictive practices	<i>Enabling action:</i> The Nurse Consultant for Positive and Safe Care to share the business case for additional resources with the Care Groups during January and February 2023 to agree the next steps prior to submitting for approval.		

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

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

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



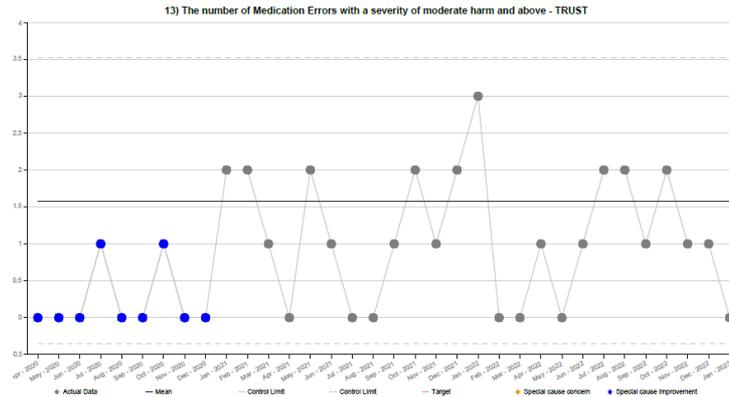
No significant change in the data during the reporting period shown



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



93%



Care Group/Directorate	Variation
TRUST	
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Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
Clozapine is a “high-risk” medication and was being taken in 6 of the incidents above. We need to improve staff education and introduce effective resources that enable high quality discussions with patients reducing incidents of the same type.	The Safe Medication Practice Group has co-created a set of clozapine-focused improvement actions, which will include the development of e-learning, provision of patient information and 5 quality standards that will be audited at the end of 2022/23.	There are 27 overall improvement actions identified. Of these, 18 have been completed, including the updating of Clozapine eLearning on identified Electronic Staff Record profiles. Some capacity challenges within the Pharmacy Team have meant that the remaining 8 have not progressed; 2 of these are being prioritised for completion by end of February 2023.	
Depot antipsychotic injections are linked to 3 of the incidents above.	The Safe Medication Practice Group has co-created a set of depot-focused improvement actions. This will include a complete revision of the depot procedures by the end of January 2023.	There are 8 improvement actions identified. Of these, 6 have been completed, including the complete revision of the depot procedures, and the remaining 2 are on track for delivery.	

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

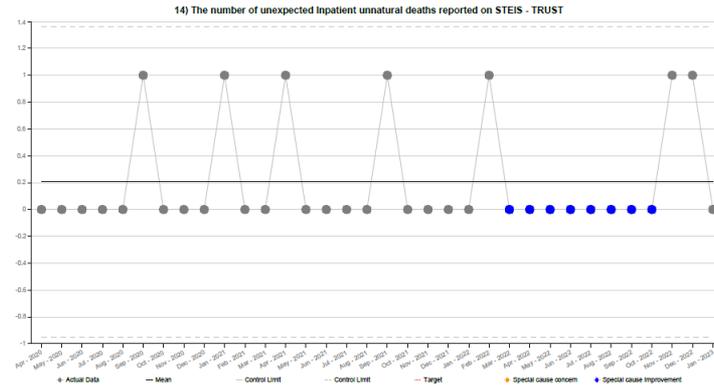
We are committed to ensuring that all our patients are cared for in a safe and secure environment. When any deaths occur within our services that are not attributable to natural causes, it is important to understand why and how they have occurred so that we can learn from them, ensuring that any improvements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

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

No significant change in the data during the reporting period shown

DQ 93%

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



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

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
A Quality Governance-led collaborative review with clinical services has indicated that whilst the quality of risk assessments has improved across the organisation, leave plans are not always sufficiently robust.	<i>Enabling action:</i> Quality Governance team to review a sample of leave plans as part of the Quality Assurance Schedule work on a monthly basis from January 2023 to enable any immediate improvement actions to be identified and undertaken by inpatient teams.	The process is now in place and leave plans are assessed as part of the new Quality Assurance Tools. As this has just commenced, no immediate themes or trends evidence have as yet been identified.	

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

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

There were **385** uses of the Mental Health Act during January.



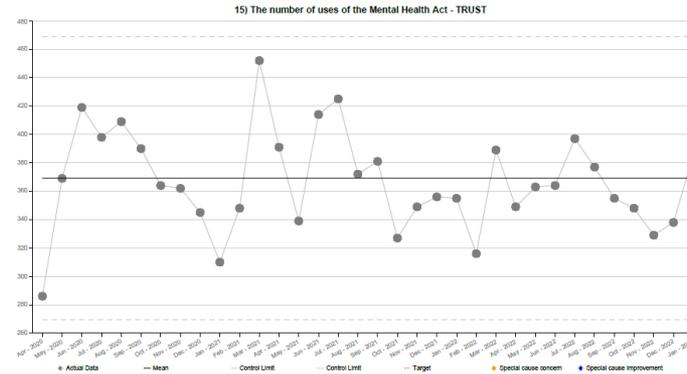
No significant change in the data during the reporting period shown



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



60%



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

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Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
As a result of monitoring and analysing this measure, we have identified through the IPA process, that some refinement is required.	Head of Performance to engage with the Head of Business Intelligence and Mental Health Act teams by the end of January 2023 to review the measure proforma and action a change request.	<b>Closed.</b> This action has been superseded by the following action.	
	The Head of Performance and Head of Business Intelligence to gather further intelligence to understand constructions used nationally and by other mental health providers, to ensure consistency, to inform any changes that need to be made to the measure. This work will be completed in February 2023.		

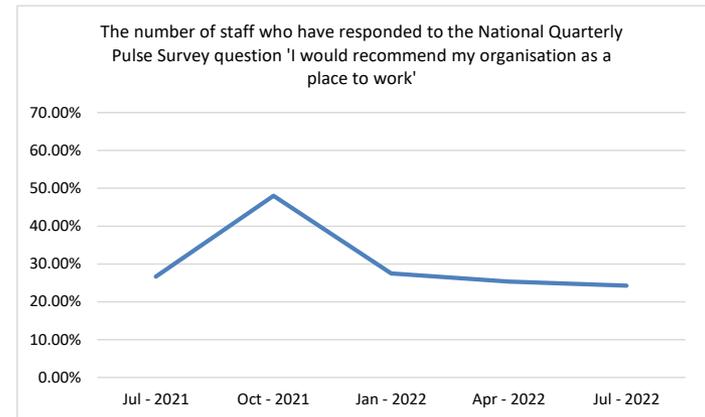
## 16) Percentage of staff recommending the Trust as a place to work

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

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

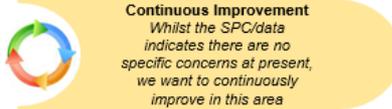
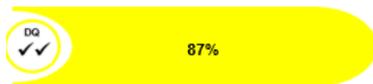
	Jul - 2021	Oct - 2021	Jan - 2022	Apr - 2022	Jul - 2022
TRUST	54.23%	52.46%	52.54%	55.01%	53.60%
ASSISTANT CHIEF EXEC	69.23%	60.94%	51.61%	61.29%	47.83%
DIGITAL AND DATA SERVICES	68.09%	60.50%	70.13%	68.00%	57.65%
DURHAM, TEES VALLEY AND FORENSIC	51.50%	50.76%	50.72%	54.63%	54.64%
ESTATES AND FACILITIES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

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Response rates for the Quarter 2 2223 NHS Pulse Survey ranged between 0.10% and 52.08%.

**Note:** October 2021 in the chart reflects the annual Staff Survey that is undertaken by Picker



### National Benchmarking – NHS Staff Survey 2021

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

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

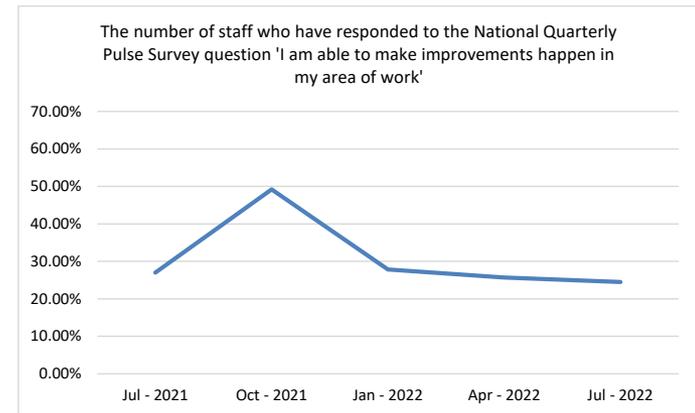
The NHS Staff Survey 2022 is expected to be published in March 2023.

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

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

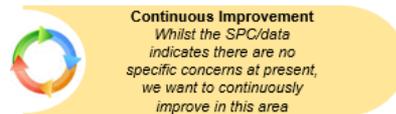
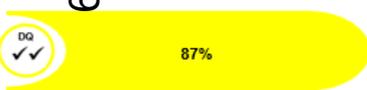
**2079** staff responded to the July 2022 National Quarterly Pulse Survey question “I am able to make improvements happen in my area of work” Of those, **1229 (59.11%)** responded either “Strongly Agree” or “Agree”. *Please note this is not “new” data as survey is only undertaken once a quarter*

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



Response rates for the Quarter 2 2223 NHS Pulse Survey ranged between 0.10% and 52.08%.

**Note:** October 2021 in the chart reflects the annual Staff Survey that is undertaken by Picker



### National Benchmarking – NHS Staff Survey 2021

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

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

The NHS Staff Survey 2022 is expected to be published in March 2023.

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

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
We currently have limited data on the percentage of staff recommending the Trust as a place to work and for staff feeling they are able to make improvements happen in their area of work.	<i>Enabling action:</i> The Head of Business Intelligence to pilot a routine survey, via Microsoft Forms in 4 areas (2 operational/2 corporate) from <del>July 22</del> December 2022 for a period of 3 months.	<b>Closed.</b> The pilot has experienced some issues which are insurmountable in the current approach and, therefore, the decision has been made to stop the pilot at this point.	
	<i>Enabling action:</i> Organisational Development to evaluate the recent staff survey results and consider the option presented by York University colleagues as an alternative to the business intelligence approach by end March 2023.		
We are concerned that the response rate to the National Quarterly Pulse Surveys is low. For the July 2022 survey, 8479 invites were sent, of which 2097 (24.73%) were received.	<i>Enabling action:</i> Organisational Development to review the option of offering incentives for the quarterly pulse by the end of March.		

**Additional Intelligence in support of continuous improvement**

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

- Enable 100% of staff to access Foundation training.
- To have trained 50% of staff at Intermediate level.
- To have 15% of staff trained at Leader level.
- To have 1% of staff trained at Expert level.

Trust-wide communication for the launch of the Foundation training commenced on the 30th January 2023 via the desktop splash screen. Guiding teams are being developed in both Care Groups to develop approaches to help connect people around innovating, learning and growing. A plan for current Quality Improvement leaders is being drawn up to take them through the transition programme in order to give them an overview of the updated QI methodology.

# 18) Staff Leaver Rate

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

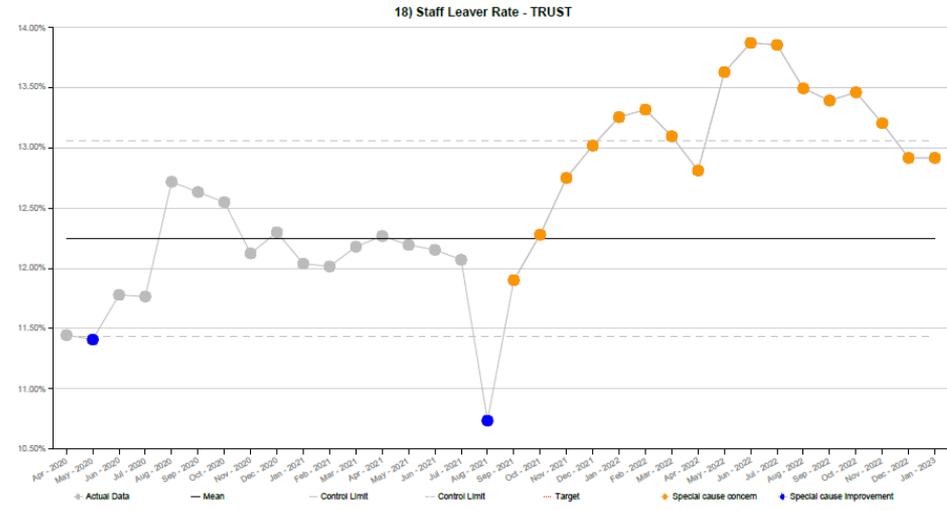
From a total of **6457.64** staff in post, **834 (12.91%)** had left the Trust in the 12 month period ending January.

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

**DQ** **80%**

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

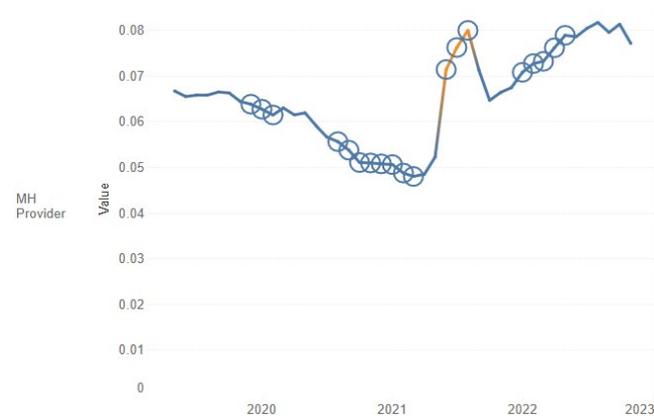
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Care Group / Directorate	Variation	Care Group / Directorate	Variation
TRUST	H	FINANCE	H
ASSISTANT CHIEF EXEC	L	MEDICAL	L
COMPANY SECRETARY	H	NORTH YORKSHIRE, YORK AND SELBY	L
CORPORATE AFFAIRS AND INVOLVEMENT	L	NURSING AND GOVERNANCE	H
DIGITAL AND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

## National Benchmarking: NHS Staff Leaver Rate - England Mental Health and Learning Disability – October 2022 (latest published data)

The NHS Staff Leaver Rate published on the Future Collaboration Platform for Mental Health Providers shows a similar trend to that shown for our Trust. We were ranked 9 of 71 Trusts (1 being the best with the lowest leaver rate) and are placed in the highest performing quartile range.



## 18) Staff Leaver Rate

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
To understand whether the “thinking about leaving” group is having an impact on staff who may be considering leaving	<i>Enabling action:</i> Human Resources to review the Leavers Policy by the end of February 2023 to ensure the processes available for submitting feedback are up to date.	<b>Complete.</b> Review work is complete and the new online process launched across the trust at the end of January.	
	<i>Enabling action:</i> Upon completion of the Leaver Policy, Organisational Development and Human Resources to ensure all staff are aware of the processes available within the Trust to submit their feedback	<b>Complete.</b> The new process has been communicated Trust-wide via the Principle People Partners.	

### Additional Intelligence in support of continuous improvement

The retention of all our staff is a key priority, from new starters through to those thinking of leaving. For those that do leave, we want them to leave feeling valued, listened to and to recommend TEWV as a great place to work. We listen to feedback, through our new ‘Thinking of leaving’ process, to ensure we understand why people choose to leave and wherever possible encourage them to stay.

The Trust is continually reviewing and developing the range of provision for staff to ensure that all new starters receive a warm TEWV welcome and that existing staff feel valued and their contribution recognised with opportunities for development.

Some of these include:

- New staff handbook and welcome videos
- Robust and supportive Induction programme
- Extensive learning and development programme with opportunities for career development and apprenticeships
- Wide range of staff benefits, both NHS and working for TEWV
- Coffee break engagement sessions to hear what is important to our staff
- Health & Wellbeing initiatives from health living programmes, psychological support and Occupational Health through to Vivup staff discounts

# 19) Percentage Sickness Absence Rate

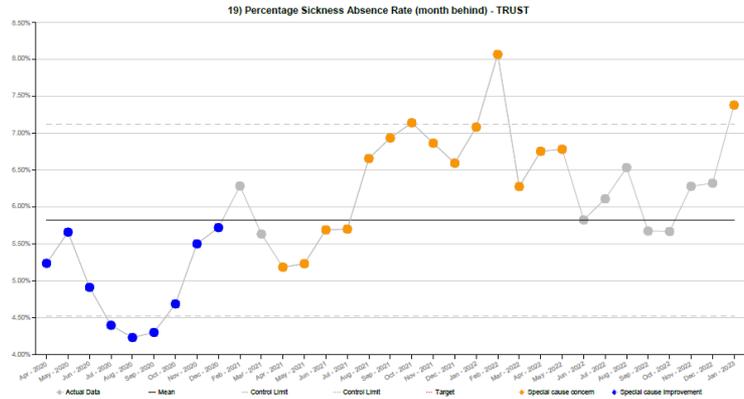
We are all committed to co creating a great experience our colleagues. We want to ensure that we support all our staff to maximise their health and wellbeing and enjoy coming to work as we know this also impacts on the quality of care we provide to our patients.

There were **223,752.64** working days available for all staff during December (reported month behind); of those, **15,510.51 (7.38%)** days were lost due to sickness.

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

**DQ** 87%

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

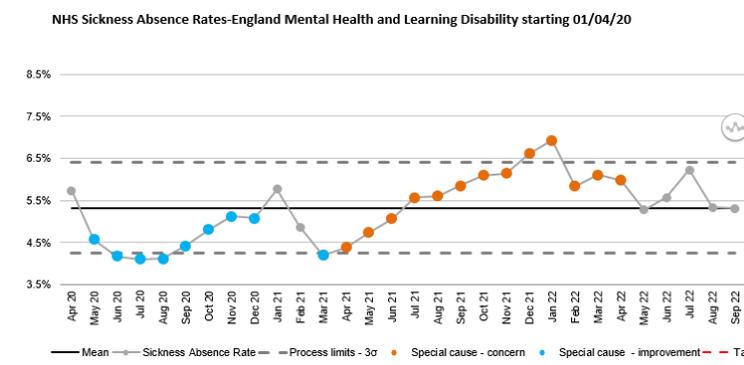


Cost Centre/Department	Variation	Cost Centre/Department	Variation
TRUST	H	FINANCE	
ASSISTANT CHIEF EXEC	H	MEDICAL	
COMPANY SECRETARY		NORTH YORKSHIRE, YORK AND SELBY	H
CORPORATE AFFAIRS AND INVOLVEMENT		NURSING AND GOVERNANCE	
DIGITAL AND DATA SERVICES		PEOPLE AND CULTURE	H
DURHAM, TEES VALLEY AND FORENSIC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

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

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

**Regional Benchmarking:** We have seen a rise in our sickness absence rates during November and as at the 14<sup>th</sup> February 2023, we were positioned 4<sup>th</sup> (out of 31) for sickness absence within the region's mental health, acute and ambulance trusts.



## Update

As at the 15<sup>th</sup> February 2023, sickness absence is 6.43% for February 2023.

## 19) Percentage Sickness Absence Rate

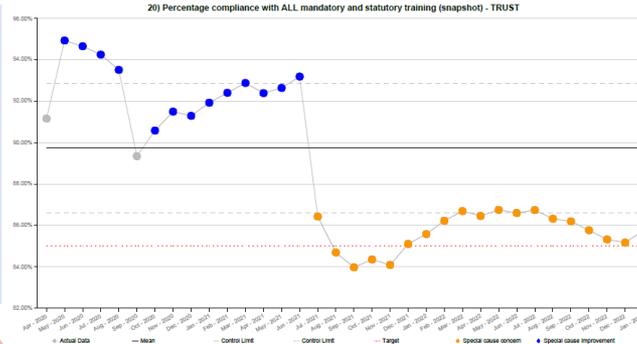
Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
<p>We need to ensure we have strategic oversight of sickness absence so we can target interventions appropriately as well as share learning across the trust.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 84</p>	<p><i>Enabling Action:</i> The Executive People Culture &amp; Diversity group to review the services with high levels of sickness, the actions being undertaken and identify what interventions may be appropriate starting in October 22.</p>	<p>The group continues to focus on the top 10 services/teams with the highest absence and reviews will now be undertaken monthly to enable an understanding of improvements and any actions that are required. Initial findings suggested some staff sickness may not be managed in line with the policy, but further analysis is required to confirm this.</p>	
	<p><i>Enabling Action:</i> Deputy Director of People &amp; Culture and Associate Director of Operational Delivery and Resourcing to oversee the implementation of increased monitoring of sickness data and trends from January 2023 with a view to providing targeted interventions and support for teams struggling with sickness.</p>	<p><b>Complete.</b> Increased monitoring continues and People Partners are now in place in all speciality areas, working with General Managers on Individual action plans.</p>	<p>We would anticipate seeing the impact as targeted support is identified</p>

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

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.

**120,682** training courses were due to be completed for all staff in post by the end of January. Of those, **103,480 (85.75%)** courses were actually completed.

**Percentage Compliance with Information Governance & Data Security Training.** As required by the Information Governance Tool Kit the Trust must achieve 95% staff compliance by the 28<sup>th</sup> February 2023. As at end of January, **7128** were due for completion, **6575 (92.24%)** were actually completed.



Category	Validation	Assurance	Category	Validation	Assurance
TRUST	L	P	FINANCE	L	P
ASSISTANT CHIEF EXEC	L	P	MEDICAL	L	P
COMPANY SECRETARY	L	?	NORTH YORKSHIRE, YORK AND SELBY	L	?
CORPORATE AFFAIRS AND INVOLVEMENT	L	P	NURSING AND GOVERNANCE	L	P
DIGITAL AND DATA SERVICES	L	P	PEOPLE AND CULTURE	L	P
DURHAM, TEES VALLEY AND FORENSIC	L	P	THERAPIES	L	?
ESTATES AND FACILITIES MANAGEMENT	L	P			



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



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



Our system is expected to consistently hit the target/expectation



93%

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Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
We need to ensure we have oversight of services' training compliance in order to ensure they remain safe on a day to day basis	<b>NEW Enabling action:</b> Workforce Team to share compliance reports for all teams below 75% compliance with Service and General Managers on a weekly basis with immediate effect, with a view to supporting increased compliance.	<b>Complete.</b> Weekly circulation of compliance reports has started.	
Information Governance training – Data Security Awareness Level 1 compliance has been impacted due to clinical/operational pressures	Information Governance team to offer face to face Information Governance training out of hours during January and February 2023 to support staff improved compliance. Following resolution of a technical issue dates will be advertised the week commencing 20 <sup>th</sup> February 2023.		

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

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
<p><b>NEW</b> We are concerned that demand for some of our face to face training is exceeding the capacity of our trainers.</p>	<p><i>Enabling action:</i> Workforce Team to conduct fortnightly reviews around the availability of courses to ensure we have sufficient capacity to meet demand. These reviews will be in place by the end of February 2023.</p>		
<p><b>NEW</b> We are concerned that availability of our face to face courses is being impacted by staff booking a place on several sessions, in case they cannot attend on a given day. This is preventing other staff from being able to book on those sessions and resulting in a number of unoccupied places on training sessions.</p>	<p><i>Enabling action:</i> Workforce team to develop communications for Managers regarding the process for booking and attending key face to face training courses. This will be shared with both care groups via the people partners by the end of February 2023.</p>		

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

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 **6402** eligible staff in post at the end of January; **5371 (83.90%)** had an up to date appraisal



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



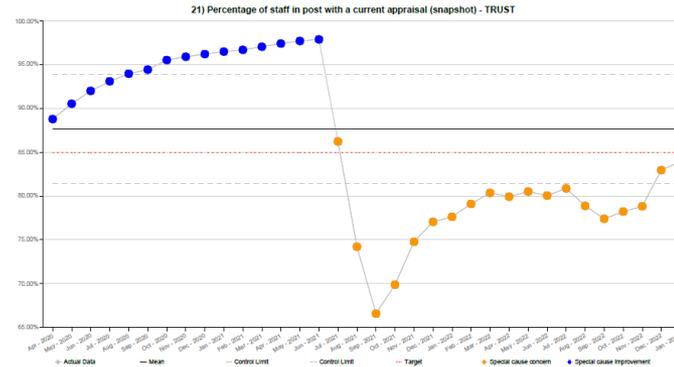
**An Area of Concern**  
We are concerned with our performance in this area and action is required to improve



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



93%



Core Group Overview	Variance	Assurance	Core Group Overview	Variance	Assurance
TRUST			FINANCE		
ASSISTANT CHIEF EXEC			MEDICAL		
COMPANY SECRETARY			NORTH YORKSHIRE, YORK AND SELBY		
CORPORATE AFFAIRS AND INVOLVEMENT			NURSING AND GOVERNANCE		
DIGITAL AND DATA SERVICES			PEOPLE AND CULTURE		
DURHAM, TERENURETY AND FORENSIC			THERAPIES		
ESTATES AND FACILITIES MANAGEMENT					

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Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
We need to better understand why appraisals are not being undertaken in a timely manner in a number of our services.	<i>Enabling action:</i> Organisational Development to link in with all teams performing at less than 75% to identify whether there is any specific support required. This work will be completed by the end of February 2023.	<b>Complete.</b> All teams with compliance levels below 75% have been contacted. In most cases staff either have appraisals booked, are on maternity leave or on long term sick. No offers of support have been taken up.	
	Organisational Development to link in with all teams with compliance rates between 75% - 85% to identify whether there is any specific support required. This work will be completed by the end of February 2023.		

## 22) Number of new unique patients referred

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.

**8668** patients referred in January that are not currently open to an existing Trust service



No significant change in the data during the reporting period shown

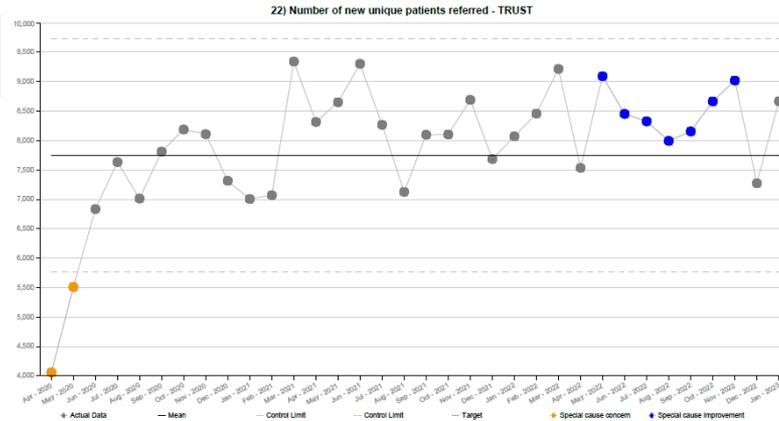


**No Concerns**  
We are performing consistently in this area and no action is required at this time



93%

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

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

## 23) Unique Caseload (snapshot)

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.

63,324 cases were open, including those waiting to be seen, as at the end of January 2023.



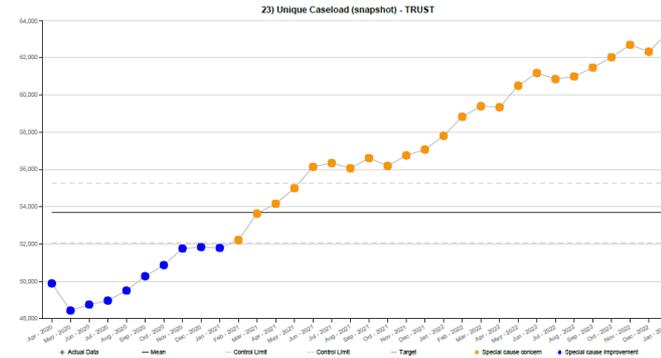
We're aiming to have low performance and we're moving in the wrong direction.



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



93%



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

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
<p>This was a new measure developed to better understand the size of our overall caseload and services' capacity and demand, including connected to annual increases in levels of commissioner investment into services.</p>	<p><i>Enabling action:</i> Task &amp; Finish Group to complete the gathering of wider intelligence by the end of January 2023. This will include aligning the data gathered with whole time equivalent staffing changes over the relevant periods and with performance intelligence to understanding the implications of the analysis.</p>	<p><b>Complete.</b> The caseload data has been overlaid with whole time equivalent staffing information. Information on caseload changes by team and team type, and relative to WTE changes, was shared with S&amp;RC on 7<sup>th</sup> February to provide assurance that work was progressing well.</p>	
	<p><i>Enabling Action:</i> Task &amp; Finish Group to share analysis with operational teams to establish the reasons for the increase in caseloads relative to increases/decreases in staffing (funded and contracted) and changes to commissioning contracts. This work will be completed by the end of February 2023.</p>		

### To note

Areas of concern in relation to the size and management of caseloads were identified in Children & Young People's Services and Adult Mental Health Community Services CQC Inspections and are current regulatory breaches (Must Do's) for the core services. The programme of team caseload 'deep-dives' is nearing completion for a number of teams in CAMHS; that in Selby was completed in January and North Yorkshire & York Spa team is progressing this month.

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

We delivered a **£4.0m** deficit (to break even) to 31<sup>st</sup> January 2023 against a planned year to date surplus of **(£0.2m)**, resulting in a **£4.2m** variance to plan.

We have had an exceptional unplanned benefit from the sale of an asset of **£0.3m**. There was an update to technical guidance at M10 which means that this benefit is now included when comparing performance against our planned operating surplus / deficit (previously excluded), and is therefore represented in the reported position.



### Summary

The year to date position is an operational deficit of **£4.0m** against a planned year to date surplus of **(£0.2m)**, resulting in a **£4.2m** variance to plan, representing **higher than planned expenditure**. Key observations for January were:

- **Independent sector beds** - the Trust required 232 bed days during January 2023 (98 for December 2022) at a cost of £0.2m (includes estimates for unvalidated periods of occupancy and average observation levels pending billing). This was an increase of 134 bed days. Year to date expenditure was £3.3m, or £3.0m above plan. Plans assumed no use of spot purchased beds during 2022/23 and no block contracted beds beyond quarter one (£0.3m costs assumed in quarter one only). Block contracting was terminated from the 1<sup>st</sup> October, with additional capacity being spot purchased. This remains a key area of clinical and management focus.
- **Agency expenditure** as at January 2023 was £17.7m, which was £9.8m ahead of plan and includes material costs linked to inpatient occupancy and rosters, medical cover and complex specialist packages of care.
- **Computer hardware, software and maintenance** Computer Hardware is £1.9m ahead of plan. This is partly offset by a surplus to plan on computer software and maintenance of (£1.1m), resulting in a net deficit to plan of £0.8m. The associated recovery action for capitalisation of IT hardware (where appropriate) has been accelerated from M12 with a YTD benefit to the revenue position at M10 of £0.8m.
- **Planned CRES performance** as at January 2023 is behind plan by £3.6m, however unplanned schemes to the value of £1.6m provide a partial offset, resulting in net CRES performance that is £2.0m behind plan. Key variances relate to agency and independent sector bed pressures driving run rates significantly above 2021/22 levels. Further risks and mitigations are being identified to offset under performance of CRES.
- **Pay Award** – Since September 22 Trusts have accounted for the nationally negotiated pay awards (including arrears for month 1 to 5 in month 6). Costs are partly offset by an inflationary tariff uplift of 1.66%, or £5.0m to month 10, resulting in a net pay award pressure of £2.6m (£3.0m full year). The Integrated Care Board is considering alternative methodologies for distributing funding and has escalated system level funding pressures to NHS England for their consideration. Forecasts (consistently across the ICB) assume that pay award costs are fully funded.
- **Sale of Asset** - An exceptional £0.3m unplanned benefit from the sale of an asset is now included when comparing performance against planned operating surplus / deficit.
- **International Recruitment** – Exceptional costs associated with international recruitment of £0.1m in Month 9. Future months costs are still to be determined with a business case in train.
- There have been improvements in M10 to the previously reported deficit position largely relating to additional income from Health Education England and ICB discharge funding.

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

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

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
<p>Agency expenditure is significantly impacting our financial plan and will impact on our Use of Resources Rating when reintroduced; therefore, we need focused work to reduce.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 91</p>	<p><i>Enabling Action:</i> The Financial Management Team have established recovery meetings to monitor the ongoing impact of increased agency expenditure, to identify and establish appropriate mitigating actions. In addition pre-covid agency controls are being stood up.</p>	<p>Financial recovery meetings ongoing with risks and mitigations to the deliverability of the planned surplus identified.</p> <p>Care Group Inpatient Roster review meetings took place on 5<sup>th</sup> December 2022 (DTVF) and 20<sup>th</sup> December 2022 (NYYS). The impact of this will be evaluated at the financial year end.</p> <p>Approval assurance in train relating to agency rule breaches (off framework, above £100 per hour or under £100 but 50% above price cap)</p>	<p>Run rates for complex packages reduced following discharge. (Expected to reduce further with transition to reduced rate on framework agency).</p> <p>A reduction of 122 agency shifts in January compared to December.</p>
	<p><b>NEW Enabling action:</b> The Safer Staffing Group to establish an agency reduction sub group to identify further actions required, and monitor progress and compliance.</p>		
<p>We need to reduce Trust use of independent sector beds.</p>	<p><i>Please refer to progress for measures - 08) Bed Occupancy (AMH &amp; MHSOP A &amp; T Wards) and 09) Number of inappropriate OAP bed days for adults that are 'external' to the sending provider</i></p>		
<p>The cost of Computer Hardware is high and we need to mitigate overspend in this area.</p>	<p>The Digital and Data Team to continue to progress arrangements for Centralised Asset Management, including agreeing annualised capital and revenue budget requirements for 2023/24 Business Planning with the organisation.</p>	<p>Comms released w/c 28<sup>th</sup> November to support centralised asset management processes.</p> <p>Recovery action for capitalisation of IT hardware (where appropriate) has been accelerated from M12</p>	<p>Centralised CIO / Deputy CIO level approvals for all hardware to improve resource and asset management</p> <p>Capitalisation of revenue expenditure of £0.8m at 31<sup>st</sup> January</p>

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

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

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
Independent Sector Bed and agency staffing pressures have driven adverse performance compared to CRES plans phased to commence from July 2022 and impacting on the delivery of our financial plan.	<i>Please refer to progress for measure - 25a) Agency &amp; 27) CRES Performance – Recurrent</i>		

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

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

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

Agency expenditure of £17.7m is £9.8m (124%) higher than target.



Our system is not hitting the target/expectation



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

### Summary

Agency expenditure of £17.7m is £9.8m (124%) higher than target. Expenditure limits have been set for each ICB derived from 2022/23 provider financial plans, but with a minimum reduction of 10% from 2021/22 and maximum of 30%. The Trust's plans assumed agency costs of £9.3m (fixed as our share of the ICB agency cost cap) for 2022/23 or £7.9m YTD resulting in a breach of this cap by £9.8m.

Recent regional reporting of sickness levels suggests peer mental health providers have experienced similar challenges. The Trust's ability to reduce temporary (including agency) staffing reliance will in part link to sickness absence but equally to net new recruitment and securing alternative whole system models of care for specialist adult learning disability packages of care and high cost medical assignments.

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

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

## 25b) Agency price cap compliance

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

During January 2023 there were 4,419 agency shifts worked, with 2,715 shifts compliant (61%).



Our system is not hitting the target/expectation



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

### Summary

During January 2023 4,419 agency shifts were worked (122 less than December).

Of these, 2,715 or 61% shifts were compliant (64% compliance prior month).

Of the non-compliant shifts 1,498 or 34% breached price caps (up from 1,321 shifts and 29% prior month) and 206 or 5% breached framework compliance (down from 306 shifts and 7% prior month).

Recent regional reporting of sickness levels suggests peer mental health providers have experienced similar challenges. The Trust's ability to reduce temporary (including agency) staffing reliance will in part link to sickness absence but equally to net new recruitment and securing alternative whole system models of care for specialist adult learning disability packages of care and high cost medical assignments.

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

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

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

## 26) Use of Resources Rating - overall score

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

We would be capped as a **3** for the period ending 31<sup>st</sup> January against a planned rating of **2**.  
**1** behind plan.



Our system is not hitting the target/expectation



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



80%

### Summary

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

- The **capital service capacity metric** assesses the level of operating surplus generated, to ensure Trusts can cover all debt repayments due in the reporting period. The Trust has a capital service capacity of 0.53x, which is 0.92x or £5.4m behind plan and is **rated as a 4**.
- The **liquidity metric** assesses the number of days' operating expenditure held in working capital (current assets less current liabilities). The Trust's liquidity metric is 28.2 days; this is behind plan by 1.3 days and is **rated as a 1**.
- The **Income and Expenditure (I&E) margin metric** assesses the level of surplus or deficit against turnover. The Trust has an I&E margin of minus 10.7%, this is worse than plan by £4.2m and is **rated as 4**.
- The **agency expenditure** metric assesses agency expenditure against a capped target for the Trust. Costs of £17.7m are £9.8m (124%) higher than plan, and would be **rated as a 4**.

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

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

Each metric has been assessed against forecast financial performance at 31<sup>st</sup> March and results in a **forecast 2022/23 overall UoRR of 2**, which will be in line with plan, despite agency performance being rated as 4.

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

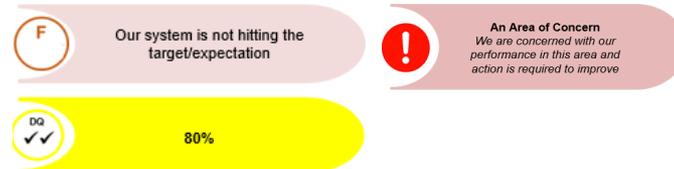
**NOTE** Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.

## 27) CRES Performance - Recurrent

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 **£9.6m** recurrent Cash-Releasing Efficiency Savings (CRES) for the year to date and have delivered **£7.6m**.

**£2.0m** variance to plan.



### Summary

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

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

CRES delivery is £2.0m behind plan with specific performance noted as:

- **£0.9m** CRES for OAPs contracted bed elimination is behind plan
- **£2.3m** CRES for agency rate compliance and usage reduction is behind plan
- **£0.2m** CRES for Crisis Line support from Vale of York CCG is behind plan
- **£0.3m** CRES for reduction in covid measures is behind plan
- **£1.2m** CRES for interest receivable and is ahead of plan
- **£0.3m** CRES for PDC
- **£0.2m** CRES for other schemes including contract overhead contribution and salary sacrifice benefit

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
The delay in the commencement of CRES plans that were phased to commence July 2022 is impacting on the delivery of our financial plan	<i>Please refer to progress for measure - 24) Financial Plan: SOCI - Final Accounts – (Surplus)/Deficit as this will mitigate in-part the under delivery on CRES and provide a sustainable footing and reduced run rate expenditure</i>		

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

## 28) CRES Performance – Non-Recurrent

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 **£1.2m** non-recurrent Cash-Releasing Efficiency Savings (CRES) for the year to date and have delivered **£1.2m**.

