Tees, Esk and Wear Valleys
NHS Foundation Trust

COUNCIL OF GOVERNORS
MONDAY 3RD JUNE 2024 AT 2.00PM

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

AGENDA

1.	Apologies for absence	David Jennings Chair	Verbal
2.	Welcome and Introduction	David Jennings Chair	Verbal
3.	To approve the minutes of the meeting held on 19th March 2024	David Jennings Chair	Draft Minutes
4.	To receive any declarations of interest	David Jennings Chair	Verbal
5.	To review the Public Action Log	David Jennings Chair	Report
6.	To receive an update from the Chair	David Jennings Chair	Verbal
7.	To receive an update from the Chief Executive	Brent Kilmurray Chief Executive	Verbal
8.	To receive an update on the 'Meet Your Governors' event held in Stockton-on-Tees on 23rd April 2024	Gary Emerson Public Governor for Stockton on Tees	Verbal
9.	Governor questions and feedback – a) Governor questions and answers session b) Governor feedback from events, including local issues, concerns and good news (please use the Governor Feedback template). *(All questions and feedback should be submitted in writing to the Corporate Affairs and Involvement Directorate by Wednesday 29th May 2024. Please send them to tewv.governors@nhs.net).*	David Jennings Chair	Schedule of Governor questions, responses and feedback to be circulated

10.	To receive updates from the Board of Directors' Committees:		
	a. People and Culture Committee (PCDC)	Jill Murray Non-Executive Director / Chair of PCDC	Verbal
	b. Strategy and Resources Committee (S&RC)	Charlotte Carpenter Non-Executive Director / Chair of S&RC	Verbal
	c. Quality Assurance Committee (QAC) and Mental Health Legislation Committee (MHLC)	Bev Reilly Non-Executive Director / Deputy Chair / Chair of QAC Roberta Barker Chair of MHLC	Verbal
	<u>Background Information:</u>		
	i. Integrated Performance Report as at 31st March 2024		Attached
	ii. Trust's Finance Report as at 31st March 2024		Attached
	iii. CQC Progress Report		Attached
11.	To receive a progress update on the Trust's Operational Services and Crisis Line position:		
	a) Durham, Tees Valley and Forensics Care Group	Patrick Scott Managing Director for DTV&F Care Group	Report
	b) North Yorkshire and York Care Group	Zoe Campbell Managing Director for NY&Y Care Group	Report
12.	To receive a report on the development of the Trust's Leadership and Management Academy	Sarah Dexter-Smith Executive Director for People and Culture	Report
13.	To receive an update on the recommendations made by the Council of Governors' Autism Task and Finish Group	Kedar Kale Executive Medical Director Elspeth Webb Consultant Clinical Psychologist	Report

14.	To consider the appointment of the following positions: a) Lead Governor b) A member of the Council of Governors' Nomination and Remuneration Committee	Phil Bellas Company Secretary	Report
15.	To receive an update from the Council of Governors' Cocreation Committee	Jean Rayment Acting Chair of the Cocreation Committee / Public Governor	Report
16.	Date and time of next meeting: Thursday 24th October 2024 at 2.00pm	David Jennings Chair	Verbal
17.	Exclusion of the public The Chair to move: *"That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:* *Any documents relating to the Trust's forward plans prepared in accordance with paragraph 27 of schedule 7 of the National Health Service Act 2006.* *Information which, if published would, or be likely to, inhibit -* *(a) the free and frank provision of advice, or* *(b) the free and frank exchange of views for the purposes of deliberation, or* *(c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs".*	David Jennings Chair	Verbal

David Jennings
Chair
23rd May 2024

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

MINUTES OF THE COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 19TH MARCH 2024 AT 2.00PM AT THE WORKPLACE, HEIGHINGTON LANE, AYCLIFFE BUSINESS PARK, NEWTON AYCLIFFE, DL5 6AH AND ON MICROSOFT TEAMS

PRESENT:
David Jennings - Chair
Joan Aynsley - Public Governor, Durham (MS Teams)
Gemma Birchwood - Public Governor, Selby
Cllr. Moss Boddy - Appointed Governor, Hartlepool Borough Council
Mary Booth - Public Governor, Middlesbrough
Dr Martin Combs - Public Governor, York (MS Teams)
Gary Emerson - Public Governor, Stockton-on-Tees (MS Teams)
Hazel Griffiths - Public Governor, Harrogate and Wetherby (MS Teams)
Christine Hodgson - Public Governor, York (MS Teams)
Cheryl Ing - Staff Governor, Corporate Directorates
Joan Kirkbride - Public Governor, Darlington
Catherine Lee-Cowan - Appointed Governor, Sunderland University (MS Teams)
Heather Leeming - Staff Governor, Durham, Tees Valley and Forensics Care Group (MS Teams)
Cllr Ann McCoy - Appointed Governor, Stockton Borough Council (Lead Governor)
Alicia Painter - Public Governor, Middlesbrough
Jean Rayment - Public Governor, Hartlepool
Gillian Restall - Public Governor, Stockton-on-Tees
Graham Robinson - Public Governor, Durham (MS Teams)
Zoe Sherry - Public Governor, Hartlepool (MS Teams)
Cllr Roberta Swiers - Appointed Governor, North Yorkshire County Council (MS Teams)
Judith Webster - Public Governor, Scarborough and Ryedale (MS Teams)
John Yorke - Public Governor, Hambleton and Richmondshire

IN ATTENDANCE:
Brent Kilmurray - Chief Executive
Phil Bellas - Company Secretary
Roberta Barker - Non-Executive Director (MS Teams)
Ann Bridges – Executive Director of Corporate Affairs and Involvement
James Burman – Stakeholder and Engagement Lead
Zoe Campbell – Executive Managing Director for North Yorkshire, York and Selby Care Group (MS Teams)
Dr Charlotte Carpenter - Non-Executive Director (MS Teams)
Karen Christon - Deputy Company Secretary
Dr Sarah Dexter-Smith – Executive Director for People and Culture (MS Teams)
Helen Embleton – Urgent Care Pathways Lead (MS Teams) (Item 10a)
Angela Grant - Corporate Governance Officer (CoG and Membership)
Dr Chris Lanigan – Associate Director of Strategic Planning and Programmes
Ashleigh Lyons – Head of Performance (MS Teams) (in part)
John Maddison - Non-Executive Director (MS Teams)
Beverley Murphy – Executive Chief Nurse
Jules Preston - Non-Executive Director
Beverley Reilly – Deputy Chair / Non-Executive Director
Liz Romaniak – Executive Director of Finance, Information and Estates/Facilities (MS Teams)
Lisa Taylor – Director of Operations and Transformation, Health and Justice Services

23-24/69 APOLOGIES

Apologies for absence were received from:

Lee Alexander - Appointed Governor, Durham County Council
Rob Allison - Appointed Governor, University of York
Cllr Lisa Belshaw - Appointed Governor, Redcar and Cleveland Borough Council
Pamela Coombs - Public Governor, Durham
Susan Croft - Public Governor, York
Cllr Claire Douglas – Appointed Governor, City of York Council
John Green - Public Governor, Harrogate and Wetherby
Lisa Holden - Public Governor, Scarborough and Ryedale
Dr Judy Hurst - Public Governor, Stockton-on-Tees
Kevin Kelly - Appointed Governor, Darlington Borough Council
Jane King - Staff Governor, Durham, Tees Valley and Forensics Care Group
Clive Mackin - Staff Governor, Durham, Tees Valley and Forensics Care Group
Jill Wardle - Public Governor, Durham

Mike Brierley - Assistant Chief Executive
Dr Hannah Crawford – Executive Director of Therapies
Dr Kedar Kale – Executive Medical Director
Jill Murray - Non-Executive Director
Patrick Scott – Executive Managing Director for Durham, Tees Valley & Forensics Care Group/Deputy Chief Executive

23-24/70 WELCOME

The Chair welcomed attendees to the meeting and confirmed that, following a recent court case brought against the Trust by the Care Quality Commission (CQC), the Trust had taken no pleasure in the not guilty verdict delivered and continued the recognition of the distress experienced by the families who had lost a loved one.

J. Kirkbride had expressed disappointment with the CQC's response to the verdict in their public communication, in which they had expressed their dissatisfaction.

23-24/71 MINUTES OF PREVIOUS MEETINGS

Agreed – That the minutes of the Trust's Annual General and Members' meeting held on 23rd November 2023 and the public minutes of the Council of Governors' meeting held on 4th December 2023 be approved as a correct record and signed by the Chair.

23-24/72 DECLARATIONS OF INTEREST

None received.

23-24/73 PUBLIC ACTION LOG

Consideration was given to the Council of Governors' public action log.

It was noted that most actions had been completed. Three actions were to be addressed on the agenda and three had no set timescale and would remain on the action log until completed.

23-24/74 CHAIR'S UPDATE

Governors considered a report from the Chair, which had updated them on his activities between 12th October 2023 and 13th March 2024.

The Chair advised that, at the next meeting of the Council of Governors, the agenda would include committee updates presented by Non-Executive Directors (NEDs). It was hoped that this change would help to facilitate conversations between Governors and the NEDs and aid Governors in holding the NEDs to account for the performance of the Board. This decision had been prompted by conversations held with Governors in meetings of the Council of Governors' Task and Finish Group which had consider the role of a Foundation Trust Governor.

It was noted that:

- J. Kirkbride had suggested that a list of meetings attended by the Chair, included in his report, had not provided her with sufficient information.

  The Chair accepted her comments as fair and noted that, as Chair of the Trust, he attended a high number of meetings.

- With regard to attendance at Council of Governors' meetings by representatives from the Integrated Care Boards (ICBs), A. McCoy had confirmed that she would welcome an opportunity to question the ICBs on the 30% saving that had been required in relation to healthcare and a £4 million shortfall which had been discussed at a recent regional government meeting she had attended.

  The Chair advised that he had informed ICB colleagues of the Council of Governors' intention to invite them to attend some of its meetings in order to hold them to account. He had suggested six-monthly attendance at meetings as a reasonable frequency and ICB colleagues had seemed keen to do so. He intended to speak to them again about this matter in the future.

  A. McCoy confirmed that she looked forward to their attendance as she had concerns regarding the financial shortfall.

23-24/75 CHIEF EXECUTIVE'S UPDATE

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

B. Kilmurray advised that:

- He was unable to provide more detailed information regarding the prosecution mentioned earlier in the meeting and confirmed that sentencing at court, for the two cases the Trust had plead guilty to, was expected on 19th April 2024.
- A new financial year would begin on 1st April 2024 and a challenging financial environment was expected. Although NHS priorities had been identified, financial plans from the Government were still awaited. There had been challenging discussions between the Government and the NHS in relation to an increase of 19% in the NHS workforce and perceived productivity. Significant challenges were expected for mental health services and there would be a need to demonstrate value for money and improved outcomes. The Trust would consider how best to measure

and demonstrate that, which would include holding conversations with NHS Providers.

- With regard to transformation work, neurodevelopmental assessments for children were high on the agenda and the final plans for the transformation work was expected to be available for the Council of Governors' meeting in June 2024.
- In terms of the NHS Five Year Plan, it would enter its sixth year due to delays experienced by the Covid-19 pandemic and the two main priorities were improving access to services and improving quality of services.
- In relation to system and collaborative working, slightly different arrangements existed for priority setting in the two ICBs that covered the Trust's area. The Trust would continue to work closely with both ICBs and colleagues in Cumbria, Northumberland, Tyne and Wear (CNTW) NHS Foundation Trust to consider models of care and governance related to the mental health agenda.
- The Trust had recognised International Social Workers Day and would consider guidance issued by the Department of Health (DoH) on the future development of social worker roles.

It was noted that:

- A. McCoy advised of a local employment hub that would be celebrating social workers at an event in Wellington Square, Stockton-on-Tees on 20th March 2024.
- Following the death of a young woman who had been misdiagnosed by a Physician Associate (PA) at her local GP practice, A. McCoy enquired as to whether the Trust employed Physician Associates and whether they were supervised. She added that it would be helpful to know whether patients were aware of being treated by Physician Associates as opposed to a doctor and suggested that this matter could be further explored in a Governor development session or other forum. She also asked whether new proposals to introduce Martha's Rule applied to mental health.