**(£0.0m) favourable** variance to plan.



Our system is hitting the target/expectation



80%



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

### Summary

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

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

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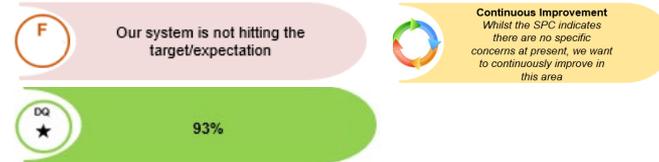
**NOTE** Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.

## 29) Capital Expenditure (Capital Allocation)

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

Capital expenditure at the end of January was **£7.1m** against planned expenditure of **£8.7m**

**£1.6m** underspend against plan.



### Summary

Capital expenditure at the end of January was £7.1m, and is £1.6m lower than plan of £8.7m. This includes slippage on health and safety works and LD Environment changes, which are partially offset by an overspend on Teesside patient safety works. Slipped health and safety works schemes have been re-programmed and are overseen at Environmental Risk Group. Networked IT assets have been capitalised since December, back dated to April 22 (which has resulted in a benefit to the revenue position).

The Trust is in discussion with ICB colleagues to manage system delivery of financial targets. The Trust has received confirmation of £3.2m additional capital funding to develop Crisis and Liaison services, and £1.7m capital funding to support IT frontline digitisation spend. The full balance must be spent during 2022/23 financial year. Current forecast is to breakeven with plan.

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

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
Not spending the full capital allocation in year could lead to pressure in future years as annual plans are managed at ICS level.	<p>The Capital Development Team continue to review the forecast and deliverability of schemes alongside central ICB colleagues to manage projected aggregate spend.</p> <p>Key residual actions include evidence collection to support capitalisation of IT grouped network assets.</p> <p>This will be completed by the 31st March 2023</p>	<p>Current forecast is to breakeven with plan.</p> <p>Assets capitalised in month 9 position. Work ongoing with Concorde to finalise supporting evidence.</p>	

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

### 30) Cash balances (actual compared to plan)

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

We have an actual cash balance of **£74.0m** against a planned year to date cash balance of **£70.6m**.

**£3.4m** positive variance from plan



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

### Summary

Cash balances were **£74.0m** at 31<sup>st</sup> January 2023, which is **£3.4m** higher than plan of **£70.6m**. This is linked to capital funding received to support developments that have not yet commenced. The Trust's deficit financial position is being offset by underspends on capital and working capital variations.

The Trust did not achieve the 95% Better Payment Practice Code (BPPC) target compliance for the prompt payment of Non NHS suppliers, but did meet the target for NHS suppliers for the year to date, achieving a combined BPPC of 94%. We continue to support the use of Cardea to make processes as efficient as possible, and ensure suppliers are paid promptly.

The value of debt outstanding at 31<sup>st</sup> January 2023 was £5.7m. Total debt is higher than planned, but £2.5m is with Humber FT due to invoices being misplaced and full payment is expected in February. The amount over 90 days overdue is higher than targeted (£0.5m excluding amounts being paid via instalments and PIPS loan repayments), but this has again reduced in month, and 3 NHS organisations account for 65% of total debts greater than 90 days old. We have not been notified of challenge for any outstanding debt values, and progress continues to be made to receive payment for older debts.

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

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

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

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

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

Measures		Goal 1 - To co-create a great experience for our patients, carers and families	Goal 2 - To co-create a great experience for our colleagues	Goal 3 - To be a great partner
BIPD_16	Percentage of staff recommending the Trust as a place to work	✓	✓	✓
BIPD_17	Percentage of staff feeling they are able to make improvements happen in their area of work	✓	✓	✓
BIPD_18	Staff Leaver Rate	✓	✓	✓
BIPD_19	Percentage Sickness Absence Rate	✓	✓	✓
BIPD_20	Percentage compliance with ALL mandatory and statutory training	✓	✓	✓
BIPD_21	Percentage of staff in post with a current appraisal	✓	✓	✓
BIPD_22	Number of new unique patients referred	✓	✓	✓
BIPD_23	Unique Caseload (snapshot)	✓	✓	
BIPD_24	Financial Plan: SOCI - Final Accounts - Surplus/Deficit			
BIPD_25a	Financial Plan: Agency expenditure compared to agency target			
BIPD_25b	Agency price cap compliance			
BIPD_26	Use of Resources Rating - overall score			
BIPD_27	CRES Performance - Recurrent			
BIPD_28	CRES Performance - Non-Recurrent			
BIPD_29	Capital Expenditure (CDEL)			
BIPD_30	Cash balances (actual compared to plan)			

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

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

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

Measures		1. Recruitment and Retention	2. Demand	3. Involvement and Engagement	4. Experience	5. Culture & Wellbeing	6. Safety	7. Infrastructure	8. Cyber Security	9. Regulatory Action	10. Influence	11. Governance & Assurance	12. Roseberry Park	13. West Lane	14. CITO	15. Financial Sustainability
BIPD_16	Percentage of staff recommending the Trust as a place to work	✓		✓	✓	✓	✓			✓	✓	✓				
BIPD_17	Percentage of staff feeling they are able to make improvements happen in their area of work	✓	✓	✓	✓	✓	✓			✓	✓	✓				
BIPD_18	Staff Leaver Rate	✓				✓	✓					✓				✓
BIPD_19	Percentage Sickness Absence Rate	✓	✓			✓	✓			✓						✓
BIPD_20	Percentage compliance with ALL mandatory and statutory training	✓		✓	✓	✓	✓		✓	✓		✓				✓
BIPD_21	Percentage of staff in post with a current appraisal	✓			✓	✓	✓			✓		✓				
BIPD_22	Number of new unique patients referred		✓				✓					✓				✓
BIPD_23	Unique Caseload (snapshot)		✓			✓	✓					✓				✓
BIPD_24	Financial Plan: SOCI - Final Accounts - Surplus/Deficit									✓		✓				✓
BIPD_25a	Financial Plan: Agency expenditure compared to agency target									✓		✓				✓
BIPD_25b	Agency price cap compliance									✓		✓				✓
BIPD_26	Use of Resources Rating - overall score									✓		✓				✓
BIPD_27	CRES Performance - Recurrent									✓		✓				✓
BIPD_28	CRES Performance - Non-Recurrent									✓		✓				✓
BIPD_29	Capital Expenditure (CDEL)							✓		✓		✓	✓			✓
BIPD_30	Cash balances (actual compared to plan)									✓		✓	✓			✓

# Chapter 2

# Long Term Plan Ambitions

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

### Trust Level Long Term Plans

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

Quality, access and outcomes: Mental Health Trust Standards	Agreed Standard for 22/23	Q1	Q2	Q3	Q4 (Jan)	FYTD
<b>13a:</b> Number of inappropriate OAP bed days for adults by quarter that are either 'internal' or 'external' to the sending provider	Q1 606 Q2 185 Q3 0 Q4 0	1094	1029	431	388	388
<b>13b:</b> Number of inappropriate OAP bed days for adults by quarter that are 'external' to the sending provider	Q1 606 Q2 185 Q3 0 Q4 0	1094	1029	431	388	388
Percentage of adults discharged from CCG-commissioned mental health inpatient services receive a follow-up within 72 hours.	85%	91.56%	88.60%	86.59%	89.43%	88.92%
Data Quality Maturity Index	93.00	97.50	97.30	97.30	97.00	97.00

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

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

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

Measure	Oversight Standard/ National Ambition	Agreed Sub-ICB location Ambition	Q1	Q2	Q3	Q4 (Jan)	FYTD
Total access to IAPT services - Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy	17787	12448	2828	2209	2485	919	8441
Percentage of people who have waited more than 90 days between first and second appointments	<10%	<10%	28.43%	30.70%	14.63%	12.64%	23.77%
The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (rolling 12 months)	95%	Q1 50% Q2 75% Q3 95% Q4 95%	37.50%	52.05%	68.75%	71.88%	71.88%
The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment (rolling 12 months)	95%	Q1 55% Q2 75% Q3 95% Q4 95%	73.91%	88.89%	90.32%	87.10%	87.10%
Number of people accessing IPS services as a rolling total each quarter	1058 ICS Ambition	169 at Quarter End	140	138	129	62	

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Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
<b>Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy</b> <b>Percentage of people who have waited more than 90 days between first and second appointments</b>			
We are concerned that the recruitment challenges are masking any further issues that may be impacting on our access rates.	<i>Enabling Action:</i> Senior Performance Manager and IAPT Service Manager to conduct an in-depth review by the end of January 2023 to understand all circumstances impacting on our achievement of the agreed trajectories and to identify any further improvement actions.	<b>Complete.</b> The in-depth review has highlighted key reasons why patients are not accessing the service, including not attending appointments, being referred on to secondary mental health services and the service being unable to contact the patient following a self-referral.	
<b>New</b> We need to ensure that any improvement actions implemented to improve access rates do not adversely impact our waiting times and the flow of patients through our service.	<i>Enabling action:</i> IAPT Service Manager and General Manager for Adult Mental Health Planned Care to present a position statement and the proposed improvement actions to the March Quality Assurance & Improvement Subgroup, with a view to agreeing the actions to be taken forward.		

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
<b>Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy</b>			
<p>Within the IAPT Service, people are not commencing a course of therapy with us because we do not offering sufficient choice of appointment for people that may be considering access to our service.</p>	<p><b>NEW</b> The Service Manager to lead a trial to use the Mayden choose and book system to enable patients to choose their own appointment time, with a view to increasing access to our service. This trial will start on the 15<sup>th</sup> February 2023.</p>		
<b>IAPT: The proportion of people who are moving to recovery</b>			
<p>We need to ensure that as many patients as possible who use our service achieve recovery.</p>	<p>The Service Manager to review the possibility of specialist supervision for staff to enable them to adapt therapy to the cost of living crisis. Review work will be complete by the end of January February 23.</p>		
	<p><i>Enabling action:</i> The Service Manager to ensure the recovery tracker, which details the pathway of all patients that do not achieve recovery, is updated by all therapists on a weekly basis with immediate effect. This will enable the service to understand why our patients do not achieve recovery and identify any improvement actions.</p>	<p><b>Complete.</b> Completion of the recovery tracker is being monitored and reviewed for all patients and whilst we have a number of patients not achieving recovery, we can see that a significant number of our patients are showing a considerable improvement.</p>	<p>Performance has been above standard for 2 consecutive months</p>
<b>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</b>			
<p>Dieticians are crucial members of our Children’s Eating Disorder Service and a shortage of dieticians within the team and nationally is impacting the team’s capacity to deliver assessments and start patient treatment.</p>	<p>The CED Team Manager to continue recruitment for 3 WTE dietician posts to increase the number of initial assessments available to be offered.</p>	<p>Two dieticians are now in post; the service is readvertising the final vacancy.</p>	

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Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
<p><b>The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment</b>  <b>The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment</b></p>			
<p>The CED service is currently providing dietetic support into County Durham and Darlington Foundation Trust (CDDFT) paediatric wards to support patients presenting with an eating disorder, which is further impacting staff capacity.</p>	<p>Care Group Director to progress a temporary Service Level agreement with CDDFT.</p> <p>The General Manager for Children &amp; Young People's Services to represent the service at a workshop with CDDFT to develop a decision-making matrix of care for the two Trusts to follow to ensure joined up working, with clear responsibilities identified. The workshop will take place by the end of January 23.</p>	<p>Joined working between clinicians from both Trusts continues and a meeting to finalise the agreement is scheduled for the end of February 2023.</p> <p><b>Complete.</b> The workshop took place and a decision matrix of care was agreed.</p>	
<p><b>Number of people accessing IPS services</b></p>			
<p>We need to better understand our data for Individual Placement &amp; Support (IPS) service, to identify the underlying reasons for not meeting our locally agreed trajectories with commissioners.</p>	<p>Head of Performance to work with the Service Manager and Finance and Business Intelligence colleagues to develop an evidenced-based paper by the end of November 2022, to inform next steps.</p>	<p><b>On hold:</b> Following discussions and detailed analysis, a data quality issue has been identified that must be resolved before the paper can be completed.</p>	
<p>A number of interventions have been recorded using incorrect codes; these require resolution to enable us to understand the impact on this measure.</p>	<p><i>Enabling action:</i> Paris Team to investigate options to enable IPS staff to be easily identified within Paris by the end of January 2023. This will facilitate improved reporting, ensuring that only IPS contacts by IPS staff are counted within this measure.</p>	<p><b>Complete.</b> Work has now been completed on Paris to assign IPS staff with a dedicated staff type.</p>	
	<p><i>Enabling action:</i> Business Intelligence Team to amend the measure to ensure that only contacts by IPS staff are being included within the measure. This work will commence in the March 2023 sprint.</p>		

There are 6 measures that are at risk of delivery for quarter 4, of which 4 are at risk of delivery for the financial year.

Measure	Oversight Standard/ National Ambition	Agreed Sub-ICB location Ambition	Q1	Q2	Q3	Q4 (Jan)	FYTD
Total access to IAPT services - Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy	22972	2260	600	436	502	167	1705
Percentage of people who have waited more than 90 days between first and second appointments	<10%	<10%	30.05%	33.60%	18.03%	16.03%	26.60%
The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (rolling 12 months)	95%	Standard	75.82%	82.29%	85.29%	87.76%	87.76%
The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment (rolling 12 months)	95%	Standard	66.67%	73.68%	66.67%	60.00%	60.00%
Number of people accessing IPS services as a rolling total each quarter	1058 ICS Ambition	216 at Quarter End	166	186	150	87	
Percentage of people experiencing a FEP treated with a NICE approved care package within 2 weeks of referral	60%	60%	68.49%	66.67%	78.57%	47.83%	69.00%

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Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
<b>Percentage of people experiencing a FEP treated with a NICE approved care package within 2 weeks of referral</b>			
<b>NEW</b> Achievement of our waiting times standard is being impacted by delays in screening referrals	Service Managers to ensure a standard process is in place by the end of February 2023 between the access and EIP teams to ensure initial screening in access takes place to on the day of referral and relevant referrals are passed to EIP on that same day.		
<b>NEW</b> Achievement of our waiting times standard is being impacted by delays in staff recording the validation of assessments.	Service Managers to ensure an effective diary management system is in place by the end of February 2023 that will ensure all assessors include administrative time following each assessment to eliminate delays.		

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

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
<b>Percentage of people experiencing a FEP treated with a NICE approved care package within 2 weeks of referral</b>			
<p><b>NEW</b> We have identified a potential concern within our Redcar &amp; Cleveland team; however further investigation is required to understand if there are any underlying issues and whether improvement actions are required.</p>	<p><i>Enabling action:</i> The Consultant Clinical Psychologist to undertake a deep dive to understand the underlying issues and to identify any improvement actions that need to be established. This work will be completed by the end of February 23.</p>		
<p><i>For all IAPT commentary, please see the Long Term Plan section for County Durham Sub-ICB Location</i></p>			
<p><i>For all Children’s Eating Disorders commentary, please see the Long Term Plan section for County Durham Sub-ICB Location</i></p>			
<p><i>For all IPS commentary, please see the Long Term Plan section for County Durham Sub-ICB Location</i></p>			

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There are **6** measures that are at risk of delivery for quarter 4, of which **4** are at risk of delivery for the financial year. There is **1** additional measure at risk of delivery for the financial year

Measure	Oversight Standard/ National Ambition	Agreed Sub-ICB Location Ambition	Q1	Q2	Q3	Q4 (Jan)	FYTD
<b>Total access to IAPT services</b> - Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy	11623	8272	1676	1816	1812	652	5956
IAPT: The proportion of people who are moving to recovery	50.00%	50.00%	50.05%	49.23%	42.44%	53.25%	47.90%
Percentage of people who have waited more than 90 days between first and second appointments	<10%	<10%	8.59%	11.42%	7.75%	11.72%	9.38%
The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (rolling 12 months)	95%	Q1 55% Q2 60% Q3 70% Q4 80%	57.81%	58.93%	64.91%	67.27%	67.27%
The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment (rolling 12 months)	95%	Q1 50% Q2 60% Q3 70% Q4 80%	55.56%	55.56%	80.00%	60.00%	60.00%
Number of people accessing IPS services as a rolling total each quarter	559 ICS Ambition	123 at Quarter End	67	82	92	52	
Number of women accessing specialist community PMH services in the reporting period (cumulative)	398	Q1 71 Q2 142 Q3 213 Q4 284	70	96	125	132	132

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Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
<b>Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy</b>			
<b>NEW</b> We have identified that we have a number of GP practices within the area that have high rates for prescribing high anti-depressants but have low referrals to our IAPT services.	Team Managers to engage with GP practices by the end of January 2023 to promote IAPT services via banners on their surgery websites to increase patient awareness with a view to increasing self referrals.	<b>Complete</b> All GP practices have been contacted to encourage the use of the banner.	Whilst the trajectory is still not achieved, improvement is visible.
	<i>Enabling action:</i> Team Managers to review the success of the IAPT banners at the end of March 2023 to establish if this approach is having the desired impact.		

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

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
<b>Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy</b>			
<b>NEW</b> We need to improve service promotion on social media through the use of videos with a view to increasing the number of referrals to the service.	The Service Manager to work with the communications team to develop service videos that can be shared on social media. These will be developed and published by the end of March 2023.		
<b>NEW</b> We need to engage with local businesses to offer IAPT services in business premises with a view to increasing the number of referrals to the service.	<i>Enabling action:</i> Team Managers to review marketing materials following the rebranding of IAPT to Talking Therapies, with a view to then sharing these with local businesses. This review will be completed by the end of April 2023.		
<b>IAPT The proportion of people who are moving to recovery</b>			
The deep dive to understand why a number of our patients were not moving to recovery identified that a number would have achieved recovery if they had been offered more sessions.	<i>Enabling action:</i> Team managers to establish a daily recovery huddle by the end of January 2023 to ensure patients are offered all opportunities to move to recovery when they are close to treatment completion.	<b>Complete</b> A daily recovery huddle is now established and reviewed weekly by the Service and Team Managers to ensure it continues to have the desired impact.	Common cause is now visible in the chart and the standard has been achieved in January
<b>Percentage of people who have waited more than 90 days between first and second appointments</b>			
Our North Yorkshire IAPT service has a number of vacancies, which has impacted their ability to respond to an increase in the number of people placed directly onto step 2 Guided Self Help and Step 3.	IAPT Service Manager to continue recruitment for 9.97wte Psychological Wellbeing Practitioners (PWP) and 1.2 wte High Intensity Worker (HIW).	2.4 HIW posts remain vacant and are to be readvertised. The recruitment for the PWPs has been placed on hold at this point to avoid over-establishment as the service is in the process of recruiting 9 trainee PWPs to start with the service in March 2023.	

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
<p><b>The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment</b>  <b>The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment</b></p>			
<p>Within our North Yorkshire, York &amp; Children's Eating Disorder Services there is a need to review the pathway from referral to the initial assessment, to ensure all information required to assess patients is available at the point of referral and to enable assessments to be booked timely</p>	<p><i>Enabling Action:</i> Team Manager to arrange a second Kaizen event to review the pathway from referral to the initial assessment. This is an extension of the initial Kaizen which focused on the initial assessment only.</p>	<p><b>On hold.</b> This remains a priority, but has temporarily been placed on hold to enable the Team Manager to focus capacity and resources and to support the staff through the number of changes that are currently in progress, including the establishment of the Eating Disorders Home Treatment Service, implementing the Medical Emergencies in Eating Disorders (MEED) requirements and embedding the changes from the first Kaizen event.</p>	
<p>Within our North Yorkshire, York &amp; Children's Eating Disorder Services there is a need to ensure sufficient information is provided on referral from GPs, to enable the service to assess patients within the national standards.</p>	<p>Service Managers to work with commissioners to introduce an Eating Disorders specific referral form by the end of June 22. This will improve the triage process to enable more efficient booking of new initial assessment appointments.</p>	<p><b>Closed.</b> The action has been superseded by the adoption of the CED specific referral form reported to Board in December 2022.</p>	
	<p><b>NEW</b> Eating Disorder's Service Manager to engage with the communications team, commissioners and partner agencies to implement the CED specific referral form. This work is to be completed by May 23.</p>		
<p><b>Number of women accessing specialist community PMH services.</b></p>			
<p>Access to our North Yorkshire, York &amp; Selby perinatal services is being impacted by team capacity as a result of staff on long term sickness, maternity leave and vacancies.</p>	<p>The service manager to progress a recruitment exercise for 5.6 wte vacancies by the end of November 2022.</p>	<p>1 clinical nurse will start in post in June, the Specialist Psychological therapists and team manager will start in post in April. 1.6 Clinical Nurse posts are being readvertised in January.</p>	

*For all IPS commentary, please see the Long Term Plan section for County Durham Sub-ICB Location*

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

There are **3** measures that are at risk of delivery for quarter 4, of which **2** are at risk of delivery for the financial year. There are **2** additional measures at risk of delivery for the financial year

Measure	Oversight Standard/ National Ambition	Agreed Sub-ICB location Ambition	Q1	Q2	Q3	Q4 (Jan)	FYTD
Total access to IAPT services - Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy	9661	6282	1441	1405	1737	563	5146
Percentage of people who have waited more than 90 days between first and second appointments	<10%	<10%	17.65%	15.52%	12.45%	9.04%	14.66%
The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (rolling 12 months)	95%	Q1 55% Q2 60% Q3 70% Q4 80%	56.34%	60.00%	60.94%	66.18%	66.18%
Percentage of adults discharged from Sub-ICB location-commissioned mental health inpatient services receive a follow-up within 72 hours.	80%	85%	91.36%	92.45%	85.11%	83.33%	88.96%
Number of women accessing specialist community PMH services in the reporting period (cumulative)	336	Q1 60 Q2 120 Q3 180 Q4 240	49	72	93	105	105

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Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
<b>Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy</b>			
<b>NEW</b> We have identified that we have a number of GP practices within the area that have high rates for prescribing high anti-depressants but have low referrals to our IAPT services.	Team Managers to approach identified GP practices to discuss approaches to improving referral rates. These discussions will be complete by the end of February 2023.		
<b>IAPT: The proportion of people who are moving to recovery</b>			
We have a significant number of patients under the age of 25 that are not moving to recovery.	<i>Enabling Action:</i> Service Manager to agree a pilot with commissioners by the end of November 2022 for a new service pathway for under 25s that will include increased face to face appointments, with a view to improving recovery rates.	<b>Complete.</b> Confirmation to progress the pilot was received from commissioners in January 2023.	
	Team Managers to pilot the new pathway in the last 2 weeks of March 2023 with the new cohort of patients under the age of 25.		

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
<b>Percentage of people who have waited more than 90 days between first and second appointments</b>			
We are concerned that we do not have sufficient staff to be able to support patients placed directly onto step 2 Guided Self Help and Step 3 as the first treatment option, due to increased acuity of our patients.	Service Manager to continue recruitment for 1.8 Psychological Wellbeing Practitioners (PWP) and 2.6 wte High Intensity Therapists (HIT).	<b>Complete.</b> All qualified HIT and PWP posts are now recruited to and will be in post by the end of March 2023.	
There are currently administrative vacancies within the team, which are impacting clinical capacity as clinical staff must factor time into their day to arrange appointments.	Service Manager to lead recruitment of 1.4 wte Administrator. This will be completed by January February 2023.		
<b>Percentage of adults discharged from sub-ICB location commissioned mental health inpatient services receive a follow up within 72 hours</b>			
<b>NEW</b> Our daily sitrep process was stood down within the service and we are concerned that this has impacted on the timeliness of follow up with discharged patients within our Mental Health Service for Older People (MHSOP).	The MHSOP Inpatient Service Manager to reinstate a daily sitrep within the wards where discharge, including follow up will be actively discussed. This will be in place by the end of February 2023.	<b>Complete.</b> The daily process has been reinstated, which ensures that wards are communicating discharges in a timely manner to appropriate teams for follow up within 72 hours.	No impact to date

Current Focus	Current Improvement Action(s)	Progress Update	Actual Impact
<b>Percentage of people experiencing a FEP treated with a NICE approved care package within 2 weeks of referral</b>			
<p>The team's capacity to assess and commence treatment for people experiencing a first episode of psychosis is currently being impacted by 3 staff vacancies.</p>	<p>The York &amp; Selby team manager to recruit 3 members of staff to improve staffing capacity from December 2023.</p>	<p>Following recruitment challenges, all 3 posts have been re-advertised for the second time in January.</p>	
	<p>Pending recruitment to the substantive vacant posts, the York &amp; Selby team manager to recruit 3 agency members of staff to improve staffing capacity from December 2023.</p>	<p>One member of agency staff has been identified and the team is currently working through employment processes. The service remains in contact with the agency to fill the 2 remaining posts.</p>	
<p>The team's capacity to assess and commence treatment for people experiencing a first episode of psychosis is currently being impacted by staff sickness &amp; maternity leave.</p>	<p>Team Manager to offer overtime hours to staff members to increase support to the service with immediate effect.</p>	<p><b>Complete.</b> Overtime is being provided within the team and additional support is being provided by the North Yorkshire EIP teams.</p>	
<p><i>For all Children's Eating Disorders commentary, please see the Long Term Plan section for North Yorkshire Sub-ICB Location</i></p>			
<p><i>For all Perinatal Services commentary, please see the Long Term Plan section for North Yorkshire Sub-ICB Location</i></p>			
<p><i>For all IPS commentary, please see the Long Term Plan section for County Durham Sub-ICB Location</i></p>			

**Meeting of:** Board of Directors  
**Date:** 30 March 2023  
**Title:** Strategic Journeys  
**Executive Sponsor(s):** Mike Brierley, Assistant Chief Executive  
**Author(s):** Chris Lanigan, AD Strategic Planning and Programmes

<b>Report for:</b>	<b>Assurance</b>		<b>Decision</b>	√
	<b>Consultation</b>		<b>Information</b>	

<b>Strategic Goal(s) in Our Journey to Change relating to this report:</b>	
<b>1: To co-create a great experience for our patients, carers and families</b>	√
<b>2: To co-create a great experience for our colleagues</b>	√
<b>3: To be a great partner</b>	√

**Strategic Risks relating to this report:**

The content of the 5 Strategic Journeys are informed by an understanding of all of the BAF risks and the differential levels of risk appetite for each of the risks within it.

**Executive Summary:**

**Purpose:** The purpose of this report is to allow the Board of Directors to formally approve the strategic Journey documents that have been produced to guide the development and delivery of Our Journey to Change (OJTC).

**Overview:** OJTC, the Trust’s strategic framework was approved by the Board of Directors in January 2021, following the Big Conversations that took place during 2020.

During 2022, 5 strategic *journeys* have been developed. These are:

- Clinical (appendix 1)
- Quality and Safety (appendix 2)
- CoCreation (appendix 3)
- People (appendix 4)
- Infrastructure (appendix 5)

To develop each Journey an executive director lead was assigned and worked with service users, carers, partners and colleagues to understand the implications of OJTC, consider environmental factors, and develop ambitions, principles and areas of delivery focus.

The 5 Strategic Journeys translate the high-level vision, mission, values and goals of OJTC into more concrete and specific ambitions and principles. The communication of these, backed up with appropriate processes will align thinking and planning around the Trust, and drive all work to improve or replace “business as usual”, whether incremental or large-scale initiative based. It should also influence the thinking and actions of our stakeholders.

The strategic journeys will be delivered through a series of programmes and workplans agreed as the priority areas to make

up our 23/24 delivery plan. Delivery plan progress reports will be produced on a quarterly basis into Board.

The ambitions and principles in the journeys will be further communicated following their approval, with the main push occurring from mid-July to November so that planning for 24/25 in all parts and levels of the organisation is influenced. It is also anticipated that a stakeholder event will be held in October or November to enable the Trust to showcase how far it has already travelled.

It is projected that these strategic journeys will be updated in summer 2024, but the exact timing may depend on when the next general election is held or other factors which promote either accelerating or delaying this timescale.

***Prior Consideration and Feedback***

The Journeys have all developed with input from lived experience members and are ultimately based on the big conversations which informed Our Journey to Change.

The core content of the Journeys was outlined at the 20<sup>th</sup> February stakeholder event. The feedback broadly supported the content of the draft journeys, but suggested that:

- We need to make sure that the journeys drive care group planning next year (and that the final version of the 23/24 OJTC delivery plan aligns care groups' planned actions to the relevant journey / priority area)
- The journeys must be monitored in terms of impact (numerical metrics and narrative stories) as well as through action completion
- We need to make more explicit links with national and ICS strategy, particularly their prevention agenda

These useful suggestions will all be incorporated into the trust delivery plans.

The Lived Experience Programme Board member reference group were engaged on the proposals around Journey review and identified the potential benefits of holding a stakeholder conference in the autumn to look at the progress and issues around the journeys / OJTC Delivery Plan delivery and impact.

***Implications:***

The journeys create a strong framework and strategic vision that allows the Trust to prioritise key important work, will introduce the rigour and support provided through a programme management approach and allow the board to receive assurance that we are making sufficient progress and achieving the outcomes and impact required. The Journeys set out ambitions and principles which may not necessarily require additional resource to achieve. Where temporary or permanent additional resourcing is required, this would be prioritised and either approved, delayed or rejected through the normal planning and budgeting processes of the Trust.

***Recommendations:***

The Board of Directors are recommended to approve the 5 Journey documents.



Tees, Esk and Wear Valleys  
NHS Foundation Trust

ITEM 12 appendix A

# Our Clinical Journey to Change

# Preface

Welcome to our Clinical Journey to Change. This is our strategy for how we will achieve the overall Our Journey to Change goals of:

1. Cocreating a great experience for our patients, carers and families
2. Cocreate a great experience for colleagues
3. Be a great partner

We will achieve our goals through cocreating our clinical offer which will improve care delivery for the people using our services.

Those who use our services includes people in distress who may have a mental health need, a learning disability and/or autism. We also include families and carers when referring to people who use our services.

We strongly favour working collectively with people using our services and pledge to deliver co-created, holistic models of care. We will support individuals, their families and our partners, to help manage fluctuating needs with a responsive approach.

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# 1 Introduction

Our Journey to Change is about the kind of organisation we aspire to be and the 3 big goals we are committed to achieve. Our Journey to Change was created through our biggest ever listening exercise; it was co-created by staff, patients, carers and partners.

Our Clinical Journey To Change is a more detailed strategy focusing on our aim to provide high quality, safe, effective clinical care to the people who use our services. Clinical care that will be person-centred, timely and kind.

## Our Big goals

Our Clinical Journey To Change will support the delivery of our three goals:

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

## What do we want to achieve?

Our ambition is to improve the overall health and wellbeing of people experiencing mental health issues, learning disability or autism in our region by:

- Providing high quality, safe, timely effective clinical care
- Co-creating holistic and integrated models of care
- Offering a responsive approach to manage fluctuating needs
- Empowering service-users and carers as equal partners
- Ensuring kind, person-centred care
- Enabling individuals to be active members in their local communities
- Working with partners to address barriers in care

## We will achieve our ambition by:

- Setting standards overseen by our Strategic Clinical Networks
- Developing Community Mental Health hubs
- Driving Inpatient Improvement work
- Improving crisis management
- Personalising care plans
- Offering evidence-based interventions and outcome measures
- Enabling digital transformation (Electronic patient records & digital access)
- Supporting staff, training and development
- Embedding research in clinical practice

## 2. Co-creation of this Journey

Extensive engagement has taken place to shape the clinical journey in the form of various formats including workshops, events, *Our Big conversation* – a large scale engagement exercise to gather feedback from service-users, carers, the wider public, partners, staff and other stakeholders. We have listened to the feedback gained and this journey was co-created as a result.

A dedicated clinical programme board was established, which comprised various members including many with lived experience, who were also able to shape the clinical journey and its priority areas. Feedback, from those who participated in engagement events, was collated, themed and evaluated to identify issues and gaps in services. This was then used to inform the write up of the overall journey. Feedback is grouped as follows:

### People using our services

- Demand for holistic, person-centred care to support individual goals
- Need for Integrated assessments
- Reduction in waiting times for diagnosis and treatment
- Access to the *right care at the right time*
- Bed usage – mixed views: some want a reduction in beds; others want more
- Community provision better resourced & responsive
- Technology – eager for using technology more
- Need better discharge & aftercare plans from hospital
- No revolving doors

### Carers

- Empowered to be equal partners
- Need for holistic support, not all about interventions
- *Triangle of Care* for carers embedded
- Autistic people have their needs met
- Need continuity of care
- Need for support that meets the cared-for person's needs and the carers too

### Partners

- Joined up working with other agencies
- Mental health workers embedded in other settings including GP practices
- Better services for children & young people and seamless transition to adult services
- Improve integrated working, treat partners as equals
- Joint clinics (virtual, diagnostic and reviews)
- Shared documentation / clinical records
- Accessing results directly and not through a third party
- Electronic and timely communication
- Public Health promotion important

### Workforce

- Empowered on the frontline to make decisions

- Work within a trauma-informed care model and embed this across the organisation in policies and procedures
- Expectations are clear and decisions transparent
- Traditional care coordination maintained: being present; providing validation & support
- Need better prevention of a crisis before it happens
- Manageable caseload numbers & job plans
- Working in a holistic way and in partnership with service-users (and family) in decisions
- Skill mix: better understanding of the role of other professionals and the support they offer

### 3. The Current State

Tees, Esk and Wear Valleys NHS Foundation Trust (referred to as TEWV in this document) is a sizeable mental health, learning disability and autism NHS foundation trust with 8,000 employees serving a vast geographical area, said to be equivalent in size to Cyprus. TEWV provides community and inpatient services to approximately 2 million people of all ages living in County Durham; Darlington; the Tees Valley boroughs: Hartlepool, Stockton, Middlesbrough, Redcar and Cleveland; Scarborough, Whitby, Ryedale, Hambleton, Richmondshire, Selby and Harrogate areas of North Yorkshire; the City of York; the Pocklington area of East Yorkshire; and the Wetherby area of West Yorkshire.

### 4. PESTLE Environmental Analysis

#### External Environment (PESTLE) analysis

This Journey, and the others produced by TEWV, includes an examination of the external environment. The analysis below is a list of those external environmental changes that are considered most important for this journey. We have used the PESTLE tool which comprises the headings of Political, Economic, Social, Technical, Legal (including regulation) and Environmental and is designed to explore wider influences that affect the overall organisation.

#### **Political**

There have been three different Prime Ministers during the period in which this Journey was developed. Looking forward, we know that there will be a general election by January 2023. This may or may not lead to a change in government. It is possible that one or more of the major political parties could develop proposals for change in NHS funding or structures, but it seems more likely that there will be a continuation of the current direction of mental health and learning disability national policy.

#### **Economic**

The cost of living crisis is having a significant impact on residents within the communities served by TEWV (especially lower income people/deprived communities). Real wages

have fallen significantly during 22/23 and interest rates have risen back to historically normal levels. An increase in unemployment rates is forecast. Past experience suggests that economic difficulties increase the demand for mental health services. There has been some government intervention to mitigate higher energy costs caused by the Russian invasion of Ukraine, but it is uncertain how long these mitigations will be in place.

### ***Social***

The need for urgent Mental Health services is increasing with greater demand for responsive and flexible care and treatment. Society at large has greater awareness of mental health issues and people are more likely to seek help than in previous years. Wider media campaigns have resulted in greater take up of services, thus people in general have greater awareness of the need to look after their own wellbeing and seek help when it is needed.

### ***Technological***

The government's ambition is to make the NHS a world leader in technology. Aspects of this approach include the new Genomics Strategy and attempts to make better use of data. Advances in technology such as Artificial Intelligence (AI) and robotics are yet to make a significant impact on mental health services. Self-care Apps are opening up increased opportunities for self-care and self-monitoring. New treatment options are also emerging such as the use of Ketamine or Psilocybin in the treatment of severe depression. The first partially effective pharmaceutical treatment for Alzheimer's is likely to be approved in the next couple of years.

### ***Legal***

The wider landscape is changing with the establishment of Integrated Care Boards and Partnerships now legally in place following the Health and Care Act 2022 now tasked with producing an Integrated Care Strategy by the end of March 2023, this could have an impact on our priorities and on current partnership commissioning governance.

The new Mental Health Act reforms mean services will need to adapt to this legislative change resulting in improved rights for those with a learning disability and autism. Also, the changes to the Mental Capacity act with the new Liberty Protection Safeguards (LPS) will result in changes to practices.

### ***Environmental***

The NHS has a big role to play in sustainability. This links to the government's aim to be net zero in line with the United Nation's 17 Sustainable Development Goals (SDGs) of which the government has signed up to achieve. As a result, the NHS has a part to play in meeting the SDGs by becoming net zero in reducing carbon footprint, emissions and tackling inequalities. The net zero target for the NHS, set in October 2020, is:

- for the NHS Carbon Footprint (emissions under NHS direct control), net zero by 2040, with an ambition for an interim 80% reduction by 2028-2032, and
- for the NHS Carbon Footprint Plus, (which includes our wider supply chain), net zero by 2045, with an ambition for an interim 80% reduction by 2036-2039

TEWV will need to adapt and come up with new ways of working to deliver significant carbon emission reductions by 2028.

## 5. Our Clinical Ambition

### *Everyone using our services matters*

Our ambition is to improve the overall health and wellbeing of people experiencing mental health issues, learning disability or autism in our region. We will deliver co-created, holistic models of care, supporting individuals, their families and our partners, to help manage fluctuating needs with a responsive approach.

We will offer personalised co-created care tailored to individuals and their carers across pathways so that all receive high quality care and expertise when they need it. We will focus on what matters to those using our services, carers, our workforce and the wider community through co-creation, treating people as equal partners in all that we do.

We have focused on key speciality areas in the co-creation of our clinical journey which comprise 11 chapters in this document.

Transformation across the life span is at the heart of our ambition to significantly improve the mental and physical health of people who use our services.

Community Mental Health Transformation is at the heart of our ambition to significantly improve the mental and physical health of people who use our services. This is clearly laid out in the NHS Long Term Plan and other key national strategies. One of the key objectives of the Community Mental Health Framework for adults and older adults is to develop new and integrated models of primary and community mental health care to support those with Severe Mental Illnesses. (SMI)

We will do this via the development of Community hubs co-created with service-users, carers, GPs, Local Authorities, the voluntary sector and other partners. We will enable people with mental health needs to access mental health care where and when they need it and be able to move through the system easily. We will support them to manage their condition better together with their families, carers and social networks. We will address health inequalities in collaboration with our partners taking a population health approach. Lastly, but not least, we will support them to be active participants in their communities.

We recognise the importance of having beds available when needed. We will admit people to local beds as far as is possible. We will focus on inpatient transformation to include greater physical, psychological, sexual and social safety. We will ensure a multidisciplinary therapeutic approach that enables swift recovery and reduces length of stay in hospital, to prevent people becoming institutionalised and deskilled in terms of their ability to function independently in their communities.

We value carers and will work together to provide kind, safe and effective care to ensure carers' own health and wellbeing is understood and supported. We will work in partnership with local authorities so that carers receive support they are entitled to. We will ensure the concerns and worries of carers and families are heard. We will listen and act promptly.

## Method

### *How we are going to fulfil our ambition*

Each specialty area will produce a work plan detailing the projects, programmes and action plans needed to achieve our goals which will be monitored using the Trust's programme framework. A dedicated governance group will oversee the transformational change emerging from this clinical journey.

We will co-create new models of care that meet the needs of those using our services. We will offer high-quality personalised care planning for everyone. This will be done in collaboration with carers and partners.

We will work together on our strategic journeys of Co-creation, Empowering Infrastructure, People, Quality and Safety to deliver our ambitions.

We will analyse the evidence-base and skill-mix trends as we move to a model where we have effective clinical leadership at all points right from the start of the person's journey.

We will provide a full range of evidence-based outcome-focused interventions, appropriate to the needs of the individual. We will empower our clinical networks to undertake research, service evaluation and identify best practice and introduce innovation.

## Standards

### *The cornerstone for care provided day to day*

We will ensure that our standards of clinical care and patient experience are consistently high. We will draw upon the evidence base, best practice and regulatory requirements to ensure that care offered is safe, effective and of high quality. We will use our Clinical Networks to set our clinical standards.

The Trust's care group boards will oversee the operational delivery of our services, and the way we work with our partners. The clinical journey to change will inform operational decision making at all times. We will be clinically led and operationally enabled.

Research and development will play a key role in ensuring our standards are high. We will work together with staff, service-users, carers and our partners to undertake meaningful research. We will grow the next generation of clinical researchers and develop research careers.

## What will this mean for people?

When this Journey is complete....

### *For people using our services this means that*

Whenever and however, I contact services, I am warmly greeted by a caring and assured individual. I only need to tell my story once. They understand what has happened to me and what is important to me, and work towards my goals. I am a full partner in my care. I am offered genuine choice in interventions that will make a difference to my life, and I feel in control, safe and respected. I can see the progress I am making. People work with me in a way that makes me feel comfortable to include my family and friends in my care. At all stages I am asked what is working and what could be better with my care. When things are better, I am supported in living well. I know that if I need help in the future, or am in crisis, that people will be there for me. I can contribute to improving services to any level I feel happy with.

### *For carers and families this means that*

I trust the staff working with my loved one to provide kind, safe and effective care. Wherever possible, I am involved in my loved one's care to the degree which I feel comfortable and able. I will understand what is happening and feel I can always contribute to discussions and provide advice to staff. My own health and wellbeing is understood and supported.

### *For staff this means that*

I am clear what is my role, and I have the necessary clinical skills and support to carry this out. I am given sufficient time to apply my skills to meet the needs of my patients and their families. I can confidently navigate the increasingly complex world of mental health, learning disability and autism services. When I need extra help, I know how to access this both within TEWV and with our partners. I am kept up to date regarding best practice and supported in learning to prevent recurrence of negative outcomes. I am supported in my training and professional development. I fully contribute to improving the quality of services I work in.

### *For our partners this means that*

I am respected and valued for the expertise and experience I bring. I am confident TEWV will work closely with us in the design and delivery of services to improve quality, safety and responsiveness. This includes working together to make every contact count. I know TEWV will go that extra mile to be helpful and understanding.

## 6. Impact upon our three strategic goals

### *Measuring impact helps us realise our ambition*

Outcome measures are important to the delivery of high quality clinical care. These enable services to be responsive to demand and need. TEWV's new electronic record system will incorporate outcome measurements once it goes live in 2023. We will embed outcome measures routinely in clinical practice to ensure high quality and effective care.

By being able to measure clinical practice and everyday care we can identify what is working well and what needs to stop or be amended. By doing so this will allow us to monitor if we are meeting our three strategic goals of: providing a great experience for our patients, carers and families; co-creating a great experience for our colleagues and being a great partner.

## 7. Our Guiding Principles

### *The right principles will drive forward our overall ambition*

We will offer timely and easy access for those who require support by working in collaboration with primary care, local authorities, the voluntary sector and other partners to achieve this.

**Personalised care planning** is at the heart of our principles. We will focus on the individual's strengths as well as their needs and will include carers appropriately. We will co-create care plans that are meaningful, compassion focused and include evidence-based interventions.

**Trauma-informed:** we recognise that people's experiences of services can sometimes unhelpfully hinder healing. We capture a person's trauma experiences to understand what has happened to them. We will train our workforce to recognise trauma and be empathetic, understanding and non-judgemental to prevent re-traumatisation and assist in healing and recovery.

**Rights-based:** we will empower people with the key question of, 'how are we respecting your basic human rights and freedoms?' We will ensure the best interests of those using our services to find the least restrictive and appropriate option.

**Recovery-focused:** we will be recovery-focused, meeting the needs and goals of individuals aligning to CHIME factors. (Connectedness, Hope, Identity, Meaning and Empowerment) We will work together and offer personalised care and choice.

**Inclusive:** we will be inclusive. Diversity will be welcomed and valued as people will be able to access person-centred care which takes account of protected characteristics which support people to lead meaningful and satisfying lives.

## 8. Delivering Our Clinical Journey to Change

### Our Approach

# Adult Learning Disabilities

### *Our Ambition for Adult Learning Disabilities*

People with the most complex needs have the same rights to live fulfilling lives as everyone else.

We are driven to meeting the priorities outlined in the NHS Long Term Plan to improve the health and well-being of people with learning disabilities recognising the causes of lower life expectancy in this population.

This includes extending current service models to create a comprehensive offer for 0–25-year-olds that reaches across mental health services for children, young people and adults

We will use the research evidence available (LeDeR “Learning from Lives and Deaths” [leder.nhs.uk](http://leder.nhs.uk)) to inform our service provision and to identify factors associated with lower expectancy.

We will use our clinical expertise and the best clinical evidence to ensure that people with learning disabilities have the best possible quality of life. This will be in the community wherever possible, and we will ensure that there will be a rapid response to any problems. A range of environments will be made available as alternatives to admission, such as safe spaces and respite care. Seamless, wrap around support will be provided in every environment for those who need it, and this will move with the person as they transition between services.

We will achieve this in collaboration with people who access our services and other stakeholders to achieve the most positive outcome possible for everyone requiring our support.

### *Key elements of our Ambition*

**Co-Creation**

**Enhanced Community Support**

**Continuity of Care**

**Case management**

**Respite**

**Safe space**

**The Hub**

**Outcomes**

“Complex systems are driven by the quality of the interactions between the parts, not the quality of the parts” (NHS Horizons; 2022)



## ***Our Approach***

- Co creation and co-production at the heart of our care and service delivery for stronger connections
- Improved access to care; make it clear, simple, quick to get support when & where it's needed. Place based & needs-led.
- Take a holistic, personalised approach, putting the person at the centre of their treatment plan.
- Reduce unnecessary transfers between services & reduce number of times service users need to re-tell their story
- Confident staff able to deliver high quality, evidence-based care, with greater role clarity and skill development
- Use of new technology while spreading good practice and innovation.

## ***To support this, we will:***

- Sustain an effective adult learning disability Clinical Network, tasked with detailing a workplan to support the clinical journey and cross specialty workstreams.
- Ensure the Clinical Network drives the clinical journey and links the journey to the other programme boards, to the benefit of our patients, families, staff and partners, namely
- Workforce – ensuring that as we move towards transforming services and models of care, we also look at transforming our staffing models.
- Infrastructure (Estates/Digital) - we will utilise technology to ensure timely access to services & good standards of documentation, care planning and information sharing. We will continue to develop new ways of working to maximise use of time and space.

- Quality and Safety – we will have clear standards set out with local solutions for delivery & real time review/monitoring owned at team level
- Co-creation and Communication – we will co-create with our service-users/staff/partners to produce clear, simple, brief communications, available in a wide range of formats that are suitable for the target audience.

***We will include the following major policy drivers to inform our journey:***

- [Valuing People:](#)
- [Winterbourne View](#) and [Concordat](#)
- [Building the right support](#)
- [Transforming care](#) and origin of [Care Treatment Reviews](#)
- [Enhanced health in primary care](#) and [Annual Health Checks](#)

## Adult Mental Health

Mental health trusts across England are facing growing demand and expectations, often with increased acuity and complexity, with the pandemic having a clear and significant impact. In August 2021 the number of people being referred for mental health services increased by 12.4% compared to the same month the previous year (<https://www.england.nhs.uk/statistics/statistical-work-areas/>).

Prior to the pandemic, the demand mental health trusts were facing for their services was already far outstripping their capacity, despite the substantial progress made in recent years with new services and higher levels of investment. This makes current trends even more concerning as mental health trusts will need to factor in a new and unknown level of mental health need because of the pandemic.

Patients have told us that services are not always easily accessible and responsive, it is difficult to step care up and down, and there are waits in the system which means that people do not receive the right support at the right time. Clinical information does not flow well across teams or agencies leading to duplication and omission. Teams feel that they cannot keep up with demand and there seems to be insufficient time to care, think or plan. Staffing pressures and vacancies compound the impact on wellbeing.

The North of England, and particularly the North East, has worse health (e.g., 2 years lower life expectancy than the rest of England) and higher health inequalities than the rest of England. Those living in the North East of England are more likely to have a shorter lifespan and to spend a larger proportion of their shorter lives in poor health, as well as being more likely to die prematurely from preventable diseases.

The North East also has one of the highest rates of suicide in England and whilst there are many varied and complex reasons why someone might want to end their own life, we know from research that deprivation is a particular driver.

## *Our Ambition for Adult Mental Health*

- Improved access to care; making it clear, simple and quick to get support when it is needed and where it is needed i.e., place based, and needs-led.
- Taking a holistic, personalised approach, putting the patient at the centre of their treatment plan.
- Reduce transfer of care and therefore the number of times service users need to re-tell their story
- Staff are confident in delivering high quality, evidence-based care, with greater role clarity and skill development
- Demonstrate learning across adult mental health and the wider organisation/system
- Strong connections with primary care, local communities and partner agencies
- Use of new technology while spreading good practice and innovation

## *Our Approach*

- Establish an effective Adult Mental Health Clinical Network, with strong links to the Trust's Care Group Boards
- Develop an Adult Mental Health Clinical Network workplan which details Adult Mental Health as well as cross specialty workstreams which will support the overall clinical journey
- Ensure the Clinical Network drives the clinical journey but also links to the Trust's other programme boards, namely:
  - Workforce – ensuring that as we move towards transforming services and models of care, we also look at transforming our staffing models, creating new ways of working and appropriately skilled staff capable of delivering a range of evidence-based care
  - Infrastructure (estates / digital) – through the transformation agenda we will look to utilise of space in the community (including trust and non-Trust places) to facilitate place based needs-led care.
  - We will utilise technology such as remote working and the new electronic record (CITO) to ensure timely access to services and good standards of documentation, care planning and information sharing. We will continue to develop new ways of working to maximise use of time and space to the benefit of our patients, families, staff and partners.
  - Quality and Safety – we will have clear standards set out with local solutions for delivery and real time review/monitoring owned at team level
  - Co-creation and communication – we will work with people using our services to develop and deliver co-created services as well as producing clear, simple, brief communications, available in a wide range of formats that are suitable for the target audience.

# Autism

Autism is a neurodevelopmental condition that affects 1-2% of the population. It has been widely acknowledged that the needs of autistic people are not well met by existing Health and Social Care structures, and these often go unidentified and unsupported for prolonged periods of time. Autistic people have far poorer health and social outcomes than their non-autistic peers. In 2009 the UK Government committed to ensuring the needs of autistic people were considered in all areas of life through enshrined into law the Autism Act. The National Autism Strategy which followed this in 2014 was subsequently updated in 2021. This guidance sets out various obligations for Health and Social Care providers, including staff training in autism awareness and making reasonable adjustments for autistic service users. The Trust responded to the national position via the work of the Trust-wide Autism Project which began in 2016

To meet the needs of our autistic population, the Trust intends to take a whole system and mainstreamed approach. There is a need for further targeted training and more specialist advice and support for staff working with autistic patients. Building capacity within clinical and corporate teams to embed these skills as core clinical practice will benefit all. Feedback from teams and managers indicates more of this resource would be welcomed, alongside direct in person support and modelling of autism informed practice to support staff development and increase quality of care.

## ***Our ambition for Autism***

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

### ***We will be known as an exemplar autism trust***

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

## ***Patients, families, and carers can expect***

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

## ***Partners will see***

- A clear point of contact and leadership in the Trust in relation to autism.

- Strong collaborative relationships with external and internal bodies
- TEWV demonstrating commitment and activity, working with all stakeholders for the benefit of our autistic patients and our staff.

### **Staff can expect**

- To work in an environment that recognises and accepts autistic people and their individual strengths within the workforce.
- Adequate training and easy access to clinical expertise and clinical supervision structures to provide skilled mental health evidence-based interventions and support for autistic people.
- Access to clinical expertise, knowledge, experience and a 'wrap around' resource for localities supplementing locality provision where needed, supporting the delivery of high-quality services including modelling good practice to develop clinical skills within teams.
- Timely access to autism specific complex case consultation and advice
- Access to bespoke autism training (including diagnostic assessment training)
- Access to Understanding Autism training across the localities and specialties in line with national standards.
- Dedicated specialist autism advice support and consultation for inpatient staff
- Access to autism reasonably adjusted work provisions.
- Strategic oversight, risk mitigation, performance improvement and benchmarking in relation to autism
- Support for autism research initiatives both within the Trust and in collaboration with other agencies.
- To feel empowered to live the Trust values and provide quality evidence-based care. That autism related initiatives take staff expertise and knowledge into account.

### **Our approach**

To provide mental health interventions to meet the needs of our autistic population, the Trust will need to take a whole systems and mainstreamed approach. There will be timely access to a specialist autism resource with the Trust which is adaptive, flexible, and responsive. It will be accessible Trustwide from the community (primary to tertiary) to inpatient teams (acute and rehab) across the individual localities. This can be delivered using direct and indirect clinical, team based, and system level approaches. Service-users and carers are an integral part of the team make up and there will be consistent active collaboration and engagement with wider user and carer groups.

To achieve the ambition and model of care, we will bring together the current Trustwide Autism Project resource and the Durham Tees Valley Adult Specialist Autism team resource into a Trustwide specialist autism service. This will provide long term, sustainable training to support all community and inpatient teams to meet the needs of all autistic people accessing mental health services. It will inform and guide the provision of all trust services for autistic people and their carers in line with Trustwide values, procedures and processes providing 'wrap around' support, consultation, and supervision to all clinical teams across all specialties as well as providing patient facing clinical time flexibly if required. Strong collaborative relationships with external and internal bodies will be developed via this service and there will be an increased focus on autism research in collaboration with our Research and Development Team. There will also be Trustwide strategic input and oversight from this service across all Clinical Networks in relation to autism ensuring that we can genuinely become an 'Autism Trust'.

## Child & Adolescent Mental Health Services (CAMHS)

CAMHS offer services for an individual young person and their parent/carer, up to a child/young person's 18<sup>th</sup> birthday. We interface with many other specialities within the trust including adult mental health (Psychosis, Affective, Perinatal) and adult learning disabilities, and the wider external system of Health and Social Care, which includes working with Local Authorities, the Voluntary Community Sector, Paediatric Services and Emergency departments, Education and GP practices.

Nationally there is increasing recognition that there is huge unmet need for children and young people with mental health problems, with access to mental health services and improving the quality of care identified as a priority for NHS England (NHSE.) Over the last decade this awareness has led to significant national policy development and investment to support transformation.

This was evident pre-Covid but has been exacerbated by the impact of restrictions placed during the pandemic. There has been limited research published to date about this, however most studies undertaken to date have found that on average children's mental health has worsened during the pandemic, although most children remained well. Assessment of NHS data has shown that rates of referrals to child mental health services have now returned to pre-Covid levels and of all specialities were the fastest to do so, referrals for some services within CAMHS are now at record highs. Evidence suggests that those at greatest risk of poor mental health during the pandemic include children with previous mental health or learning difficulties and those at socioeconomic disadvantage.

One in six school-aged children has a mental health difficulty. This is an alarming rise from one in ten in 2004 and one in nine in 2017. (NHS Digital, 2020) Common mental health issues, such as depression and anxiety, are increasing amongst 16–24-year-olds, with 19% reporting to have experienced them in 2014, compared to 15% in 1993. Half of all mental health problems are established by the age of 14 years, with three quarters established by 24 years of age. Prompt access to appropriate support enables children and young people experiencing difficulties to maximise their prospects for a happy and healthy life (NHS Long Term Plan.)

### ***Our ambition for CAMHS***

Our services will be aligned with Trust's 3 goals below and support the implementation of the i-Thrive framework:

- *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*

National and local drivers acknowledge that we need a whole family and whole child approach to prevention, early intervention, and recovery, with a focus on the following 5 themes:

- Promoting resilience, prevention, and early intervention
- Improving access to effective support – a system without tiers

- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

These principles are fundamental for the transformation of children and young people’s mental health services supported by the NHS Long Term Plan. The emphasis is on services moving to a whole systems framework, which focuses on getting the right support at each stage, from early intervention to managing more severe, risky presentations.

The i-THRIVE Framework is an integrated, person centred, and needs led approach to delivering mental health services for children, young people and families which conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on the promotion of mental health and wellbeing, and for children, young people, and their families to be empowered to be actively involved in decisions about their care through shared decision making.

*“If we keep on doing what we have been doing, we are going to keep on getting what we have been getting.” i-THRIVE.*

Input offered



Description of the i-THRIVE-groups



## **Our approach**

- Co-creation and co-production at the heart of our care and service delivery
- Take a holistic personalised approach, putting the young person at the centre of their plan of care
- Reduce transfers of care and therefore the number of times a young person needs to retell their story
- Improved access to care; make it clear, simple, quick to get support when and where needed. Place based and needs-led
- Confident staff able to deliver high quality, evidence-based care, with greater role clarity and skill development
- Stronger connections with Local Authorities, the Voluntary Community Sector, Paediatric Services and Emergency departments, Education and GP practices

- Use of modern technology to engage with young people, spreading good practice and innovation
- Establish and sustain an effective CAMHS Clinical Network, which details a work plan to support the clinical journey, cross-speciality, and cross-partner organisational workstreams to deliver the NHS LTP.
- The Clinical Network will set the standards for care, provide clinical thought leadership, engage in research and innovation aligned to strategic goals and transformation priorities and promote the work of the speciality nationally
- Ensure the Clinical Network drives the clinical journey and links to the Clinical Journey Programme Board to the Trust's other programmes:
  - Workforce: transforming our workforce in conjunction with partners to deliver within i-Thrive framework
  - Infrastructure (estates and digital): as part of our transformation journey work with partners to ensure best use of estates (own and partners) to meet needs of young people. Utilise technology including development of CAMHS website
  - Quality and Safety: we will have clear standards set out with local place-based solutions for delivery of care, review, and monitoring at team level
  - Co-creation and communication: we will work with our young people and their families as well as system partners to develop co-created services that have impact and are meaningful within the i-Thrive framework

## DRIVERS

- <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf>
- The [i-THRIVE Framework for system change](#) (Wolpert et al., 2019)
- <https://www.centreformentalhealth.org.uk/sites/default/files/2021-02/CYP%20mental%20health%20fact%20sheet%202021.pdf>
- [Centre for Mental Health. 2021. https://www.centreformentalhealth.org.uk/sites/default/files/2021-02/CYP%20mental%20health%20fact%20sheet%202021.pdf](https://www.centreformentalhealth.org.uk/sites/default/files/2021-02/CYP%20mental%20health%20fact%20sheet%202021.pdf) 9 Mental Health for All. 2021 <https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people>

# Forensic Services

Forensic services provide assessment, treatment and support for individuals with a range of mental health, learning disability and autism conditions who have committed serious offences, or who present a serious risk of harm to others, and who cannot be safely treated in a non-forensic setting. One of its main roles is close liaison with the Criminal Justice services and screening, supporting and diverting individuals with mental health and learning disability conditions from criminal justice services.

There are two distinct, but interfacing and interconnecting, forensic services within the Trust. Firstly, the Health & Justice Service provides liaison and diversion services with police custody, mental health and learning disability in-reach services within prison custody, and specialist community services for those discharged from medium and low secure care. In addition, we provide a number of specialist services within national and regional Ministry of Justice and Home Office departments.

The Secure Inpatient Service provides medium and low secure care to individuals aged 18 years and over with a mental health, autism or learning disability need and includes those who have received hospital orders at court, transferred prisoners (including those individuals on remand) and also people detained under a civil section within the Mental Health Act whose presentation cannot be safely contained within a non-forensic environment.

## *Our Ambition for Forensic Services*

Our co-created mission statement is to *help people to lead safer, healthier, meaningful and hopeful lives*. The forensic service user population comprises of people who have a diagnosis of mental illness, autism or learning disability and who have had direct contact with the criminal justice system, meaning that they are more susceptible to health inequalities and stigma and making them some of the more vulnerable and marginalised group of people in society.

Therefore, our pledge to our service users is to support and care for them with respect and compassion by listening to them and involving them in the planning of their care.

We vow to support our service users to lead a healthy life whilst in our care and upon discharge. Through co-creation and collaboration with our service users, carers and partners across health and criminal justice services, we aim to give hope and support individuals to make goals for the future which help them to make improvements to their wellbeing and reduce the level of harm that they may pose to themselves and/or others.

We aim to do this by supporting people to:

- Build a meaningful and satisfying life, as defined by the person themselves
- Recognise that recovery does not occur in isolation but through social inclusion
- Discover a personal identity that is separate from illness, disability and association of past criminal behaviour

Overall, we are committed to improving the outcomes and experience for all our patients, their carers and families.

## Our Approach

Aligned with the Trust's Journey to Change, we have defined a clinical model of care and professional practice in Forensic Services that recognises the unique needs of our staff, patients and their families and carers. This model of care sets out how teams will continue to deliver a great experience for patients, carers and families and the actions staff need to take to make sure that's everyone's experience of the service. It has been created by engaging staff and patients and has allowed us to develop a clear vision for how we deliver care to our service users and how we will care for our staff.

The Model of Care assists with effective, evidence-based models of working. It allows for a range of patient needs to be met, including physical health. It is also aligned to NICE guidance, Royal College of Psychiatry recommendations, quality network standards and the Trust's values and direction. It is recovery focused, patient-centred and supports Our Journey to Change. In addition, the model embraces the principles of trauma informed care, positive behavioural support and allows us to create an appropriate clinical and therapeutic environment to deliver this care in response to clinical need and risk.

The model describes the key components of our clinical and professional practice approach to the delivery of high-quality care and forms the basis of consistent care that can be expected by patients across the health and justice, medium and low secure services. It strengthens professional practice and outlines how we support, motivate and develop staff to deliver the best possible care through:

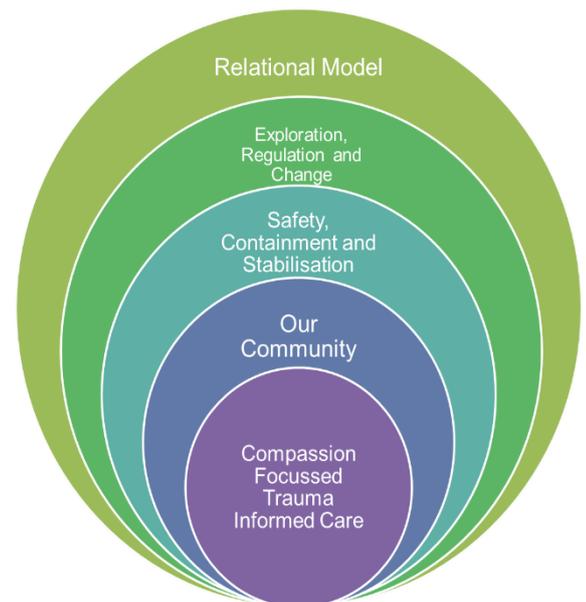
- relational working
- continued professional development
- supervision
- reflective practice

Below are diagrammatical representations of the models of care within the health and justice and secure inpatient services:

### Health and Justice



### Secure Inpatient Services



There are three specific features that are central to our service delivery, aimed to enhance patient, staff and carer experience:

**Safety** – reducing the risk of harm that someone may pose to themselves or others

**Effectiveness** – ensuring delivery of treatments is needs led and responsive to these needs

**Efficiency** – providing treatment in a timely fashion so as not to delay discharge and create long waiting lists and costs

### *Our Drivers*

The clinical model of care is delivered by close adherence (and adaptation where possible) to The Royal College of Psychiatrists Standards and Quality Network for Prison and Mental Health Services, through working within the framework of the Human Rights Act, Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards (moving to a Liberty Protection Safeguards). We embed CHIME (Connectedness, Hope, Involvement, Meaning and Empowerment) through working within the standards of Physical, Procedural and Relational security standards and by addressing the social and psycho-socio-spiritual determinants of ill-health.

Forensic services rightly receive additional scrutiny as the nature of our work at times could appear to come to conflict with Human Rights and application of the Mental Health Act and Mental Capacity Act. Our clinical strategy described is in the above context and aims at delivering the business plan set out for both arms of the service and meeting the core business commitments of the Provider Collaborative principles of prevention, care closer to home and in the community.

Our clinical model defines how we deliver patient centred, needs led (diagnosis informed when justification is necessary for the application of the Mental Health Act), risk informed, trauma informed and compassion focused, recovery, ensuring that the care our service users receive is holistic and encompasses mental, emotional, physical and spiritual needs. We are committed to co-creation and collaboration with carers, partners and stakeholders to inform and support our clinical journey and delivery of care.

In line with the NHS Long Term Plan, service users within forensic services will have improved access to evidence-based therapies and these will be delivered by individuals with appropriate competences and supervision. We will provide evidence-based care and availability of consistent, boundaried and non-judgemental support.

We have a clear understanding of medical and psychosocial therapies recommended by NICE, have identified pathways of stepped-care and also have an evidence base for addressing offending and risk behaviour, again with clear pathways articulated and ensuring effectiveness and efficiency and alignment to length of stay.

# Mental Health Services for Older People

## *Our ambition for older people*

To deliver high quality, holistic care to older adults with mental health needs and memory difficulties.

To support older adults with mental health needs in line with the community mental health framework goals and ambitions.

To support people with memory difficulties in line with the dementia strategy and the ten-year plan.

Co-creation is central to the way the Mental Health Service for Older People (MHSOP) specialty area translates national drivers and evidence into trust wide standards which then guide care delivery. The MHSOP clinical network has robust links to patient and carer groups in both care groups and co-creation is guaranteed in planning, goal setting, evaluation of services, campaigns and awareness raising.

## *Our approach*

1. Reducing waiting times for assessment, diagnosis, and treatment
2. To deliver timely evidence based interventions and see a positive impact in the clinical outcome scores of older adults receiving care in community mental health teams in line with CQUIN CCG10b.
3. Focus on the quality of physical health for older patients with both mental health and co-morbid physical health issues. Additional focus on the governance and assurance and oversight of physical health monitoring and interventions in conjunction with the acute care forum and physical health leads in the nursing and governance team.
4. The clinical network has developed a plan in response to pressures on in-patient beds and patient flow thorough services.
5. To deliver care in line with evidence based clinical pathways.
6. To maximise flexibility in recruitment and offer maximum support to staff in induction and in their ongoing work to optimise retention of staff. To ensure staff have the necessary skills and training and management to offer the care needed by our service users.
7. Utilise a collective leadership model via multidisciplinary team huddles and via supervision to ensure clinical care is to the right standard.
8. The clinical network oversight of the task and finish groups and the delivery of the outcomes agreed in the action plans for those task and finish groups.
9. Robust links to patient and carer groups for co-creation.
10. Links to external stakeholders and networks for benchmarking, horizon scanning, innovation, Research and Development and professional discussion.
11. Maximising use of data and IT resource.

# Physical Health

Good physical health is one of the core building blocks of good mental health, whilst poor physical health can be both a cause and consequence of mental health problems. In turn, mental health problems can worsen the impact of poor physical health leading to poorer overall outcomes. The conditions and places we live in determine our ability to make choices about health.

Right now, too many of those who use our services have barriers to improving their physical health, such as disjointed mental and physical health care and prescribing, diagnostic overshadowing, poor access to good food, limited access to environments for physical activity, addictions, living conditions and financial worries which make their physical and mental health worse, and the impacts of past trauma.

These barriers make a significant contribution to the higher levels of early death and long-term conditions amongst those who access our services.

Those who use our services are also more likely to be living with multiple long-term conditions and juggling the care, medication and quality of life impact of these conditions. Profiles for one of our areas show 1 in 6 of those on primary care registers for severe mental illness, for example, had 4 or more long term conditions in addition to their mental health diagnosis, with almost half of those with any long-term condition also experiencing anxiety or depression.

## ***Our ambition for physical health***

People's physical health will be supported as robustly as their mental health. People will be physically healthier and live longer. Our long-term ambition is to eliminate the current health disparity. We will work with partners to support people with long term physical health conditions, providing holistic care at both primary and secondary care levels.

We will work alongside those who use our services, their families and carers and our partners to consistently support them to address:

- How does my physical health and wellbeing affect my mental health?
- How does my mental health affect my physical health and wellbeing?
- How do I work with both, to achieve the best quality of life I can?

## ***Our Approach***

To tackle this health inequality, we will:

### ***Build leadership and workforce capacity***

- Identify clinical and executive leadership and map workforce skill
- Increase the number of staff who have physical health expertise and embed physical health skills in recruitment, appraisal
- Ensure clear governance and decision-making structures for driving forward the ambitions in this journey

### ***Deliver consistent standards in screening intervention, monitoring and review of physical health***

- Identify and address differences in practice/physical health workstreams across the Trust and model best practices to ensure consistent standards of care aligned with NICE guidance
- Utilise IT to make it clear and accessible for staff what needs to take place and when
- Embed “Making Every Contact Count” at scale
- Support social prescribing interventions at community level delivered by CVS
- Ensure self-management programmes are accessible and co-created
- Co-create shared outcomes so ensure that Trust is accountable for the things that most matter to those who use our services
- Recognise and respond to how trauma can affect a person’s physical health and ability to access healthcare
- Develop effective hospital and community-based offers on high impact areas such as tobacco dependency

### ***Address physical health issues associated with mental health interventions***

- Actively address the physical health impact of our mental health interventions, especially the medication we prescribe
- Have robust physical health plans in place
- Work with our partners to provide high quality end of life care for those with who require our care during a terminal illness
- Create and develop environments that make healthy choices accessible

### ***Support partners in delivering physical health care including prevention***

- Develop multidisciplinary working and joint care reviews with our partners for the management of long-term conditions
- Support access to welfare and annual checks, including contributing to them directly
- Facilitate people’s access to health screening, vaccination programmes
- Support and encourage attendance at physical health appointments. Advocate for accessible and (where needed) adjusted care across the system
- Contribute to pain management services and approaches
- Encourage and support access to physical activity and wellbeing support
- Provide timely expert advice to our colleagues in physical health care, social care and community voluntary sector so those who use our service can get the maximin benefit from their offer
- Maximise the opportunity of community transformation
- Develop a coordinated Trustwide approach to ensure effective Integrated Care System (ICS) engagement on physical health across all relevant workstreams.

# Psychological Therapies

As a mental health, learning disability and autism trust, we work with people who are experiencing common mental health conditions, as well as severe mental illness, and also people with learning difficulties and autistic people.

With the right care and treatment, it is possible to alleviate distress and to help people to live well and psychological therapies are a core element of our service. The evidence base for psychological therapies is strong and yet many of the people who use our services do not have access to these treatment approaches. We want to improve our services so that there is an increased access to psychological therapies.

## *Our ambition for psychological therapies*

Where the evidence base exists (informed by NICE guidance), we will offer interventions that are known to have benefits, and to measure these changes in ways which are meaningful and helpful. Where people have co-occurring difficulties (such as complex trauma) and who require an individualised treatment pathway, we will provide care that is informed by the evidence base by combining the information from more than one NICE guidance.

We will therefore work with people who use our services and their family carers to undertake a thorough assessment to develop a shared understanding (formulation) which will be used to guide treatment options. These options will be discussed and agreed together with people who use our services and their family/ carers.

We recognise that the most influential aspect of someone's care is the working relationship (therapeutic alliance) with clinicians and the service. We therefore endeavour to promote a beneficial alliance. We may not always agree, but we will approach these discussions with warmth, openness and compassion.

We recognise the value of seeking feedback and the process of negotiating helpful goals. Developing these principles of care is supported by a clinically meaningful approach to track and enhance therapeutic alliance.

## *Our Approach*

To support us to be able achieve these ambitions, we will invest in our staff and utilise the training and professional development opportunities there are available through our services as well external sources. We need to develop staff at all levels of the profession to enable our vision to increase and sustain access to psychological therapies.

We are closely aligned with the national Psychological Professions Network and share their vision. [PPN - Home](#)

# Public Health Approach

The conditions in which we are born, grow, live, work and age play a huge part in our health and wellbeing. Our context shapes our health outcomes and our ability to make decisions and choices about our health. Important factors for health and wellbeing include, being financially secure, having a safe warm home, someone to love, the ability to use our skills and protection from violence and discrimination. These things affect our expectations of care and influence our ability to seek help in a timely way and to secure good outcomes.

The area covered by the trust contains some of the most deprived neighbourhoods in England, and so has some of the country's poorest social, physical, and mental health outcomes. Deprivation creates additional stress and exacerbates any health condition (mental and physical) and our services therefore need to meet increased and more complex demand.

Playing a strong role in prevention is an essential part of the holistic approach to mental health. Preventing the deterioration of health and wellbeing, identifying/intervening early and minimising the impacts of poor health leads to better outcomes for those who use our services and their families whilst utilising resources effectively (ours and our partners).

## *Our ambition for a public health approach*

We view mental health as more than the absence of mental illness; it is a state of mental wellbeing leading to enjoyable activities, fulfilling relationships and the ability to adapt to change and cope with adversity. We play a role in promoting positive mental wellbeing, working in partnership to ensure we support prevention and early intervention. By recognising difficulties and ensuring people have access to appropriate care helps to minimise the impact of mental illness on people's lives.

All our service developments and policies will be viewed through an equality and equity lens. Not only will we make sure they do not have a negative impact on health inequalities, we will use them to actively reduce the current disparities and maximise positive impact.

We will achieve this through implementation of 'Advancing Mental Health Equity' (AHME) key principles and the NHSE/I Core 20+5 model. Our responses will be built into planning and accountability process across the organisation.

We will know we have been successful when

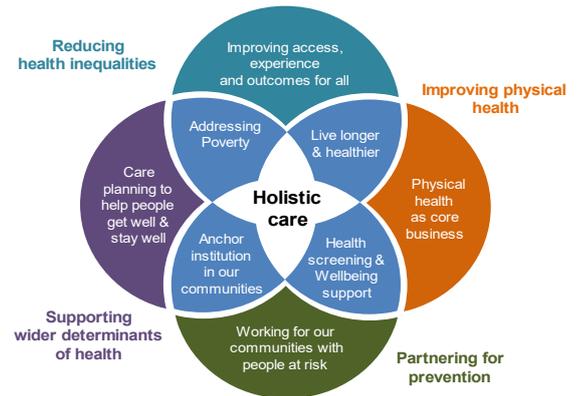
- People from all our communities have equitable access, experience and outcomes.
- Services are designed to meet the differing requirements of communities.
- We actively call out inequalities, stigmatisation and prejudice and this leads to positive change.
- All clinical pathways and services ensure the promotion of access, experience and outcomes for communities who may experience forms of exclusion<sup>1</sup> through co-creation and partnerships.
- We have a robust approach to reduce physical health inequalities for people using our services, so people can live happier, healthier and longer lives.

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<sup>1</sup> Including for example, Certain ethnic minority groups, Gypsy, Roma and traveller communities, Carers (including young carers), People with physical disabilities or long-term conditions, Lesbian, gay, bisexual and queer people, Transgender people or people going through the process of transitioning, Refugees / asylum seekers, People who are homeless, People with communication or sensory barriers, Veterans and their families, Adults who have experienced the care system, Children who have experienced adversity and/or safeguarding concerns.

## Our Approach

- Adopt a whole person, whole life approach to mental health delivering a universal offer whilst working hardest for those who need us most
- Develop a deep and rich understanding of the issues and level of need locally and how these impact on people and communities – data and insight. Use this to manage resources and make decisions
- Develop strong partnerships for collective action and be clear on where it is our role to lead, support or advocate
- Put co-creation at the centre of all we do
- Apply community-centred approaches to action and build on existing assets valuing connection as key to recovery
- Measure what matters consistently.



To achieve these improvements, we will:

- Develop capacity, expertise and models of care to better meet the needs of underserved groups.
- Address barriers to access including literacy, practical, cultural and economic considerations.
- Ensure clear gateways to mental health services which are recognisable and accessible to those with sensory deficits
- Develop effective hospital and community-based offers on high impact areas such as tobacco dependency
- Deliver a clear plan on the prevention of suicide in partnership
- Develop our model of care for physical health (see physical health section). Partner with primary and secondary care in the delivery of health checks and long term conditions management
- Partner with public health and social care teams in delivering support for multiple needs including addictions, homelessness, domestic abuse and financial insecurity. Embed support for social and economic issues in care planning and intervention
- Mitigate the impact of poverty across the organisation
- Make every contact count
- Benchmark our practice against the national “Advancing Equity in Mental Health” standards
- Intervene early and in partnership to give every child the best start in life
- Create and develop environments which make healthy choices accessible, and which maximise accessibility and experience for those with sensory deficits or sensitivities
- Capitalise on our role as an employer and purchaser to benefit local health, wellbeing, and economy. This includes providing a good employment experience for those who work for us, recruiting from within our local communities and through this benefitting the health and wellbeing of our 8000 staff and their families
- Build leadership and workforce capacity on inequalities and developing mental health, learning disability and autism skills and knowledge in the wider system
- Advocate for the needs of those who access our services.

# Drug & Alcohol

It is common for people to experience problems with their mental health and alcohol/drug use at the same time, as there is often a common root cause - trauma. A history of alcohol or drug use is also recorded in 54% of all suicides in people experiencing mental health problems. Other evidence tells us that people with co-occurring conditions have a heightened risk of physical health problems and early death.