  B. Kilmurray advised that the Trust employed approx. 12 Medical Assistants, previously known as Physician Associates, who were trained to assist doctors and were supervised and regulated in their roles. He confirmed that Martha's Rule did apply to mental health.

  S. Dexter-Smith advised that Medical Assistants were supervised by Consultant Psychiatrists and had a clearly defined role.

  The Chair suggested consideration could be given to how Governors could gain an understanding of whether patients were aware of being treated by Medical Assistants.

23-24/76 GOVERNOR QUESTIONS

Consideration was given to a report containing a number of questions submitted by Governors, and the responses provided by the Trust. It was noted that:

- H. Griffiths thanked Z. Campbell for the response to her question about Attention Deficit Hyperactivity Disorder (ADHD) assessments. She advised that, although she aware that the Trust was not commissioned to deliver that service, the response had not fully addressed the issue she had raised. Families experiencing the assessment process required better information and people from all of the organisations and agencies involved needed to come together to provide that. They also needed to

discuss the issue of families being denied medication when it had been prescribed as part of a private diagnosis.

B. Kilmurray welcomed the opportunity for the Trust and ICB colleagues to come together to discuss this matter.

Z. Campbell noted H. Griffith's concerns and confirmed that conversations would be held with private providers regarding the issues raised.

- With regard to a question from G. Emerson about Roseberry Park Hospital in Middlesbrough, L. Romainak advised that it related to a confidential legal matter and noted that the hospital was the Trust's largest inpatient site and had been operational as a Private Finance Initiative (PFI) since March 2010. The company that had built the hospital had become insolvent and, as a consequence, the Trust had to defend a claim made against it by the liquidators. Due to the complicated contractual arrangements, the case had been referred to the Technology and Construction Court. The Trust was in the final stages of the court prescribed process and there was potential that a settlement would be reached prior to, or during, the court case. The Trust had no choice but to take part in the process but she believed the Trust had a strong case and it would not seek to settle at this time.

  The Chair added that the Trust had been a reluctant mitigant.

  G. Emerson advised that he welcomed more information on the impact the rectification works had on patients, particularly the most vulnerable ones, and asked when the defects were expected to be rectified.

  L. Romaniak confirmed that the Trust faced a difficult challenge, given the number of defects, and this had been increased due to the complexity of forensic patients. The Trust sought to minimise disruption for patients and a decant block had been built to accommodate any changes. The block was limited to 48 additional beds and as other options had been limited it was expected to take five to six years to complete the rectification works.

  G. Emerson asked how the impact on patients could be evaluated and monitored. He had concerns that the work would have a significant effect on the wellbeing of patients and suggested there would be consequences as a result of the disruption experienced.

  L. Romaniak advised that the effect on patients could be monitored.

  L. Taylor confirmed that a recovery team was on site at Roseberry Park, regularly engaged with patients. No complaints had been received regarding the structured movement of patients and the situation continued to be monitored.

- J. Yorke confirmed that he had received a written response to his question about Peer Support Workers. He advised that, during his time working in the NHS he had experienced colleagues who had considered themselves different to service users. He proposed that everyone had the potential of becoming a service user and had something to contribute in terms of their experience. He suggested there was a danger of people assuming that those with lived experience were more informed because of their experience of mental illness.

  B. Kilmurray advised that he accepted J. Yorke's perspective.

B. Murphy advised that one in four people would experience mental ill health at any one time and research evidence existed that demonstrated the value of peer support.

With regard to the response, she received to her question on Autism, C. Hodgson advised that she welcomed the use of communication passports to support autistic people in inpatient services.

- With regard to M. Booth's question on acronyms, A. Bridges advised that she also struggled with acronyms and the issue had been raised at meetings of the Executive Directors' Group and the Board. The Trust continued to actively challenge the use of acronyms and this was an on-going campaign.

  B. Kilmurray advised that a blog written by Rachel Booth, a member of staff in the Trust, had received positive feedback and many had agreed with her perspective on acronyms.

- A. Painter raised concerns regarding noise on wards and how that affected autistic patients and those who struggled with loud noises.

  B. Murphy acknowledged A. painter's concerns and agreed there were issues to address. A deep dive regarding ward environments had been undertaken and the Trust was working with Jill Corbyn, a national advisor and expert by experience, to help the Trust understand how to respond to the needs of those who were neurodiverse.

23-24/77 GOVERNOR FEEDBACK

Governors considered feedback provided by G. Restall, following her participation in a Leadership Walkabout to the Child and Adolescent Forensic Outpatient Service at Acklam Road Hospital in Middlesbrough on 26th February 2024.

The Chair thanked G. Restall for her comments and reminded Governors that their feedback from events was important and welcomed.

23-24/78 INTEGRATED PERFORMANCE DASHBOARD REPORT

Governors considered a report on the Trust's Integrated Performance Dashboard, as at 31st December 2023.

A. Lyons advised that the report had aimed to provide Governors with reasonable assurance regarding the oversight of the quality of services being delivered in the Trust. Performance plans were in development for areas with limited performance assurance and negative controls assurance.

The Chair confirmed that the Integrated Performance Report was considered by the Board at each meeting and was also considered within relevant board committees. He reassured Governors that board members continued to seek answers on the reasons performance improvement plan targets were not met and sought to understand the areas in which improvements were required.

Questions were raised by G. Birchwood and J. Kirkbride regarding the risks related to staff appraisals, mandatory training and sickness rates. In response it was noted that:

- A. Lyons advised that concerns had related to staff receiving timely appraisals. Staff sickness levels remained relatively consistent, as did the mandatory training completion levels.
- S. Dexter-Smith advised that the Trust had Positive and Safe Training accreditation, with particular recognition given to the high quality training it provided around restrictive practices. A quality improvement event on training would be take place and face to face inductions for staff would also be reinstated.

In relation to Child and Adolescent Mental Health Services (CAMHS) and the number of children and young people being supported by the Trust, G. Emerson asked whether a blockage existed in the system due to people not leaving services and whether that had prevented new referrals. In response, it was noted that:

- B. Kilmurray advised that referral rates to Children and Young People's (CYP) Services were high and there had been particular pressure placed on neurodevelopmental pathways. There had appeared to be a stable flow throughout those services but more data was required. Transformation work was underway in CAMHS and Older People's Services and had included early intervention. It was recognised that although people were offered a first appointment fairly quickly, there were sometimes long waiting times for the therapy prescribed.

  The Chair added that the Board had concerns regarding this matter but also understood system issues within those services.

In response to a question from A. Painter regarding patient satisfaction and whether surveys were offered to everyone, it was noted that:

- A. Bridges confirmed that there was much work to do to make improvements regarding this, however, community teams had received a great deal of feedback and a quality review of inpatient experience would take place.

[A. Lyons left the meeting]

23-24/79 FINANCE REPORT

Governors considered the Trust's Finance Report as at 31st January 2024.

L. Romaniak advised that:

- Due to the challenging national financial position, the Trust had continued to monitor its performance to ensure recovery action plans remained on target.
- Key cost pressures had included elevated levels of agency expenditure including premia rates for medical vacancy cover, high bed occupancy, use of independent sector beds and patient transport costs.
- The final version of the Trust's Financial Plan for 2024/25 would be submitted to NHS England (NHSE) on 2nd May 2024. The Trust needed to make a 4.5% efficiency saving and it would be a challenging plan in terms of delivering efficiencies.

It was noted that:

- In response to a question from G. Emerson about agency staff in the Trust, S. Dexter-Smith advised that the Trust's agency expenditure had reduced by 10% in comparison to the previous year. Over the previous six months, the Trust had gained

more non-agency staff that it had lost and schools and colleges would be targeted in terms of staff recruitment.
L. Romaniak advised that the overspend in inpatient wards had been linked to over-occupancy and more patients had led to an increase in temporary staffing. A small number of complex care packages had also impacted the increase in temporary staffing. International recruitment had helped to address staffing issues, particularly in terms of the recruitment of medics.

S. Dexter-Smith added that many of the temporary staff in the Trust were bank staff.

- G. Emerson advised that he had attended a meeting with foundation doctors where they had highlighted how locum work paid better than other employment.

  The Chair confirmed that issues related to this were on the Board and Equality and Diversity agendas.

  S. Dexter-Smith confirmed that the Trust had considered agency pay rates and was actively engaged in work linked to that.

23-24/80 CARE QUALITY COMMISSION (CQC) PROGRESS REPORT

Governors considered a report which updated them on the progress made by the Trust against the recommendations of the CQC Core Service and Well-led Inspection in 2023. The Trust's progress in completing those actions was monitored via the Trust's Improvement Plan.

B. Murphy advised that:

- The Trust's Improvement Plan had been developed with staff.
- There were 94 actions overall and 11 had been completed.
- The Trust would refresh its Reduction in Restrictive Practices Plan through co-production.
- The progress of the action plan was regularly reported to the Board's Quality Assurance Committee (QAC) and the Quality Board.

J. Kirkbride thanked B. Murphy for such a succinct report.

B. Murphy confirmed that L. McCrindle was the author of the report.

23-24/81 OPERATIONAL SERVICES UPDATE

Governors considered two reports regarding operational services in the Trust, which had also included updates on the Trust's crisis line.

<u>Durham, Tees Valley and Forensics (DTV&F) Care Group</u>

L. Taylor advised that:

- Details of celebrations for the DTV&F Care Group had been included in the report.
- With regard to neurodevelopmental wating times, the DTV&F Child and Adolescent Mental Health Service (CAMHS) Neurodevelopmental Service had developed a plan to reduce the backlog for those waiting for Attention Deficit Hyperactivity Disorder

(ADHD) and Autism Spectrum Disorder (ASD) assessments. Outcomes had been positive so far and updates would be provided to Governors at future meetings.
- With regard to the Adult Learning Disability (ALD) Respite service in Teesside, discussions with Integrated Care Board (ICB) colleagues had commenced to outline the intentions of the Trust and seek support for the redesign of the service. However, it was a process that would take time.
- The Care Group had considered and mapped out their priorities for the next financial year. Each speciality would have a 'plan on a page' to show which priorities had been agreed. An example of the business plan for the expansion of Health and Justice Services had been provided in the report.

With regard to the Crisis Line Service, H. Embleton advised that:

- A new, all age, NHS 111 (Option 2) single model system had been 'soft launched' in March 2024 with the system planned to go live at the end of April 2024. Call handlers would be screening all option 2 calls under the supervision of a senior mental health practitioner. Staff had already started screening calls and there had been an 86% call answer rate the previous week.

North Yorkshire, York and Selby Care Group

Z. Campbell advised that:

- In terms of celebrations, £250,000 of recruitment funding had been allocated to extend autism support. The funding had also made it possible to recruit two members of staff to improve health care communications. Recruitment for those positions was expected to begin soon.
- With regard to Action 23-24/59 (04/12/23) she advised that smoking on wards was not a significant concern in the care group.
- With regard to the crisis line, H. Embleton had provided information which was also relevant to the NYY&S Care Group and she added that the call screening and mental health support element of the crisis line would be moved to a new provider, Everyturn, from the 1st April 2024. Everyturn were a recognised provider of mental health support services. An improved telephony system was in place, which provided clearer oversight of live performance.

It was noted that:

- J. Kirkbride advised that the crisis line service in the Trust had been a topic of discussion for Governors for some time. In previous years, issues regarding the service had been reported in the press and complaints had been received about the skills of those staff screening calls. At one time, it had been suggested that band 6 staff should screen calls but she noted that the DTV&F Care Group report had referred to recruiting band 3 staff in addition to band 6 and 7 staff for the new NHS 111 (Option 2) service.

  H. Embleton advised that there were many different models used nationally to provide crisis line services. Band 3 staff would not be triaging calls but would be take information from callers and refer them appropriately.

[H. Embleton left the meeting]

23-24/82 ACTION TAKEN TO REDUCE THE USE OF RESTRAINT

Governors considered a report on the reduction of restrictive practices across TEWV as part of the Trust's journey towards providing positive and safe care.