Substance misuse can be very common in socially marginalised communities (for example those involved in the criminal justice system), further adding to difficulties they have in traditional services engaging with them. Despite the shared responsibility that NHS and local authority commissioners must provide treatment, care and support, people with co-occurring conditions are often excluded from each other's services<sup>2</sup>.

## *Our ambition for Drug and Alcohol*

We will work with people with co-existing substance misuse issues, and not exclude anyone from accessing mental health services based on concurrent substance misuse. Staff will have the confidence and competence to support people who misuse substances including those with addictions and have access to expert advice when needed. Services will respond effectively and flexibly to presenting needs. We will work together with partners in primary care, local authorities and the voluntary sector to improve access to services which can minimise harm, improve health and enhance recovery (and be guided by those with lived experience).

## *Our approach*

We will adhere to the following principles.

- ***This is everyone's job.*** Substance misuse is not someone else's job. We will work jointly with alcohol and drug use services to meet the needs of individuals with co-occurring conditions. We will support and treat substance misuse, guided by expertise (internal and external) when needed. Equally, we will support drug and alcohol agencies in understanding and managing mental illness.
- ***No wrong door.*** People with co-occurring conditions often endure a lot of uncertainty, repeat traumatisation and chaos in their lives. This requires us to adopt a flexible, trauma informed and attachment-focused approach. We cannot be rigid about when we see people or what we are seeing them for. It takes time to build trust, and so we accept that individuals may contact mental health services at multiple and unpredictable points in their lives and care journey.
- ***Making every contact count.*** Treatment for any of the co-occurring conditions is available through every contact point, as is support for physical health or social concerns. This will also help build trust.
- ***Consultation to the system approach.*** Where direct intervention by either mental health or substance misuse services is limited or not possible, a joint working and consultation stance will be held, with a focus on advice, consultation and support to each other with the person held at the centre of their care.

To support our principles, we will

- Develop a network of expertise in dual diagnosis across the Trust.

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<sup>2</sup> [Better care for people with co-occurring mental health, and alcohol and drug use conditions \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- Develop local substance misuse clinical networks, linking key stakeholders at place.
- Ensure Community hubs incorporate easy access to substance misuse services through partnership, co-created at place.
- Educate staff in core skills in substance misuse, use of the dual diagnosis pathways, appropriate interventions, motivational interviewing and harm minimisation (including other family members, and in particular children).
- Have access to dedicated workers, including substance misuse peer workers, in our hospitals and as part of our crisis response.
- Develop and embrace harm minimisation and harm reduction practices, such as making naloxone available to those at risk of opioid overdose.

# Trauma Informed Care

Individuals and families accessing mental health support are more likely to have experienced adversity and trauma. Childhood trauma is a significant risk factor for serious mental illness, with research evidence showing that people with histories of childhood trauma are around three times as likely to be diagnosed with serious mental illness in adulthood as those without such histories.

## *Trauma and adversity are linked with mental illness*

Trauma informed practice makes the assumption that individuals are more likely to have trauma in their history than not. It also assumes that there is a power imbalance inbuilt in our society, health and social care as well within mental health services. These imbalances are associated with differences such as those due to expertise, resources, ethnicity, history, and gender.

## *Our Ambition to be Trauma Informed*

No healing relationships can be formed on a foundation of harm and mistrust. All of our work will start with an acknowledgment of past potential harms and a commitment to promote healing. Experience of trauma changes the way we relate with each other, and trauma informed care starts with an understanding of these changes.

We will consider all aspects of our work to ensure that we are trauma aware and trauma informed. We will ensure that we work to build trust with people who have been harmed and to help people to feel safe while they are in our services. We will be skilled in handling intense feelings of frustration and anger as we understand why these feelings are present. We will work to develop and maintain relationships based on mutual trust and well-being.

### *'What happened mattered and what happens matters'*

Trauma informed care is about how we think and how we are with each other, always.

## *Our Approach*

Trauma Informed practice also offers Trauma Specific interventions and treatment pathways: where trauma has been identified the person who is accessing our services and their family/ carers will be offered trauma specific evidence-based interventions.

Trauma-specific pathways include psychological therapies which will be matched with the persons needs and preferences through respectful discussion, and to respond to any changes as they occur. The relationship stays at the centre of any trauma intervention therefore consistency of clinician is key and when this is requested, a clinician will stay with the client through their recovery journey. We will all agree clinical staff are to work with someone at their pace and this will be agreed throughout the organisation. Our shared ambition is to provide the right environment for recovery to occur. We will understand there will be times when change can happen and also times when people need to settle and feel more stable before feeling ready to face more therapy/ change. Being able to trust and feel safe makes this process easier.

Every interaction is an intervention, understanding, building trust by being trustworthy, pacing change and recognising the need for times of stabilisation as well as times for active therapeutic change.

## Thank you

For taking the time to read this document.

We hope you endorse our *Clinical Journey* ambition and join us in this dynamic journey of change to improve our service offer to everyone who needs safe, compassionate, and effective care from us.

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# Our Quality and Safety Journey to Change

# Preface

Welcome to our Quality Journey, this is our strategy for how we will achieve the overall 'Our Journey to Change' goals of:

- 1. Cocreating a great experience for our patients, carers and families**
- 2. Cocreate a great experience for colleagues**
- 3. Be a great partner**

In line with both the National Quality Board's refreshed definition of quality and the ambitions set out in the NHS' first National Patient Safety Strategy, we are committed to a shared single view of quality where, working in systems, we will deliver care that is:

- Safe
- Effective
- Provides a positive patient experience- responsive, personalised and kind
- Well led
- Sustainably resourced
- Equitable

We will continue to have an unrelenting focus on patient safety and are committed to:

- driving improvements in patient safety across our Trust, together with patients, carers and families, colleagues, and partners, and supported by a positive culture.
- providing a great experience for patients in our care and for patients, carers and families who want to work with us for better mental health in our region.
- providing safe and kind care that's based on evidence and has outcomes that matter to people

This document sets out our quality ambitions – i.e. where we want our journey to take us. It also sets out key principles and explains how our objectives connect to the national NHS Patient Safety Strategy. It outlines our key strategic quality objectives.

Our ambition is that by 2028, we will achieve the specific aims and measurable improvements set out in this Quality Journey, through continuous learning and improvement using a range of key tools and enablers.

This Journey has also been shaped by TEWW's Clinical, Cocreation, People and Infrastructure Journeys.

The development of TEWW's Care Groups, and the creation of Integrated Care Boards / Partnerships by the 2022 Health and Care Act have also been taken into account.

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## 1. Introduction

Our Journey to Change is about why TEWV does what TEWV does, the kind of organisation we want to be and the three big goals we've committed to. Our Journey to Change was created through our biggest ever listening exercise: it was co-created by TEWV's staff, patients, carers, families and partners.

Our Quality Journey will mean that the services we provide, and the way we provide them will change over time. This is because, as stated in OJTC, "We have a lot to be proud of, yet we don't always provide a good enough experience and at times let down those who use our services, their carers and their families". But as our services change, we still need to make sure that we deliver the 3 domains of quality in everything we do.

A single shared definition of quality was first set out in *High Quality Care for All*, in 2008 and comprised of 3 key domains:

- Clinical Effectiveness
- Patient Safety
- Patient Experience

The National Quality Board (NQB) have since refreshed its Shared Commitment to Quality (2021) to support those working in health and care **systems** and to provide a nationally agreed definition of quality and a vision for how quality can be delivered through the new landscape of Integrated Care Systems (ICS's).

Our Quality Journey therefore takes account of this definition which is set out below:

### People that work in systems deliver care that is:

- **Safe** - delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights; and ensures improvements are made when problems occur.
- **Effective** - informed by consistent and up to date high quality training, guidelines and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit.
- **Positive experience**
  - Responsive and personalised - shaped by what matters to people, their preferences and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable.
  - Caring - delivered with compassion, dignity and mutual respect.
- **Well-Led** - driven by collective and compassionate leadership, which champions a shared vision, values and learning; delivered by accountable organisations and

systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame.

- **Sustainably-resourced** - focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.
- **Quality care is also equitable** - everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities.

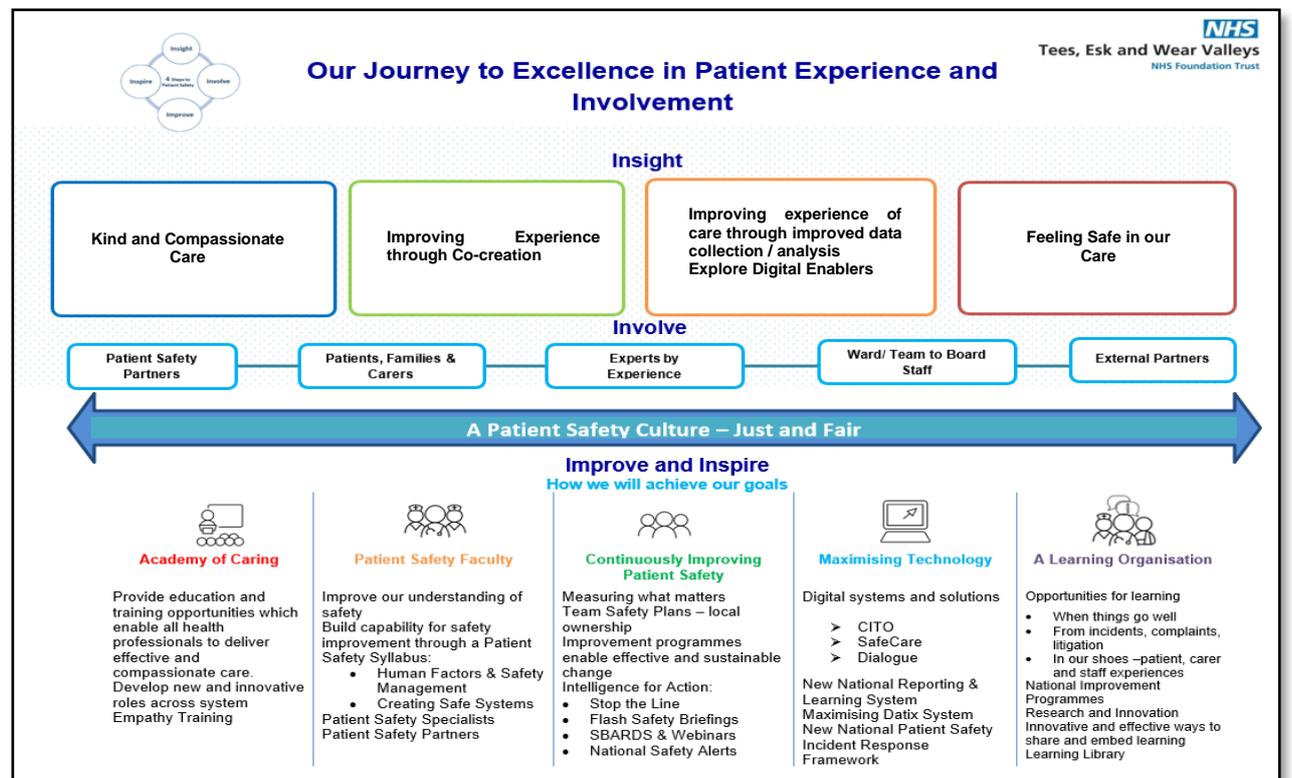
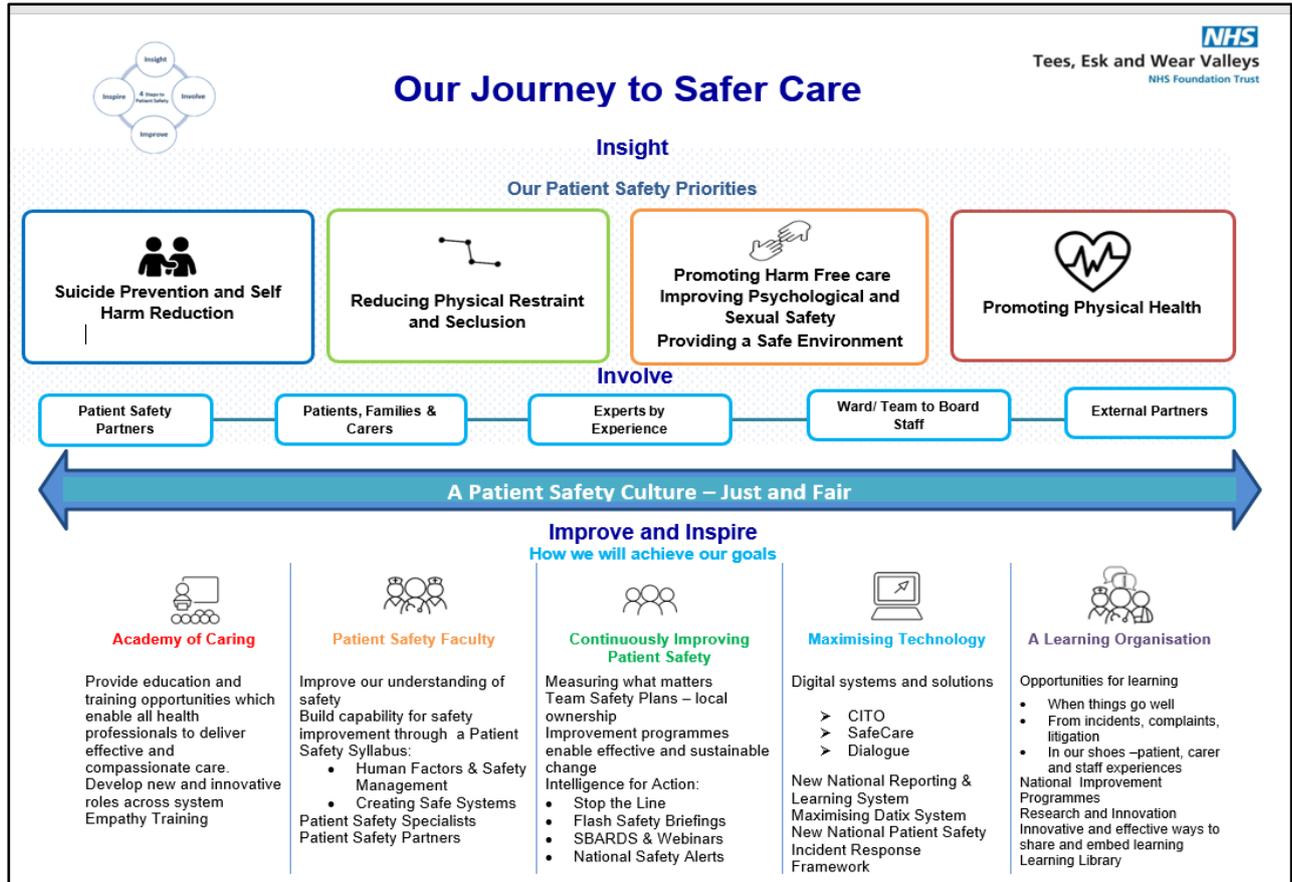
By setting out our quality ambitions and approach, Our Quality Journey will support the delivery of our three Our Journey to Change goals:

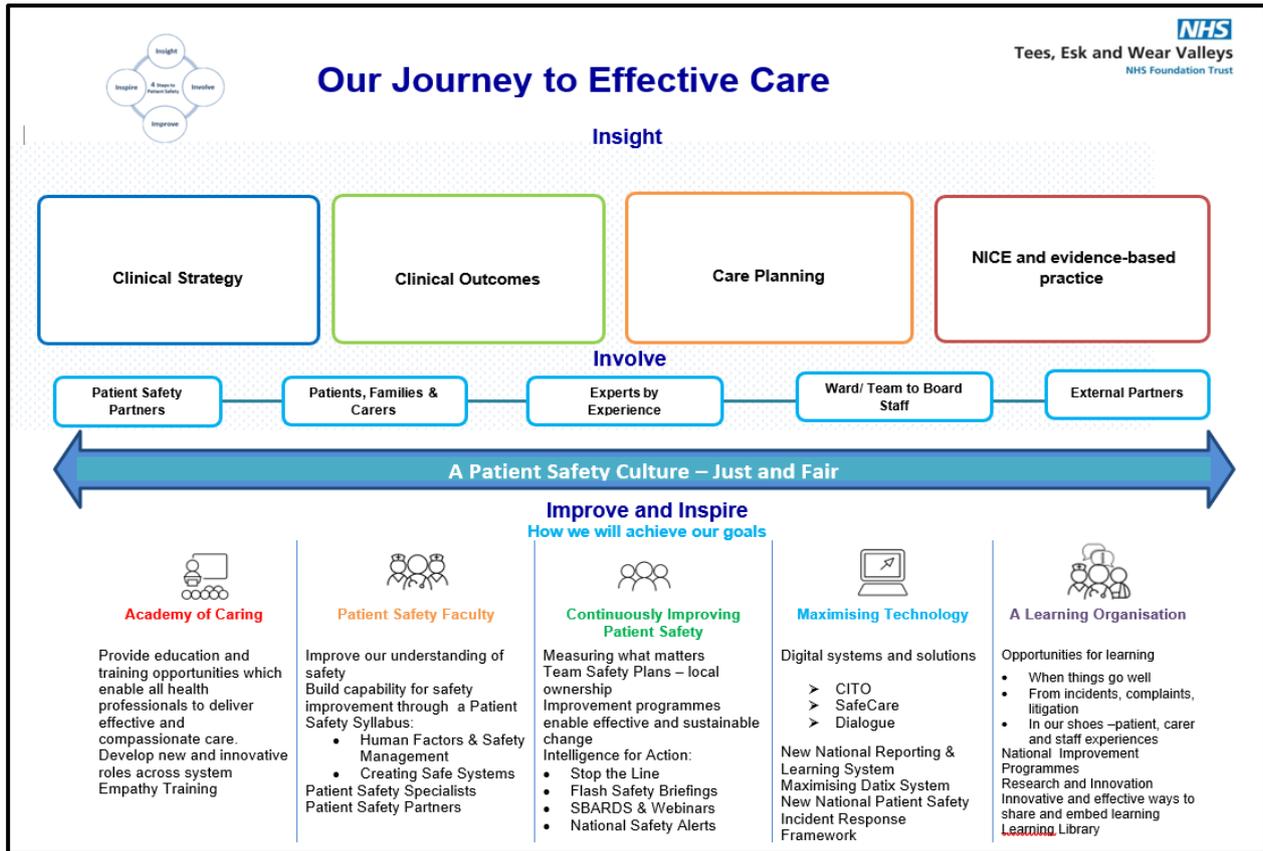
- 1) **To co-create a great experience for our patients, carers and families.**
- 2) **To co-create a great experience for our colleagues.**
- 3) **To be a great partner.**

### **What do we want to achieve?**

Our overall approach to safety within this strategy is underpinned by the NHS Patient Safety Strategy that aims to enable **insight**, **involve** a wide range of stakeholders, make **improvements** and to **inspire** others through the recognition and sharing of quality, essential elements of a learning organisation.

The graphics below summarises what we are trying to achieve across the 3 domains for quality and some of the areas we will focus on to achieve it.





This Quality Journey supports all of the sub goals set out in Our Journey to Change. Some of these will be directly targeted by this Journey and others indirectly. The table below explains this, and there is more detail in section 5 to 7 of this document.

Goal	Sub Goal	How this Journey contributes
To co-create a great experience for our patients, carers and families, so you will experience	Outstanding and compassionate care, all of the time	When we achieve ambitions in this journey, all patients will have care plans that they have cocreated and which help them achieve their goals, giving them choice and control and helping them access the right care for them. Our care will be compassionate and contribute to improved patient experience. By improving the safety of our care, we will reduce the numbers of patients lost to suicide / misadventure and the pain this causes to their families.
	Access to the care that is right for you	
	Support to achieve your goals	
	Choice and Control	
To co-create a great experience for our colleagues, so you will be	Proud, because your work is meaningful	Listening to colleagues insights and empowering them to make quality improvements will make clinical roles more satisfying. We will provide the process, analysis and support the skill development needed to make sure all our services are Well-Led
	Involved in decisions that affect you	
	Well led and managed	
	That your workplace is fit for purpose	
To be a great partner, so we will	Have a shared understanding of the needs and strengths of our communities	As we achieve our quality ambitions, we will become an organisation that our partners and regulators have confidence in. In particular we will be known for our ability to use data to understand what we need to improve in services, our openness to learning from others and our willingness to share our own successful approaches with partners in our own systems and beyond.
	Be working innovatively across organisational boundaries to improve services	
	Be widely recognised for what we have achieved together	

## 2. Co-creation of this Journey

Extensive engagement has taken place to shape this Quality Journey through:

- Talking to staff across the organisation through a range of quality meetings to understand what quality looks like from the perspective of individual teams from the ward to the Board
- Engagement events with families and carers focusing on their experience of care as well as experience of the Serious Incident Investigation Process
- Developing our ambitions and priorities through a programme board which included several of our service users and carers
- Regular discussions with NHSE/I Quality Board where membership includes a range of external stakeholders including Healthwatch
- Interactions with our regulator, the Care Quality Commission

- Listening to the views expressed by local authority members at Quality Account Overview and Scrutiny meetings

### 3. The Current State

We have a good understanding of where we currently are. This comes from:

- The range of quality data and intelligence which flows through, and is analysed within the governance processes of our Trust from ward and teams to the Board
- External inspections and reviews

In an organisation as large as TEWV, with nearly 8,000 staff and where it's 100 miles north to south from Selby to Stanley and 80 miles east to west from Wensleydale to Whitby it can be difficult to give a Trust wide view of our quality strengths and weaknesses.

However, we know that our main quality strengths are:

- Our commitment to quality
- Our partnership working
- Developing informatics, systems, and processes to support governance
- Friends and Family feedback on their experiences of care
- A trust wide dynamic quality assurance programme that measures key standards of care, patient experience and identified areas of risk and the impact of improvement work on these
- Quality Improvement – we have been using Quality Improvement methodology since 2007. This has been recently refreshed to reflect contemporaneous approaches and to provide a toolkit of pragmatic approaches to improvement.

We need to build on these strengths, but also if we are to achieve our ambitions, we will need to overcome the following issues which have been highlighted through our quality governance and external reviews and CQC inspection reports:

- Further development of our Risk Management systems and processes and to ensure connectivity to wider governance systems and improvement initiatives.
- Staff and service users must be properly engaged in order to translate the strategy into well-defined delivery plans.
- Refining our new governance arrangements to ensure we have robust systems and process in place for gaining assurance and timely, effective escalation.
- Continue to develop an integrated approach to measuring, reporting and considering our performance to enable a holistic oversight of the quality of services we are providing ensuring staff have the right information, systems and technology to support the triangulation and delivery of high quality care demonstrating the impact of our learning and improvement work for staff, service users and families.
- Improving communication and engagement activities to ensure they reach all professional and staff groups and adequately include services
- Improve key areas that contribute to the overall safety of patients for example, safe environments where patients are cared for, physical health care, risk assessment and care planning, promoting physical health of patients.

- We must be able to demonstrate we are a learning organisation. Learning from Patient Safety events, complaints, and patient experience feedback as well as staff experience and the impact we have had as a consequence of that learning
- Improve our systems for responding to and learning from complaints
- Fulfilling our statutory Duty of Candour, providing a timely and compassionate response to when things go wrong.

We know that some of these issues are caused by staffing shortages and imperfect infrastructure. Our People and Infrastructure Journeys will ensure that the Trust is doing all that it can to tackle those problems both on our own and with system partners

## 4. PESTLE Environmental Analysis

### External Environment (PESTLE) Analysis

This Journey, and the others produced by TEWV, includes an examination of the external environment. The analysis below is a list of those external environmental changes that are considered most important for this journey. We have used the PESTLE tool which comprises the headings of Political, Economic, Social, Technical, Legal (including regulation) and Environmental and is designed to explore wider influences that affect the overall organisation.

#### **Political**

All political parties view the quality of NHS services as important, and so the improvement of quality is an NHSE priority, driven and overseen by the National Quality Board (NQB).

In 2019 NHS England published its first National Patient Safety Strategy (2019). Its safety vision is **to continuously improve patient safety**. To do this the NHS will build on two foundations: **a patient safety culture** and **a patient safety system**. Three strategic aims will support the development of both:

- improving understanding of safety by drawing intelligence from multiple sources of patient safety information (**Insight**)
- equipping patients, carers, families, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (**Involvement**)
- designing and supporting programmes that deliver effective and sustainable change in the most important areas (**Improvement**).

A key insight in the NHS Patient Safety Strategy is the importance of a patient safety culture. This means having a “just” culture where there is psychological safety for our staff that facilitates openness about mistakes and sub-optimum outcomes so that these can be learned from, as opposed to a “blame culture” which encourages secrecy and deflection. Kindness and civility are also key, but these cultural factors need to be supported by a “patient safety system”. This includes providers and regulators working together effectively and the use of technology such as electronic prescribing and clinical decision-making support.

### ***Economic***

In a quality context, the most significant impact of the difficulties facing the UK economy and public finances in the short to medium term are:

- falling wages (when adjusted for inflation) which increase the competition for staff from other sectors, or reduce the attractiveness of retire and return
- scarcity of capital investment to improve building quality or to put in place new technology to support clinical decision making and other quality related initiatives.

### ***Social***

The need for urgent Mental Health services is increasing with greater demand for responsive and flexible care and treatment. Society at large has greater awareness of mental health issues and people are more likely to seek help than in previous years. Wider media campaigns have resulted in greater take up of services, thus people in general have greater awareness of the need to look after their own wellbeing and seek help when it is needed.

Social media also makes it easier for patients, carers and families to publicise instances of poor-quality services, and there have been several high-profile instances of journalists using covert methods to expose this. This heightened transparency makes it even more important to deliver the quality that patients, carers and families rightly expect.

### ***Technological***

Technological development continues and the government's ambition is to make the NHS a world leader in technology. Aspects of this approach include the new Genomics Strategy and attempts to make better use of data. Advances in technology such as machine learning are yet to make a significant impact on mental health services, but they have the potential to improve safety through creating predictive and clinical decision-support capacity. Sensor technology can also reduce the need for intrusive one to one observation in inpatient units. Self-care Apps are opening up increased opportunities for self-care and self-monitoring, which if harnessed and connected to clinical interventions could improve quality.

### ***Legal***

The wider landscape is changing with the establishment of Integrated Care Boards and Partnerships now legally in place following the Health and Care Act 2022 now tasked with producing an Integrated Care Strategy by the end of March 2023, this could have an impact on our priorities and on current partnership commissioning governance.

The forthcoming Mental Health Act reforms mean services will need to adapt to this legislative change, resulting in improved rights for those with a learning disability and autism. Also, the changes to the Mental Capacity Act with the new Liberty Protection Safeguards (LPS) will result in changes to practices.

### ***Environmental***

The NHS has a big role to play in sustainability. This links to the government's aim to be net zero in line with the United Nation's 17 Sustainable Development Goals (SDGs) of which the government has signed up to achieve. As a result, the NHS has a part to play

in meeting the SDGs by becoming net zero in reducing carbon footprint, emissions and tackling inequalities. The net zero target for the NHS, set in October 2020, is:

- for the NHS Carbon Footprint (emissions under NHS direct control), net zero by 2040, with an ambition for an interim 80% reduction by 2028-2032, and
- for the NHS Carbon Footprint Plus, (which includes our wider supply chain), net zero by 2045, with an ambition for an interim 80% reduction by 2036-2039

One of the big challenges for quality, particularly in community services will be how to make use of the potential for online clinician-patient meetings while still mitigating the risks that these bring for some conditions. We also know that some patients' preference will continue to be for face-to-face physical meetings.

## 5. Our Quality Ambition

### Key Ambitions / Areas of focus

Our ambition is that by 2028, we will achieve the specific aims and measurable improvements set out in our Quality Journey, through continuous learning and improvement using a range of key tools and enablers. This will mean:

#### Safer Care

**Through our journey of continuous improvement, we will see:**

- A reduction in the number of people ending their own lives, and incidents of self-harm
- fewer physical restraints of patients take place than at the start of the decade and a reduction in the number of people being placed in seclusion and other restrictive practices
- a reduction in serious sexual safety incidents
- an increase in harm free care
- improved physical health of patients
- increased day to day involvement of patients, families and carers, colleagues with lived experience and external partners in promoting safety improvement
- information flows and culture that ensure that ALL our people from ward and team to Board understand their role and play their part in maintaining and improving safety.

**To achieve this ambition, we will focus on:**

- The creation of an Academy to develop our people to their full potential
- Developing our capacity and capability for Patient Safety and the creation of a Patient Safety Faculty
- Improving the reporting and investigation of patient safety incidents in line with the methodology and ethos of the new national Patient Safety Incident Response Framework and feedback from patients, carers and families

- Actionable learning and strengthening our culture to become a more mature learning organisation
- Maximising the role of technology as well as developing our culture of learning.
- Use QI methodology to enable highly reliable and sustainable care

## Patient Experience

Through the Big Conversation it was clear that the experience we provide to our service users, carers and colleagues was not consistently good. We are committed to ensuring that we improve this experience for everyone. Within Our Journey to Change one of our 3 big goals is: **To co-create a great experience for our patients, carers and families, so they will experience:**

- Outstanding and compassionate care, all of the time
- Access to the care that is right for them
- Support to achieve their goals
- Choice and control.

**When we reach our destination and have achieved our ambitions people will see:**

- a) Significant, demonstrable improvements in the experiences of the people using our services
- b) Use of an increased range of methods and range of quantitative and qualitative information
- c) Service users, carers and staff's voice making a difference – by speaking out about poor care and making suggestions for improvements they are continuously improving the experience people have of our services.
- d) Patients talking positively about the impact of restrictions on their recovery
- e) Patients on our wards feeling safe

**To achieve this ambition, we will focus on:**

- Developing a culture where people know we want to hear about their experiences when people access, use, and move between our services – whether positive or negative
- Improving data collection and analysis which backs up peoples experience of care and to use this in a way to improve the experiences of care and where possible outcomes for all.
- Making it easier for people, service users, families, advocates, and staff to give feedback in convenient and suitable ways for them, whenever they want. We will have a joined-up feedback approach, so people don't have to repeat themselves
- Developing initiatives to improve the % of patients who feel safe on our wards, starting with patients in our adult inpatient wards
- Link with patient and carer involvement / co-creation activity and feedback with our complaints and compliments team and processes
- Acting on what patients tell us and co-creating solutions to the challenges they face
- Develop digital solutions / enablers which improve the experience of care

- Regaining the Trust of the patients, their carers and families that we serve by demonstrating we are listening to them and evidencing the improvements we will continue to make in the quality of service provision.

## Clinical Effectiveness

**When we reach our destination and have achieved our ambitions people will see:**

- a) All services have a suite of clinical outcome measures and patient reported outcomes (effectiveness of care measures)
- b) Data quality for 'effectiveness of care' measures is good, and so these measures are used by clinicians to better understand the impact of different approaches to patient care and treatments
- c) Increasing proportion of patients reporting an improvement in their symptoms after receiving care and treatment from the Trust
- d) All care plans are cocreated with services users (and where appropriate, families) and so almost all service users and families tell us that they have been able to influence and make choices over the care that we provide to them

To achieve this ambition, we will focus on:

- Identifying a set of clinical outcome measures and patient reported outcomes for each service – this will ensure we understand the effectiveness of each service
- Improving the quality of data we collect in relation to effectiveness of care and use it in a way that has the potential to make a difference
- Developing innovative analysis, artificial intelligence and data science techniques. These will help us proactively support robust and proportionate decision-making, based on the best information available
- Embracing the 'nothing about me without me' philosophy we will improve care planning and ensure the full involvement of patients, carers and their families. This will be supported by full implementation of the Dialogue system, an IT software solution.

As an organisation TEWV is committed to reviewing contemporaneous evidence and NICE guidance to ensure our services users are receiving the most effective care and treatment

- We will review and improve the way in which we receive, assess and implement NICE guidance
- We will focus on equitable and timely implementation of NICE guidance and quality standards
- We will aim to offer service users the latest evidence-based care treatment where appropriate

We are committed to participating in all relevant national audits, the outcomes of which will provide another vital means of information on the effectiveness of the care we provide.

There is also an important priority which supports all 3 parts of our Quality ambition. This is the replacement of our Risk Management IT system. This has Incident Management, Complaints and PALS, Risk Management and Claims and Litigation

functions. It will become obsolete and unsupported by the end of 2024. Replacing it is necessary if we are to achieve the ambition set out in this Journey.

## Method

***To fulfil our Quality ambition, we need to be clear how we are going to get there.***

It's often important to make quick changes to tackle quality issues, and our governance system will promote a culture and processes where data is analysed holistically, and changes implemented swiftly. This means that not everything we need to improve will have a detailed, long-term plan around it.

However, there will be some potential changes which will require lengthy development and implementation periods. These will be governed as projects, grouped into programmes and be backed by clear business cases which set out clearly the benefits (improvements) that should be seen and when they should be expected to occur.

During 2023/24 the initial set of quality related programs will be:

- Personalised care planning (implementing the Dialog model) – this is a shared ambition with the Co Creation Journey
- Harm Free Care (which includes psychological/sexual safety, self-harm / suicide / misadventure reduction, safeguarding, environmental risk minimisation)
- Patient Safety (including electronic risk management system procurement; patient safety incident reporting framework (PSIRF); rapid learning from Serious Incident investigations, sharing learning at every level)

There will also be a related programme of work to reduce the use of out of area placements and to lower occupancy levels on TEWV inpatient wards. This will have important patient safety benefits.

All of these programmes will be governed through the Trust's Advancing Our Clinical, Quality and Safety Journey Portfolio Board. Numerical improvement targets will be monitored as well as progress against actions. We will create opportunities for service users and carers to be involved in the governance of the programmes and in the development of specific projects. Service users will continue to be invited to participate in improvement workshops.

Our Trust Executive Group and Board of Directors will ensure that we align quality-related projects with the four other strategic journeys' (Clinical, Workforce, Infrastructure and Co-creation) to join up work and embed the right culture with a focus on doing what is right at the right time.

We will be evidence led, data informed and take into account any new research and new initiatives that are emerging, ascertaining best practice within these fields that will support the achievement of our goals.

# Standards

## **Standards will be our cornerstone for the care provided day to day**

For this Quality Journey, the Fundamental Standards of Care are the basis and at the centre of what we must do. They are the standards below which care must never fall. This link goes to a list of, and explanation of these standards. [The fundamental standards - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

We will strengthen the Trust's quality assurance processes for setting the standards for what high-quality care looks like across our services and continuously evolve our Quality Assurance Programme to provide ongoing intelligence on how well we are achieving and sustaining these.

[We will build on our strong history of quality improvement capability and focus on building a](#) culture of continuous improvement. This will enable us to increase and sustain the quality of our services for the people we serve, keeping them at the centre of all we do. In order to achieve this, we need to focus on continual learning and improvement at all levels. We will continue to enable the network of staff with QI expertise to expand throughout the organisation and align this to our ambitions of a Patient Safety Faculty, implementing the national patient safety syllabus. This will comprise of a number of training and development options ranging from awareness for everyone to higher level expertise in patient safety, as well as specific sessions for the Trust Board.

## **6. Impact upon our three strategic goals**

### **Our Quality journey is meaningless without measuring impact**

The Trust already has a range of quality metrics (measures) which it monitors each quarter and reports on publicly through the Quality Account (and mid-year presentations to local authority overview and scrutiny committees).

The monthly Quality Improvement meetings in Care Groups and the Trust as a whole feed up to the Trust's Quality Assurance Committee, where the impact of work to implement our Quality Journey will be evident.

However, we have also developed program-level targets, to ensure that the managers and clinicians leading change know what they are aiming for. Progress against these will be reported to the Programme Boards and the Advancing Portfolio Board. If we find that our actions are not producing the desired impact, we will dig beneath the surface to understand why and then, if necessary, adopt a different approach.

## 7. Our Guiding Principles

### Principles

The National Quality Board’s refreshed approach to quality, described in full on page 3 , forms our guiding principles for the delivery of our Journey to Quality:

- Safe
- Effective
- A Positive Experience – caring, responsive
- Well-Led
- Sustainably resourced
- Equitable

Underlying these domains of quality is the importance of **Caring**. TEWV’s values of:

Respect	Compassion	Responsibility
<ul style="list-style-type: none"> <li>• Listening</li> <li>• Inclusive</li> <li>• Working in partnership</li> </ul>	<ul style="list-style-type: none"> <li>• Kind</li> <li>• Supportive</li> <li>• Recognising and celebrating</li> </ul>	<ul style="list-style-type: none"> <li>• Honest</li> <li>• Learning</li> <li>• Ambitious</li> </ul>

are our equivalent of the National Quality Board’s call to deliver all NHS care with compassion, dignity and mutual respect.

## 8. Delivering Our Clinical Journey to Change

We are developing a set of detailed project plans to deliver the first phase of the Journey during 2023/24. We will analyse the emerging data and information through our governance meetings and committees and develop further projects for 2024/25 and beyond to deliver specific process and technology related changes.

At the same time, we recognise that a patient safety culture requires the development of the right culture. This is about day-to-day behaviour of managers / leaders and staff at all levels and in all parts of the organisation. This is one place where all of our Journeys interact (for example, the focus on expanding peer roles seen in the clinical and co-creation journeys will have an impact on culture. It is also where the day to day and month to month cycle of Trust governance is key. We will review how well this is operating on a periodic basis.

**Thank you** for taking the time to read this document. We hope you endorse our *Quality Journey* ambition and join us in this dynamic journey of change to improve our service offer to everyone who needs safe, compassionate, and effective care from us.

## Appendix 1

Quality Metrics
1) Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'
2) Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients
3) Number of incidents of physical intervention/ restraint per 1000 occupied bed days
4) Percentage of adults discharged from CCG-commissioned mental health inpatient services receive a follow-up within 72 hours
5) Percentage of patients who reported their overall experience as very good or good
6) Percentage of patients that report that staff treated them with dignity and respect
7) The number of Medication Errors with a severity of moderate harm and above
8) Number of serious incidents reported on STEIS
9) Number of Complaints raised



Tees, Esk and Wear Valleys  
NHS Foundation Trust

ITEM 12 appendix C

# Our Cocreation Journey to Change



## Preface

Welcome to our Cocreation Journey to Change. This is our strategy for how we will achieve the overall Our Journey to Change (OJTC) goals of:

1. Cocreate a great experience for our patients, carers and families.
2. Cocreate a great experience for colleagues.
3. Be a great partner.

We will achieve our goals through cocreating our services, governance and operations which will improve care delivery for the people using our services, their carers and families and the communities we serve.