B. Murphy advised that:

- Reducing restrictive practices had been a national concern and the Trust sought to understand where restraint was used including long-term segregation, the reduction in the use of restrictive practice in secure transport and restrictive practices within paediatric care.
- The Trust held good quality ward to board reporting data on its CITO and InPhase systems.
- The TEWV Positive and Safe Plan for 2023/24 had been included in the report, which included key priorities and next steps.
- Statistical Process Control (SPC) charts had been included in the report to provide Governors with an overview of the rate and actual number of restrictive interventions across the Trust and in specific services.
- Although the number of restrictive interventions in the NYY&S Care Group had been less than those in the DTV&F Care Group, the Trust had tried to ascertain reasons behind an increase in the number of restrictive interventions in the NYY&S Care Group. The SPC chart on page 7 of the report had showed an increase in restrictive interventions, however, it was important to note that the demand for inpatient care in the Adult Mental Health (AMH) service had been high, running at over 100%.
- Following the use of the HOPE(S) Model and HOPEs Practitioners in Adult Learning Disability (ALD) Services there had been a significant reduction in the number of restrictive practices in that service. This had been evident in the SPC chart on page 8 of the report. The use of the HOPE(S) Model had also increased across services.
- Standing restraint had been the most used method in the Trust and nine wards had made up 70% of the Trust restrictive intervention use for the quarter.
- The Trust's ability to analyse the restrictive interventions data had been limited by the introduction of a new incident reporting system, InPhase. Incidents had continued to be reviewed across all clinical services and information on this had been reported to the QAC.
- Two Specialist Positive and Safe Practitioners, with anticipated start dates of April 2024, had been recruited into the Trust; to support each of the care groups to deliver the reducing restrictive practices agenda.

It was noted that:

- With regard to the TEWV Positive and Safe Plan 2023/24 priorities and next steps, provided on page 4 of the report, J. Kirkbride enquired as to whether the following priorities had been completed by the dates indicated:

    - A review of body worn cameras to be completed by September 2023.
    - The Trust ensuring its practices and patient information were in line with new guidance, to be completed by October 2023.
    - The Trust's review of its seclusion facilities to be completed by November 2023.

    B. Murphy advised she would confirm the status of those priorities at the next Council of Governors meeting in June 2024.

Action – B. Murphy

- Although there had been a reduction in restrictive practices in ALD services, J. Kirkbride questioned why Bankfields Court remained a significant outlier for the use of restrictive practices.

  B. Murphy advised that patients at Bankfields Court had learning disabilities, autism and/or other specific needs and it was important that the Trust fully understood the reasons behind each restrictive intervention.

- With regard to incidents of moderate or significant harm in female inpatient services, A. Painter suggested that the Trust needed to understand the struggles people had experienced.

  B. Murphy agreed with this. She added that it was also important not to stigmatise or apportion blame to people if they become significantly emotionally dysregulated.

- G. Emerson advised of concerns he had regarding the use of rapid tranquilisation and questioned why it would not be used as a last resort.

  B. Murphy acknowledged the importance of his question and advised that, as an example, if a patient had been most unwell and the service had tried all psychological interventions; or they had psychosis; the use of medication to bring about symptom relief would be required as, to delay treatment, could lead to more restrictive practice over time.

- G. Emerson expressed concern that individuals may be sedated on a daily basis due to the service not being able to manage their care.

  B. Murphy confirmed that a patient subject to rapid tranquilisation may only receive a low dose in order to reduce distress and an anti-psychotic drug would be prescribed where needed. If a person was subjected to rapid tranquilisation on a regular basis, there would be an awareness of the situation which would be managed by a multidisciplinary team.

  The Chair confirmed that tranquilisation was not viewed as an easy option.

  B. Murphy advised that, as a Mental Health Nurse, if a person were admitted to a ward experiencing hallucinations, medication might be required prior to other treatments to reduce distress. However, it would be used as a last resort wherever possible.

  S. Dexter-Smith advised that in her previous role, she had been aware of instances where people had preferred rapid tranquilisation and this had been included in their care plan.

  B. Murphy added that, even when a patient was given medication, choices would be made available to them. Physical interventions could also be helpful for some people and there must be a focus on keeping people safe and well.

  The Chair concluded that the topic of restrictive interventions would continue to be of interest and questions relating to it would continue to be asked at the QAC.

23-24/83 AMENDMENTS TO THE TRUST'S CONSTITUTION

Consideration was given to a report which had sought the approval of the Council of Governors to proposed amendments to the Trust's Constitution. Governors were asked to approve the changes highlighted in Annex 1 to the report.

P. Bellas advised that the Board of Directors had considered the amendments at its meeting on 14th March 2024. He also advised that:

- The proposed new public constituency of North Yorkshire would include Wetherby in West Yorkshire and Pocklington and Wolds Weighton in the East Riding of Yorkshire.
- Further consideration would need to be given to voluntary sector organisations represented on the Council of Governors (Annex 4 to the Constitution) and these would need to be jointly agreed by the Board and Council of Governors.
- The Constitution had been revised to be gender neutral.
- There would be minor amendments made to the numbering of provisions within the Constitution annexes and general amendments as a result of the removal of tracked changes.

It was noted that:

- J. Kirkbride asked whether the changes had taken into account the issue of Board members declaring interests relating to previous roles.

  P. Bellas confirmed that it had and all Board members would be asked to declare interests, including those from two years prior to their appointment.

Agreed – that proposed changes to the Trust's Constitution, as outlined in the report, be approved.

[A. McCoy declared an interest in the item relating to Governor appointments and left the meeting]

23-24/84 GOVERNOR APPOINTMENTS

Governors considered a report which had aimed to enable them make decisions on appointments within the Council of Governors' remit.

It was noted that discussions with Governors had taken place in February 2024 regarding proposed changes to the Trust's Constitution. As part of those changes, amendments would be made to the process of appointing a Lead Governor. As A. McCoy's term of office as lead Governor would come to an end on 31st March 2024, it was suggested her term office be extended until June 2024 until such time as the new appointment process came into effect.

Agreed that –

1) ***The term of office of Ann McCoy as the Lead Governor should be extended until June 2024.***
2) ***As no nominations had been received for the Governor vacancy on the Council's Nomination and Remuneration Committee, the position would be readvertised.***
3) ***Hazel Griffiths and Martin Combs be appointed to observe the special meeting of the Audit and Risk Committee to be held on 17th June 2024 when the***

External Auditors were due to present their report and opinion on the Annual Audit.

[A. McCoy re-joined the meeting]

23-24/85 COG ROLE OF A GOVERNOR TASK AND FINISH GROUP UPDATE

Governors considered an update report on the progress made by the Council of Governors' Role of a Governor Task and Finish Group and noted that its final meeting had been held on 13th February 2024. A further update on the culmination of the work of the group would be discussed at the next Governor development session to be held on 28th March 2024.

The Chair drew particular attention to the draft charter which had outlined expected language and behaviours in the Trust and thanked the members of the group, A. Bridges and the Good Governance Institute (GGI) for their participation and contribution to discussions.

23-24/66 COG CO-CREATION COMMITTEE UPDATE

Governors considered an update report on discussions held at the Council of Governors Co-creation Committee meeting held on 13th October 2023.

M. Booth asked Governors to consider whether they would be interested in becoming a member of the Committee, as it played an important role in monitoring cocreation in the Trust. If interested, Governors should contact herself, A. Bridges or A. Grant. She confirmed that cocreation in personalised care planning was of interest to the Committee and the Lived Experience Directors would be invited to a future meeting to provide an update. She also drew Governors' attention to the Committee's future priorities.

23-24/67 DATE OF NEXT MEETING

It was noted that the dates for Council of Governors' Meetings being held in 2024/25 were as follows:

- Monday 3rd June 2024
- Thursday 24th October 2024
- Wednesday 15th January 2025
- Wednesday 26th March 2025

23-24/68 CONFIDENTIAL RESOLUTION

<u>Confidential Motion</u>

Exclusion of the public:

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

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

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

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

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

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

The public session of the meeting closed at 4.28pm.

_____

David Jennings
Chair
3rd June 2024

Public Action Log **Item 5**

RAG Ratings:

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

Date	Minute No.	Action	Owner(s)	Timescale	Status
04/12/23	23-24/54	H. Griffiths to send B. Murphy a link to software which diverts users away from harmful content online. B. Murphy and Suicide Prevention Leads to consider suitablity for Trust use and provide findings to the Executive Team.	HG / BM	–	Closed
04/12/23	23-24/59	Respose to be provided to A. Painter in relation to her comments about smoking on Trust wards. (Note: Comments made by AP in meeting chat facility due to experiencing technical difficulties with sound).	PS/ZC	–	Closed
04/12/23	23-24/59	Regular updates on Crisis Service to be provided to the Council of Governors.	PS/ZC	–	Implemented
04/12/23	23-24/63	Regular progress updates on CQC action plan to be provided to Governors.	BM	–	Implemented
04/12/23	23-24/65	Conclusion report of the CoG Autism Task and Finish Group to be reviewed by the Executive Management Team, to consider how best to carry forward the recommendations.	KK	–	Report scheduled for discussion at the Executive Directors' Group meeting on 28th May 2024
04/12/23	23-24/65	Conclusion report of the CoG Autism Task and Finish Group to be shared with Clinical Leaders.	KK	–	Report scheduled for discussion at the Executive Clinical Leaders Sub Group meeting on 19th June 2024
19/03/24	23-24/82	Confirm status of three priorities listed in the TEWV Positive and Safe Plan 2023/24.	BM	03/06/24	Closed All completed and the outcome of the seclusion review will be reported to the Executive Directors' Group on 24/07/24

Tees, Esk and Wear Valleys
NHS Foundation Trust

Agenda Item 9a

Council of Governors

June 2024

Governor Questions

Name and location	Question and response
Christine Hodgson York	**Question** Could you please show me evidence that plans have been put in place to roll training for the development of the Impact Assessments for Autistic people. This is an important tool with valuable information about how they communicate. **Response** Over the last few months, we've focused on the development of our Tier 2 mandatory training. We've also been supporting clinicians to carry out impact assessments across all specialities and in both community and inpatient services. These have been very well received and developing an impact assessment has become a regular ask from CTR panels. Once we've got the Tier 2 mandatory training up and running, we'll be able to turn our attention to developing a short training session on Impact Assessments along with a range of resources to support their delivery. We've several teams who've asked to be put on a waiting list for this training, so we'll deliver it to them first and then offer it wider. We'll also continue to offer our individual support to clinicians. **Dr Elspeth Webb**
Christine Hodgson York	**Question** Could you please inform me if there have been any Tier Two face to face training taking place in inpatient wards and hospitals. This training is important training to understand how to speak to the autistic person. **Response** Over the past few months, we've been working extremely hard to develop our Tier 2 training.

	We've ensured that we cover all the competencies required in the national guidelines for working with autistic people. All the training has been co-produced and will be co-delivered with an autistic colleague. Training commenced on 17th May. We'll ensure that we get feedback to make sure that it is being delivered in an accessible way and is covering everything that our staff need. The national code of practice hasn't been published yet (it was due in November 2023) but we'll also review our training when this happens. The training is mandatory and, on all staff's, ESR record. The delivery is being done by the trust wide autism service and is coordinated through our training department, who'll have all the records in terms of numbers trained. We've a very large staff group in TEWV but have a trajectory to ensure that everyone receives the training within a three-year period. **Dr Elspeth Webb**
Zoe Sherry Hartlepool	**Question** I would like to voice my concerns at the changes to the DTVF locality meeting. Governors used to have informal meetings with their locality lead. The meetings allowed individual governors to report on things that were important to them and to confidentially discus concerns in an informal setting. The new locality meetings are now set up as formal meetings. There is no opportunity for the governors to speak or raise concerns /questions and attendance varies. Do we need another forum for what could be addressed elsewhere? Or does the present meeting meet TEWV expectations? Could an additional agenda item be added for governor participation? Were the changes inflicted on TEWV or by choice?

	Response I fully take on all the points you've made. No formal decisions were taken on changes to the meetings, we simply went down this route once the care groups were formed in 2022. There's absolutely no reason we can't revert back to these locality meetings being more informal. The Managing Director for the Durham, Tees Valley and Forensics Care Group is of the same thinking – we want these to be meaningful for governors. We completely take on board your comments and will look to make appropriate changes. **Ann Bridges**
Gary Emerson Stockton-on-Tees	**Question** Can the Trust give Governors more information on the nature of the new County Durham and Darlington Persistent Physical Symptoms service and whether this service is likely to be extended to include Tees Valley and beyond? **Response** Our Persistent Physical Symptoms Service (PPSS) was originally known as the Medically Unexplained Physical Health Team and ran alongside our Liaison Psychiatry teams in acute hospital settings. Over time our service in TEWV has evolved and it now sits within adult mental health planned care. The PPSS has been running for approximately five years. There are currently no plans to extend it beyond Durham and Darlington, but the idea was raised with the appropriate ICB. Most work is with GPs and our acute partners in the University Hospital of North Durham and Darlington Memorial Hospital. The PPSS team also has strong links to Talking Therapies as they form part of the 'stepped model of care' for the functional neurological disorders (FND). During their lifetime, one in five adults will experience a persistent physical symptom (PPS) of some kind. Persistent physical symptoms encompass a wide range of conditions. Sometimes they occur in the context of long-term conditions, such as breathlessness in COPD, chronic pain in rheumatoid arthritis, seizures in epilepsy and chronic pelvic pain. They may also affect patients who have functional symptoms such as functional neurological disorder, including functional weakness, dissociative seizures and tremors.

	Non-cardiac chest pain, irritable bowel syndrome and other conditions where no obvious organic cause is found are also often passed to the PPSS. Many patients have a degree of overlap. For example, in patients with angina non-cardiac chest pain is a relatively common occurrence, while a proportion of patients with epilepsy will also have dissociative seizures. For all patients with persistent physical symptoms (PPS), minimising symptom severity and optimising quality of life means going beyond tablets, tests and operations. In fact, management of persistent symptoms is often made worse with the traditional medical approaches of 'search and fix' with tests and referrals. An example of this is that patients with acute lower back pain are more likely to develop chronic symptoms if they have an MRI scan. For most of these patients, no clear diagnosis is communicated and there is no overarching management plan. Research shows that many people with PPS are frequent attenders at GP clinics and generate high levels of hospital contacts and medical investigations, which are expensive and often unhelpful to patients. The interactions between the PPSS and our primary care partners are paramount to everything the service does. Managing patients differently, with a focus on engendering a joint understanding of the condition and facilitating a recovery-orientated approach rather than treating symptoms per se, is key. An integrated approach to physical and mental health is vital, but it's also the key challenge. For example, people with chronic pain have a significantly higher prevalence of depression and anxiety disorder than the general population. For interventions to be effective the PPSS must share and access patient information in real time, without the duplication of records, which can slow the process down and give rise to errors. **Alison Housam**
Gary Emerson Stockton-on-Tees	**Question** Can the Trust give Governor's information on overall waiting list numbers. How many people have been waiting for more than three months to access specific services, what is currently the longest wait time within any service and what is being done to address these waiting times? **Response** A verbal response will be provided by Mike Brierley at the meeting. **Mike Brierley**

John Green Harrogate and Wetherby	**Question** I am interested to learn more about the subject of disengagement from services. Given the spate of unpleasant crimes, committed in recent times, by people who had disengaged from mental health services, can we be reassured by the trust in this regard? What safeguards are there in place, what are the policies concerning disengagement? **Response** The following policy: Individuals who decline treatment of disengage with services policy sets out our approach when service users decline care and/or treatment and, when service users lose contact with services. It also includes members of the public who have been referred but who do not or will not engage with services. The policy gives guidance to staff as to how best engage patients and the necessary steps to take if they don't engage. Trust policies including the Did Not Attend (DNA)/Was Not Brought policy (WNB), Harm Minimisation (clinical risk assessment and management) policy and Missing Patients procedure, and Communicating with Service Users Best Practice, all highlight that if patients disengage with service it should be regarded as a potentially serious matter and lead you to considering an assessment of any potential risk of harm. The Did Not Attend / Was Not Brought Policy specifically outlines steps which need to be taken if a patient does not attend their appointment which includes undertaking a risk assessment. Risk assessments should be based on available information which includes contact with appropriate third parties, including the referrer, GP, or family / carer. Where there are concerns about safety, further steps would be taken, including considering a welfare check by the mental health team or police. In some cases, service users who choose to discontinue contact or not attend appointments may require additional support. Their disengagement may be an indicator that they may be at risk through deterioration in their mental health or other issues preventing them from attending. For this reason, the Did Not Attend / Was Not Brought Policy explicitly states that where possible, every effort must be made to engage with service users whilst they are in need of services. In addition to the above policy guidance, individual teams operate standard huddle formats which include an opportunity for MDT discussion in relation to patients who have disengaged with services. This provides an opportunity for the wider MDT to

	contribute their views in relation to next steps in relation to care and treatment. We are in the process of building the Did Not Attend / Was Not Brought policy workflow into CITO, enabling automated prompts for staff, as well as the ability to monitor compliance against the policy. **Dawn Jessop and Shaun Mayo**
Jill Wardle Durham	**Question** I would like to ask the Board what action has been taken to date to improve services for autistic people as a result of the report submitted to Council of Governors on 4th December 2023 by the Governors Autism Task & Finish Group and what can we expect to see in the coming 12 months in terms of Autism Services? **Response** A full response to the report has been developed and submitted to the Council of Governors by the Governors Autism Task and Finish Group. This will be circulated with the papers for the meeting. Dr Elspeth Webb (Trustwide Autism Clinical Lead) is attending the Council of Governors meeting and will briefly present an update on the work of the Trustwide Autism Service and answer questions. There have been several developments in relation to training and the input into a number of teams with the overall aim of developing a culture of autism informed care across the whole Trust. **Dr Elspeth Webb**
Jill Wardle Durham	**Question** Can the Board provide an update on the reprovision of Primrose Lodge Rehabilitation Service in County Durham? **Response** Refurbishment and rectification works have been completed, with the exception of three corridor doors, which are due to be fitted in early June. On completion, we will submit a registration request to the CQC. We expect a CQC inspection visit to take place in July, and we hope to schedule a move in August 2024. **Shaun Mayo**

Alicia Painter Middlesbrough	**Question** What reasonable adjustments are put in place for patients with disabilities other than mental health problems? In particular, autistic patients and Deaf patients. **Response** In terms of the reasonable adjustments for autistic people accessing our services, we have a Trustwide Autism Service which covers every speciality. This service provides specialised support (training, supervision and consultation) to all TEWV clinicians who are working with autistic clients and people who we suspect are autistic, to develop the appropriate reasonable adjustments based on the impact for that individual of their autism. The Trustwide Autism Clinical Lead will be giving an update on the work of the service at the meeting on Monday and will be available through the afternoon to answer questions. **Dr Elspeth Webb** Our deaf mental health team is a Trustwide service (Durham and Tees Valley) in partnership with CNTW NHS Foundation Trust. We are a tertiary service with deaf people and offer coworking with teams under the urgent and planned care. Like other adult specialised services, we provide training, consultation and scaffolding to health and care staff who are working with people who are deaf or with hearing loss. We are involved in care pathways led by the responsible “keyworking” teams with focus on dealing with challenges of accessibility presented by deaf people and their carers/families. In order to meet their accessible information standard and reasonable adjustment requirements, we are equipped with skills in communication tactics, BSL/other manual communication to assess deaf people’s communication and language needs. We are also familiar with the technology and equipment available for deaf people and ensure they are provided. Deaf people are offered a communication and language screening to explore their language fluency, health and digital literacy, and preferred language, communication support and information format. All the information is uploaded onto relevant sections of Cito and alerts are used to notify colleagues. We co-create a communication passport with deaf people and their carers/family in order to share important information with people/professionals in contact with them. By doing so, deaf

	people can feel more ready to engage with services and involve in their personalised care and safety planning. Our team works closely with other statutory and VCSE services in DTV and meets monthly at our Deaf wellbeing network meeting to share good practice in health and care such as reasonable adjustment and accessibility. As an NHS England commissioned service, we liaise with other specialised deaf mental health services in England to carry out research and audit and develop evidence-based practice around accessibility and reasonable adjustments. **Emmanuel Chan**
Alicia Painter Middlesbrough	**Question** COVID is still ongoing, what measures are you taking to prevent its spread? Is the COVID booster made available to staff and patients? **Response** Covid does continue to circulate, however it is now considered to be an infection that is grouped with all other respiratory illnesses and our updated procedure reflects this. Wards have access to LFD swabs for patients, although we advocate isolation and PCR swabs as the gold standard. There is no change to the management of patients with Covid, the isolation period is in line with national guidance of six days. Staff are no longer required to test, however IPC have produced several comms and guidance around staff recognising the signs and symptoms and what they should do if they suspect they have covid. There is no booster available for staff. This will be picked up by GPs as it is available to risk groups only. In secure inpatient services I understand the health centre will identify any patients who are in these groups. **Carole Rutter**

Item 9b

Council of Governors

June 2024

Governor Feedback

Item	Name	Feedback
1	Gillian Restall	10th May 2024 - Our Journey to Change Delivery Plan Workshop held at Great North Air Ambulance Service, Eaglescliffe. Well attended. An on-going challenge for the trust. Event extremely well organised and presented, although a hefty full day, it was a very emphatic meeting and I look forward to the outcome. Thanks to Chris Lanigan, Ann Bridges and the whole team. Well done! Note: P.A. System very good at the venue, could hear clearly.
2	Gillian Restall	29th April 2024 - Leadership Walkabout visit to Adult Mental Health Crisis Team at West Park Hospital in Darlington. The Crisis Team never seems to have had a good reputation in the past. However, my visit certainly opened my eyes to all that really DOES go on behind the scenes. The visit coincided with the introduction of the new 111 telephone service to support the original telephone number. We were shown the new designated area (switchboard) and until the time of our arrival, 3.30.pm, almost 150 incoming calls had been received. We learned how EVERY call is followed up and I really felt that staff were kind, sympathetic and compassionate to all who contacted the team!!!

3	Gillian Restall	20th May 2024 – Leadership Walkabouts visit to the Criminal Justice Liaison and Diversion Service at Roseberry Park Hospital in Middlesbrough. Although the service covers the whole of the Trust's areas, the team is split up into different regions, working mainly with the probation service and medium to low risk offenders (higher risk comes under a different category). There is an initial assessment and screening to support, signpost to more accurate services as this service is mainly for short term intervention only, covering security inpatient services. Regarding staff morale. On the whole, the staff felt T.E.W.V. was quite a good organisation to work for, but I felt a bit worried about some concerns expressed, mainly to do with CITO as being very complicated AND may only be "teething troubles" at the moment but the issue needs to be addressed because I, somewhat fear, that some staff may seek employment with a different organisation. My own opinion but even though I have hesitation in mentioning I am concerned. I would like to thank the managers and teams who facilitated the Leadership Walkabouts as they made us feel so welcome.

Item No 10i

For General Release

Meeting of:	**Council of Governors**
Date:	**3rd June 2024**
Title:	**Board Integrated Performance Report as 31st March 2024**
Executive Sponsor(s):	**Mike Brierley, Assistant Chief Executive**
Author(s):	**Sarah Theobald, Associate Director of Performance**

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

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

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

Strategic Risks relating to this report:

BAF ref no.	*Risk Title*	*Context*
1.	Safe Staffing	The Integrated Performance Report is part of the assurance mechanism that provides assurance on a range of controls that relate to our strategic risks.
2.	Demand	
3.	Co-Creation	
4.	Quality of Care	
5.	Digital	
6.	Estates & Infrastructure	
7.	Cyber Security	
8.	Quality Governance	
9.	Partnerships & System Working	
10.	Regulatory Compliance	
11.	Roseberry Park	
12.	Financial Sustainability	
13.	Public Confidence	

Executive Summary:

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

Proposal: It is proposed that the Council of Governors receives this report with **reasonable** assurance regarding the oversight of the quality of services being delivered. There are four areas within the Integrated Performance Dashboard (IPD) with **limited performance assurance** and **negative controls assurance;** in addition, there are **several areas of concern** within the National Quality Standards/Mental Health Priorities and the NHS Oversight Framework. There are mitigations within each of the Headlines which summarise the improvement actions and the impact expected.

Overview: There are several points to note in this month's IPR which are as follows:

- **CITO:** On the 5th February 2024, we went live with our new mental health and learning disability electronic patient record (CITO). We are now able to report the patient-based measures in our Integrated

Performance Reports (IPR); however, there are some data quality/timeliness issues, which is to be expected as staff learn the new system and adapt ways of working (these are noted against the relevant measures). We have identified issues relating to the recording of activity/contacts/referral sources and the duplication of referrals which are impacting some of our measures.