Those who use our services includes people in distress who may have a mental health need, a learning disability and/or autism. We also include families and carers when referring to people who use our services. We serve people from across the life span, meaning that some people have a longstanding relationship with us and for others it may be brief. Above all, we must be consistent, compassionate and provide quality care.

We strongly favour working collectively with people using our services and pledge to deliver cocreated, holistic models of care. We have adopted a national initiative called Triangle of Care and the principles around this putting both carer and patient voice at the heart of all we do. We will support individuals, their families, and our partners, to help manage fluctuating needs with a responsive approach.

The most important way we will deliver on our cocreation journey is by living our values, all of the time:

**We are respectful:**

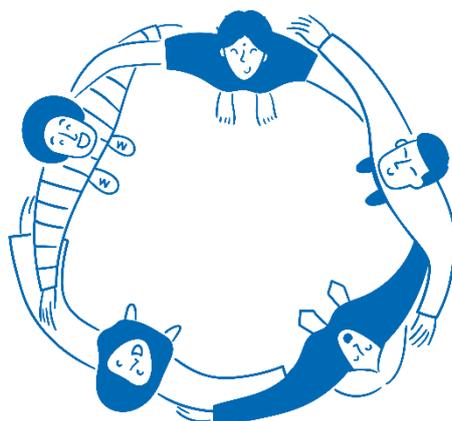
- Listening
- Inclusive
- Working in partnership

**We are compassionate:**

- Kind
- Supportive
- Recognising and celebrating

**We are responsible:**

- Honest
- Learning
- Ambitious



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## 8. Delivery of our cocreation journey

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## 1. Introduction

Our Journey to Change (OJTC) is about the kind of organisation we aspire to be and the three big goals we are committed to achieve. It was created through our biggest ever listening exercise; it was cocreated by staff, patients, carers and partners.

Our Cocreation Journey to Change is a more detailed strategy focusing on our aim to provide a better experience of high quality, safe, effective clinical care to the people who use our services. Clinical care that will be person-centred, timely, compassionate and kind.

### Our big goals

Our Cocreation Journey to Change will support the delivery of our three goals:

1. To cocreate a great experience for our patients, carers and families.
2. To cocreate a great experience for our colleagues.
3. To be a great partner.

### What do we want to achieve?

Our ambition is to ensure that cocreation is the at the heart of all we do. We will work to ensure that that cocreation runs through our governance, our operations and our clinical practice. With cocreation at the core of decision making, organising ourselves and delivering care we will create equal partnerships with people who use our services, carers, staff and partners.

We will do this because we know that cocreation improves our services and the overall health and wellbeing of people experiencing mental health issues, learning disability or autism in our region by:

1. Ensuring cocreation in care planning.
2. Growing, diversify, and embedding service user and carer involvement across the Trust.
3. Expanding and developing lived experience roles and leadership, including peers.
4. Capturing accurate patient, carer and partner experience data including friends and family test, surveys, Patient Advice and Liaison (PALS) and complaints, and triangulating this with other intelligence eg serious incidents and using this to redesign and improve our services.

We have chosen these four core objectives because they will create the foundations we need to ensure cocreation runs through TEWV's DNA. Through these goals, we will impact on the experience of patients, carers and families, staff and our partners:

### 1) Impacting our patients, carers and families:

Meaningful cocreation has the potential to:

- Harness better relationships between patients and families, and TEWV staff and the organisation.
- Improve patient and carer experience of care delivered by TEWV.
- Improve patient outcomes through better understanding what matters to people.
- Improve patient safety through considering how people feel safe in our care.
- Reduce re-traumatisation and reduce harm through readdressing power imbalances.
- Challenge stigma and discrimination towards people with severe mental illness (SMI).
- Process of cocreation in itself can be empowering and therapeutic.
- Provide a timely response to concerns being raised.

### 2) Impacting our people (staff)

Meaningful cocreation has the potential to:

- Support staff to have better and more authentic relationships with patients, carers and families.
- Improve job satisfaction through delivering care that better meets people's needs and supports a better experience.
- Support staff when concerns are raised.
- Ensure that we have a well-trained, experienced, professional workforce to deliver high quality care.
- Support staff to develop greater insight into the experience of mental illness.
- Greater permission to bring whole self to work and share own vulnerabilities.
- Help shift the 'them and us' culture and make sure that we accept individuals with a non-judgemental ethos.

### 3) Impacting our partners

Meaningful cocreation has the potential to:

- Improve partner experience through a culture of being more collaborative and respecting different types of knowledge and expertise.
- Create more space for user led organisations to work with TEWV through valuing lived experience.
- Support and rebuild trust and reputation in the Trust through external endorsement.

## 2. Cocreation of this journey

Extensive engagement has taken place to shape the clinical journey in the form of various formats including workshops, events, *Our Big conversation* – a large scale engagement exercise to gather feedback from service-users, carers, the wider public, partners, staff and other stakeholders. We have listened to the feedback gained and this journey was cocreated as a result.

In 2021, a Cocreation Working Party was brought together and carried out a review of service user/carer participation (involvement, engagement, coproduction etc) within the Trust, collated learning from outside the organisation, and developed some recommendations for how the vision can be achieved.

This working party incorporated learning from a variety of focus groups which included various stakeholders, the outputs of the Big Conversation and the special interest groups, previous internal reviews, reviewing other Trusts and external organisations and support form experts in the field. The focus was on identifying areas of good practice and lessons learned with an ambition to cocreate some recommendations that help us realise the ambition to cocreated our services set out in Our Journey to Change. This work has been conducted with the ethos of cocreation at its core, seeking to involve service users and carers as equal partners in the review and in the development of the recommendations.

A dedicated Cocreation Programme Board was established in November 2021, whose membership included many with lived experience themselves including involvement members and staff, who were also able to shape the cocreation journey and its priority areas. Various task and finish groups were set up, and feedback from those who participated in engagement events and themed webinars, was collated, themed and evaluated to identify issues and gaps in services. This was then used to inform the write up of the overall journey.

## 3. The current state

Tees, Esk and Wear Valleys NHS Foundation Trust (referred to as TEWV in this document) is a sizeable mental health, learning disability and autism NHS foundation trust with 8,000 employees serving a vast geographical area, said to be equivalent in size to Cyprus. TEWV provides community and inpatient services to approximately two million people of all ages living in County Durham; Darlington; the Tees Valley boroughs: Hartlepool, Stockton, Middlesbrough, Redcar and Cleveland; Scarborough, Whitby, Ryedale, Hambleton, Richmondshire, Selby and Harrogate areas of North Yorkshire; the City of York; the Pocklington area of East Yorkshire; and the Wetherby area of West Yorkshire.

## 4. PESTLE Environmental Analysis

### External environment (PESTLE) analysis

This Journey, and the others produced by TEWV, includes an examination of the external environment. The analysis below is a list of those external environmental changes that are considered most important for this journey. We have used the PESTLE tool which comprises the headings of Political, Economic, Social, Technical, Legal (including regulation) and Environmental, and is designed to explore wider influences that affect the overall organisation.

#### Political

There have been three different Prime Ministers during the period in which this Journey was developed. Looking forward, we know that there will be a general election by December 2024. This may or may not lead to a change in Government. It is possible that one or more of the major political parties could develop proposals for change in NHS funding or structures, but it seems more likely that there will be a continuation of the current direction of mental health and learning disability national policy.

However, despite the acknowledgement of the amount of uncertainty we face politically, coproduction / cocreation with service users and carers has now become a standard expectation in mental health policy development, with paid lived experience/patient director roles increasingly recognised and recommended. For example:

- the Community Mental Health Framework has a formal requirement for transformation to be coproduced from start to finish with people and families,
- the NHS-led provider collaborative model requires people with lived experience to be embedded within the leadership and governance structure,
- NICE guidance NG197 (shared decision making) encourages trusts to recruit a patient director,
- the integrated care system (ICS) guidance on working with people and communities', states that people's voices should be at the centre of decision-making and governance at all levels; and,
- the new Patient Safety Incident Response Framework (PSIRF) outlines the expectation for all NHS trusts to have active Patient Safety Partners working to ensure a coproduced, inclusive and lived experience-focused approach to patient safety.

The Cocreation Journey works in line with the key deliverables of the NHS Long Term Plan, that sets out the national guidance for improvements in mental health. It will also help implement the Care Quality Commission regulatory framework and as part of the Back to Good programme. Our approach will also reflect upon the 4Pi National Involvement Standards, developed by National Survivor User Network (NSUN), that provides a simple framework to base standards of good practice for meaningful involvement. The NHS Advancing Mental Health Equalities Strategy also gives us clear direction to work across racially diverse communities, and ensure their voice is heard and acted upon in service delivery. These local and national frameworks will work together to increase meaningful coproduction and help reduce health inequality.

## Economic

The cost of living crisis is having a significant impact on residents in the communities served by TEWV (especially lower income people/deprived communities). Real wages have fallen significantly during 22/23 and interest rates have risen back to historically normal levels, and an increase in unemployment rates is forecast. Past experience suggests that economic difficulties increase the demand for mental health services. There has been some government intervention to mitigate higher energy costs caused by the war in Ukraine, but it is uncertain how long these mitigations will be in place.

We know that people in poorer parts of TEWV's geographical area live shorter lives and have worse health than those in more affluent areas. We also see similar disparities affecting groups with specific shared characteristics, such as people from BAME backgrounds, or people with learning disabilities. These differences and disparities are the health inequalities that exist in our geography, which we see as unacceptable. We recognise that "one size doesn't fit all" and our population requires different things of our services.

## Social

The need for urgent mental health services is increasing post pandemic, with greater demand for responsive and flexible care and treatment. Society at large has greater awareness of mental health issues and people are more likely to seek help than in previous years. Wider media campaigns have resulted in greater take up of services, thus people in general have greater awareness of the need to look after their own wellbeing, and seek help when it is needed.

## Technological

The government's ambition is to make the NHS a world leader in technology. Aspects of this approach include the new Genomics Strategy and attempts to make better use of data. Advances in technology such as Artificial Intelligence (AI) and robotics are yet to make a significant impact on mental health services, and self-care apps are opening up increased opportunities for self-care and self-monitoring. New treatment options are also emerging such as the use of Ketamine or Psilocybin in the treatment of severe depression. The first partially effective pharmaceutical treatment for Alzheimer's is likely to be approved in the next couple of years.

## Legal

The wider landscape is changing with the establishment of Integrated Care Boards and Partnerships now legally in place, following the Health and Care Act 2022, and are now tasked with producing an Integrated Care Strategy by the end of March 2023, which could have an impact on our priorities and on current partnership commissioning governance.

The new Mental Health Act reforms mean services will need to adapt to this legislative change, resulting in improved rights for those with a learning disability and autism.

Also, the changes to the Mental Capacity act with the new Liberty Protection Safeguards (LPS) will result in changes to practices.

In July 2022, NHS England launched the Working in Partnership with People and Communities statutory guidance, which outlined organisations' requirements for meeting their public involvement legal duties, to ensure that NHS trusts work collaboratively to involve people and communities, in ways that are meaningful, trusted and lead to improvement.

## Environmental

The NHS has a big role to play in sustainability. This links to the government's aim to be net zero in line with the United Nation's 17 Sustainable Development Goals (SDGs), of which the government has signed up to achieve. As a result, the NHS has a part to play in meeting these goals by becoming net zero in reducing carbon footprint, emissions and tackling inequalities. The net zero target for the NHS, set in October 2020, is:

- for the NHS Carbon Footprint (emissions under NHS direct control), net zero by 2040, with an ambition for an interim 80% reduction by 2028-2032; and,
- for the NHS Carbon Footprint Plus, (which includes our wider supply chain), net zero by 2045, with an ambition for an interim 80% reduction by 2036-2039.

TEWV will need to adapt and come up with new ways of working to deliver significant carbon emission reductions by 2028.

It is clear to protect our own health and wellbeing, and to protect the existence of future generations, we need to prevent further harm and adapt to an environment that is changing and the pace of change is accelerating. We can no longer allow action on climate change be crowded out by other perceived more immediate concerns. We need to be ambitious if we are to meet this challenge and we have established key aims for our Green Plan, including:

- For the emissions we control directly (our carbon footprint) to be net zero by 2030 and for the emissions we can influence to be net zero by 2045.
- To provide sustainable services through ensuring value for money, reducing wastage and increasing productivity from our resources.
- Continuously developing our approach to improving the mental, physical and social wellbeing of the communities we serve through innovation, partnership and sharing.
- We will promote a culture of collaboration, supporting our people and suppliers to work together to make a difference.
- We will innovate and transform to provide high quality care and support as early as possible in order to improve physical, mental and social wellbeing.

## 5. Our cocreation ambition

### Cocreation: what does it mean?

Our ambition is for services user and carer voices to be sought out, listened to, and acted upon at every level in our organisation.

We are using the term cocreation to describe that ambition.

### Our vision for cocreation

We value lived experience of life changing mental illness, living with a learning disability and/or neuro divergent, and the wisdom it can bring to our organisation. We want close partnership working with patients, families, and carers.

This will be supported through partnership working across our organisation to provide best possible experience and outcomes.

We will also work in collaboration with our partners and regulators to make sure we understand what best in class looks like, to bring meaningful change in the care we provide.

We refer to this partnership-style working as cocreation. It is at the heart of OJTC and is fundamental to how we improve the care we provide to the communities we serve. It is also very crucial to how we work collaboratively across the organisation and closely with our partners and regulators to improve the experience for all patients and families.

We want this to run through everything we do, becoming the normal way of doing things from:

- Care plans being written in partnership, where patients and families have choice about their care and make shared decisions with their clinician.
- A thriving and diverse involvement community that supports cocreation across all areas of trust business from policy to research, recruitment to quality improvement.
- A growing and diverse peer workforce across all services, underpinned by peer values and driven by peer leadership.
- Innovative and diverse methods to really hear the experience of all patients and families and understand the relationship between patient experience, complaints, and serious incidents.
- Lived experience leadership roles supporting transformation and culture change.

## Method

### How will we fulfil our ambition?

Each specialty area will produce a work plan detailing the projects, programmes and action plans needed to achieve our goals which will be monitored using the Trust's programme framework. A dedicated governance group will oversee the transformational change emerging from this cocreation journey.

We will focus on four core cocreation goals outlined in this journey, to make sure we meet our commitment to embed cocreation across all we do in TEWV. This means that services, from the frontline clinical teams to our valued partners we will have clear governance and meeting structures that include a range of diverse voices and value input equally. That through these cocreated methods we will achieve outcomes and standards that transform and improve the experience of our patients, staff, carers, and partners. We will work together on our all our strategic journeys to deliver our ambitions, with a golden thread of cocreation sewn through all of them.

We continuously analyse the current methods, structures and feedback around patient experience, involvement and engagement, and cocreation across our services. This information will be drawn from clinical audits, particularly around care and safety planning, patient and carer feedback, staff feedback, PALs and complaints responses, and serious incident reviews. In addition, it will be important to continuously ensure links with, and input from our partners in the voluntary sector and wider health and social care system.

As we progress, we will provide a full range of evidence-based, outcome-focused interventions, appropriate to the needs of the individual. We will empower our lived experience networks to undertake research, service evaluation and identify best practice and introduce innovation.

## Standards

### The cornerstone for cocreation feeding through everything we do

We will ensure that our standards of cocreation and patient experience are consistently high. We will draw upon the evidence-based, best practice and regulatory requirements to ensure that the care and service offered is safe, effective and of high quality. We will use our participation and cocreation networks to set our monitor and embed our cocreation standards.

The Trust's care group boards will oversee the operational delivery of our services, and the way we work with our partners. The cocreation journey to change will inform operational decision making at all times, and we will be clinically-led and operationally-enabled.

Research and development will play a key role in ensuring our standards are high. We will work together with staff, service-users, carers and our partners to undertake meaningful research. We will grow the next generation of clinical researchers and develop research careers.

## What will this mean for people?

### For our service users, this means that:

- Through being meaningfully involved in cocreation, I will have opportunities that support my personal growth and development.
- I will feel like I am an asset, not a burden on services.
- I will experience the belief in my ability to make a difference in service development, decision making and delivery, and that my needs are better met when I am involved in an equal and reciprocal relationship with staff and others.
- By engaging with my motivation to support change and my values to see positive change for myself and others, my own wellbeing will positively impacted.
- By experiencing encounters with staff that are mutual, focused on partnership not power, I will feel energised and connected to the services that serve me.
- By bringing my whole self into cocreation with TEWV, I will be enabled to bring a range of skills, experience and expertise that reflects my complex identity.
- Through cocreation, I will benefit from opportunities that enhance my skills that will transcend my experience of services and link to my daily life.
- With these opportunities in cocreation, I will be given new opportunities and possibilities for employment if this is right for me, where my lived experience will be acknowledged for the valuable skills and knowledge it brings to services.

### For our carers and families, this means that:

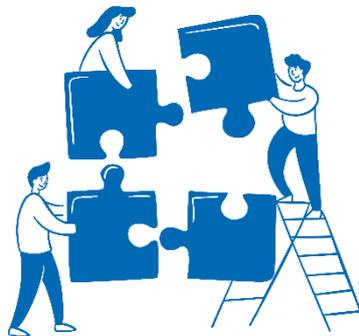
- Through cocreation I will experience my role as a carer or supporter of someone is genuinely valued and listened to.
- I will have the opportunities to input into how services are run.
- By being heard my own wellbeing will be enhanced through the process of cocreation and the skills I will be supported to develop.
- My own self-worth, sense of purpose, confidence and capability will be increased.
- With the right support for me as a carer, I will be provided with new opportunities to do something new, in different environments, with different people that enhances my loved one's care and experience of services.
- Like the person I support, I will be seen as an asset, a valuable resource that can both help care and inform services.

**For our staff, this means that:**

- Through partnership and mutual, collaborative relationships, I will have the opportunity to develop through cocreation.
- I will gain a better understanding of the people I support including services users, carers, partners and colleagues.
- I will feel connected to their lived experience of care and services.
- Whilst my role and professional expertise will be valued through cocreation, I will be supported to think differently, identify new ways of doing things, and question practice in a curious and productive way.
- My focus will be people, not processes.
- I will tailor the support that I provide, making services fit to people, rather than expecting people to fit to the service.
- Lived experience roles will enhance the options and opportunities for quality care, and make sure that I have the information I need to be focused on the needs of people I support.

**For our partners, this means that:**

- I am respected and valued for the expertise and experience I bring.
- I am confident TEWV will work closely with us as equal partners in the design, delivery and evaluation of services to improve quality, safety and responsiveness.
- This includes working together to make every contact count.
- I know TEWV will go that extra mile to be helpful and understanding.



## Cocreation in action

TEWV is a big, complex organisation, Partnership work, or cocreation, will differ in different services, pieces of work, and circumstance. And, it won't always be easy.

However, we've made some bold ambitions in Our Journey to Change, and in this journey, and cocreation needs to be a core part of service development, and of an individual's care.

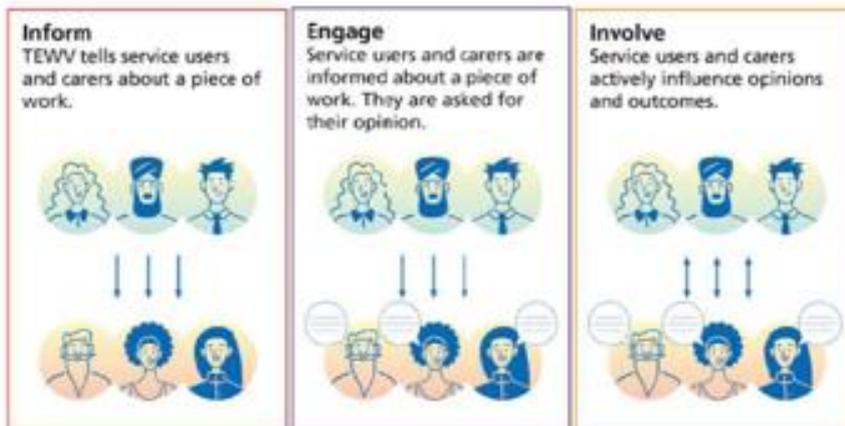
It's really important therefore that we take a pragmatic approach, however that shouldn't be used to avoid cocreation. There will be different forms or levels of involvement, and we've started to work through what those might look like, in our draft Cocreation Charter (see more information at Appendix 1).

## Involvement levels

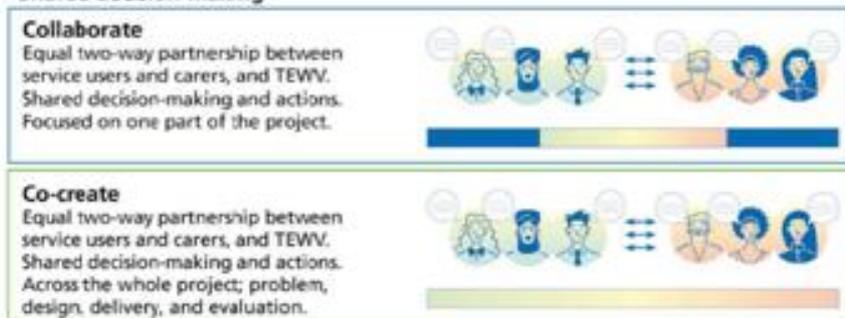
It isn't possible to co-create everything. Identifying and assigning a level of involvement to every involvement opportunity enables us to be transparent and fair.



TEWV make final decision.



Shared decision-making



## 6. Impact on our strategic goals

### Measuring impact helps us realise our ambition

The Trust already has a range of quantitative metrics which it monitors each quarter, and reports on through Executive Quality Assurance and Improvement Group, the Trust's Quality Assurance Committee, and up to the Trust's Board.

However, these metrics only go so far, particularly around number of PALS / complaints and response times, and patient experience data, but they don't tell the whole picture. They lack rich, qualitative data eg themes which is particularly important in things like patient safety and metrics linked to the Quality and Clinical Journeys.

In addition, as governance structures develop, the original Cocreation Programme Board will evolve as the journeys have, as we move from strategy development to delivery, and the new Cocreation Journey Board will require assurance that cocreation is being embedded in the organisation, across the four strategic objectives. This will in turn be reported monthly through Executive Directors Group, and up to Trust Board on a quarterly basis.

Furthermore, historically involvement opportunities and activity has been reported into the Trust's Governor-led Involvement and Engagement Committee, however again this only provides a snapshot of quantitative data eg number of opportunities, locality of involvement members – this simply won't help us understand the different types of activity, or indeed that we are embedding cocreation in the organisation.

Therefore, it is really important we ensure that we continually monitor and evaluate whether what we are doing is working, learn from it, identify the gaps and barriers, what's working well and model it (show and tell), and evolve what we do based on what we learn, to affect change that leads to improvements. We need to develop a culture and expertise for evaluating all key aspects of cocreation objectives and associated activity.

New innovations like the new electronic record system will incorporate outcome measurements once it goes live in 2023, will certainly help. We will embed outcome measures routinely in clinical practice to ensure high quality and effective care. By being able to measure clinical practice and everyday care, we can identify what is working well and what needs to stop or be amended.

Given cocreation is in the early stages of development, we will explore how to best capture and extract meaningful information through a range of methods, some of which are outlined above.

By doing so, this will allow us to monitor if we are meeting the three Our Journey to Change strategic goals of: cocreating a great experience for our patients, carers and families; cocreating a great experience for our colleagues and being a great partner.

## 7. Our guiding principles

### The right principles will drive forward our overall ambition

**A culture of cocreation:** we will become an organisation that works in partnership with patients, families, our partners and regulators. Cocreation is about relationships, and we will ensure we empower the voices of all involved.

**Cocreate to improve care:** we will recognise that our services and the care we provide is improved if it is cocreated together, with the people who use it.

**Inclusive:** we will have robust, flexible mechanisms in place to listen to and hear the voice of **all** people, families and communities we serve.

**Value diversity:** we will establish innovative and thoughtful methods and practices to hear from people with protected characteristics or from marginalised communities that are typically under-represented, in service user and carer involvement.

**Commitment to sharing power:** we will commit to making shared decisions together as much as possible. We will be honest and transparent where this is not possible.

**Fair means to value people's contributions:** we will demonstrate valuing and effectively support the contributions of all who input to our services, in a way that is fair and reflects the emotional labour of cocreation.

**Lived experience leadership:** we will cherish lived experience alongside professional expertise. We will have paid and volunteer roles throughout our organisation that recognise the value of lived experience leadership including peer roles.

**Trauma informed:** we will use our knowledge and awareness of the impact of trauma and adversity in people's lives to inform practice ensuring by co-creating we offer psychologically safe environments.

## 8. Delivering our cocreation journey

As outlined earlier, we have four strategic objectives which are:

1. **Ensuring cocreation in care planning.**
2. **Growing, diversifying, and embedding service user and carer involvement across the Trust.**
3. **Expanding and developing lived experience roles and leadership, including peers.**
4. **Capturing accurate patient experience data including friends and family test, surveys, compliments, PALS, complaints, and serious incidents and use to inform change.**

### 1. Cocreation in care planning

We want all people who access TEWV services to have a voice and choice within their own care. We want all families and carers to be considered and valued in the care planning process. This will include;

- All patients having access to their own care plan online through the patient portal.
- All patients having access to their bill of rights and important key information.
- Care plans written in an accessible way, with language that is human, kind and clear.
- Every patient making shared decisions with clinicians about their care.
- Patients and families having information about advance directives and advance statements and the option to have them included in their care.
- Patients and families having a cocreated safety plan written in their own words and that is shared with them.
- All new care planning tools to be cocreated with people and families
- Patients being supported to chair their own meetings if they want to and having a say about who attends.
- Care planning meetings planned around everyone- everyone's time is important.
- Everyone having access to robust advocacy and/or peer support when required.

### The current context

NHS England said every adult accessing community-based care should have the opportunity to co-produce a holistic, personalised care and support plan. They should also be provided with the name of a key worker they can contact if their needs change. With the development of CITO, a tool called "DIALOG" will be used as part of a new approach to care planning. DIALOG makes it much easier for mental health workers to identify a person's individual needs, find out what matters to them and to co-produce a personalised care and support plan. Research shows that using DIALOG can significantly improve a patient's quality of life and care experience.

## Our approach

Supporting people to be actively involved in decisions about their care and treatment, should be reflected in the ethos, management, policies and care practice of each service. All services should be able to show how they do this.

Meaningful involvement is based on a sharing of power between the person using the service and the service, team or person providing care as much as possible. Involving people in designing their care plans means:

- having a conversation among equals who are working together to help reach a shared decision about their care and support
- that the person seeking help is considered beyond their diagnosis or 'symptoms', taking into account all aspects of their identity and life
- that the plan belongs to the person, keeping them in control whenever possible.
- that the plan is only implemented or shared with others if the person gives consent (where they have capacity to do so).

A conversation between the person seeking help and their practitioner is an essential aspect of care planning. This should focus on the impact their condition has on their life, their individual needs and goals and what support they can be offered for their holistic health and wellbeing needs to be met and for them to be safe. The care plan that is generated from this conversation, should be owned by the individual, and shared with relevant others, with their consent. It is important that a discussion takes place as part of the care planning process, there is a record of it, and people have a copy of the resulting care plan.

## To support this, we will:

- Co create care and support with the person. The conversation should be led by a key worker who has a positive relationship with the person and has a good understanding of their needs and preferences.
- Co created care planning will be holistic and follow a bio-psycho-social model of care: a model that considers biological, psychological and social factors contributing to someone's health and wellbeing.
- There will be a focus on personal goals and aspirations, what the person would like to achieve from their care and support.
- Co created care planning should explore and consider what support and treatment can be offered and is best suited to the person to meet these goals and keep them safe.
- The person should be supported to express how they would like their care and support to be delivered. The professional provides information about what the service can offer in a manner and format that best meets the person's communication needs. There should be a shared decision about what will be in the care and support plan. A copy of the plan should be made available to the person and/or their representative/carers when appropriate.
- Ideally, the care planning conversation should take place at a time when the person is most or more likely to have capacity, is able to engage and feels psychologically safe.
- Power will be shared equally as far as possible.

## **2. Grow, diversify, and embed service user and carer involvement across the trust.**

### **Developing a cocreation framework**

We will establish a framework underpinning service user and carer involvement work, which will include:

- A charter of values and behaviours for partnership working.
- A clear and robust process for when there are challenges.
- Definitions of different types of participation and what the constraints are.
- A structure for involvement payments that is fair and reflects the work.
- A support offer that enables involvement members to thrive and safely participate.
- A training offer that facilitates growth and development for involvement members.
- A communication and training offer for clinical and corporate staff.

This will provide the building blocks for the organisation to ‘do’ cocreation, or embed it across the Trust. An early cocreated draft of this is available at Appendix 1.

### **Increasing diversity across cocreation**

We recognise that currently the patients and families who get involved do not collectively reflect the diverse communities we serve, and that needs to change.

We will ensure that people with protected characteristics, neurodivergent and marginalised communities are represented among our involvement members – and importantly, reflects the needs of the populations we serve.

We will value the input from the Voluntary and Community Sector and survivor-led organisations to develop better quality and safe partnership working.

### **Grow the resource in the Involvement and Engagement team**

We will expand the Involvement and Engagement team, with a focus on increasing diversity across specialities and localities. We will include a communications lead to better promote cocreation across the organisation, and model what good cocreation looks like.

We will foster a team culture that values lived experience.

### **Identifying key areas for involvement work**

We identify the following areas of focus for growing service user and carer involvement:

- Research: to develop survivor researcher roles in the Trust’s research department, embedding cocreation across research.
- Recruitment: the recruitment across the organisation will have lived experience embedded throughout.

- Staff training: where possible staff training that impacts on patient care will be cocreated.
- Policy development: all policies due to be reviewed and/or in development that impact on patient care to be cocreated.
- Quality and safety: patient and carer involvement in assuring safety and quality including mock inspections.
- Governance: cocreation across all governance structures.

## Developing patient and carer networks

We recognise the value in patients, families and communities coming together to share ideas, experience, concerns, to challenge collectively, plan for the future, and to offer peer support.

We will develop thriving networks across the trust that are integral to trust governance. This will include:

- A cocreation group for each specialty in each care group.
- A trust-wide Lived Experience Network that is open and inclusive, chaired by the Lived Experience Directors.
- A Lived Experience Advisory Board for each care group that will provide robust check and challenge on safety and quality issues.

## Developing the specialties outside of Adult and Older People Mental Health Services

We recognise that the focus on involving service users and carers at Trust-wide and strategic level has largely facilitated participate for adult and older people mental health services. We will invest time and resource in the development of equal opportunities for all and people from seldom heard communities.

## Developing an online platform to facilitate cocreation

To facilitate an open, fair and transparent culture and where appropriate we will develop comprehensive access to online information (eg online platforms / extranet for involvement members). This will be a way to communicate what is happening across the trust, share involvement opportunities, process payments.

We will create an innovation fund to support involvement members to lead and pilot new work.

We will ensure people who are digitally excluded are not disadvantaged by this development.

## 3. Expand/develop lived experience roles and leadership, including peers

### Lived experience roles

Under the leadership of the Lived Experience Directors, we will expand the number of lived experience roles across the Trust, bringing the expertise of patients and families into paid roles throughout TEWV.

We will create roles for areas of clinical practice where we need to create change, including in: trauma informed care; autism; community transformation; equality, diversity and inclusion; learning and development; and carer support.

We will explore where lived experience can add value to corporate services, including in complaints, communications, research and development.

## Peer workers

Peer Workers are people with their own lived experience, who are employed to work to peer values while using their lived experience to support service users/carers. They also support the development of the teams, services and systems they work within.

Employing peer workers as equals, within teams and throughout our leadership structures, has a crucial role to play in creating an excellent experience for service users/carers, colleagues and partners. This links to Our Journey to Change ambition to create a great experience for the people using our services, those who work within it and our partners.

We will work to embed employed peer workers across the full range of Trust teams and services. We will also implement an approach to appropriately commission high quality voluntary, community and social enterprise (VCSE) peer support roles, that optimises the use of resources across the system and encourages collaboration with partners.

The key areas of focus for further development will be:

- **Engagement, partnership working and system leadership:** we will continue to cocreate our work with the people our work impacts. We will engage in a leadership role in developing peer work and creating collaborative peer support systems.
- **Peer support practice:** we will continue to develop the ways we support peer workers to provide high quality and safe peer support, that is grounded in the cocreated TEWV peer support values.
- **Wellbeing:** we will develop a defined offer for all staff in lived experience roles which supports wellbeing. We will ensure all lived experience roles within the Trust are supported by the peer and cocreation structures.
- **Workforce development:** we will create development opportunities that actively support people to work towards accessing peer work roles. We will support people in peer work roles to develop and work towards career progression. We will equitably establish peer workers as a professional group within the trust.
- **Equality, diversity and inclusion:** we will work to embed peer workers across the full range of teams and services, to ensure there are opportunities to access peer support and peer work roles for people across all our services. We will take active steps to ensure we are inclusive and employ a diverse peer workforce representative of our communities.

- **Feedback, evaluation and celebration:** we will capture feedback and implement learning from our work as we go: we will reflect on where we can develop and take action to improve in these areas; we will acknowledge and celebrate success when we get things right.

## The current position

The TEWV peer support values are the foundation of all peer work in TEWV. They were cocreated with a lived experience reference group and draw heavily on the grass roots approaches to peer support that our work is inspired by. Our approach to peer support puts the creation of values-based peer relationships at its heart. We are committed to supporting service user's voices to be heard, and to supporting the development of trauma-informed approaches and recovery values-based practice within teams and services.

At the time of writing, the organisation has 27 passionate and committed peer workers within the programme, who have successfully established roles in a range of Adult Mental Health (AMH) community services (Perinatal, Rehab, EIP), and in AMH inpatient wards across the Trust. We also bring leadership and peer support expertise to Trust and system peer support developments. This includes the creation of commissions of VCSE peer support and working in partnership to support and assure the provision from external providers.

There are significant local and national commitments to the further development and expansion of the TEWV peer workforce and systemwide VCSE peer support commissions. Our peer support programme has developed a strong foundation from which to support these developments and provides a good example of what could be offered to others, particularly those who undertake involvement work, specifically in relation to extended offers of cocreation linked to the other strategic journeys.

The approaches we have developed to team preparation, recruitment, training, peer support practice and supervision receive outstanding feedback. Service users and colleagues have given excellent evaluation feedback on their experience of peer work.

We have also been asked to present to NHS England as an example of best practice in our field. We have been evaluated as a trauma-informed peer support programme that other Trusts can learn from, and praised by grass roots peer support leaders with national and international reputations for our relational and peer values-based approach to peer support within the NHS.

## Strategic vision

Our vision for peer support is to successfully embed peer workers and access to peer support across the full range of TEWVs teams and services.

The implementation will be based on the cocreated TEWV peer support values, and appropriately adapted to each different service and person who accesses peer support.

We will also engage in a leadership role in the development of peer support as a professional group, and of collaborative peer support systems.

In doing this, we will utilise the relative strengths of the TEWV peer support programme – namely its integration and specialism within the NHS for providing values-based peer support roles within teams.

We will also bring our expertise to support the utilisation and development of the strengths of local VCSEs peer support provision where appropriate – namely their location and infrastructure within our communities, and where relevant, their experience specialising in serving and providing in-reach to people who are marginalised and under-served groups.

This utilisation of relative strengths encourages collaboration rather than competition. This will help optimise the use of the resources available across the system, while also leaving enough flexibility to allow for local needs to be met.

### Feedback and evaluation

It is important we make sure that we monitor whether what we are doing is working, learn from everything we do, develop what we do based on what we learn, and celebrate our successes.

Over the course of this strategy, we will develop a culture and expertise for evaluating all key aspects of our work. We will capture feedback and implement learning from our work as we go: we will reflect on where we can develop and take action to improve in these areas; we will acknowledge and celebrate successes when we get things right.

To move towards this we will:

- Develop or commission lived experience expertise evaluation capacity within the peer work programme.
- Routinely collect and act upon feedback on our work.
- Develop our approach to collecting and learning from data, for example for assurance audits or to allow us to monitor the diversity of applicants for peer work roles.
- Evaluate our team preparation, recruitment, training, and supervision implementations.
- Evaluate our peer work implementation, prioritising the experience of peer work for service users, peer workers, colleagues and partners.
- Hold a peer work in TEWV celebration event.

#### **4. Capture accurate patient experience data including friends and family test, surveys, PALS, complaints and serious incidents and use to the intelligence to inform change.**

##### **Truly valuing patient and carer experience**

We are committed to ensuring that we listen to our patients, families, and carers, to understand what is important to them, to value their ideas and to learn when care doesn't meet expectations. Through our journey of continuous improvement, we will see:

- Outstanding and compassionate care access, choice and involvement to care that is right for them.
- Carers and families will be actively involved in sharing of information and decision making.
- Patients feeling safe in our inpatient wards.
- Availability of resources.
- Support in their recovery and to achieve their goals

##### **We will have achieved our ambitions, people will see:**

- a) Significant, demonstrable improvements in the experiences of the people using our services.
- b) Use and triangulation of information from a range of resources, utilising quantitative and qualitative feedback.
- c) Value patient and carer feedback and learn when care does not meet expectations to help redesign and shape future services.
- d) Make best use of technology to improve the experiences of our patients and carers.
- e) Patients will feel safe whilst on our inpatient wards.

##### **To achieve this ambition, our focus will be to:**

- Listen to patients and carers to provide education and training opportunities which enable all health professionals to deliver effective and compassionate care.
- Develop a culture which promotes the positive patient and carer experience within the Trust.
- Use technology to aid in the collection, analysis of feedback, identify themes and trends in greater detail, and use this in a meaningful way to improve the quality of care provided.
- Change our focus to be more proactive and seeking out evidence in real time.
- Ensure more timely responses when concerns are raised and offer a more restorative and proactive approach to resolve issues quickly.
- Act on what patients tell us and cocreate solutions together to the challenges they face.
- Triangulate all of the information available to make service improvements to increase the sense of safety for our inpatients.
- Collaboration with partners to provide joined up and holistic care.

## Our approach

We recognise that digital exclusion, language barriers, neurodiversity, literacy and accessibility etc bring challenges to how we capture patient experience. Therefore, we will create innovative and flexible ways that ensures we hear from **all** the patients, families and communities that use our services.

Under the leadership of the Lived Experience Directors, we will ensure that patient experience data is triangulated with complaints, serious incidents and intelligence from involvement activities, to develop a clear understanding of issues and identify potential systemic problems.

We will develop a culture where patient experience is valued and drives practice, improvements and transformation.

### **To support this, we will:** put communication at the centre

We want to build on the work that has already taken place and improve the way we listen to and communicate with our patients, their families and their carers', including:

- Proactively capture the experiences of our patients.
- Review experience (positive and negative) and learn from it to continuously improve our services and how people are involved.
- Encourage feedback via electronic means.
- Publicise where we have made changes as a result of patients' feedback.
- Help staff to translate feedback into local actions.
- Improve how patient information is made available electronically.
- Continue to engage with the national patient survey programme and take action on feedback given.
- Continue with real time feedback surveys undertaken by volunteers and governors.
- Communicate the available feedback channels so that patients and visitors know how they can pay a compliment, raise a concern or make a complaint.
- Ensure the Patient Experience Boards and information are kept up-to-date and useful for patients and their visitors.
- Review our website to ensure it is accessible, navigation is clear and information given is current - explore ways to make the website more responsive.
- Explore ways to make the Salisbury District Hospital App more patient-friendly and useful.

## Cocreate together

We want to review patient experience (positive and negative) and learn from it so we can improve our services and how people are involved, to:

- Reach out and cocreate with our patients, carers and local communities to improve the way services are delivered.
- Continue to cocreate with patients (and their carers) in decisions about their care.
- Include patients and carers through the lived experience and cocreation networks.
- Hold PALS surgeries in our local community so that we can help people navigate through our services and help them if they are having problems accessing our services.
- Review our patient experience, PALS and complaints services and processes.
- When staff are developing questionnaires for patient feedback, make sure patients and carers are cocreating them, so that the questions asked are understandable and written in plain English.
- Support staff who want to involve patients and the local community.
- Continue to embed patient and carer experience into the lived experience networks.
- Continue to learn from and share learning as a result of deaths of patients in our care.

## Cocreate outstanding care

We want our patients, their families and carers to have an outstanding experience first time and every time they come into contact with our staff, including to:

- Review our patient experience training.
- Capture, celebrate and publicise positive feedback from patients and staff.
- Engage with and support carers to give feedback on their experiences of care.
- Continue to promote our Freedom to Speak Up initiative for staff to escalate concerns and empower staff to take appropriate actions as required.

## Activating delivery

Ultimately, responsibility to deliver our cocreation journey sits with everyone.

This journey links and relies upon or is enabled by the other strategic journeys, particularly the clinical and quality journeys.

Therefore, care boards, clinical leaders and colleagues across corporate services will develop separate delivery plans for each of the four strategic objectives, as set out in the cocreation journey.

Governance structures are being developed as part of the work being undertaken in strategic objective 2: growing, diversifying, and embedding service user and carer involvement across the Trust (and covered in section 6).



For taking the time to read this document.

We hope you endorse our cocreation journey ambition and join us in this dynamic journey of change, to improve our service offer to everyone who needs safe, compassionate, and safe and kind care from us.

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# Our People Journey to Change

# Preface

Welcome to our People Journey to Change, which explains how the people who work in the Trust and the culture we create together, will help to deliver the Trust's goals described in Our Journey to Change:

1. Co-creating a great experience for our patients, carers and families
2. Co-create a great experience for colleagues
3. Be a great partner

Our People Journey is about anyone who works with us – including those on permanent contracts, temporary contracts, through the bank or agencies, students, and volunteers. Everyone who works with us is contributing to Our Journey to Change and helping us to support people to live their best possible lives.

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## 1. Co-creation of this Journey

Our People Journey has been developed with a strong focus on what we've already heard from colleagues and others about what it's like to work at TEWV and what would make TEWV a great place to work. We've heard very strong examples of what contributes to this, such as people feeling they are making a difference, feeling valued, and supported by strong leadership and management, in teams where they feel they belong. We know some people do not feel heard or valued, and some people do not feel supported by good relationships at work – we want this to change.

## 2. Our People Ambition

We have three main areas of focus to help us to get to where we need to be and we have already started significant pieces of work in these areas.

We will have a compassionate and inclusive culture. This means:

- We will feel we can bring our whole self to work
- There will be multiple ways in which we can all contribute ideas and concerns and be confident that these are heard and acted upon
- We will have strong working relationships and feel safe at work, which will enable strong therapeutic relationships in the care we provide
- Our leaders and managers will be self-aware and lead services in a way that has a positive impact on the health and wellbeing of colleagues.

We will:

- Improve the health and wellbeing of people who work with us through a supportive, safe culture and health and wellbeing offers which reflect the needs of our workforce.
- Have a detailed understanding of equality, diversity and inclusion so that we understand the differences in experiences for all colleagues and act to ensure staff from all groups can flourish
- Ensure that people are able to share ideas and concerns and are supported to find ways of collaboratively developing innovative ways of working
- Foster a working environment which supports our people to celebrate success and to share and learn together when things don't go well
- Bring a trauma informed approach to the way we think about how we work together and how we carry out our employment duties
- Ensure that when people choose to leave the Trust we understand why and make sure they are able to leave well

We will have **more people**. This means:

- We will have the right level of staffing with the right skills to provide high quality care

- We'll be known as a great place to work where everyone is able to develop and thrive, meaning more people will choose to join us and to stay in the Trust for longer.

We will:

- Have a simple, timely recruitment process and ensure a great first experience for our people as they join our Trust
- Be creative and flexible in the plans we make for the workforce we need now and in the future whilst meeting our statutory and core requirements
- Ensure that our teams are filled with skilled staff who feel supported in their careers
- Offer a competitive package for all staff which demonstrates the importance of our staff to the care we provide
- Develop our employment systems alongside partners so that colleagues can move easily and develop their careers across the region
- Work with our education partners, schools, colleges and universities both at home and overseas, so we are the employer of choice as people complete their training
- Have a workforce which represents and is embedded within the communities we serve, strengthening our role in reducing health inequalities in our area
- Give our patients and their families/carers greater control in recruiting the care providers they'd like to see in TEWV
- Ensuring our workforce are skilled in the work they are employed to do and have time and support to carry it out in a way which shows our values every day.

We will **work differently**. This means we will:

- Utilise different ways of working, ensuring we develop new roles, skills and career paths
- Ensure that people have access to flexible working patterns, using smarter working practices as the norm.

We will:

- Introduce new and development roles in collaboration with our partners
- Ensure workforce planning is based on clear guidance on core required roles and opportunities for flexibility
- Ensure staff have fair and transparent access to develop opportunities to support their career progression and personal development
- Ensure that leaders and managers understand how to support colleagues through change and periods of crisis in a compassionate way
- Have strong leaders and managers who understand the evidence base, understand the impact of their style on others, are constantly developing and can balance creative ways of thinking and working with consistent management practices
- Have staff with the right equipment and skills to do their roles

- Increase our connectivity across our organisation and our care systems to ensure collaboration and co-creation
- Celebrate the good things that are happening in TEWV so that more people from our communities consider coming to work with us.

## What will this mean for people?

When this Journey is complete....

### *For staff this means that*

People who work in TEWV will be thriving and feel proud of the work they do. They will be and feel valued in their role. When they see or experience any problems will have confidence in raising it and seeking support. We will see an increase in the number of people saying they look forward to going to work, and that they would recommend the organisation as a great place to work. We will have teams with the appropriate skills and access to development across their career with us. People will have strong working relationships and feel they belong and are part of Our Journey to Change. This will enable us to provide high quality care that meets the needs of the communities we support and achieve the ambitions of our Clinical Journey.

Overall	How we will know
<p><b>Compassionate and inclusive culture</b></p>	<p>Staff survey - Percentage of staff recommending the Trust as a place to work</p> <ul style="list-style-type: none"> <li>• Time to resolve grievances/ disciplinaries and number of formal concerns ending up with a case to answer</li> </ul> <p>Staff survey will show improvements in:</p> <ul style="list-style-type: none"> <li>• Staff feel supported to develop their potential</li> <li>• Organisation acts fairly in relation to career progression</li> <li>• Immediate manager cares about my concerns</li> <li>• Immediate manager helps staff with problems they face</li> <li>• Staff often/always look forward to going to work</li> <li>• Staff experiencing harassment, bullying or abuse from staff or patients/ families/ public in the last 12 months</li> <li>• Staff personally experienced discrimination at work from any of the following manager/ team leader or other colleagues</li> <li>• Staff are understanding and kind to one another</li> <li>• Staff are polite and treat each other with respect</li> </ul>
<p><b>More people</b></p>	<ul style="list-style-type: none"> <li>• Time to hire from advert created</li> <li>• Percent of new starters accessing corporate induction and at that point having all the resources that they need</li> <li>• Reduction in vacancy rate - finance vacancy rate</li> <li>• Reduction in agency and bank usage</li> <li>• Maintain approx. 50% of recruits being external candidates</li> </ul>

	<ul style="list-style-type: none"> <li>• Staff leaver rate reduction</li> <li>• Increase in number of staff accessing independent exit process (form or interview)</li> </ul>
<b>Working differently</b>	<ul style="list-style-type: none"> <li>• 85% of adjustments (that require kit) are put in place within 3 months of the assessment being received.</li> <li>• Number of internal movers progressing to a higher banded role</li> </ul> <p>Number of services that have a workforce plan aligned to the clinical journey covering the next 12 months to 3 years.</p> <p>Staff Survey improvements in:</p> <ul style="list-style-type: none"> <li>• Organisation is committed to helping balance work and home life</li> <li>• Staff can approach immediate manager to talk openly about flexible working</li> </ul>

### 3. Our Guiding Principles

The following principles describe how we will achieve our ambitions and how we will work together:

➤ **Co-creation**

- Ensuring everyone who works in TEWV has a voice – meaning that they are heard when they raise concerns or ideas and they know that this has been listened to by colleagues and change is possible.
- Working with service users and carers to understand how we can support our colleagues to provide a great experience of care
- Working with our partners, collaborating on regional priorities, working with education and training providers, social care and the voluntary sector so that our workforce is skilled, innovative and emotionally astute
- Working with our communities to build attractive and supportive routes into employment across the wide range of current and future roles that we embody.

➤ **Value-based**

- Underpinned by our values of respect, compassion, and responsibility in the way we work, the way we behave, and the way the organisation is run.

➤ **Centred around our Clinical Journey**

- Our future work will be prioritised and planned to support the ambitions of our Clinical Journey, to help to ensure patients and families have great experience of care

➤ **Evidence-based and expert-led**

- Our work will have a strong foundation in data and evidence
- We will stay focused on our priorities and plan work, which is realistic, achievable and measurable

## 5. Delivering Our People Journey to Change

Each professional group and corporate service will develop separate appendices to set out any specific priorities in this five-year period. These will link directly to our workforce delivery plans and key risks.

Anticipated Appendices:

1. External Environment (PESTLE) analysis
2. Professions – Nursing, Therapies, Medical inc Pharmacy, Corporate, Operational
3. Our Continuous Improvement underpinings

## Appendix 1 External Environment (PESTLE) analysis

This Journey, and the others produced by TEWV, includes an examination of the external environment. The analysis below is a list of those external environmental changes that are considered most important for this journey. We have used the PESTLE tool which comprises the headings of Political, Economic, Social, Technical, Legal (including regulation) and Environmental and is designed to explore wider influences that affect the overall organisation.

<p><b>Political</b></p> <p>At the national level, there has been a period of significant political change and uncertainty which has been occurring as a result of the various changes in leadership of the current Conservative government.</p> <p>In addition there is mounting unrest across public sector services related to rates of pay and terms and conditions. This is affecting us directly and also indirectly with the impact of industrial action in other sectors on our own staff and families.</p>	<p><b>Economic</b></p> <p>National and international The increasing cost of living, interest rates, energy costs, ability to engage in employment in traditional ways disproportionately affecting lower earners and those on benefits. We are seeing this impact for some of our staff and the difficulty of responding to this in light of national terms and conditions.</p> <p>We have marked variation in the levels of deprivation in our communities with 26% and 7% of our communities living in the most deprived areas in the country in DTV and NYYS respectively. And 15%/31% respectively in the least deprived.</p>
<p><b>Social</b></p> <p>The need for urgent Mental Health services is increasing with greater demand for responsive and flexible care and treatment. For multiple reasons the number of people needing our support has increased and are often needing help with more complex problems. This means that we need a workforce with new and different combinations of skills.</p> <p>As we move to stronger partnership working, with provision across sectors our workforce will need to be able to adapt to these changes in order to ensure service users and their families access the best care and support at the right point.</p>	<p><b>Technological</b></p> <p>The national bid to make the NHS a world leader in terms of technology is positive in terms of a drive to implement new digital technologies and use meaningful data to improve services for everyone who needs, works in or works with TEWV. However, we know that some staff are not confident in using technology and will need support to engage with this development.</p>
<p><b>Legal</b></p> <p>Integrated Care Boards and Partnerships are now legally in place following the Health and Care Act 2022, tasked with producing an Integrated Care Strategy by the end of the financial year. This has the potential to lead to wider regional workforce developments and we need to ensure we work with partners to benefit from the regional approaches across our IBCs whilst also maintaining flexibility to develop our workforce with our local communities. Our workforce also need to be able to work within the new Mental Health Act</p>	<p><b>Environmental</b></p> <p>Nationally the NHS has a significant role to play in sustainability and this was mirrored in the feedback through Our Big Conversation that we should be supporting our workforce to contribute to broader sustainability.</p> <p>This has implications for how and where staff work, both physically and in terms of patterns of work whilst still delivering the care our service users and families need and working within national terms and conditions.</p>

<p>and changes to the Mental Capacity act with the new Liberty Protection Safeguards (LPS). We remain committed to working within NHS employment frameworks so need to find ways to innovate within those parameters.</p>	
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## Thank you

For taking the time to read this document.

We hope you support our *People Journey* ambition and join us in this dynamic journey of change to improve our service offer to everyone who needs safe, compassionate, and effective care from us.



Tees, Esk and Wear Valleys  
NHS Foundation Trust

ITEM 12 appendix E

# Our Infrastructure Journey to Change

## Preface

Welcome to our Infrastructure Journey to Change. This is how we will develop and deploy our infrastructure resources to ensure we will achieve the overall Our Journey to Change goals of:

1. Cocreating a great experience for our patients, carers and families;
2. Cocreate a great experience for colleagues;
3. Be a great partner.

By *Infrastructure* we mean the things that sit in the background that allow and enable frontline service delivery.

This includes things like our estate (hospitals, community bases and offices, whether owned or for example leased from others), our information technology (computers, databases, fibre optic cables, networks, broadband etc) and our support services (people who are not clinicians but who provide vital support, information and services to clinicians and other colleagues, service users, carers, and partners).

This Journey has also been shaped by TEWV's Clinical, Quality & Safety, People and Co-creation Journeys. These tell us a lot about what sort of services our infrastructure must to be able to support in the future.

This Journey is also informed by our experience of the Covid-19 pandemic. This period saw huge innovations and changes in the way that we used buildings, technology and support services within the NHS, but also globally. Now that lockdowns are in the past, the way people work has not wholly gone back to how it was in 2019. This Journey builds on the learning from this.

The development of TEWV's Care Groups, and the creation of Integrated Care Boards / Partnerships by the 2022 Health and Care Act have also been taken into account. These arrangements include statutory requirements for us to collaborate to achieve system goals and targets, so our partnerships are central to our success.

All these changes have prompted us to take this opportunity to look at how we can do things differently. This includes making effective use of our buildings, digital technology and data as well as our non-clinical services (support services) that we provide to aid delivery of frontline services. Ultimately this will improve the experience for people in our care, their families and carers, our colleagues and our partners.

This document places emphasis on working together as 'OneTeamTEWV' with our patients, carers, families, colleagues and partners to ensure we support TEWV's Our Journey to Change – we want people to lead their best possible lives.

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# 1 Introduction

Our Journey to Change is about why TEWV does what TEWV does, the kind of organisation we want to be and the three big goals we've committed to. Our Journey to Change was created through our biggest ever listening exercise: it was co-created by TEWV's staff, patients, carers and partners.

Our Journey To Change: 'Infrastructure' takes a more in depth look at how we'll use our places, our technology and data and our support capacity<sup>1</sup> to help us to deliver a great experience. People will be placed at the heart of what we do so this will also help us to improve the experience of people who use our services, families, carers, staff and partners.

## Our Big goals

'Our Journey To Change: 'Infrastructure' will support the delivery of our three goals:

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

## What do we want to achieve?

The infrastructure we provide (our places, our technology and our support services) is a crucial component in the effective and safe delivery of high-quality care, therefore we must create and develop our infrastructure to contribute to the best possible experience for our patients, their families and carers, our colleagues and partners.

This Infrastructure Journey will support all of the sub goals set out in Our Journey to Change. Some of these will be directly targeted by this Journey and others indirectly. The table below explains this, and there is more detail on page 11.

Goal	Sub Goal	How this Journey contributes
To co-create a great experience for our patients, carers and families, so you will experience	Outstanding and compassionate care, all of the time	All 3 chapters of this Journey show what we need to do to support and enable TEWV's clinical services to achieve these sub-goals
	Access to the Care that is right for you	
	Support to achieve your goals	
	Choice and Control	
To co-create a great experience for our colleagues, so you will be	Proud, because your work is meaningful	The support services chapter is directly connected to this for non-clinical staff
	Involved in decisions that affect you	Digitally enabled engagement and good support services that support staff engagement support this
	Well led and managed	Digital developments and responsive / customer focussed support services help managers access the information they need to be good leaders and managers and teams to understand and, where necessary, improve our performance
	That your workplace is fit for purpose	The estate chapter and digital and data chapters are directly connected to this

<sup>1</sup> By "capacity" we mean all of the people who work in support roles, and the processes, systems and tools that they use

To be a great partner, so we will	Have a shared understanding of the needs and strengths of our communities	All 3 chapters have a role in supporting this goal. Bringing data together from different systems, or enabling virtual collaboration and use of shared platforms and infrastructure is essential for partnership working (digital and data chapter) and bringing people from different organisations together in the same buildings can facilitate innovation and improvement (estate chapter). Our support services can also support these 3 sub goals by ensuring that Care Groups have access to the whole picture, not just disconnected parts of it (support services chapter)
	Be working innovatively across organisational boundaries to improve services	
	Be widely recognised for what we have achieved together	

This Infrastructure Journey has been created in the knowledge that everyone must be able to access our services regardless of where they live, their skill level, financial or access opportunities or motivation to use digital technologies (digital exclusion).

To ensure we achieve this we will involve service users, carers, staff and partners in the design of new infrastructure – whether that is buildings, digital or support services.

## 2. Co-creation of this Journey

The Trust held several targeted engagement events to help develop this Infrastructure Journey. This included a visioning event that was held at Middlesbrough Football Stadium (June 2022), the development of an Easy Retro Board providing an online platform for people to provide new or additional comments on the development of the Journey and holding face to face speciality specific patient participation groups.

But this Journey also draws on many previous conversations with service users, carers, staff and partners.

These include:

- The Big Conversations undertaken during the creation of Our Journey to Change
- Engagement undertaken by our clinical services
- “Place-based” engagement, including that connected to community mental health transformation

The Journey has also considered the findings of regulators and HealthWatch reports, and national and ICS strategy and policy (most of which is informed by co-creation).

It also takes the other TEWV Journeys into account, each of which was co-created with service users, Operational services and partners.

## 3. The Current State

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) is a TEWV is a large and complex organisation with around 8,000 employees who provide a range of inpatient and community-based mental health, autism and learning disability services for approximately 2 million people of all ages living in County Durham; the 5 Tees Valley boroughs of Darlington; Hartlepool, Stockton, Middlesbrough and Redcar and Cleveland; the Scarborough, Whitby, Ryedale,

Hambleton, Richmondshire, Selby and Harrogate areas of North Yorkshire; the City of York; the Pocklington area of East Yorkshire; and the Wetherby area of West Yorkshire.

Our adult inpatient eating disorder services and our Secure Inpatient (Forensic) wards serve the whole of the North East and North Cumbria. We also provide mental health care within all of the prisons located in the North East North Cumbria ICS and some in the areas of Humber North Yorkshire ICS and Lancashire & South Cumbria ICSs. We also work with police forces and courts, including “liaison and diversion” work partnering with Durham, Cleveland and North Yorkshire police forces.

A significant amount of work has been undertaken to improve our infrastructure in previous years helping to provide a foundation to enable us to move forward. The table below lists some examples within each of our priority areas.

**Table1. examples of improvements already in place**

Our Places	Our Technologies	Our Support Services
Reconfiguration of Estate	NHS Wifi	Board Integrated Performance Dashboard
Northallerton Community Base (North Moor House)	Pathlabs	Governance & Management restructure
York CAMHS base (Orca House)	COIN roll out	Smarter Working enablement (working from home)
York mental health hospital (Foss Park)	Remote Appointments (at scale)	Development of the Our Journey to Change strategy
New Redcar CAMHS base (Kirkleatham)	Patient tablets	Preparation / training for personalised care planning (Dialog)
Carbon reduction work such as installation of Heat and Power plants	New intranet and Website	Support for partnership commissioning

However, we know there is still more to do, to improve experience for everyone. Specifically, we know that this journey – despite national and Trust resource constraints - needs to tackle the issues that our service users, carers, staff and partners told us about. These include:

- Some of our buildings and environments are not welcoming, autism friendly, or in some cases fit for purpose - we heard about the impact this can have upon well-being.
- Accessing services either virtually or physically can be difficult because of the location, associated stigma, building signage and access routes, digital poverty or ability and access to use digital platforms or technology.
- People would like to have choice of how they access services rather than “one size fits all” access.
- Poor integration between different providers involved in a person’s care (such as that caused by working from different locations and difficulties with sharing digital information (interoperability), was impacting negatively on individuals’ health and wellbeing.
- It is important for us to be “inclusive by design” so that our infrastructure supports anyone i.e. all ages, all abilities, all communities (incl LMGBT, Seldom Heard<sup>2</sup>), Neurodiverse, Learning Disability, Physical Disability and those with a sensory impairment are supported to have the same level of access and opportunities to services and not discriminated against.
- The way we currently deal with queries and issues has led to poor customer satisfaction levels in some areas.

<sup>2</sup> “Seldom Heard” is a term for people who lack the resources, confidence, capacity, skills or time to engage in the most commonly offered public sector engagement mechanisms such as public meetings, online surveys or reference groups. Public sector professionals sometimes call this group “hard to reach” but the term “seldom heard” puts the responsibility back onto these professionals to work differently to make sure that they hear these voices and experience.

- We have some non-value-adding systems and processes. These cause inefficient use of staffing time and resource. If we improved or removed those processes, we could free up clinicians' time to care for patients and support teams to contribute to value-adding work.
- Information must be helpful and informative. This means it needs to be available, where possible, in "real-time" to aid decision-making.
- While our data and information need to be accessible, service users, carers and staff reminded us of the importance for people always to have confidence in the security and safety of their information.
- The importance of integrated working in the "new NHS" set up by the Health and Social Care Act 2022. This means TEWV needs to work collaboratively with our partners, become more externally connected and recognise that TEWV cannot (and is not best-placed to) do it all. We also need to play our part in reducing health inequalities and reducing carbon emissions (our Green Plan).

## 4. PESTLE Environmental Analysis

### External Environment (PESTLE) analysis

This Journey, and the others produced by TEWV have to take the external environment into account. If we don't, there is a risk that our Journey could be unrealistic, coming unstuck when we hit an obstacle on the road ahead.

The analysis below is a view of those environmental changes that are considered most important for this journey. We look at Political, Economic, Social, Technology, Legal (including regulation) and Environmental – hence "PESTLE".

#### Political

At a national level, there was significant political change taking place while this journey was being developed. However, the NHS England Operating Framework gives a good guide to the medium-term expectations of NHS organisations. It sets national 5-year objectives which are to:

1. STOP avoidable illness & intervene early
2. SHIFT to digital and community
3. SHARE the best
4. STRENGTHEN the hands of the people we serve
5. SUPPORT our local partners

It says that progress on these transformational objectives will lead to the following outcomes:

- a) Longer healthy life expectancy;
- b) Excellent quality, safety and outcomes;
- c) Excellent access and experience;
- d) Equity of healthy life expectancy, quality, safety, outcomes, access and experience;
- e) Value for taxpayers' money;
- f) Support to society, economy and environment

This Journey also needs to take into account the roles and agendas of local authority and "city-region" directly elected Mayors, including the existing Tees Valley Mayor and the North Yorkshire and York post expected to be elected in 2024, along with a "North East" mayor which will include County Durham (in addition to Tyne and Wear / Northumberland). These roles will drive local economic development agendas which will have an impact upon transport, skills and land / use planning. It is particularly important for TEWV to work with partners where significant new development is planned, such as the new town near Catterick.

#### Economic

During 2023/24 increased inflation will continue to place pressure on non-pay budgets for items such laptops, energy, food, contracted services and paper. Increases in interest rates offer some

opportunities to invest surplus cash balances, but these benefits are significantly outweighed by pressures on our cost base. Rising supplies and construction costs will make capital projects more expensive. Covid and the war in Ukraine are also impacting on supply chains with disruption to supply of equipment and materials which results in extended lead times.

The fall in the real-terms value of NHS pay will make it more difficult to retain and recruit staff, and has already been one factor leading to industrial action. Recruitment and retention risks particularly apply to non-clinical staff who have many potential private sector employers, including technically specialist workers in the digital and estates fields, but also to secure enhanced rates through agency staffing contracts.

Nationally, Integrated Care Systems (ICSs) each need to develop their own estates, digital and supporting capital plans. These will be aggregated into a single NHS-wide position. The ICSs have responsibility for allocating the capital resources they receive to NHS (Foundation) trusts and Ambulance Services within their footprint.

Our partners are also reviewing their reconfiguration of their own estate so securing affordable space could prove challenging as we look to increase the development of community assets and co-location of services.

Capital funding is constrained with a fixed and challenged national capital resource limit (and 'over-committed' system allocation). We will continue to operate within strict national spending envelopes that present challenges for systems who need to tackle backlog maintenance, develop new facilities and services and progress new hospital programmes. Most capital developments also require additional revenue funding (to run, heat, light and maintain the buildings or equipment, and to equip them with furniture and technology on an ongoing basis). A high quality like-for-like replacement would cost significantly more, so we need to think differently going forward, including how we use spaces more efficiently and through collaborative two-way arrangements.

## **Social**

Public expectations are changing around instant access and communication, using apps and messenger / email etc. This is a challenge to some traditional NHS systems which rely on postal deliveries or on centralised gatekeeping of booking and communication. Our systems and processes will need to continue to change to keep pace with changing societal expectations.

The ongoing post-covid impacts on mental wellbeing, and anxiety caused by the cost of living crisis may create more demand upon clinical services requiring more staff, more equipment, more facilities or space.

Employee expectations of access to part-time / flexible working, including working from home is increasing. This will require more digital support and improved systems and processes to support this, including around supporting more (part-time) workers. This also provides greater opportunities with our estate footprint but requires some agility to flex for change in demand and hours of working, and to make sure that teams can still meet together to maintain relationships and cohesion.

Whilst technology is advancing and can provide huge opportunities to access and deliver care there might also be a negative impact of social media on patient or colleague health / safety which needs to be taken into account and mitigated against.

## **Technological**

Healthcare technology is advancing at pace, supporting increased access and availability of people. There is also the potential of new emerging treatments that the organisation and staff will need to keep pace with and the emerging use of Automation and Artificial Intelligence to help systems and processes work more effectively, which will require different ways of thinking.

The increase in cyber-threats globally, coupled with the vulnerability of key systems increases the amount of investment needed in intensive support, testing, monitoring, remediation and training to ensure the safety and integrity of our systems.

### Legal

Integrated Care Boards and Partnerships are now legally in place following the Health and Care Act 2022 and must produce an Integrated Care Strategy by the end of the financial year. This could have an impact on our priorities and on current partnership and commissioning governance.

CQC continue to monitor and enforce the Fundamental Standards of Care rigorously across England. It is essential for our infrastructure to support compliance with the Fundamental Standards, including through continuous enhancement of our clinical environments and using assistive technologies for patient safety monitoring.

### Environmental

Global warming is an established scientific fact, and the consequences for our climate are becoming noticeable. The summer of 2022 saw the hottest ever day in the area served by TEWV. Low lying coastal areas and buildings on flood plains are at an increased risk of flooding. This journey takes account of the net zero targets for the NHS (set in October 2020) which are:

- for the NHS Carbon Footprint (emissions under NHS direct control), net zero by 2040, with an ambition for an interim 80% reduction by 2028-2032, and;
- for the NHS Carbon Footprint Plus, (which includes our wider supply chain), net zero by 2045, with an ambition for an interim 80% reduction by 2036-2039

This means that TEWV will be expected to deliver significant carbon emission reductions by 2028.

## 5. Our Infrastructure Ambition

Our ambition is for the Trust's infrastructure to be an invisible helping hand, supporting us to deliver excellent care where:

- **Our places** work efficiently, contributing to a sense of well-being
- **Our technology & data** connects people easily and improves care delivery
- **Our systems and processes** release time for clinical teams to care

The world around us is changing quickly. Our infrastructure must respond positively – taking advantage of opportunities to improve the clinical services we provide to people with mental health needs, a learning disability and / or autism; and enabling safe, effective, and efficient services.

Our infrastructure exists to ensure our clinical services function as well as they possibly can, given our resources. Over the next few years clinical services will transform as we travel on our Clinical and Quality journeys. Our infrastructure will need to mirror that transformation to enable new ways of delivering clinical services. We are also embarking on our workforce and co-creation journeys, and our Infrastructure Journey will also deliver transformation to support and empower our workforce and support co-creation of care.

We recognise that we cannot thrive or deliver high quality care without the support and cooperation of our partners. This means we'll consider the impact our work is having on the **whole person**, what this will mean for different ages and backgrounds over their **whole life** and how our actions affect outcomes achieved through the **whole systems** of health and social care in the North East and North Cumbria and Humber and North Yorkshire Integrated Care Systems.

Change is often challenging, especially where we have become accustomed over time to working, or receiving a service, in a certain way. Our Infrastructure Journey is not only about the physical changes that will be needed to create a great experience for all, but also a cultural shift in the way we work, think and view things.

In summary, we want our infrastructure to contribute to the best possible experience for our patients, their families and carers, our colleagues and partners. Our places, technologies, data, support systems and processes will change to support this. Our aim is not just that they work well – we want clinicians, service users and carers to recognise that our infrastructure is excellent and contributes to a great experience for all of us.

## What will this mean for you?

When this Journey has been completed:

### *For people using our services this means that*

Whenever, and however, you come into contact with a TEWV service, you are greeted with a smile and by a caring and assured member of staff or volunteer who will help to signpost you or guide you to where you need to be. You feel welcomed and at all times you are treated with dignity and respect. When you access our services, you are able to do so easily because they are connected to community assets and integrated with other services. You always feel safe within any of the buildings that you receive care from. The environments in buildings from which we operate are adaptable and so support any needs related to being autistic or having a Learning, Mental Health, or Physical Disability, making our services more accessible to everyone. You observe that your care is joined up and co-ordinated with other providers who are involved in your care. You will also feel that the stigma associated with mental health has been significantly reduced through co-location, better use of technology and work with our partners within the community. You will feel that you have a choice of how you wish to access your care and so you feel empowered and in control. You are able to navigate our systems with ease.

### *For carers and families this means that*

You have confidence that the places from which care is delivered are safe and do not cause harm to those you love or the community around you. If you need to contact us on behalf of those you care for, you too are greeted with the same compassion, patience and dignity. You are given help to ensure your queries are answered or are signposted quickly to the right place. You feel empowered and that we help you to stay connected with those you care for as well as those providing the care, using various means that suit your needs. You are content that TEWV and partners teams work seamlessly together, and are sharing data and information appropriately to make the care of your loved one – and communication with you as effective as it can be.

### *For staff this means that*

My work is meaningful and has a clear purpose. I can spend more of my time focused on patients and make a real difference to patients' outcomes. I feel valued and enjoy coming to work and I feel safe and secure. I also feel connected to my colleagues in TEWV and partners from other organisations which is helping to join up care for my patients. I also have the right equipment and when I need it. I can make much better decisions as the information I receive is in real time and allows me to see what is happening to my patients. I can now confidently and quickly navigate my way through our internal systems without taking up too much time and get a quick response and my issues are resolved quickly. I feel empowered to be able to do my job to the best of my ability and get the best outcomes for my patients.

### *For our partners this means that*

You will be respected and valued for the expertise and experience you bring. You are confident TEWV will work closely with you in the design and delivery of services to improve quality, safety and responsiveness as well as supporting and contributing to improved health of the local population, improving value for money and reducing our impact upon the environment. Together, we are leading the way in addressing health inequalities and providing opportunities for people to thrive and lead their best possible lives.

## 6. Impact upon our three strategic goals

### The impact this journey will have on our three strategic goals

The primary focus of our Infrastructure Journey is providing a great experience for people using our services, their families and carers (Goal 1), our staff (Goal 2) and our partners (Goal 3). This journey seeks to make changes to our places, our systems and processes, and our technology and data. But to do this, there will need to be corresponding 'cultural' shift in how we think, how we work, and how we view things. This means that as well as redesigning the buildings, software, hardware and processes that make up our infrastructure, we must also prepare people to embrace new ways of working. Only by doing this will we be able to cocreate a great experience with patients, carers, colleagues and partners.

The emphasis throughout our Infrastructure Journey is on how we can improve people's experience through developing our physical and virtual environments and raising standards of customer support. By having the right infrastructure in place we can contribute to stronger, more effective and trusting relationships between our service users, carers, staff and our partners that will support the delivery of good mental health, learning disability and autism outcomes.

The impact of our Infrastructure Journey against our three goals is outlined below.

#### *Goal 1) A great experience for service users, carers and families using our clinical services*

##### *Our Impact:*

**Improved treatment outcomes:** As we develop our information systems, we will provide meaningful and more real time data and information. This will support high quality decision making at a clinical, Trust and strategic partnership level. It will also support the delivery of personalised care and reduce health inequalities. The stronger our relationships are with partners the more opportunities that can be created for more services to be co-located (health, social, voluntary, third sector). This will make people's care joined up and better coordinated and support improved health and well-being. By doing this we can also help to minimise distress and trauma that can be caused through fragmented or poorly integrated services, such as having to re-tell traumatic stories multiple times and reduce the stigma that often people tell us they feel and experience when accessing mental health services and support.

**Improved Access to Services and support:** Access to services and support can be impacted upon by many things including: the location (not on a bus route, not accessible by foot and limited car parking), the environment (too noisy, too busy, poor signage, entry routes or facilities etc) or it may be an individual's ability to access or use technology is limited and therefore accessing information or a service is challenging as well as stressful. By providing choice to people on how they access services and information, people can feel empowered and confident to use our services. Furthermore, the development of community assets that support co-location and joint working will have a positive impact on people's health and wellbeing and reduce some of the barriers that prevent people from accessing care and support. We will strive to be as inclusive in our design as we can and ensure that people can access information and be communicated with in a way that they can understand and meets their needs. Likewise, the communication to front line staff / operational services from support services will be more effective if it meets their needs and preferences, which will have a positive impact on patient care.

**Improved safety, security and quality of our environments and technologies:** By improving the security and governance of our information; how we hold, store, share and use it, people will have confidence in our ability to protect and maintain the integrity of their personal information. Improving the way that data in one system / database can be appropriately accessed by patients or clinicians using a different computer system (interoperability) will positively impact the quality of the care provided to patients. People also need to feel safe whether using our services or

working within them, we will ensure that our places (e.g. our buildings, grounds and transport) meet regulatory standards, create the optimum environment to aid recovery, ensuring people feel safe, supported and valued.

### *A great experience for colleagues*

**Reduce the administrative burden and ensure staff work is meaningful:** all our staff need know that their work is meaningful and has a purpose. By reviewing those high-volume activities and administrative tasks clinicians and other TEWV staff undertake we will know which ones we need to change or improve. We will then be able to either harness new technological innovations or free up clinical staff by automating or moving non-clinical tasks to support staff. For our support staff, we need to make sure that they have clear purpose of role. By better connecting them to the purpose of the organisation we will increase motivation and retention. For our clinicians, the reduction in time they have to spend on non-clinical or non value-adding processes will improve their job satisfaction and boost retention.

**Improved safety, security and quality of our environments and technologies:** Staff coming to work need to feel safe, secure and have the right equipment and working environments that make them feel enabled and empowered to undertake their role or to deliver good quality care. Through partnership working with staff and our external partners and the use of technology, we can improve the safety and security of people's place of work to ensure people feel valued, supported, and cared for by the organisation. Staff will feel a sense of pride that where they work because the equipment, buildings and processes they use is the best it can be and enables them to effectively deliver evidence-based interventions.

**Improved 'internal customer' care: responding to and supporting staff in a timely manner:** To enable staff to do their jobs effectively and efficiently and ensure that their patients and themselves are kept safe, they require support services to be intuitive, proactive, responsive and adaptable, supporting clinicians to deliver good quality care. By reducing the administrative burden, simplifying our systems and processes and developing a 'no wrong door' approach, we will develop a caring and supportive culture and in doing so improve our "internal" customer support and offer.

**Improve the speed and accuracy of our systems and processes:** The pace of work is fast and as such colleagues need to make informed decisions and take action at speed. This requires our systems and processes and flow of information to be agile, responsive and increasingly in real-time. Using technology, robotic automation processing and data analysis we can support clinicians to make informed decisions when they require it.

### *A great experience for partners*

This Infrastructure Journey acknowledges we need closer working relationships with partners to enable the delivery of holistic and integrated care through our places, our technologies and our systems and processes.

Partners will start to see TEWV as a "great partner" as we better support integrated service provision and commissioning. Data sharing, collaborative commissioning, joint service design / delivery, and joint planning and usage of estate are examples of actions that will improve perceptions of TEWV as an organisation to "do business with".

In collaboration with others, this Infrastructure Journey will support other organisation's strategies and long-term objectives, including the improvement of the health and well-being of local populations, reducing health inequalities and ensuring environmental sustainability. We will also be supporting national government, local authority and Mayoral level economic and skills development agendas.

## 7. Our Guiding Principles

Our places, technologies, data and systems will:



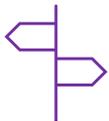
**Be sustainable:** We will develop an agile and resilient infrastructure which uses data to anticipate demand and adapts to changing needs. We will also reduce waste and our carbon emissions.



**Be inclusive and accessible by design:** We will systematically identify barriers to access and inclusion and dismantle them. We will also harness the energy and innovation that diversity provides.



**Release time to care:** We will purposefully design our infrastructure to maximise the time clinicians can spend on patient care.



**Create a better service user, carer and staff experience:** We will make sure that our places, technology, data and support staff help people to get the information they need and in-particular don't add to people's stress when they come into our services for the first time.