- **InPhase**: We are continuing to progress several actions to support improvement in the quality of the incident data recorded on InPhase. Whilst we know the incident data recorded in InPhase is accurately reported through IIC, there are areas where data quality can be improved, which is to be expected following a transfer to a new recording system.
- We have a small number of measures (Staff Survey) where we are continuing to validate some of the data following concerns over consistency. If we find anything pertinent following investigation the detail will be updated in next month's report. These are noted against the relevant measures.
- We have updated the **Data Quality Assessment** specifically for the incident related measures following transfer to InPhase. These are noted on the relevant slides.
- We have also included a new **Glossary of Terms** to support understanding of the abbreviations used in the IPR.

The overall **reasonable** level of assurance has been determined based on the Performance & Controls Assurance Framework for the Board Integrated Performance Dashboard (IPD) and progress against the National Quality Standards/Mental Health Priorities/NHS System Oversight Framework.

There are "Headlines" for each of the sections: the Integrated Performance Dashboard (page 6); the National Quality Standards/Mental Health Priorities (page 49) and the Oversight Framework (page 52). These headlines include mitigations which describe how we intend to improve performance, the impact of the actions and when we expected to see the impact. We are continuing to use the Performance Improvement Plans (PIPs) as a tool to support improvement; however, the improvement actions are within the IPR (where completed). The key changes for the IPD are shown on page 12 within the Performance & Controls Assurance Overview.

The Integrated Performance Report (IPR) is part of the assurance mechanism that provides assurance on a range of controls that relate to our strategic risks (see page 48 alignment of measures to the Board Assurance Framework). Please note these have now been updated to reflect the revised strategic risks.

Prior Consideration and Feedback

The Integrated Performance Report was approved by Executive Directors Group and the Care Group individual IPRs by the Care Group Boards in April 2024.

Implications:

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

Recommendations:

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

Tees, Esk and Wear Valleys
NHS Foundation Trust

Board Integrated Performance Report

As at 31st March 2024

Report produced by: Amy Walford, Performance Lead (Corporate) and Sarah Theobald, Associate Director of Performance
Date the report was produced: 25th April 2024

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

journey to change

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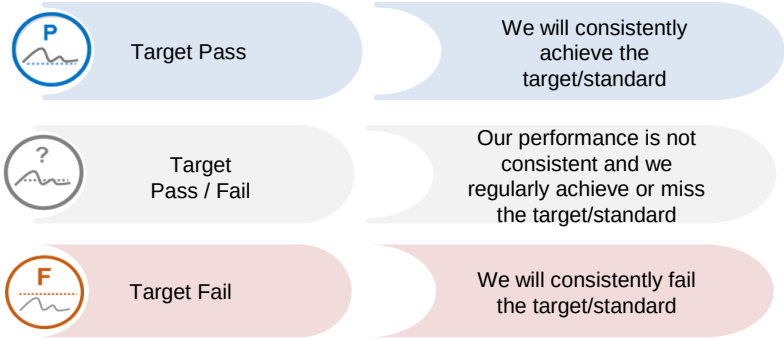
Our Guide To Our Statistical Process Control Charts

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

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

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

Assurance: is the standard achievable?



Please note assurance on whether the standard/plan is achievable is now included for a number of measures. Standards for the remaining ones will be progressed, where required.

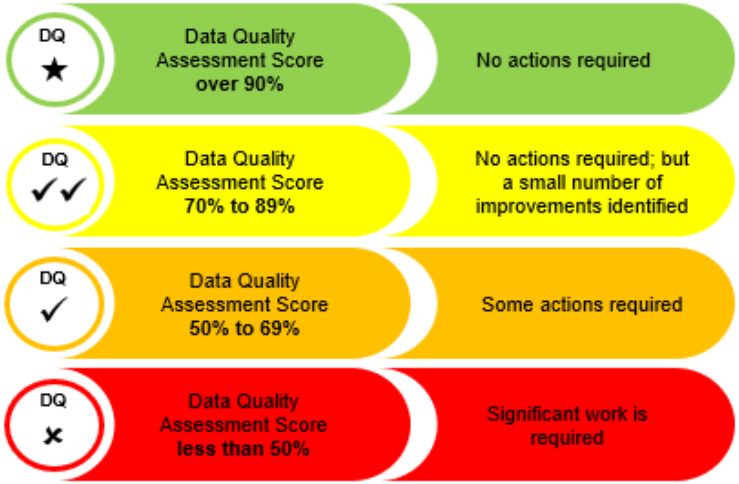
Our Approach to Data Quality and Action

Tees, Esk and Wear Valleys NHS Foundation Trust

Data Quality
On a bi-annual basis we undertake a data quality assessment on our Board measures as part of our assurance to the Board. Our data quality assessment focuses on 4 key elements: robustness of the measure, data source, data reliability and audit.

The last full assessment was completed during September 2023. We have now updated the assessment for the measures that were impacted following the transfer to InPhase in October 2024. The next bi-annual assessment will be completed in Quarter 1 2024/25 which will include all measures.

Note: The development of the local audit/assurance framework to support the assessment has been delayed due to capacity issues within Business Intelligence who have been supporting the implementation of CITO. This will now be completed in quarter 1 2024/25 with the first assessment of this element in quarter 2 2024/25.



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.

Action status

Glossary of Terms

A&T	Assessment & Treatment
ADHD	Attention deficit hyperactivity disorder
AMH	Adult Mental Health
ASD	Autism Spectrum Disorder
BME	Black and Minority Ethnic
CED	Child Eating Disorders
CRES	Cash Release Efficiency Savings
CROM	Clinician Reported Outcome Measure
CYP	Children & Young People
CYPS	Children and Young People Services
DTOC	Delayed transfers of care
DTVFCG	Durham Tees Valley and Forensic Care Group
EIP	Early Intervention in Psychosis
HNYICB	Humber & North Yorkshire Integrated Care Board
ICB	Integrated Care Board
IPD	Integrated Performance Dashboard
MHSOP	Mental Health Services for Older People
MoJ	Ministry of Justice
NENC ICB	North East & North Cumbria Care Board
NYYSCG	North Yorkshire, York & Selby Care Group
Neuro	Neurodevelopmental services
OAP	Out of Area Placement
PIP	Performance Improvement Plan
PIpA	Purposeful Inpatient Admission
PMH	Specialist Community Perinatal Mental Health
PROM	Patient Reported Outcome Measure
PSII	Patient Safety Incident Investigations
PSIRF	Patient Safety Incident Framework
SMART	Specific, measurable, achievable, relevant, time-bound
SOCI	Statement of comprehensive income
SPC	Statistical Process Control
STEIS	Strategic Executive Information System
UoRR	Use of Resources Rating
VoY	Vale of York

Board Integrated Performance Dashboard Headlines

Headlines

- **Patient and Carer Experience** no significant change however, achieving standard in March for carer experience. There is also special cause improvement (an increase) in the number of carer responses. Inpatients Feeling Safe no significant change in performance and in the number of responses to this measure.
- **Outcomes:** CYP special cause concern and below standard for the PROM however, special cause improvement for the CROM although also below standard. AMH/MHSOP special cause concern and below standard for the PROM and CROM
- **Bed Pressures** no significant change in bed occupancy or inappropriate out of area bed days; however significantly exceeding the agreed trajectory.
- **Patient Safety** for the number of Patient Safety Incident Investigations reported on Strategic Executive Information System (STEIS) there is special cause improvement however, this is not necessarily an actual improvement, as there was a change in process at the end of January 2024 when we Trust transitioned to the National Patient Safety Incident Framework (PSIRF). This new framework advocates a more proportionate approach to investigations. For the remainder of incident related measures there is no significant change. There was no unexpected Inpatient unnatural deaths reported on STEIS during March.
- **Uses of Mental Health Act** no significant change.
- **Staff** For recommending the Trust as a place to work we achieved 46.31% and for staff feeling able to make improvements we achieved 52.44%; both of which are the lowest positions to date. We have special cause improvement for staff for leaver rate and no significant change for sickness, mandatory training and appraisal. However, we are achieving standard in March for mandatory training.
- **Demand** no significant change in referrals however, special cause concern continues for caseload.
- **Finance** significant recurrent underlying pressures but improved performance relative to in-year control totals delivery of the 2023/24 break even plan.

Risks / Issues

Of most concern:
- Adults and Older Persons PROM
- Unique Caseload
- Financial Plan: Agency expenditure
- Agency price cap compliance
- CRES Performance – Recurrent

Of concern:
- Children and Young Persons PROM
- Adults and Older Persons CROM

Positive Assurance

Significant improvement seen in:
- Children and Young Persons CROM
- Staff Leaver Rate

Positive assurance for:
- CRES Performance – Non-Recurrent

Board Integrated Performance Dashboard Headlines

Mitigations

AMH/MHSOP PROM and CROM
DTVFCG have a PIP and the actions are for AMH services (specifically EIP and Treatment and intervention teams) to focus greater discussion and challenge utilising the team and service level dashboards; for Older Persons services to add this measure to the team and service level governance dashboards and for both Adult and Older Persons services clinical supervision and caseload management agendas/processes to be updated to include support and discussion around completion of outcomes and reviews of patients not making an improvement. It is anticipated that the impact of these improvement actions should be seen in May 2024 (April data) with a 5% increase in Adults and Older Persons showing measurable improvement. NYYSCG have a PIP for AMH services which focuses on completion rates within caseload supervision and monitoring of outcomes within service leadership huddles. It is anticipated that the impact of these improvement actions will be seen in June 2024 (May data) with a 5% increase in Adults. Within MHSOP a deep dive is needed to understand the root cause to support the development of a PIP. This work is expected to be completed by the end of April 2024.

Caseload
DTVFCG have a PIP and have identified several actions to address the back log of waiters within CYPS neurodevelopmental teams which includes implementing a revised neuro assessment protocol and a refresh of the Patient Tracker meetings. It is anticipated these actions will eliminate over 3 year waits by the end of Q1. AMH services will pilot work within Sedgefield teams to implement a revised assessment process for ADHD and ASD pathways working with Primary Care colleagues. It is anticipated this action will increase assessment and reduce 80% of referrals coming into intervention teams by June 2024. NYYSCG CYPS have identified two specific pieces of work that are required before being able to identify SMART actions, these actions will be completed by the end of June 2024, which will then inform their PIP.

CYP PROM
DTVFCG have a PIP and the actions were to add this measure to the team and service level governance dashboards and for clinical supervision and caseload management agendas/processes to be updated to include support and discussion around completion of outcomes and reviews of patients not making an improvement. It was anticipated that the impact of these improvement actions should be a 5% increase in CYP showing measurable improvement by April 2024 (March data); however, whilst the actions were completed, they have not had the desired impact. A new action has been identified for the General Manager to undertake a patient level deep dive into patients discharged with a paired outcome measure that are not demonstrating an improvement. This will be completed by the end of May 2024. In addition, Management Group have approved the updates to the measure to include Parent Rated outcomes and the new assessment tools. This will be actioned by the Business Intelligence Team post CITO.

Finance
Improved performance relative to control totals set in year have supported financial recovery that has allowed the Trust to deliver our 2023/24 breakeven plan, based on a mid-case scenario.

NOTE: See individual pages for full details of the improvement actions and expected impact/timescales

Durham Tees Valley & Forensic Care Group IPD Headlines

Headlines

- **Patient and Carer Experience** no significant change with patient and carer experience however we achieve the standard for Carers response and we see special cause improvement (an increase) in the number of responses from carers
- **Inpatients Feeling Safe** special cause concern
- **CYP Outcomes** special cause concern in PROM, however, special cause improvement for CROM, but both remain below standard
- **AMH / MHSOP Outcomes** special cause concern and below the standard for PROM and CROM
- **Bed Pressures –**no significant change in bed occupancy but special cause concern (an increase) in the number of inappropriate out of area bed days and significantly exceeding the agreed trajectory.
- **Patient Safety / Incidents / Mental Health Act** no significant change across all measures with the exception of Restrictive interventions used where we see special cause improvement (a reduction at Care Group level).
- **Staff.** For recommending the Trust as a place to work we achieved 48.83% and for staff feeling able to make improvements we achieved 53.91%; both of which are the lowest positions to date. No significant change in mandatory training and appraisal or sickness however a downward trend in sickness is noticed.
- **Demand** no significant change in referrals; however special cause concern in caseload driven by AMH and CYPS.
- **Finance** significant challenges in relation to financial recovery to achieve breakeven by the end of the year.

Risks / Issues

Of most concern:

- AMH/MHSOP PROMS and CROMs
- Unique Caseload
- Financial Plan: Surplus/Deficit

Of concern:

- Inpatients feeling safe
- CYP PROM
- OAPs
- Agency price cap compliance
- Agency Spend

Positive Assurance

Significant improvement seen in:

- CYP CROM
- The Number of restrictive interventions used
- Staff Leaver Rate.

Durham Tees Valley & Forensic Care Group IPD Headlines

Mitigations

CYPS Patient Reported Outcomes DTVFCG have a PIP and the actions were to add this measure to the team and service level governance dashboards and for clinical supervision and caseload management agendas/processes to be updated to include support and discussion around completion of outcomes and reviews of patients not making an improvement. It was anticipated that the impact of these improvement actions should be a 5% increase in CYP showing measurable improvement by April 2024 (March data); however, whilst the actions were completed, they have not had the desired impact. A new action has been identified for the General Manager to undertake a patient level deep dive into patients discharged with a paired outcome measure that are not demonstrating an improvement. This will be completed by the end of May 2024. In addition, Management Group have approved the updates to the measure to include Parent Rated outcomes and the new assessment tools. This will be actioned by the Business Intelligence Team post CITO.

AMH/MHSOP Patient reported Outcome Measure and Clinician Reported Outcome Measure
A PIP is in place and the actions are for Adult services (specifically EIP and Treatment and intervention teams) to focus greater discussion and challenge utilising the team and service level dashboards; for Older Persons services to add this measure to the team and service level governance dashboards and for both Adult and Older Persons services clinical supervision and caseload management agendas/processes to be updated to include support and discussion around completion of outcomes and reviews of patients not making an improvement. It is anticipated that the impact of these improvement actions should be seen in May 2024 (April Data) with a 5% increase in Adults and Older Persons showing measurable improvement.

Inappropriate Out of Area Placements
A PIP is in place and the actions are to ensure report out agendas are more action focused; Care Group Board members and Urgent Care supercell members to attend ward 'Report out' meetings and provide feedback and leadership support; and to develop a standard process for monitoring of patients clinically ready for discharge across urgent care wards. It is anticipated that the impact of these improvement actions should be seen in April 2024 with a 50% reduction of patients with a length of stay over 60 days., unfortunately whilst these actions did lead to a reduction was not be the 50% we had hoped. Actions will be reviewed and new actions developed for next month. To review the discharge policy in line with best practice and implement by end of April 2024. It is anticipated that the impact of this action should be a reduction in length of stay to an average of 30 days. To identify patients that are clinically ready for discharge and offer support to address the barriers; to ensure standard approach is taken across Local Authority Meetings to address delays; to identify patients they require additional support from senior leadership team and arrange stop the line meeting; and to review/update Stop the line processes and share with clinical teams. It is anticipated that the impact of these actions has been seen with a 50% reduction in the number of patients clinically ready for discharge (reduced to 14 at end of March) .

Caseload
A PIP is in place with several actions to address the back log of waiters within CYPS neurodevelopmental teams which includes implementing a revised neuro assessment protocol and a refresh of the Patient Tracker meetings. It is anticipated these actions will eliminate over 3 year waits by the end of Q1. AMH services will pilot work within Sedgefield teams to implement a revised assessment process for ADHD and ASD pathways working with Primary Care colleagues.

Finance
Improved performance relative to control totals set in year to support financial recovery provide increased assurance that the Trust will deliver our 2023/24 breakeven plan, based on a mid-case scenario. A small number of external factors have potential to impact the financial outturn however these are currently projected as being manageable within the overall position.

North Yorkshire, York & Selby Care Group IPD Headlines

Headlines

- **CITO:** On the 5th February 2024, we went live with our new mental health and learning disability electronic patient record (CITO). We are now able to report the patient-based measures in our Integrated Performance Reports (IPR); however, there are some data quality/timeliness issues, which is to be expected as staff learn the new system and adapt ways of working. We have identified issues relating to the recording of activity/contacts/referral sources and the duplication of referrals which are impacting some of our measures.
- **InPhase:** We are continuing to progress several actions to support improvement in the quality of the incident data recorded on InPhase. Whilst we know the incident data recorded in InPhaseis accurately reported through IIC, there are areas where data quality can be improved, which is to be expected following a transfer to a new recording system.
- **Patient and Carer Experience** no significant change. There is special cause improvement (an increase) in the number of carer responses.
- **Inpatients Feeling Safe** no significant change and in the number of responses to this measure.
- **Outcomes:** CYP PROM are reporting special cause improvement, however CYP CROM are now reporting no significant change due to a deterioration since January 2024.
  AMH/MHSOP PROM are reporting special cause and no significant change for CROM.
- **Bed Pressures** no significant change in bed occupancy and below the mean; inappropriate out of area beds days is reporting special cause improvement
- **Patient Safety / Incidents** no significant change across all measures
- **Uses of MHA:** no significant change
- **Staff:** For recommending the Trust as a place to work we achieved 46.31% and for staff feeling able to make improvements we achieved 52.44%; both of which are the lowest positions to date. **Staff leaver** is special cause improvement. S**ickness** no significant change but is improving**, Mandatory Training** no significant change however decreasing trend and **Appraisals** is special cause concern.
- **Demand** no significant change in referrals however, special cause concern continues for caseload
- **Finance** significant challenges in relation to financial recovery to achieve breakeven by the end of the year.

Risks / Issues

Of most concern:
- Adults and Older Persons Patient reported Outcome Measure
- Unique Caseload
- Financial Plan: Agency expenditure

Of concern:
- Appraisals
- Financial Plan: Surplus/Deficit
- Agency price cap compliance

Positive Assurance

Improvement seen in:
- Children and Young Persons Patient Reported Outcome Measures
- Bed occupancy
- Inappropriate OAP
- Incidents of moderate or severe harm
- Number of unexpected inpatient unnatural deaths reported on STEIS
- Staff Leaver Rate

North Yorkshire, York & Selby Care Group IPD Headlines

Mitigations

AMH/MHSOP PROM and CROM
AMH Services has a PIP in place which focuses on the completion rates within caseload supervision and monitoring outcomes within the service leadership huddles. It is anticipated that the impact of these improvement actions will be seen in June 2024 with a 5% increase.
MHSOP is undertaking a deep dive to understand the root cause to support the actions in the PIP. Work is expected to be completed at the end of April 2024.

Appraisals
Management, MHSOP, AMH, and CYP Services all have PIPs in place, which are consolidated into the overall Trustwide PIP. The actions include booking all outstanding appraisals; validating outstanding staff lists; monitoring compliance in weekly huddles and ensuring they are booked in diaries in advance; following up all information not correctly recorded on ESR and training for supervisors. It was anticipated that the impact of these actions should be the achievement of 85% by the end of April 2024 and thereafter.

Caseload
CYP have identified two specific pieces of work that are required before being able to identify SMART actions, these actions will be completed by the end of June 2024, which will then inform their PIP.

Finance
Improved performance relative to control totals set in year to support financial recovery provide increased assurance that the Trust will deliver our 2023/24 breakeven plan, based on a mid-case scenario. A small number of external factors have potential to impact the financial outturn however these are currently projected as being manageable within the overall position.

NOTE: See individual pages for full details of the improvement actions and expected impact/timescales

Performance & Controls Assurance Overview

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

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

Board Integrated Performance Dashboard

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Rep Ref	Our Quality measures	Committee Responsible for Assurance	Variation	Assurance	Standard (FYTD)	Actual (FYTD)	Annual Standard
1)	Percentage of patients surveyed reporting their recent experience as very good or good	QAC		?	92.00%	92.17%	92.00%
2)	Percentage of carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for	QAC		?	75.00%	75.52%	75.00%
3)	Percentage of inpatients reporting that they feel safe whilst in our care	QAC		?	75.00%	78.63%	75.00%
4)	Percentage of CYP showing measurable improvement following treatment - patient reported	QAC	L	F	35.00%	24.06%	35.00%
5)	Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported	QAC	L	F	55.00%	44.42%	55.00%
6)	Percentage of CYP showing measurable improvement following treatment - clinician reported	QAC	H	F	50.00%	46.53%	50.00%
7)	Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported	QAC	L	F	30.00%	19.58%	30.00%
8)	Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	S&RC				98.27%	
9)	Number of inappropriate OAP bed days for adults that are external to the sending provider	S&RC				516	
10)	The number of Patient Safety Incident Investigations reported on STEIS	QAC	L			125	
11)	The number of Incidents of moderate or severe harm	QAC				644	
12)	The number of Restrictive Interventions Used	QAC				10,478	
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				5	
15)	The number of uses of the Mental Health Act	MHLC				4,016	

Rep Ref	Our People measures	Committee Responsible for Assurance	Variation	Assurance	Standard (FYTD)	Actual (FYTD)	Annual Standard
16)	Percentage of staff recommending the Trust as a place to work	PC&D			60.00%	54.80% (Jan - 2024)	60.00%
17)	Percentage of staff feeling they are able to make improvements happen in their area of work	PC&D			65.00%	60.05% (Jan - 2024)	65.00%
18)	Staff Leaver Rate	PC&D	L			11.26%	
19)	Percentage Sickness Absence Rate (month behind)	PC&D		?	5.50%	5.98%	5.50%
20)	Percentage compliance with ALL mandatory and statutory training (snapshot)	PC&D		?	85.00%	86.69%	85.00%
21)	Percentage of staff in post with a current appraisal (snapshot)	PC&D		?	85.00%	81.36%	85.00%

Rep Ref	Our Activity measures	Committee Responsible for Assurance	Variation	Assurance	Standard (FYTD)	Actual (FYTD)	Annual Standard
22)	Number of new unique patients referred	S&RC				99,469	
23)	Unique Caseload (snapshot)	S&RC	H			66,578	

Rep Ref	Our Finance measures	Committee Responsible for Assurance	Plan (FYTD)	Actual (FYTD)
24)	Financial Plan: SOCI - Final Accounts - (Surplus)/Deficit	S&RC	0	0
25a)	Financial Plan: Agency expenditure compared to agency target	S&RC	19,769,000	17,078,400
25b)	Agency price cap compliance	S&RC	100.00%	63.34%
26)	Use of Resources Rating - overall score	S&RC	3	2
27)	CRES Performance - Recurrent	S&RC	15,468,000	12,209,000
28)	CRES Performance - Non-Recurrent	S&RC	5,379,000	8,638,000
29)	Capital Expenditure (CDEL)	S&RC	13,868,000	13,562,288
30)	Cash against plan	S&RC	64,304,000	59,929,262

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

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Background / Standard description:
We are aiming for 92% of patients surveyed, reporting their recent experience as very good or good

What does the chart show/context:
During March **908** 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, **91.19% (828)** scored "very good" or "good".

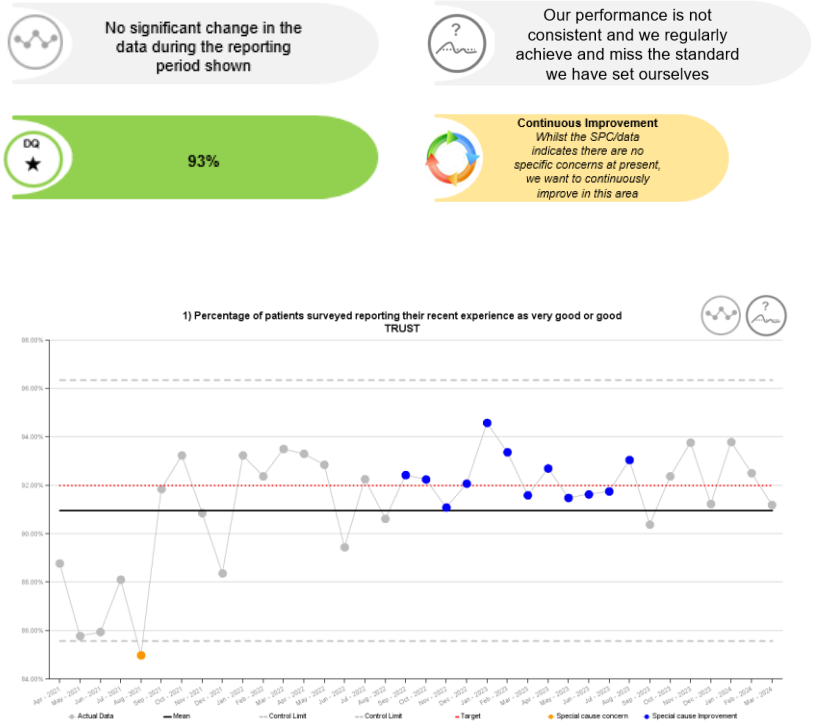
There is no significant change at Trust/Care Group level in the reporting period and we are also showing no significant change in the number of patients who have responded to this question.