**Aid Recovery:** We will make sure our infrastructure helps patients and their carers to optimise their recovery and that our infrastructure is well designed to minimise the risks that may cause harm.



**Be developed & work in partnership with providers and communities:** We will do everything we can to make sure that service users, being helped by more than one organisation, experience joined up care.

## 8. Delivering Our Infrastructure Journey to Change

### Our Approach

We will analyse the gaps between the vision and principles set out in this journey with the reality of where we currently are. This will tell us what we need to change.

Some changes can be progressed solely within one directorate of the Trust – for example the Finance department, or our Estates, facilities and Capital Planning teams, or our Digital and Data services. These kinds of change will be included in and progressed through Directorate Business Plans and be governed through the Trust's governance processes.

Other changes may require lots of different directorates in TEWV to work together and with Care Groups, or be so transformational they need wide participation in planning and delivery from across the Trust. These types of change will be planned and governed by Trust wide programme arrangements.

Some changes may require system level involvement and approval. TEWV will influence, inform, cooperate with, and persuade the relevant partners and bodies of the relative importance of changes we think are necessary in order to obtain the necessary investment, collaboration or permissions.

Regardless of the route for change, it won't be possible to do everything at once. The NHS, we and our partners must work within the resource envelopes made available to us by national government and NHS England and must consider available staff capacity to work on change (bearing in mind that day to day services, or '*business as usual*' needs to run smoothly too).

We will therefore develop a Journey Plan which:

- Identifies all of the pieces of work / initiatives that we think are needed to deliver the journey
- Which body is responsible for each of these, and
- When the scoping up (initial planning) of these initiatives is scheduled to be undertaken, and
- If plans have already been approved and investment found, when the key milestones or delivery date for that initiative are.

We will also identify and monitor a range of data that will show whether our Infrastructure Journey is having the desired impact.

We will also keep our Infrastructure Journey under review. As the environment changes we will need to check at least once a year, that this journey is still valid and adjust where required.

## 9. Our Places

This chapter of our Infrastructure Journey sets out our vision for the estates and environments we occupy – ‘Our Places’. It outlines where we are currently, our journey so far, and the priorities we have jointly identified for change. We are developing a supporting Estates Masterplan which will be our more detailed delivery plan for the next 5 years.

### What is the estate?

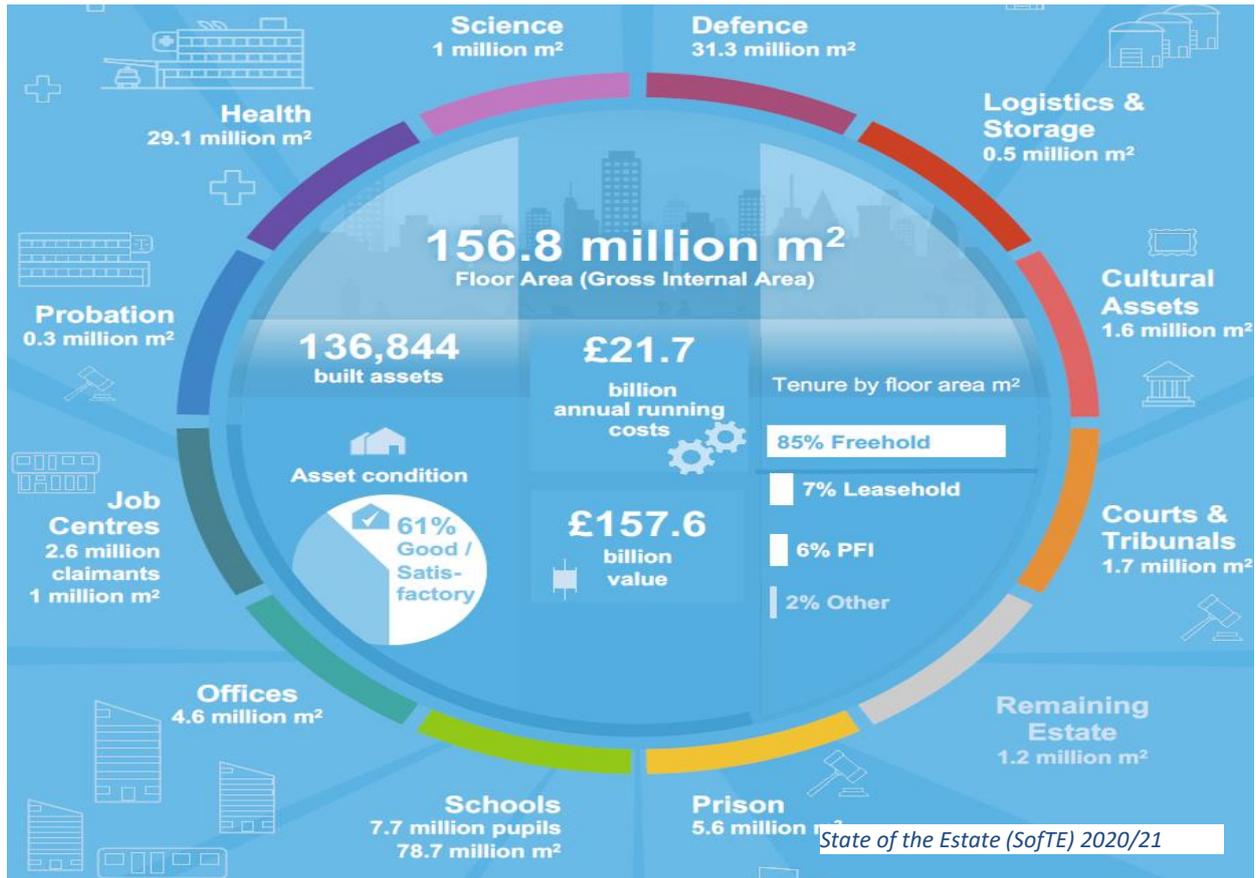
Traditionally, we think of our estate as being sites and buildings that are owned by the Trust or leased or rented by us. Outcomes and experience can all be impacted by the location, size and design of our environments. But the estate is more than that. It gives us a presence in our communities, provides workplaces, is a physical representation of the Trust and our values, and impacts on our financial and environmental sustainability.

By its very nature, our estate has a long lifespan, so initially “We shape our buildings and then afterwards our buildings shape us”. This means the estate can either be an enabler or a constraint as services inevitably develop, innovate or adapt. Our estate is a key enabler of Our Journey to Change: Infrastructure. To be able to improve we need to do things differently.

In the future, we will adopt a broader definition of our estate, focussing on ‘Our Places’ as well as our core buildings and sites. We want to deliver more care through partnerships in our communities. Our Places could include places of work and education, retail zones, local community buildings, primary care or other public sector facilities such as libraries or job centres. We also need to consider changing expectations including how we support colleagues who may sometimes work remotely and from home.

A wider focus on Place, as well as bricks and mortar, will support our ambitions for more person-centred, accessible and integrated care. This aligns with national policy, clinical strategy and findings from Our Journey to Change big conversation.

We need high-quality and flexible environments, so we can respond to different patient and colleague needs and evolving clinical models, whilst also ensuring equality. This applies to both our inpatient and community settings and in our other workspaces. In addition, we need to ensure financial and environmental sustainability. Decarbonising our property assets, reduce miles travelled and reducing our overall footprint will help in our pursuit of net zero carbon. To achieve our vision for the estate in a sustainable way, collaborative working across systems and communities will be key.



This diagram illustrates how the UK public sector alone occupies 136,000 buildings with an annual running cost of £21.7 billion. A large proportion of these buildings service individual organisations, despite serving the same populations. This provides real opportunities to better support communities whilst achieving service, estate and financial efficiencies.

**The total cost of running the current Trust Estate is c £27m**

**The total cost of running the NHS Estate was £10.8 billion in 2020/21.**

The estate includes significant Trust-owned assets (primarily, but not solely, our hospitals sites) as well as occupancy of other organisations’ premises. It costs £27m per year to run the current building footprint (owned and occupied). This includes the costs of constructing, renting, equipping, cleaning, maintaining and operating buildings. This is increasing, due to factors including the global pressures on energy, construction and materials prices. After staffing costs, running our estate is the next highest annual Trust operating cost.

Because health infrastructure is a long-term investment, we need to get it right now, both for the healthcare needs of today and looking ahead to the future. We want to provide services in locations and settings that offer choice, and align with need as efficiently as possible, getting good value from the resources we invest and making the best use of digital technologies.

A focus on Place is an opportunity for us to work together with other public sector, voluntary and community sector partners on joint ambitions to improve our populations’ health and care.

**What is our ambition for the future?**

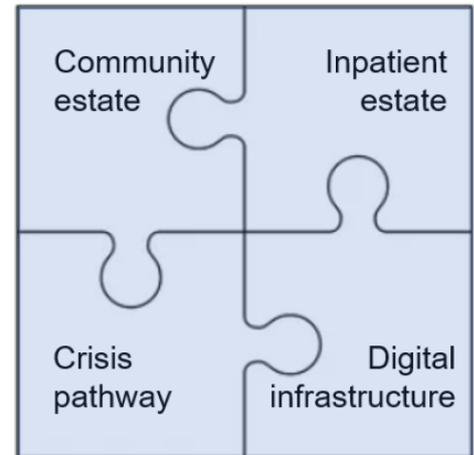
Our overall ambition is to improve health and care for people, within places, in partnership – wherever possible “meeting people where they are”.

In the future, we want all Our Places to be functional, efficient and well-utilised, with locations that support more local care and collaborative working, whilst maximising the choice for digital where clinically appropriate. We have learned, including from new ways of working implemented during the pandemic, that there are opportunities for some colleagues to work remotely and to offer a blend of face to face and virtual contacts for some of our patients, some of the time.

Engagement with service users, carers, staff, and partners shows a desire for partnership working on local service delivery, focussed on the place and the person rather than the organisation.

Fundamentally, we want all Our Places to:

- Be safe, therapeutic, inclusive and promote recovery
- Provide sufficient capacity to support growth and service change
- Support delivery of care as close to home as possible
- Support colleagues to carry out their roles effectively and feel valued
- Reduce inequalities and improve outcomes by providing the most appropriate setting for care
- Accommodate the different needs and preferences of patients and colleagues who use them
- Afford privacy and dignity, be friendly, welcoming, non-institutional and least restrictive
- Support the delivery of integrated models of community care
- Maximise the benefits of, and support choice for, digital
- Run efficiently, with consistent occupancy of a reduced high quality estate so we make best use of our resources for the benefit of service users



## 2028 vision for the estate

**Given these principles, the vision for the estate is that by 2028 we'll be able to see, hear and feel:** *A consistently high-quality estate which supports our ongoing journey to transform our clinical services. All services are delivered from safe, welcoming, and friendly environments. Everyone is able to access and feel comfortable in our buildings, including people with neurodiverse needs, people with a learning or physical disability, dementia or other specific needs.*

*In 2028, whilst we have more to do, we have already focused on those buildings that are furthest from meeting our ambitions, so the gap between our worst and best environments has narrowed. Lots of community groups and care partners now work in, or use, our buildings (we also work far more in their buildings too) – this is increasingly our preferred way of working. Many of our buildings are now real community assets, which connect people to each other physically and virtually and help to de-stigmatise our services. We will have overcome challenges, particularly in accommodating increasing staff numbers without increasing the percentage of annual spend on the estate. This has required a big change in culture and ways of working. Most of our space is shared and attendance at Trust buildings is purposeful and usually planned. Many of our buildings will operate extended hours so use can be spread throughout the day and across the week.*

*Our inpatient, community and non-clinical spaces are contributing to people's physical and mental wellbeing. When we design our internal and external spaces, we are now trauma-informed, we design in risk reduction, comply with all regulatory requirements, and seek out innovation and best practice.*

*We minimise our environmental impact by promoting biodiversity. We've already reduced our physical footprint, reducing the cost and energy requirements of our estate, contributing to our financial and environmental sustainability. There is Trust wide ownership of the Green Plan and we are working together in new ways to enable overall space reduction (despite increases in staff), and are continuously adopting innovative green solutions which are reducing our carbon emissions and making a positive impact to address climate change. By 2024/25, we have reduced our total emissions by 19% from our 2020/21 baseline (taking into consideration the future procurement of renewable electricity). There is an electric vehicle charging point at each Trust-owned site.*

*We will be supporting delivery of our clinical strategy by:*

<p><b>Community Services</b></p>	<p><i>Linking with the community transformation programme to help in identification of a range of settings for high-quality care closer to home, conducting strategic estates planning with partners and supporting local regeneration where this supports Our Journey for Change ambitions. Working with TEWV's People and Culture Directorate and Smarter Working Programme to resolve the challenge of accommodating the increased staffing and activity implied by the NHS Long-Term Plan whilst minimising additional building costs.</i></p>
<p><b>The inpatient environment</b></p>	<p><i>Providing high-quality, therapeutic, welcoming and friendly environments so that patients can be treated safely and effectively with a focus on recovery. We will ensure our estate continues to align with need, enabling optimal bed configurations and exploring opportunities for enhanced care areas. We want to provide environments which staff are proud to work within.</i></p>
<p><b>Urgent Care &amp; Crisis Pathway</b></p>	<p><i>We will (co)locate services in areas which support the prevention of avoidable crisis, considering the wider determinants of mental health. When people do experience crisis, we will support clinical colleagues in ensuring access to health-based places of safety out of hospital or away from A&amp;E<sup>3</sup> where possible. Where people require A&amp;E or hospital-based crisis care, it should be a positive experience in a welcoming and therapeutic environment and facilities for Trust staff should be fit for purpose.</i></p>

**Where are we now?**

As referenced previously, the Estates and Facilities Management (EFM) running costs are c £27m annually, and include rates, heating, lighting, maintenance, water and cleaning costs as well as patient food, laundry and rent where applicable.

There is also a recurring revenue impact of around £4.1m per annum associated with depreciation of the capital we have invested in our assets (capital costs being 'written down' over the assets' useful lives) and a 3.5% required annual return on assets, or Public Dividend Capital payment, of around £3.3m per annum.

The Trust provides services to a population of just over 2 million people, from locations spanning an area of 5,400 square miles or 14,396 square kilometres.

The map below shows the distribution of Trust properties. We currently own or lease around 70 main sites but some of these, such as Lanchester Road Hospital, house a number of different buildings and a mix of clinical and non-clinical teams, with TEWV and non-TEWV occupants. We also operate out of an increasing number of non-TEWV properties, including GP practices.

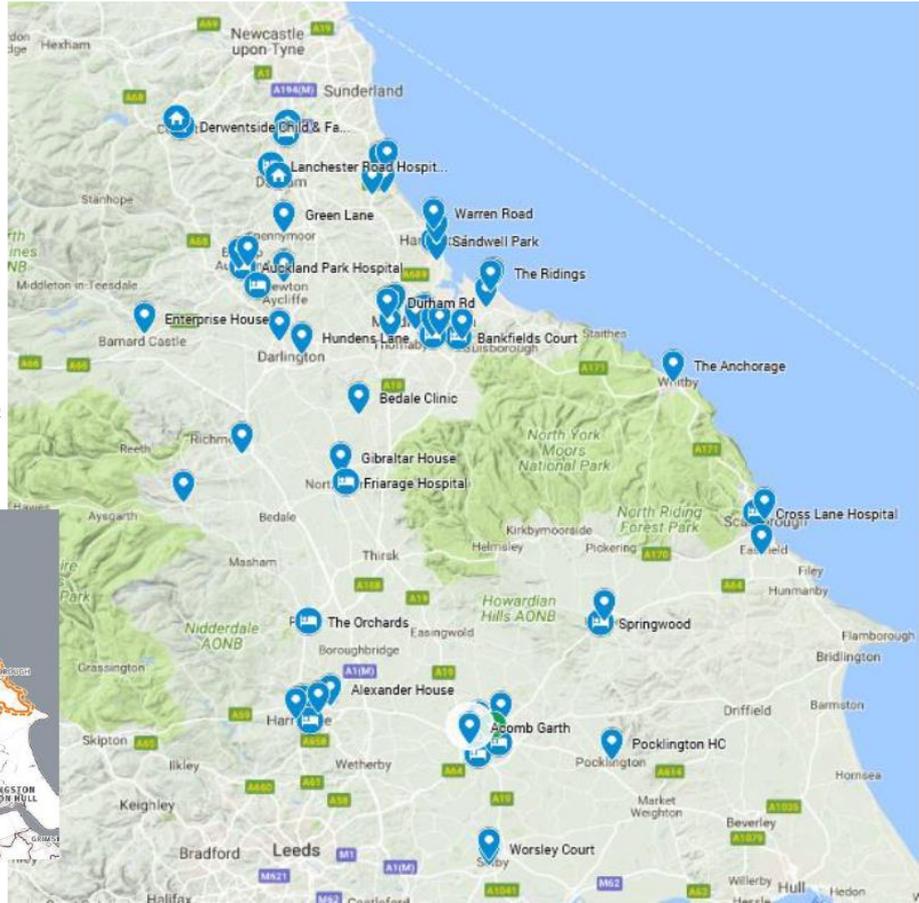
<sup>3</sup> A&E = Accident and Emergency, or sometimes known as the Emergency Department or ED

## Property Distribution

**Trust area = 14,396km<sup>2</sup>.**

Durham & Tees Valley  
Area = 3,020 km<sup>2</sup>  
Population = 1,210,319  
Population density = 400 people / km<sup>2</sup>

North Yorkshire & York  
Area = 8,185 km<sup>2</sup>  
Population = 1,474,902  
Population density = 180 people / km<sup>2</sup>



Across the Trust, there are notable differences between the geography, demographics and condition of the estate. For example, there are stark differences in population concentration, with density ranging from 4 people per km<sup>2</sup> in the most rural areas, to 13,000 people per km<sup>2</sup> in some of the main towns. Tees Valley has the highest population density, and North Yorkshire the lowest.

Levels of deprivation vary greatly. This is measured through a geographical Index of Multiple Deprivation (IMD) where a higher score represents greater deprivation. The England average is 22. This compares to 12 in the Vale of York and 31 in Tees Valley. In 2019 government statistics highlighted Middlesbrough as the most deprived local authority area in England, with Hartlepool the 10th most deprived. However, it is important to remember that there are pockets of deprivation across all areas served by the Trust.

Clearly, as the above factors begin to illustrate, the Care Groups have different challenges in terms of the communities they serve, the existing infrastructure and that needed, and the opportunities this presents. The table below summarises some of these key statistics.

*Note: Secure Inpatient Services (SIS) have been shown separately to allow more direct comparison between Durham and Tees Valley (DTV) and North Yorkshire, York and Selby (NYY).*

**Table 1 Estates & Demographic profile**

Durham Tees Valley	North Yorkshire & York	Specialist Inpatient Services
		
<p><b>Demographics:</b></p> <ul style="list-style-type: none"> <li>• Total area: 3,020km<sup>2</sup></li> <li>• Population: 1.21m</li> <li>• Average population density: 401 people/km<sup>2</sup></li> <li>• The average Index of Multiple Deprivation score across DTV is 29.</li> <li>• 37% of all DTV Lower Super Output Areas* are within the 20% most deprived in the country.</li> </ul> <p><b>Estate:</b></p> <ul style="list-style-type: none"> <li>• 46 properties (inpatient sites classed as one property)</li> <li>• 83,000m<sup>2</sup> building footprint (inc. 35% of RPH non-secure). Nb. Trustwide / corporate functions are located in DTV.</li> <li>• £15.5m p.a. Estates &amp; Facilities running costs + £2.1m p.a. depreciation (inc. 35% RPH)</li> </ul>	<p><b>Demographics:</b></p> <ul style="list-style-type: none"> <li>• Total area: 8,190 km<sup>2</sup></li> <li>• Population: 1.47m</li> <li>• Average population density: 180 people/km<sup>2</sup></li> <li>• The average Index of Multiple Deprivation score across NYY is 14.</li> <li>• 6% of all NYY Lower Super Output Area*s are within the 20% most deprived in the country.</li> </ul> <p><b>Estate:</b></p> <ul style="list-style-type: none"> <li>• 24 properties</li> <li>• 26,000m<sup>2</sup> building footprint</li> <li>• £6.07m Estates &amp; Facilities running costs + £1.27m p.a. depreciation</li> </ul>	<p><b>Demographics:</b></p> <ul style="list-style-type: none"> <li>• Total area: 13,579 km<sup>2</sup> for North East and Cumbria but beds are nationally accessible.</li> <li>• NENC Population: 3.0m</li> <li>• Average population density NENC: 221 people/km<sup>2</sup></li> <li>• The average Index of Multiple Deprivation across NENC is 27.</li> </ul> <p><b>Estate:</b></p> <ul style="list-style-type: none"> <li>• 23,295 m2 building footprint (includes 65% of RPH secure)</li> <li>• £5.1m p.a. Estates &amp; Facilities running costs + £0.44m p.a. depreciation</li> </ul>
<p>The mean population density for England is 4,421 people/km<sup>2</sup> ranging from 2 to 106,716 people/km<sup>2</sup>.                  The England-wide Index of Multiple Deprivation distribution is 0.5 to 93 with a mean value of 22.</p> <p>* Lower Super Output Areas (LSOAs) are geographical areas / neighbourhoods of standard size, first used to support the collection of census data. As the areas have a standard population (around 1,600 people) they can be really useful for demographic comparison.</p>		

## Green Plan

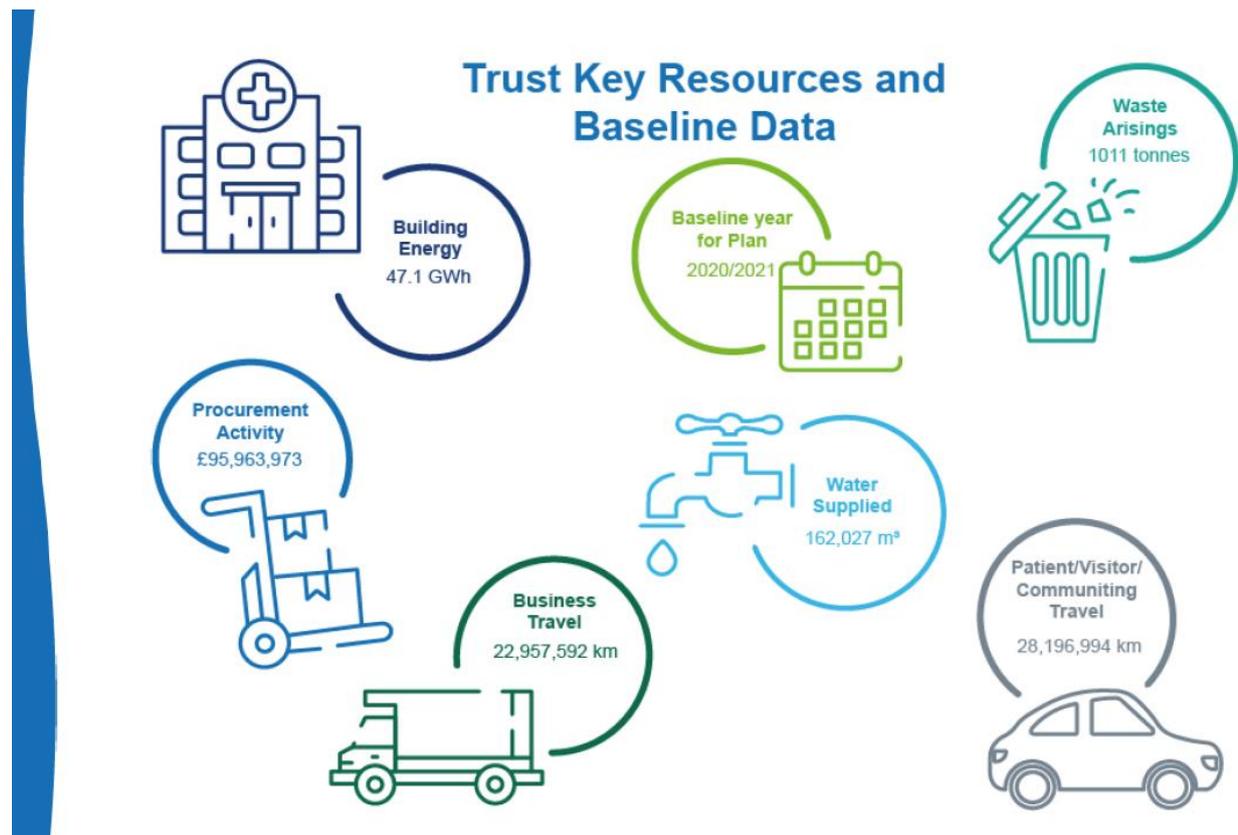
The Trust has recently developed a Green Plan with a range of focus areas and priorities including the estate. All NHS bodies have had to develop their own Green Plan to help the NHS achieve its zero carbon targets.

The carbon footprint of our built environment is significant. With 13% of our emissions currently coming from the operation of our buildings, combining a footprint reduction with energy efficiency improvements will have the greatest net zero benefit.

Owned buildings, where we were directly responsible for procuring the energy supply contracts, are being targeted for energy efficiency improvements, but we will also work with other partners and landlords to improve efficiencies where our services are housed in their buildings.

How we design and construct our buildings in the future will also play a decisive role in our ability to achieve net zero. Modern Methods of Construction (MMC) use a manufacturing process, rather than a traditional 'build', which is more sustainable: waste of materials and waste generation is reduced, offsite manufacturing minimises the time and energy on site (minimising pollution and disruption) and there are significant reductions in HGV movement. We will consider MMC options for all future new-build, capital schemes (including for our Stockton Urgent and Emergency Care development).

The illustration shows some of the environmental impacts of running our existing estate. As shown, it takes 47 Gigawatts (Gwh) of energy to support our current footprint and 162,000m<sup>3</sup> of water, in addition to creating 1,011 tonnes of waste.



## The Journey so Far

### North Yorkshire, York and Selby Care Group

In North Yorkshire, York and Selby (NYYS), there are fewer buildings compared to Durham and Tees Valley (DTV). This is reflected in annual running costs which are under half that of the DTV

area (adjusted to exclude secure inpatient m2 to ensure a like for like comparison). This is a reflection of both a population which is around 35% less than DTV (with an associated smaller bed-base) and a significant programme of consolidating capital investment since the Trust became service provider for York and Selby in 2015. Targeting investment for major re-design of the estate has led to a reduced footprint of space and more energy efficient buildings, whilst providing higher quality accommodation.



In York and Selby, there was a legacy of very poor condition, rented accommodation. In 2015 staff were working out of 28 buildings, few of which were fit for the delivery of modern mental health care. This included 4 isolated inpatient units as well as Bootham Park Hospital (which was closed by the CQC due to environmental safety concerns just before services transferred to TEWV). In 2020, and after £39m investment, Foss Park Hospital, a purpose-designed new build, opened in York for the provision of older and adult inpatient services.

This was supported by investment in the community infrastructure in York and Selby, including the lease and refurbishment of Huntington House (£2m) as a Mental Health hub, the purchase and refurbishment of Orca House (£4m) as a new Child Adolescent Mental Health Service (CAMHS) base and investment at Acomb Garth and Acomb Health Centre. Recent capital works at Worsley Court have also allowed the CAMHS team in Selby to vacate poor quality, leased accommodation and increased utilisation of the existing estate.



Within Hambleton & Richmondshire in 2021, we opened North Moor House, an £8m purpose-built community hub in Northallerton. This development enabled a fully transformed model of care, accommodating a significant increase in the community infrastructure associated with care closer to home and enabling the co-location of all specialties. One lease was terminated, a Trust-owned property was sold and Vine House and the Briary Unit (community and inpatient space) within the Friarage Hospital was released for valuable development by the acute trust.



Most recently, we have been collaborating with the Ministry of Defence to secure dedicated space within Catterick Integrated Care Centre which recently secured planning approval.



Whilst we have made significant progress in NYY&S, there is still much more to do. Due to investment in community-based clinical workforce, we have out-grown Valley Gardens in Harrogate and have pressure on accommodation in Ripon.

In Scarborough, Whitby, and Ryedale, in addition to struggling with capacity, several buildings are not of the high standard we aspire to. High rurality and a limited property market in areas such as Whitby is a real challenge. This has limited development, although we have recently invested in the TEWV space in Whitby and Scarborough (Scarborough & York Acute Foundation Trust's) Hospitals and made improvements at Cross Lane Hospital. A more creative, community development approach may help build on previous investment.

This includes £10.4m capital investment which enabled the re-development of Cross Lane Hospital site in 2012. This involved significant refurbishment of the adult inpatient beds and construction of a purpose-designed inpatient facility for older people. The Trust continued to invest in North Yorkshire and in 2013, following £3.9m capital investment, opened a new purpose-built older person's unit at Springwood in Malton and a new £1.3m base for Scarborough CAMHS at Lake House.

### Durham, Tees Valley & Forensic (DTVF) Care Group

Within the Durham, Tees Valley and Forensic Care Group, there are different challenges across the geographical areas and the quality of estate can vary. The most significant and ongoing investment is funding a major programme of inpatient safety works in Teesside. However, in 2021 we were also able to progress a capital scheme to re-provide the CAMHS base in Redcar after securing £1.8m national mental health capital funding for children and young people. The need to accommodate expansion and reconfiguration in CAMHS is a common theme across the Care Group geography.



Other improvements in DTVF have mainly been incremental, partly linked to relatively recent significant inpatient hospital investments at Lanchester Road, West Park and Roseberry Park Hospitals, but also reflecting a heavy reliance on leased accommodation, the constraints of related termination dates and needing to maximise the use of existing estate. For example, we have recently been able to create some therapy rooms for learning disability services within our existing Flatts Lane Centre accommodation.

Within DTVF there is a contrast of rural and more densely populated areas with pockets of concentrated deprivation. There is a limited property market in more rural areas but in town centres much of the accommodation is for retail use and has limited or no parking. Expansion within teams has resulted in pressure in existing buildings and, in some cases, challenges are exacerbated by the building condition.

Fortunately, there is an increasing appetite to work together to identify solutions across the health and social care system. North East and North Cumbria Integrated Care System has offered the Trust space in a number of their buildings. Stanley Primary Care Centre and Sedgfield Primary Care Centre for example, will provide much-needed facilities for children's autism services. We are also working with local authorities and other Trusts as part of Tees Valley Strategic Estates Group and One Public Estate.

Together with Stockton Council we have secured access to One Public Estate funding to map our collective estate and explore opportunities to access more central locations for patient-facing activity. This builds on joint work to support the council's regeneration strategy, allowing us to vacate 3 of their buildings and consolidate services on our Durham Road site. Due to building condition, vacating those council buildings was a shared aspiration for TEWV as well as the council. £3m national Urgent & Emergency Care capital funding has been secured to enable these moves, with a focus on co-locations to support crisis prevention and support.

Within Hartlepool, the partnership agenda is also progressing, and the Trust's Access Team are now based in a council-owned community hub which has been developed using the old library. This sees our services co-located with a range of wellbeing and support services including a community café, voluntary groups, employment group and activity sessions.

Other opportunities are being considered across Durham and Darlington. These will be worked through as the estates journey and supporting Estate Masterplan continue to develop, but we are already implementing capital schemes to make better use of our existing buildings on the Lanchester Road site. This includes a scheme to create an Adult Mental Health base which will support service reconfiguration and enable a centralised clinical model for North Durham CAMHS services.



Several projects are also in place to consider options for the learning disability inpatient estate as well as the step-down rehabilitation service in Health & Justice.

Secure Inpatient Services are part of the significant programme of Teesside safety works and we are working with colleagues to understand the implications of a Clinical Service Review which is currently being undertaken by the North East North Cumbria Specialist Mental Health Provider Collaborative.

The quality and capacity of accommodation for Acute Liaison services is a common issue across the Trust. These teams should ideally be co-located within hospital Emergency Departments but, as acute trusts are struggling with space, it is becoming increasingly difficult to secure the level and quality of space needed for our services and staff. National capital for Urgent and Emergency Care has been secured to support some modest improvements in this area.

### Space Utilisation

Ten years ago, the Trust introduced a Service Improvement and Space Utilisation Project (SISUP) to drive operational and estate efficiencies. A standard was agreed for a whole time equivalent to workstation ratio for patient-facing staff. Since then, all new or refurbishment schemes, allocate one desk to every two members of community staff (as much of their time is spent engaging directly with patients in the therapy rooms or at other venues such as GP practices).

We have not stretched the 2:1 SISUP principle since its introduction in recognition of ongoing investment in Mental Health and an increasing number of staffing. Most teams are now operating at a higher person to workstation ratio which can be difficult. However, with learning from covid ways of working, and effective policies, processes and infrastructure now underpinning Smarter Working, we may wish to review this standard. A robust room and desk booking system will be particularly helpful. We want the workplace environment to provide appropriate spaces for the task in hand (i.e. those tasks which will not generally be undertaken remotely) and to reflect the differing requirements of different core services. We expect a need for increased collaboration space and less cellular offices / dedicated desks in the future. To enable efficient space planning, we need more clarity on future operating models for each service and a consistent methodology to quantify need.

## **What do we know about the future that we have to take into account?**

We know that:

- **Operating models will be different** – to help meet the challenge of increased demand and post-COVID recovery, and take advantage of new IT-enabled modes of delivery, we will need very different property platforms and flexibility to be responsive to future change.
- **Partnership working** - Clinical services are changing and partnership working, often at neighbourhood or place level, is becoming increasingly important.
- **Demand is increasing** - Clinical demand is increasing and with it, the demand for space.

- **Acuity<sup>4</sup> is increasing** – more robust, flexible inpatient spaces and facilities are needed.
- **Digital** - We are working against a backdrop of unprecedented change – digital technologies are revolutionising how we work and how we can deliver services.
- **Expectations** - People’s expectations about the convenience and accessibility of our services are increasing, and we know our environments need to be welcoming, friendly and therapeutic to support patient and colleague wellbeing.
- **Smarter Working** - where business need allows, smarter working is already becoming the norm, but it will not generate efficiencies unless space is released for sharing. Success will also be dependent on our ability to spread use evenly across the day and the week (level-loading). We need to consider the hours of opening for each of our facilities to support an attractive, flexible working offer and help to mitigate recruitment challenges.
- **Resources are constrained** – there is limited NHS funding available and we will continue to operate within strict national and system funding envelopes. Most capital developments also require revenue investment for running and maintenance costs, capital charges, furniture, equipment and technology. For some of our poorer condition estate, rental levels are low, meaning high quality like-for-like replacements generally costs significantly more, so we need to think differently and deliver optimally utilised, flexible shared spaces.
- **Costs are increasing** - Financial pressures on the NHS will continue, so there may be an expectation that estate running costs reduce as a proportion of Trust turnover. Inflationary pressures for goods and services are above nationally determined funding uplifts. Longer lead times are also being experienced following the Pandemic and other global events.
- **Future-proofing** - We need to plan for places that can adapt and respond to change – for an estate that is leaner and more agile, and equipped for clinical transformation, smarter ways of working, digital-enablement and improved workplace design.
- **Modern Methods of Construction (MMC)** - including a range of standardised, repeatable rooms and a focus on sustainability and social value are now considered NHS best practice. This will ensure reliable, evidence-based design and reduce capital cost.
- **Estate re-configuration** – our partners are also reviewing their own estate utilisation so securing affordable space can be difficult.
- **Integrated Care Systems** - All Integrated Care Systems are developing their own estates strategies. These will be aggregated into a single NHS-wide position. The ICSs will have increasing influence on capital spend and prioritisation across NHS (foundation) and ambulance trusts. There are significant pressures within local acute hospitals’ estate and relating to backlog maintenance due to pressures on national funding envelopes to date.

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<sup>4</sup> Acuity is a term that means broadly how severely ill a patient is. In the mental health context, the level of acuity has implications for the design of inpatient wards.

**Our key areas of focus**

Taking all this into account, including feedback from the Infrastructure stakeholder event and discussion in the Infrastructure Programme Board, our three key areas of focus are shown below.

1. Better, Smaller, Greener Buildings	Safe, resilient and well-maintained 	Right size, right shape 	Environmentally sustainable 
	Community-facing, person-centred care 	Optimising use of technology 	Staff facilities 
3. Adding Value & Ensuring Efficiency	Tackling Inequalities 	Place-making 	Delivering Value 
	Evidence & Data-led	Excellence & Insight 	

These three themes will be developed into work packages and projects for prioritisation and implementation as resources allow.

**High Impact Changes**

The tables below outline a small number of high impact changes linked to our three key areas of focus.

These are not designed to be comprehensive and will not deliver our vision for the estate on their own. Rather, they are discrete pieces of work which will make a big impact on Our Journey to Change goals and complement other capital development projects, day-to-day business as usual and ongoing quality improvement in Estates. Some high impact changes will be implemented as projects with a clear start and end date, whilst others support separate Trust programmes or incremental change.



### 1. Better, Smaller, Greener Buildings

	What?	How?
<b>Better</b>	High-quality, therapeutic buildings which respond to a diverse range of needs for positive outcomes and experience.	Co-produce TEWV design standards including best practice for modern wayfinding, reception, digital enablement and designing for diversity (inc. autism and dementia-friendly design) as well as colour palettes to make spaces feel welcoming and homely, whilst ensuring environmental safety and infection prevention & control.
<b>Smaller</b>	A core estate which is the right size and right shape to efficiently serve the needs of all users.	Develop an Estates Masterplan taking a Trust wide view of our assets, prioritising the poorest condition and / or highest-cost buildings for re-provision or consolidation, reducing our overall footprint and levelling-up the quality and environmental performance of retained estate.
<b>Greener</b>	Address decarbonisation, adapt for climate change and make better use of resources whilst increasing natural capital.	Support implementation of the Green Plan, decarbonising our core estate and adopting green design for future developments.



### 2. Transformed Services in Smarter Places

	What?	How?
<b>Transformed Services</b>	A broader range of places for delivery of care, aligned to population health need and community transformation plans.	Support the community transformation programme, undertaking joint strategic estates planning with wider public sector and community partners. Trust-owned estate will be more targeted, potentially leading to wider distribution or a reduced scale, as we work in partnership to share space and respond to population health need.
<b>Smarter Places</b>	Technology-enabled environments incorporating advancements in sensor technologies and the Internet of Things (IoT)	Introduce advancements in building technology and analytics (e.g. Oxehealth, sensor doors and building information modelling), ensuring digital enablement is integrated into the Trust design manual including standards for modern, well-equipped meeting spaces.



### 3. Adding Value & Ensuring Efficiency

	What?	How?
<b>Adding Value</b>	Respond to inequalities in population health and contribute to place-making.	Leverage our role as a place-based anchor institution to accomplish social value, using our buildings and spaces to support communities and exploring opportunities to support regeneration.
<b>Ensuring Efficiency</b>	Identify opportunities to maximise use of limited resources.	Support the Smarter Working programme, presenting space planning and occupancy options for appraisal (in response to new operating models in clinical and corporate services).  Play our part in developing a system-wide view of assets and financial flows working within and beyond Integrated Care Systems and responding to funding opportunities in line with our masterplan.