Health & Justice and Secure Inpatient Services within Durham, Tees Valley & Forensic Care Group are both showing special cause improvement for patients reporting their recent experience as very good or good.

The latest National Benchmarking data (January 2024) shows the England average (including Independent Sector Providers) was **86**% and we were ranked **17** (previously ranked 20) of 63 providers (1 being the best with the highest ratings) . We were also ranked highest for the total number of responses received.

Underlying issues:
There are no underlying issues to report.

Actions:
- The Patient & Carer Experience Group are going to consider how a patient or carer could understand the performance of each individual team and what key 5 things they might look for (by end of April 2024)



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

Tees, Esk and Wear Valleys NHS Foundation Trust

Background / standard description:
We are aiming for 75% of carers reporting, they feel they are actively involved in decisions about the care and treatment of the person they care for

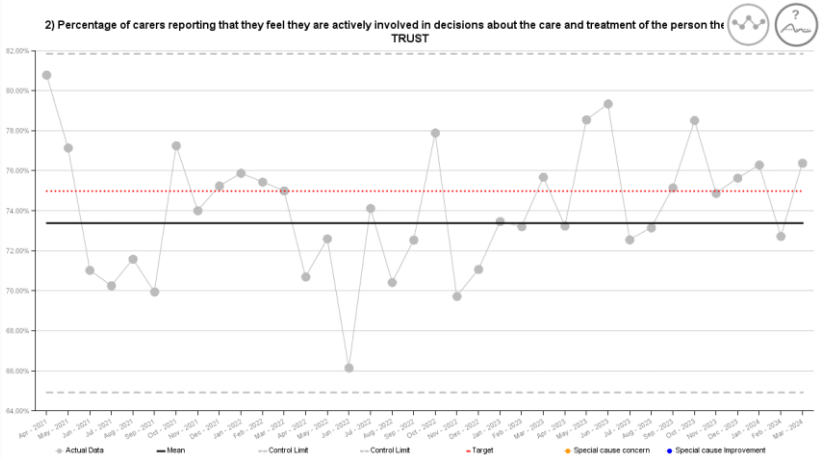
What does the chart show/context:
During March, **326** carers responded to the question in the carer survey: Question: "Do you feel that you are actively involved in decisions about the care and treatment of the person you care for?". Of those, **249 (76.38%)** scored "yes, always".

There is no significant change at Trust/Care Group level in the reporting period; however, we are continuing to show special cause improvement in the number of carers who have responded to the question.

Adult Learning Disabilities within Durham, Tees Valley & Forensic Care Group are showing special cause improvement for carers reporting they feel actively involved in decisions about the care and treatment of the person they care for.

Underlying issues:
- Engagement with various patient groups
- Barriers to collecting feedback include:
    - Access to and up to date surveys through the various mechanisms
    - Up to date carer and team information
    - Lack of feedback including display of feedback

Actions:
- The Patient & Carer Experience Team are continuing to work with the Recovery College to develop an e-learning package to deliver the Carer Awareness training and are continuing to deliver face to face training with an increased number of sessions.



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

Tees, Esk and Wear Valleys NHS Foundation Trust

Background / standard description:
We are aiming for 75%* of inpatients reporting, they feel safe whilst in our care
*(*standard being reviewed – see actions below)*

What does the chart show/context:
During March 158 patients responded to the overall experience question in the patient survey: Question: "During your stay, did you feel safe?". Of those, 126 **(78.75%)** scored "yes, always" and "quite a lot".

There is no significant change at Trust level and for North Yorkshire, York & Selby Care Group in the reporting period. However, there is special cause concern for Durham, Tees Valley & Forensic Care Group (largely driven by Adult Mental Health). There is no significant change in the number of inpatients who have responded to the question.

Underlying issues:
- There are several factors that can influence whether a patient feels safe, e.g. staffing levels, other patients, environment.
- Self Harm in inpatient settings can cause other patients to feel unsafe

Actions:
- Durham Tees Valley & Forensic Care Group have a Performance Improvement Plan (PIP). Actions are for Peer Workers and Patients to create their own Leaflets outlining, what would they want other patients to know when they arrive, what would help them feel safe; Suggestion boxes on wards to support people to raise questions or concerns about feeling safe in an anonymous/less intrusive way and a monthly checklist to explore how many patients attended the Mutual Help, Activities, and psycho-social sessions etc so activities can be tailored to suit the cohort of patients. It is anticipated that the impact of these improvement actions should be seen by May 2024 with a 5% increase in inpatients reporting they feel safe.
- The Patient & Carer Experience Team in collaboration with the Lived Experience Directors will review the "standard" for this measure following the expansion to include "quite a lot". A proposal will go to the Executive Review of Quality in April 2024.

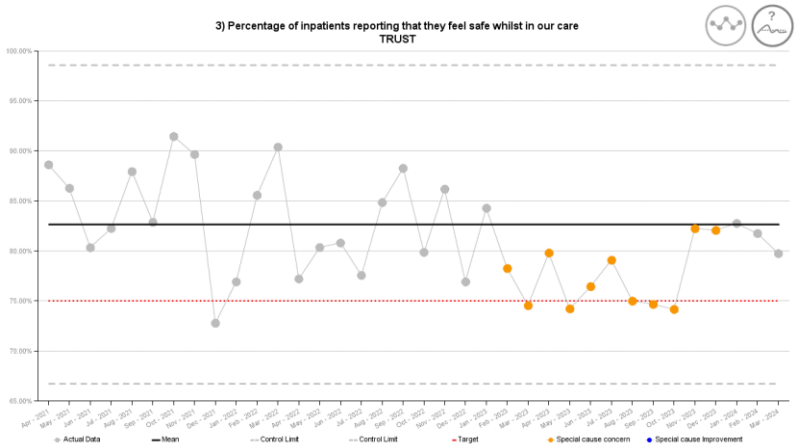
No significant change in the data during the reporting period shown

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

DQ

87%

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



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

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Background / standard description:
We are aiming for 35% of CYP showing measurable improvement following treatment - patient reported

What does the chart show/context:
For the 3-month rolling period ending March **616** patients were discharged from our CYP service with a patient rated paired outcome score. Of those**, 147 (23.86%)** made a measurable improvement.

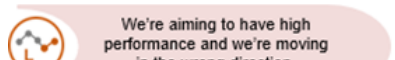
Whilst the Trust position is an accurate reflection of the data, the allocation to the relevant Care group has been impacted following the implementation of CITO which is being investigated.

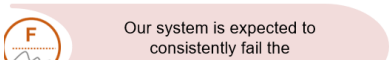
There is special cause concern at Trust level and for Durham Tees Valley and Forensic Care Group in the reporting period. However, it should be noted there is special cause improvement in North Yorkshire, York & Selby Care Group.

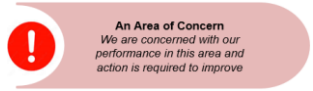
The accepted Patient Rated Outcome Measures are CORS / ORS / GBO (goal-based outcomes) / RCADS / SDQ / SCORE-15 / PHQ-9 / GAD-7 / CORE-10.

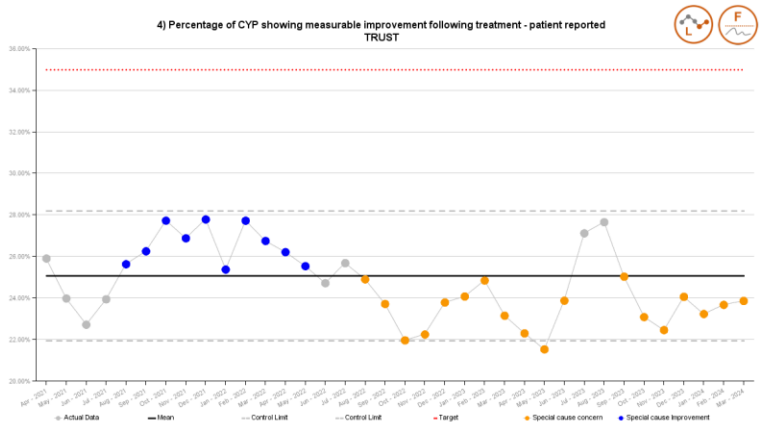
Underlying issues:
- This measure currently doesn't include Parent Rated outcomes (which is valid) or some of the newer assessment tools

Actions:
- Durham Tees Valley & Forensic Care Group have a Performance Improvement Plan (PIP). Actions are to add this measure to the team and service level governance dashboards and begin reporting against this and for clinical supervision and caseload management agendas/processes to be updated to include support and discussion around completion of outcomes and reviews of patients not making an improvement. ***(Completed)*.** It was anticipated that the impact of these improvement actions should be seen in April 2024 with a 5% increase in CYP showing measurable improvement; however, whilst the actions were completed, they have not had the desired impact. A new action has been identified which is that the General Manager will undertake a patient level deep dive into patients discharged with a paired outcome measure that are not demonstrating an improvement. This will be completed by the end of May 2024.









Actions continued:
- Management Group have now approved the updates to the measure to include Parent Rated outcomes and the new assessment tools. This will be actioned by the Business Intelligence Team post CITO.

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

Tees, Esk and Wear Valleys NHS Foundation Trust

Background / standard description:
We are aiming for 55% of Adults and Older Persons showing measurable improvement following treatment - patient reported

What does the chart show/context:
For the 3-month rolling period ending January **1523** patients were discharged from our Adults and Older Persons services with a patient rated paired outcome score. Of those**, 641 (42.09%)** made a measurable improvement.

Whilst the Trust position is an accurate reflection of the data, the allocation to the relevant Care group has been impacted following the implementation of CITO which is being investigated.

There is special cause concern at Trust level/Care Group level in the reporting period. Special cause concern is in relation to AMH services in both Care Groups; however, there is some visible improvement in Durham, Tees Valley and Forensic Care Group. Whilst there is no significant change in MHSOP services, there is visible deterioration in North Yorkshire, York & Selby Care Group.

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

Underlying issues:
- Timeliness and frequency of completing outcomes is impacting

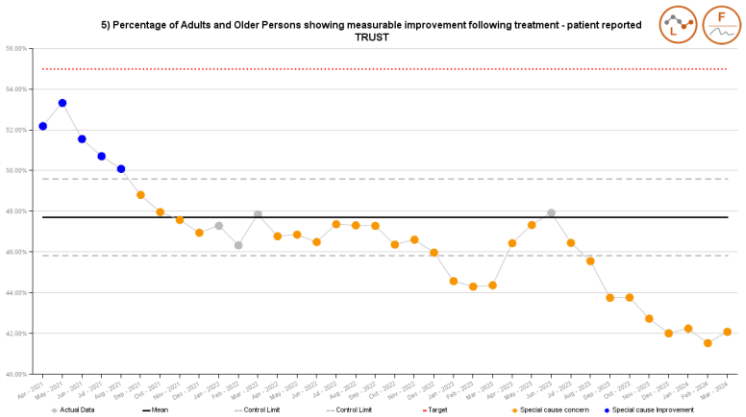
Actions:
- Durham Tees Valley & Forensic Care Group have a Performance Improvement Plan (PIP). Actions are for Adult services (specifically EIP and Treatment and intervention teams) to focus greater discussion and challenge by utilising the team and service level dashboards including details of discharges and paired numbers; and for clinical supervision and caseload management agendas/processes to be updated to include support and discussion around completion of outcomes and reviews of patients not making an improvement. For Older Persons services actions are to add this measure to the team and service level governance dashboards and begin reporting against this measure; and for clinical supervision and caseload management agendas/processes to be updated to include support and discussion around completion of outcomes and reviews of patients not making an improvement. It is anticipated that the impact of these improvement actions should be seen in May 2024 (April data) with a 5% increase in Adults and Older Persons showing measurable improvement.