## Measuring Progress

A set of strategic objectives, benefits & products has been identified for each element of the Infrastructure Journey.

Monitoring of these will build on established, national processes for the performance management of the Trust estate to ensure our decisions are evidence-based and data-led. This includes:

- **Estates Return Information Collection (ERIC)** is main central data collection for buildings, maintenance, cost and the provision of services e.g. laundry and food, and the costs and consumption of utilities.
- **Patient-Led Assessments of the Care Environment (PLACE)** are an annual appraisal of the non-clinical aspects of healthcare settings, undertaken by teams comprising members of the public ('patient assessors') and staff. This includes measures such as the physical condition and appearance of the environment, the standard of food, privacy and dignity and how well the environment meets the needs of users with dementia or disability.
- **Premises Assurance Model (PAM)** is an annual and 3-yearly cycle for compliance improvements. The NHS PAM is a nationally consistent basis for assurance for Trust boards on regulatory and statutory requirements relating to their estate and related services, and the NHS Constitution right to be cared for in a clean, safe, secure and suitable environment, This model provides assurances that the estate is safe, efficient, effective and of high quality.

To successfully measure progress, and the impact of our estates journey, we may also need to develop new metrics including qualitative and quantitative measures as well as indicators that capture, not just actual cost, but also cost avoidance, and space utilisation (time and area) as measures of efficiency and value. Accessibility, alignment to population health needs and tackling inequality will also need to be considered.

## 10. Our Digital Technologies and Data

### Preface

This chapter of the infrastructure strategic journey sets out our ambitions for Digital and Data services, and some of the principles that will guide the development of our future operating model.

TEWV developed a Digital and Data Journey to Change at the same time that it was developing and approving Our Journey to Change. This chapter therefore reinterprets that strategy and shows how the main features of it sit within the wider Infrastructure Journey.

### Digital and Data vision for 2028

It is the role of digital technology to support the clinical, quality and safety, workforce, infrastructure, and co-creation visions. We know that if we get things right, then **in 2028 patients, carers, colleagues and partners will see, hear and feel that:**

*We will be using digital technologies and data appropriately to help improve and enhance the outcomes and experiences of our patients, staff, and partners in line with the key objectives of the underpinning journeys. We will have reliable, secure equipment and seamless processes for staff, services users and carers. We will have achieved consistent, structured investment in the latest technologies (realising that this was essential, not a "nice to have").*

*TEWV will be at HIMSS<sup>5</sup> level 5, meaning our technology enhances clinical outcomes and that we are seeing the benefits of investment into digital technology.*

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<sup>5</sup> HIMSS is the Healthcare Information and Management Systems Society

*We will have good interoperability between our systems and those of our partners. We have maximised convergence. The benefits of this are not just seen at TEWV but more widely across the health, care and voluntary and community sectors within the North East and North Cumbria and Humber and North Yorkshire ICSs. Our technology is supporting appropriate information and data sharing necessary for the ongoing transformation of community services. Service users are therefore now receiving an integrated, joined up service in the place that they live even though many different organisations are involved in their care and treatment.*

### Where are we now?

During the recent pandemic a number of developments were accelerated to support clinical and corporate services to continue operating, these included:

- The roll-out of Microsoft Teams to all our staff.
- The expansion of the Attend Anywhere (AA) pilot from 12 staff to 3000+ staff (second largest user of AA in England and Wales).
- Conversion of all face-to-face systems training to a digital E-learning approach.
- Configured and distributed 150+ tablets for inpatient areas.
- Piloting a digital mail-room to support communications with patient and staff
- Rebuilding the existing server estate to accommodate 6000+ staff working from home/remotely.
- Our staff intranet went live providing great opportunities for improving communication and information sharing within the Trust
- A new service desk contact centre telephony system was introduced providing a foundation for future developments.
- Virtual smart cards were deployed to more than of 5,000 staff reducing the reliance on physical smart cards.

### What do we know about the future that we have to take into account?

During the last five years we have seen a significant increase in the adoption of digital technologies within the UK. Within all areas our lives we increasingly use technology in varying forms– banking, gym, applying for jobs, shopping, accessing information/services, use of apps, on-line classes, how we communicate with family and friends etc. This means that members of the public have higher expectations of health and social care providers in terms of how we deliver our services using digital technologies. Members of the public expect:

- Instant access – at point of convenience
- Choice
- Safety/confidentiality
- Co-creation
- Accurate/real time/accessible data
- Consistent high quality
- Continuity and flow

The use of digital technologies and data is a critical component in the effective and safe delivery of high-quality care and will continue to increase substantially in the years ahead. The NHS also has ambitions to be “the most advanced health and care system in the world, and to become the global leader in healthtech.” This can only be achieved by creating an environment where ‘digital’ is not seen as the domain of ‘IT professionals’ but part of our everyday working and ‘the way we do things’ as an organisation and in our partnerships. We will achieve this by working with our patients, colleagues and partners to develop solutions that support our Trust’s core purpose.

Our approach must ensure that we do not create a digital divide and that everyone can access our services regardless of their skill level, financial constraints, access opportunities or motivation to use digital technologies. We need to ensure that no-one will be at a disadvantage if they are not able to access digital devices, data, or the internet. Ensuring digital inclusion will need to be a key consideration when delivering models of care and adoption of new digital technologies.

### Our key areas of focus and benefits

Our overall digital and data journey outlines the breadth and scale of the projects and activities that our teams will implement over the coming years in support of Our Journey to Change.

It is recognised that as an enabling function, digital technology will support and underpin the priorities set out in the Advancing our Clinical, Quality and Safety Journey, to ensure individuals are inspired to use digital technologies to achieve excellent outcomes. We will ensure that our patients, carers, colleagues and partners are supported, confident, involved and encouraged to work collaboratively to embed new technologies and drive forward improvements.

Examples of where digital technology will facilitate the achievement of the other journeys includes:

**Smarter Working** Appropriate resources, and training and awareness sessions will be delivered to help staff understand the capabilities of Office 365 and functionality available via additional apps. Staff will utilise Office 365 in a way that maximises the benefits to allow more time to be focused on the delivery of their core roles.

**Induction and New Starter experience** will be improved using automation technology. The current lead times and processes will reduce, lessening the administration burden on our staff and improving their experience of interacting with critical corporate systems and processes. This will improve patients' experience by releasing more staff time to focus on patient interaction and by reducing staff stress levels by generating an increased sense of an empowered workforce. We know from feedback that this is a high priority, and that achieving this will help with staff retention and accelerate how quickly new staff are able to carry out other value-adding work.

**Centralised Asset Management** will look to ensure that staff are provided with the appropriate IT equipment in a quicker, more efficient process to ensure they are never left with aging, slow, underperforming technology and are 'onboarded' with the right kit in a timely manner. Feedback tells us that we must change because our current systems do not provide a good enough experience for many staff colleagues. The planned changes will reduce the overall costs for the organisation through coordinated stock and product line management and economies of scale in purchasing.

**Equipment/Room Improvements** by improving the environments that our staff, patients and partners use and ensuring our spaces are fit for purpose with the appropriate technology we will make them more accessible. We will reduce the anxiety from utilising unfamiliar technology, or room set up in these spaces, by ensuring the technology is appropriate and facilities provide clear guidance on how to use it, or access support. This will support our green plan by reducing travel through co-location and improving communication through video technology and encouraging a blended use of the spaces available to us.

**Population Health** is a key priority for mental health services and is an approach that aims to improve both physical and mental health outcomes, create parity of esteem and reduce health inequalities. This work will be achieved through the provider collaborative, the community mental health transformational funding and collaboration in our integrated care systems (ICS). Digital technology has an essential enabling role to allow appropriate sharing of data so that Place and system level analysis can be carried out, avoiding the "data silos" that have prevented this in the past. This is essential work if TEWW is to achieve our goal of being a Great Partner.

## 11. Our Support Services: 'OneTeamTEWW'

### Preface

This chapter of the infrastructure strategic journey sets out our ambitions for support services, and some of the principles that will guide the development of our future operating model. This chapter also sets out the priorities for change over the next 5 years for support services.

### What do we mean by “support services”?

By “support services” we mean our systems and processes delivered and coordinated by people who are not clinicians. The direct “customers” for much of this work are TEWV clinicians (including doctors, nurses, psychologists, Allied Health Professionals, peer workers and health care assistants). Examples of such work include:

- Helpdesks (e.g. Digital and Data, Payroll, Estates etc)
- Professional service support (e.g. Medical Development, accountancy, payroll, performance, planning / project management, recruitment, Health and Safety, Fire Safety, HR operations, organisational development)
- Admin support (ranging from booking travel and rooms through to minute taking and supporting clinical teams’ record keeping)
- Prevention and compliance work, where support services ensure that clinical, legal / regulatory and other risks to patients / colleagues are spotted, monitored and mitigated. This includes estate work to tackle health and safety risks, through to the production of data dashboards and analytical reports.

But there are also lots of non-clinical interactions with service users and carers. These range from booking appointments, through to manned receptions at TEWV buildings, estates workers, housekeeping and catering staff. The work of the Trust’s involvement and engagement team, and other non-clinical engagement with service users and carers is another example.

There are also services which support the organisation’s governance such as the Company Secretary’s team. Most of our support service directorates also support Board of Directors’ decision making by developing frameworks and delivering reports on support service or strategic, cross-Trust issues to the Board of Directors of Executive team.

Some of our support services also interact with partners. Examples include finance (subcontractors), performance / planning / workforce planning / Finance (ICSs), compliance team (CQC), Safeguarding Team (local authorities), Research and Development (Research Councils and Universities).

As there are other chapters in our Infrastructure Journey covering Places and Digital Technology, this chapter will not include those things, except where the staff working in those services are providing specific services to clinical customers, such as helpdesks or automation of support service processes and interactions.

Sometimes support services are described as “corporate” services or teams, but in this document we use “support services” to describe colleagues who support frontline clinicians by operating supporting systems and processes, regardless of whether their posts sit in Care Groups or in corporate services.

### Infrastructure Journey vision and support services

Our Infrastructure Journey includes principles about where we want to get to. Engagement with services users, carers and colleagues at a workshop also helped to apply those principles to support services. So for support services, our aim should be to:

- Be perceived as an **invisible helping hand**, supporting TEWV in a seamless way to deliver excellent care (operating as ‘**One Team TEWV**’);
- Develop systems and processes that release time for clinical teams to care;
- Respond to changes in the environment, including changes in clinical models such as Community Mental Health Transformation, and the increase in system / partnership working;
- Consider the impact our work is having on the **whole person**, what this will mean for different ages and backgrounds over their **whole life** and how our actions affect outcomes achieved through the **whole system** of health and social care in the North East and North Cumbria and in North Yorkshire, York, and Selby;

- Accept that the way we are accustomed to working may not be what is needed in the future;
- Accept that people and partner organisations have a range of needs and preferences about how to access corporate support, and so support services need to be **inclusive and accessible** and **avoid a “one size fits all”** approach;
- Contribute to the best possible experience for our patients, their families and carers, our colleagues and our partners;
- **Be financially and environmentally sustainable.**

**Given these principles, the vision for support services is that by 2028 we’ll be able to see, hear and feel that:**

*Colleagues with non-clinical roles recognise with pride their role in releasing clinicians’ time to care. People in different roles do this in different ways but they are all part of ‘One Team TEWV’ contributing seamlessly to deliver great patient and colleague experiences.*

*In the years leading up to 2028 we have reduced the administrative burden on our clinical colleagues by streamlining and automating processes, enhancing the skills of our non-clinical staff and the responsiveness of our processes. Our recruitment and “onboarding” of new colleagues is faster, more efficient and supportive, and we will have tackled other time-wasting processes year by year, using technology and arrangements with partner employers to make them more efficient and effective.*

*In 2028 our patients and carers tell us that they receive consistently good customer service, whether they interact with us in person, via phone or online. It is now easy to navigate our systems, even for patients entering our services for the first time.*

*We have also improved our colleagues’ experience. Initiatives like a central help desk and “navigators” who support the quick resolution of administrative problems and blockages have made TEWV a great place to work and help us retain and recruit staff.*

*Support services also seamlessly facilitate the ever-growing range of voluntary / community sector, independent sector and local council services that work with TEWV to deliver transformed community mental health services in each Place. The processes that these organisations need to go through to work with TEWV are now clear, proportionate and as simple as possible and TEWV is widely regarded as a supportive organisation which is easy to work with.*

### **Where are we now?**

One of the issues TEWV has, is that there is little quantitative (numerical) or qualitative data on how support services are perceived by their ‘customers’ and what positive or negative impact those systems and processes have.

However, the original Big Conversation, and the stakeholder workshop undertaken to inform the Infrastructure Journey (June 2022) have identified a degree of consensus about the current support service offer in TEWV.

Customers recognise and appreciate that many of our support services are of high quality. Support Services which are either “embedded” in services with Care Groups or who show understanding and curiosity about the pressures on clinical services are perceived to offer the best experience.

However, there is a perception that support services can sometimes seem:

- Siloed, with processes that require multiple sign offs from different teams, and with confusion about what order this should be done in
- To assume ‘one size fits all’, regardless of the different ways in which different people or partners would like, or need, to access the service
- “Improved” in ways that cut the costs of a corporate department, but increase the work, costs or complexity for clinicians

- Blind to how the processes and “entry points” to those processes appear to service users, carers and front-line staff
- To communicate poorly, with information about processes hard to find, or incomplete and the right person to contact not always clear
- To use traditional processes which are not sufficiently nimble or proportionate to support expanding joint work with the voluntary and community sector – due to increased Trust involvement in commissioning and the community services transformation agenda

Historically, most of our investment has been directed at frontline care. However, this has had the unintended consequence that the capacity of our support services does not always reflect increased staffing numbers or related support requirements. By reviewing current performance and capacity we will have a clearer view of current support service ‘pinch points’ and be better placed to agree our priorities for action.

### What do we know about the future that we have to take into account?

We know that:

- Clinical services are going to change, and that partnership working, at neighbourhood place and ICS level, is going to become increasingly important;
- Hybrid working is already becoming the norm and so support services and our processes will need to be able to be accessed and also delivered by people working from home, remotely, or in partners’ as well as our own buildings;
- Service user and carer (and frontline staff) expectations will increase as automated services they use when out of work (e.g. Amazon, Just Eat, Google, supermarkets, mobile phones, banking) become ever more sophisticated at delivering what people want quickly and without hassle. The technology behind such services will become increasingly available to TEWV;
- Workforce shortages for clinical roles are likely to get worse, and so the pressure to free up the time of clinicians to do patient-facing work is going to increase;
- Financial pressures on the NHS are going to continue, but we need to be very careful about making efficiency savings in support services as we must not create more work for our scarce clinical staff (see above);
- Despite financial challenges, the long-term plan continues to prioritise the development of services in community-based settings, meaning the numbers of clinicians we support will continue to change and increase;
- Procurement law may change as a result of Brexit and the approval of the Health and Care Act 2022 which creates the future possibility of more areas of NHS business being exempt from competition.

We also know that the Trust’s People Journey has identified recruitment and retention processes as a priority for improvement, including “onboarding” for new staff and managers.

Our Clinical Journey and national policy will promote community mental health transformation / I-Thrive. This will continue to encourage foundation trusts to act as community anchor institutions who take on commissioning roles and procure voluntary sector and other services at neighbourhood, place and system levels.

### Our key areas of focus

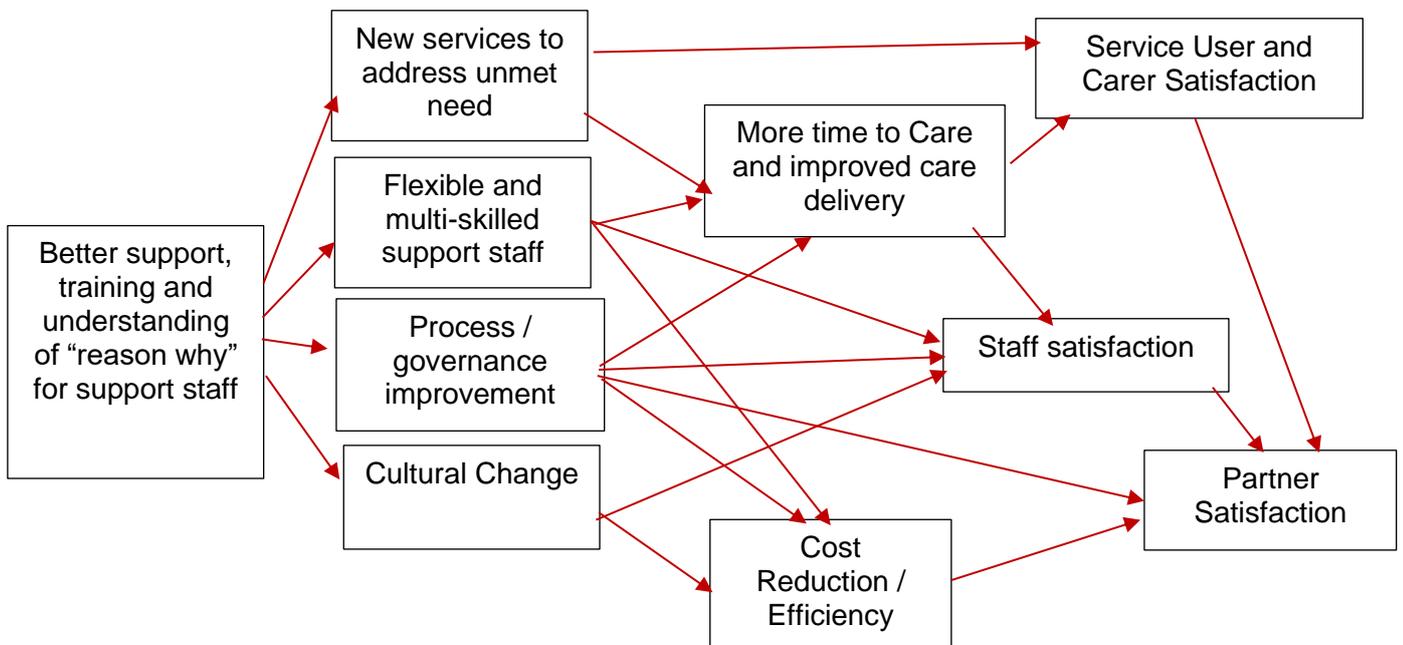
Taking all this into account, our key areas of focus are below. These will be considered and prioritised for development into projects and for implementation as resources allow:

- a) Identify high volume non-clinical activity carried out by qualified clinicians and either automate it or hand it to non-clinical workers (or other appropriately banded unqualified clinicians)
- b) Tackle TEWV’s worst, most complicated and time-wasting systems and processes and make sure those that we can control are so good they become “invisible”.
- c) Where we depend on nationally or regionally provided systems that we cannot change, ensure we offer helpful training and support to people who interact with them.

- d) Make sure that all processes have a clear “reason why” and that where new processes increase demands on clinical time that there is a corresponding reduction in another process
- e) Help non-clinical workers to feel they are a valued part of the One Team TEWV by being clearer about how their work is essential for the delivery of a great experience for service users, carers, other colleagues and partners. This could include opportunities to shadow / view frontline service delivery
- f) Agree environment and customer service standards at TEWV, train staff to improve their customer service skills and develop processes that ensure our services and buildings are welcoming to all
- g) Find and implement ways to reduce the tendency for corporate services to work in / present to Care Groups in silos.
- h) Introduce meet and greeters / care navigators at larger Trust hospitals or community team bases (who won't be doctors, nurses or psychologists, but who could be volunteers, peer workers or administrative staff)
- i) Train our non-clinical staff to be multi-skilled and flexible so that they can personally fix or report / follow up on problems and are able to carry out more than one role, but make sure they are mindful not to offer clinical advice or when to signpost elsewhere
- j) Develop our website / extranet / intranet information so that people can get answers to their queries more easily
- k) Work with the voluntary and community sector to redesign our procurement / contract management / invoice payment and other relevant processes to be proportionate and supportive of the community mental health transformation agenda

**What difference should these key areas of focus make to our 3 Strategic Goals (great patient and carer experience, great colleague experience, being a great partner) over time?**

The diagram below shows how we intend to make a difference to the 3 Goals:



At present we have very little numerical or qualitative information about how well support services contribute to a great service user, carer, staff or partner experience. But the diagram above shows us that we need to measure and monitor:

- **Releasing time to care**
  - Measured through QI improvement events / PDSA cycles / benefit measures linked to projects
- **Cost and efficiency of support services**
  - Reducing call response / overdue task metrics as % related volumes
  - Numbers of processes automated / time and resource released
  - Benchmarked costs / performance against other similar providers (NHS Benchmarking, ERIC return, Finance networks)
- **Staff Satisfaction**
  - Annual or PULSE survey questions
  - Aggregating individual ratings given to single transaction type processes by customer
  - Care Group managerial rating of professional service support
  - Right equipment and support at the right time (including digital) to support Smarter working
- **Service User and Carer Satisfaction**
  - Annual survey questions
  - Qualitative Metrics
  - Aggregating individual ratings given to single transaction type processes by customer
- **Partner ratings of / views of TEWV**
  - Periodic stakeholder survey
  - Non-clinical scores in regulatory assessments
  - % of invoices paid within 30 days (nationally agreed standard)
  - Accessibility and flexibility of our procurement arrangements

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<b>Committee Key Issues Report</b>	
<b>Report Date to Board of Directors – 30 March 2023</b>	
<b>Date of last meeting: 2 March 2023</b>	<b>Report of: The Quality Assurance Committee</b>
	Quoracy was achieved. The Committee was observed by two members of the Intensive Support Team.
1	<p><b>Agenda</b></p> <p>The Committee considered the following matters:</p> <ul style="list-style-type: none"> <li>• The management of relevant risks included in the BAF</li> <li>• Risks relating to Quality and Safety, Corporate Risk Register Extract</li> <li>• Executive Quality, Assurance &amp; Improvement Group (EQAIG)</li> <li>• Progress on delivery of the CQC Action Plans</li> <li>• Integrated Performance Dashboard, QuAC Proposed IPR Dashboard Measures &amp; Trust Level Quality &amp; Learning Report</li> <li>• Safe staffing</li> <li>• Annual Clinical Audit of Emergency Equipment</li> <li>• Adult Learning Disability Services (ALD) Improvement Plan</li> <li>• Sexual Safety</li> <li>• Use of Force Act Benchmarking</li> <li>• Safeguarding &amp; Public Protection</li> <li>• Research &amp; Development</li> <li>• Draft 2023/24 Quality Assurance &amp; Improvement Programme</li> <li>• Update on Key Patient Safety Priorities</li> </ul>
2a	<p><b>Alert</b></p> <p>The Committee alerts the Board on the following matters:</p> <p><b>1. Executive Quality, Assurance &amp; Improvement Group (EQAIG)</b> The key alerts reporting from the Group continue to be patients feeling safe on wards, high bed occupancy, and an increase in falls. Actions were in place to support improvements.</p> <p>A significant area of concerning risk relates to the response rates of the crisis lines for both DTVF and NYYS. The Committee recognises the amount of actions that are both in place and planned, including improvement work and recruitment events, but the position remains unacceptable and of concern. The Committee requested that an update be provided on the Crisis Line position to the Council of Governor meeting on 9 March 2023.</p> <p>To gain additional assurance and to continue to assess the current ligature and environmental risks, a re-profiling exercise is underway across all wards. The Chair requested that a position paper is brought to the Committee.</p> <p>The Committee continues to have concerns about the length of the EQAIG agenda and the depth of discussion allocated for clarity on assurance and risk.</p> <p><b>2. Safe Staffing (attached as Appendix a)</b> There is little change to the ongoing challenges for safe staffing, which is related to January 2023 data.</p> <p>Registered nurse fill rates remain consistently low across a number of wards for day shifts, although there is a slight improvement in recent months. There are 17 wards with less than or equal to two thirds of the required RN day fill rate, 10 of which are adult wards, six SIS wards and eight AMH wards.</p> <p>The two PICU's Cedar and Bedale are demonstrating exceptionally high fill rates – 398% and 328% respectively, both are lower than last month at 346% and 420%.</p> <p>Committee members gave challenge and sought further assurance on how wards are being managed and kept safe, noting our bed occupancy position. It has not yet come to</p>

		<p>the point where it has been necessary to close beds, but scenarios were described, particularly for those on call that are concerning. It was noted that many of our staff may feel professionally compromised when staffing is challenged with high bed occupancy and patient acuity.</p> <p><b>3. Adult Learning Disabilities Improvement Plan</b> The Committee received a further monthly update from the Care Group and noted that the plan was in a very good place for delivery with a few exceptions, where actions need to be co-created across our system. The Committee welcomed the much-needed work on Transforming Care. Mersey Care colleagues are expected to re visit the services at the end of March. The Committee will receive an update in due course.</p> <p><b>4. Key Patient Safety Priorities</b> There have been long standing concerns about the backlog of serious incidents within the organisation. The Committee received an assurance paper and a recovery strategy which set out the plan to progress to delivery of the SI Recovery and Improvement programme. The Chair of QuAC asked whether the Patient Safety Team were adequately resourced and being supported appropriately as it remains an ongoing concern that the Patient Safety Team is not currently adequately staffed. However, recruitment has taken place to three vacant reviewer posts in the team and one post has been over-recruited to. It is recognised that additional capacity for reviews will need to be sought until the reviewers are in post. The Committee were informed of the actions that have now been put in place to manage the risks to patient safety as a result of the SI backlog. An experienced senior NHS professional has been sourced and will commence on 3 March 2023 to undertake a root and branch review of all aspects of patient safety systems across the team and oversee allocation of SI's A detailed proposal is expected from NECS who are going to support the Trust with additional leadership and reviewer capacity. The details of an SI recovery and improvement strategy was presented to the Executive Directors Group on 15<sup>th</sup> February 2023 setting out the approach to address the backlog. The overall conclusion from the paper was that it provided reasonable assurance however the Committee would like to see outcomes in terms of reduction of unallocated Serious Incidents and a timely response to new SI's. Progress will continue to be reported.</p>
2b	<b>Assurance</b>	<p>The Committee wishes to draw the following positive assurances to the attention of the Board:</p> <p><b>1. Board Assurance Framework (BAF)</b> From reflecting on the strategic risks during the discussions at the meeting the Committee did not identify any new or emerging risks which will impact on the BAF. Due to the BAF currently being presented to the Committee on a monthly basis, with little time to see significant movement and progress on the risks, consideration will be given to reporting on a less frequent basis at the QuAC Developmental Session on 4 May 2023.  The Chair raised specific concerns that some of the risks, for example BAF ref 6: safety and 9: regulatory have been tolerated since Quarter 2 in 2021/22 and whether there should be a review of the controls. It is acknowledged that some of the big issues relating to safety, are challenging and will not reach the targets, despite the controls in place and a more longitudinal view will be needed.</p> <p><b>2. Delivery of the CQC Action Plan 2021 and CQC Inspection 2022</b> There continues to be good assurance relating to progress reported via the Integrated Oversight Plan and the associated assurance evidence reviewed. All actions scheduled for completion during the reporting period were achieved within timescale from the Trust CQC Must Do action plan - focus will continue on embedding changes in practice and sustaining compliance with the Regulatory Framework. The Committee sought further assurance on how it can be demonstrated that actions are being embedded moving forward and this is where scrutiny will focus. Approval was given to the requested extension in relation to action 15b for Secure Inpatient Services. Members welcomed the delivery of the actions.</p>

### **3. Corporate Risk Register – Quality Assurance, as at 1 February 2023**

Good assurance can be evidenced that there are effective controls in place to manage the corporate risks assigned to the Quality Assurance Committee. Compliance for the review of risks continues to improve following a drop in performance over December 2022. Chairs of the Board Committees have discussed and agreed that there should be an audit trail of the rationale and decision for the movement of risks scored 15+ and that these should be reported by the Executive Risk Group to each of the Committees for final ratification.

Despite good progress, there was concern expressed about three risks that has missed review dates:

903 – ligature reduction programme phase two (Due 11/11/22)

1136 – safety (Due 7/12/22)

1223 – medical devices (Due 31/10/22)

Members sought further assurance on the timeliness of the phase three ligature reduction programme (Risk 903) and it was confirmed that this has been discussed at Executive Directors to establish which priority areas should be brought forward. This links to feedback above via EQAIG.

### **4. Annual Clinical Audit of Emergency Equipment**

This annual report to the Committee demonstrates assurance on the assessment of all emergency equipment against the Trust Resuscitation Policy. This relates to BAF risk 11: Governance assurance with the need of clear line of sight from ward to Board. There were no gaps in assurance or mitigating actions to escalate to the Committee and any areas of non-compliance were followed up immediately by the Clinical Audit and Effectiveness team and all areas mitigated by missing or replacement equipment being put in place. The Committee acknowledges that whilst the ambition for this clinical audit is 100%, the outcome of amber status between 50-79% and associated actions provides good assurance.

### **5. Sexual Safety**

The Committee requested an update on sexual safety, together with the Trust response to transgender inpatients.

Various initiatives including reconfiguration of PICU wards (Cedar and Bedale) are in the pipeline with collection of baseline incident data to help identify any emerging risks from the change in configuration, for example will an all-male environment lead to an increase in violence and aggression.

Transgender people are accommodated according to their presentation of choice, however, there has been a recent challenge of one case in forensic services and whilst the interim guidance from NHSE is being considered there remain potential risks to the individual from others on the ward if they were to be moved. This has been raised within the Provider Collaborative. The Committee asked for confirmation that risk assessments on wards included all patients, which it was confirmed is the case.

### **6. Use of Force Act Benchmarking**

A recent benchmarking exercise has been undertaken to assess the Trust's compliance with the Use of Force Act, where the main aim is to make provision about the oversight and management of the appropriate use of force, reduce the use of force and to ensure accountability and transparency in relation to people in mental health units.

Good assurance can be provided that the Trust is compliant with the Act, and only a small number of actions were required to ensure the requirements of the statutory guidance is met. In response a specific Trust Positive and Safe policy for restrictive interventions is being developed, along with patient leaflets with the aim for completion by end of April 2023.

### **7. Research & Development**

An update report was received on developments with research and development for the first time since pre-pandemic reporting to the Committee. Assurance can be provided that

		<p>the Trust is compliant with the UK policy framework for health and social care research (2017), meets the required quality and governance standards and is ensuring that research is promoted across the Trust's geographies and specialties.</p> <p>The main risk to highlight is in relation to the TEWV Nursing Research Plan, where there has been a successful application for the Head of Research to become a National Institute for Health Research (NIHR), Senior Research Leader for Nursing, however due to pressures on the Director of Nursing in the NYYS Care Group there is a distinct lack of capacity, which will impact on the ability to deliver the nursing research plan and to fulfil the NIHR role.</p> <p><b>8. Safeguarding &amp; Public Protection</b></p> <p>The Committee can provide good assurance to the Board from the six-monthly report in relation to the consistent application of the safeguarding policy and procedures, the safeguarding structures to support oversight of learning and the escalation of concerns. There are no areas of concern or matters to escalate.</p>
2c	<b>Advise</b>	<p>The Committee wishes to advise on the following matters to the attention of the Board:</p> <p><b>Integrated Performance Report, (IPR), as at 31 January 2023, QuAC Proposed IPR Dashboard Measures &amp; Trust Level Quality &amp; Learning Report</b></p> <p>The Committee noted the Integrated Performance Report, recognising that there is some overlap with the Trust Quality and Learning report and that some work is underway to dovetail the two sets of quality performance measures. Members are keen to progress crystallising reporting to a stage where there can be more focus on the priority concerns.</p> <p>The Committee approved the proposed dashboard measures and encouraged the timely work planned to simplify the document for the appropriate reporting levels. It was also noted that the "impact" columns were largely unpopulated.</p> <p><b>Draft 2023/24 Quality Assurance and Improvement Programme.</b></p> <p>The Committee approved the 2023/24 Quality Assurance and Improvement Programme. The Programme will be monitored via the Executive Quality Assurance and Improvement Group and amendments can be made to the Programme in year if risk, quality or developmental issues arise that require monitoring or measurement.</p>
2d	<b>Review of Risks</b>	<p>From the reports presented and the matters of business discussed, the Committee considered that there were no material changes to be made to the strategic risks of the Trust.</p>
3	<b>Actions to be considered by the Board</b>	<p>There are no specific actions to be considered by the Board. However, the Board is asked to consider the report and where applicable, seek clarity and assurance.</p>
4	<b>Report compiled by</b>	<p>Bev Reilly, Non-Executive Director, Deputy Chair of the Trust, Chair of the Committee, Elizabeth Moody, Director of Nursing &amp; Governance, Donna Keeping, Corporate Governance Manager</p>

## FOR GENERAL RELEASE

## QUALITY ASSURANCE COMMITTEE

<b>DATE:</b>	<b>03 March 2023</b>
<b>TITLE:</b>	<b>To consider the “Hard Truths” monthly Nurse Staffing Exception Report - February 2023 using January 2023 data</b>
<b>REPORT OF:</b>	<b>Elizabeth Moody, Director of Nursing and Governance</b>
<b>REPORT FOR:</b>	<b>Assurance / Information</b>

<i>To co-create a great experience for our patients, carers and families</i>	✓
<i>To co-create a great experience for our colleagues</i>	✓
<i>To be a great partner</i>	✓

**Executive Summary:**

Business Continuity Arrangements remained in place during January 2023 for the following service areas: Secure Inpatient Services, Durham & Darlington Crisis Team, the AMH wards at RPH Dalesway (4 admission wards and PICU), CAMHS Community York, CAMHS CRHT, and DTV&F Inpatient Adult Learning Disability Services. These service areas continue to be closely monitored within the care groups who also report to the Executive Directors Group regarding workforce figures.

52 wards were considered in the report, however it is noted that Thistle ward was closed during December so comparisons will be made against 51 wards.

Registered Nurse fill rates continue to remain consistently low across a significant number of wards for day shifts although this is a slight improvement over recent months. The number of wards with low fill rates for RN night shifts remain on a relative par with the previous months. There are 17 wards reporting as less than or equal to two thirds of their required RN days fill rate, 10 of which are adult wards (including PICUs), 6 SIS wards and an LD ward. Newtondale (SIS) and Ramsey (LD) also have significantly low fill rates for RN night shifts too.

HCA fill rates for day shifts show there are a significant number of wards with high fill rates for HCAs, 29 wards are exceeding 120% of their budgeted establishment, with 11 of these wards exceeding 200% fill rates – 2 MHSOP wards 1 SIS ward and 8 AMH wards, most notably the PICUs (Cedar and Bedale) having the highest fill rates of 398% and 328% respectively. Both figures for the PICUs are less than the respective 346% 420% fill rates reported last month.

HCA fill rates for night shifts similarly show a significant number of wards with high fill rates for HCAs, with 32 wards exceeding 120% of their budgeted establishment – 15 of these wards exceed 200% fill rates – 4 MHSOP wards, 4 SIS wards and 7 AMH wards which also includes both PICUs, with the highest being the Bedale at 431% which is an improvement over the 533% reported last month.

Contributing factors towards high HCA fill rates include, backfill for the low RN substantive numbers; high patient acuity and dependency which are seen to require additional staff – this can be seen to impact the skill mix on the wards; limited RN availability on the bank and agency, which will then be filled by the more available HCA resource.

All the above factors contribute to the low skill mix (RN to HCA %s) seen across the wards, i.e., where we see all areas other than Health and Justice inpatients are

considerably below the MHOST benchmark values, with PICUs are seen as significantly low. Low skill mix can lead to the potential increase of risk towards the ability to provide safe and quality care to patients, reduced leadership performance, and poor culture contributing to low staff. The Trust continues to mitigate this risk through daily operational processes as identified below and a continued focus on recruitment and retention.

Staffing requirements are supported with local actions such as, staff working additional unplanned hours either as extra shifts or longer working days. The number of missed breaks this month is below the average of 665 seen over the 6-month period. Similarly, we see shifts worked on the wards that are greater than 13 hours is 10 below the 6-month average of 66.

Other factors to support staffing include cross covering of wards from local staff dependent upon availability, utilising bank and agency staffing resources, prioritising essential activities, support from the ward manager and multi-disciplinary team fulfilling ward duties additional to their normal expected job role, and monitoring of staffing levels via daily huddles

The Care Hours Per Patient Day (CHPPD) figures presented here are presented against the figures from the Model Health System. We can see that, as per previous months, all but the PICU, Eating Disorders (Birch) and LD services are below the peer median. ALD inpatient services continue to show significantly higher levels of staffing per individual patient than peer Trusts, this reflects the need of the service users currently being cared for at this current time receiving individual care packages. Similarly, PICU's high CHPPD will be influenced by the high fill rates for HCAs.

Red flags are higher than over the previous 2 months show an increase over the previous month together with a small increase in the number of Datix reports for staffing levels. We can see that SIS have fully embraced and incorporated the use of red flags into their daily staffing management and this shows that the common themes are being unable to take a break, unable to provide response within zone and less RNs on shift than required. It is noted that a significant number of these flags are reported as being addressed and mitigated. Further exploration within services should be followed up on regarding how well the utilisation of SafeCare and the use of red flags is being adopted.

Temporary staffing requests remain high, but we can see small reductions in the number of agency filled shifts and the number of unfilled shifts. This is also reflected in an increase of bank filled rates. Measuring total actual hours worked against bank and agency hours worked (fulfilment), we see the corresponding increase for the number of teams (17) with more than a 25% bank staff fulfilment over the previous month. Similarly, agency fulfilment - whilst still high – has seen a small reduction over December 2022.

Registered nurse shortages continue to be a national issue, and to support the Trust RN requirements we are continuing with an international recruitment programme. The current pipeline currently has 3 recruits that have passed OSCEs and are set to commence in Scarborough. A further 3 recruits have re-sat their OSCEs in February 2023 and are expected to be successful. Two additional recruits are to work in York with OSCEs planned for April. There are 6 more additional recruits joining SIS, 3 arrived end of January/beginning of February and 3 further nurses are due to arrive in March 2023. A business case is to be presented to the Executive Board this month regarding the ongoing and required commitment from the Trust to successfully manage the international recruitment and the recruits.

## **Recommendations:**

That the Quality Assurance Committee receives the report as notes the actions taken to maintain safe staffing levels. The report provides good assurance of controls in place to monitor and mitigate staffing risks recognising that optimum staffing levels are not always being achieved.



Item 11 TRUSTWIDE  
SAFE STAFFING MON

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