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

Our system is expected to consistently fail the target/expectation

DQ 93%

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



Actions continued:
- North Yorkshire, York & Selby Care Group (NYYSCG) have developed a PIP for AMH services which focuses on completion rates within caseload supervision and monitoring of outcomes within service leadership huddles. It is anticipated that the impact of these improvement actions will be seen in June 2024 (May data) with a 5% increase in Adults showing measurable improvement. Within MHSOP a deep dive is needed to understand the root cause to support the development of a PIP. This work is expected to be completed by the end of April 2024.

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

Tees, Esk and Wear Valleys NHS Foundation Trust

Background / standard description:
We are aiming for 50% of CYP showing measurable improvement following treatment - clinician reported

What does the chart show/context:
For the 3-month rolling period ending January 647 patients were discharged from our CYP service with a clinician rated paired outcome score. Of those**, 305 (47.14%)** made a measurable improvement.

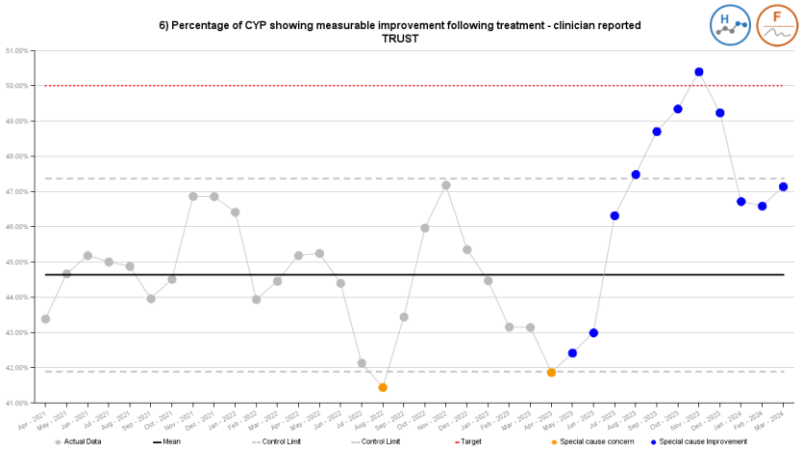
Whilst the Trust position is an accurate reflection of the data, the allocation to the relevant Care group has been impacted following the implementation of CITO which is being investigated.

There is special cause improvement at Trust level and for Durham Tees Valley and Forensic Care Group in the reporting period. There is no significant change in North Yorkshire, York & Selby Care Group however there is visible deterioration.

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)

Underlying issues:
- North Yorkshire, York & Selby Care Group - Harrogate Community is showing as a concern and whilst Harrogate and Selby Mental Health Support Teams and York East and Central Community Team are showing common cause, they have also contributed towards the decline in performance.

Actions:
- Durham Tees Valley & Forensic teams are undertaking a patient level review of a sample of patients form each of the teams about who did not show measurable improvement to understand in more detail reasons for this. This will be completed by the end of April 24.
- North Yorkshire teams are undertaking a deeper investigation to understand the root cause of the decline which will be completed by the end of April 2024.



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

Tees, Esk and Wear Valleys NHS Foundation Trust

Background / standard description:
We are aiming for 30% of Adults and Older Persons showing measurable improvement following treatment - clinician reported

What does the chart show/context:
For the 3-month rolling period ending January **2216** patients were discharged from our Adults and Older Persons services with a clinician rated paired outcome score. Of those**, 422 (19.04%)** made a measurable improvement.

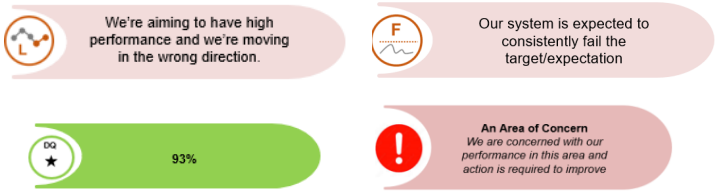
Whilst the Trust position is an accurate reflection of the data, the allocation to the relevant Care group has been impacted following the implementation of CITO which is being investigated.

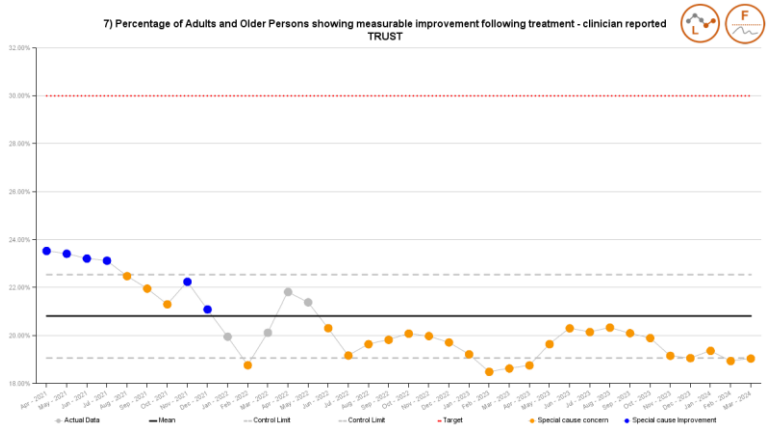
There is special cause concern at Trust level and for Durham, Tees Valley & Forensic Care Group (AMH services) in the reporting period. There is no significant change for North Yorkshire, York & Selby Care Group however, there is some visible improvement in AMH services. MHSOP services in both Care Groups continue to be a concern (around 10-12% improvement) despite the SPC chart indicating special cause improvement in North Yorkshire, York & Selby Care Group.

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

Underlying issues:
Please see issues against measure 5) Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported

Actions:
Please see actions against measure 5) Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported





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

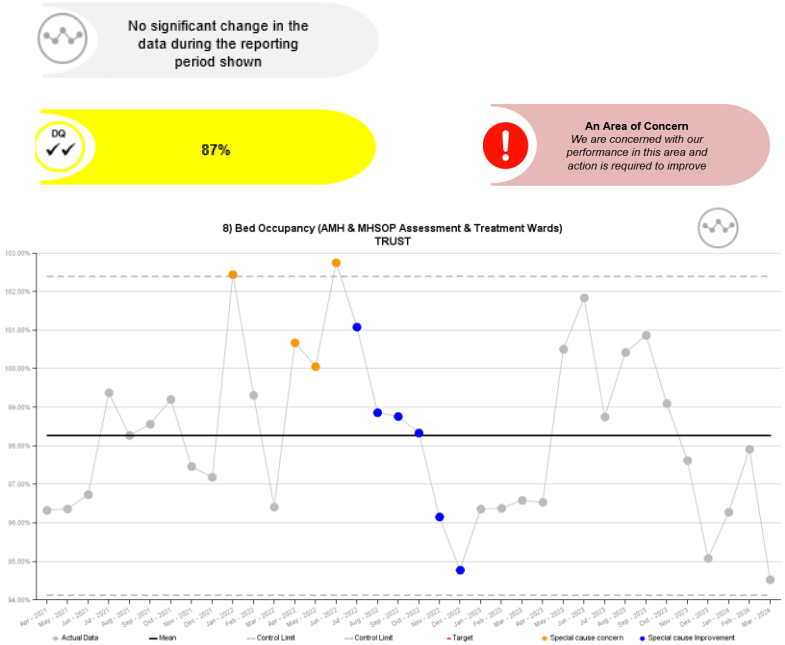
Tees, Esk and Wear Valleys NHS Foundation Trust

What does the chart show/context:
During January, **10,850** daily beds were available for patients; of those, **10,256 (94.52%)** were occupied. Overall occupancy <u>including</u> independent sector beds was **96.28%**

There is no significant change at Trust level and for Durham, Tees Valley and Forensic Care Group in the reporting period; however, there is special cause concern for Adult Mental Health Services within the Care Group. It should be noted there is special cause improvement in both Mental Health Services for Older People and North Yorkshire, York & Selby Care Group as a whole.

Underlying issues:
- Clinically Ready for Discharge – specifically around accommodation. There is special cause concern in relation to delayed transfers of care (DTOC) for AMH services within Durham, Tees Valley & Forensic Care Group (approximately 11% DTOC during March). ***At Trust level (both Care Groups) patients classified as clinically read for discharge equated to an average of 25.8 Adult and 16.5 Older Adult beds across 2023/24, at an equivalent cost of c £4.7m (including £3.34 independent sector bed costs) and £1.96m respectively for each speciality.**
- Patient flow and adherence to PIPA process
- Length of stay (linked to above issues)
- Greenlight admissions
- Ministry of Justice (MoJ) patients

Actions:
Durham Tees Valley & Forensic Care Group have a Performance Improvement Plan (PIP). Actions are to:
- Review the 30/60/90 day report out agendas to ensure they are more action focused; Care Group Board members and Urgent Care supercell members to attend ward 'Report out' meeting across AMH services and provide feedback and leadership support to ensure standards are met and to develop a standard process for monitoring of patients clinically ready for discharge across urgent care wards ***(Completed).*** It was anticipated that the impact of these improvement actions should be seen in April 2024 with a 50% reduction of patients with a length of stay over 60 days; whilst there has been an improvement from 18 to 14 patients the aim was for 9 which has not been achieved.
- Identify best practice across other NHS trusts to support the review of our discharge policy. Policy expected to be implemented by end of April 2024. It is anticipated that the impact of this action should be a reduction in length of stay to an average of 30 days.



Actions continued:
- Define the purpose of admission and how this is used to support discharge. It is anticipated that 100 % of patients will have a defined purpose of admission to hospital. This will be completed by end of June 2024.
- Identify patients that are clinically ready for discharge where there are delays and offer support to clinical teams to address the barriers; to ensure standard approach is taken across Local Authority Meetings to address these delays; to identify patients they require additional support from senior leadership team and arrange stop the line meeting; and to review/update Stop the line processes and share with clinical teams ***(Completed)***. It was anticipated that the impact of these actions should be seen in April 2024, with a 50% reduction in the number of patients clinically ready for discharge which was achieved (reduced to 14).

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

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Background / standard description:
We were aiming to have no more than 60 out of area bed days by 31st March 2024. This is also the Mental Health Priority monitored at Trust level.

What does the chart show/context:
For the 3-month rolling period ending March **516 days** were spent by patients in beds away from their closest hospital.

There is no significant change at Trust level in the reporting period; however, there is special cause concern for Durham, Tees Valley & Forensic Care Group (AMH services). This correlates with bed occupancy in AMH services for this Care Group. It should be noted there is special cause improvement in the North Yorkshire, York & Selby Care Group.

Update:
There were 3 active OAP placements as at 31st March 2024, this was the lowest figure throughout 2023/24. This is the new Mental Health Priority for 2024/25.

Performance against the trajectories agreed with the ICBs is shown in the **additional table below**. We are significantly exceeding the agreed number of OAP bed days.

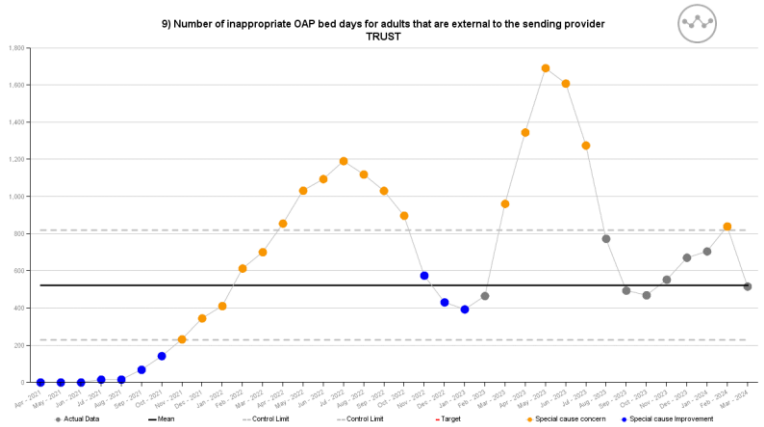
Underlying issues:
Bed Occupancy is impacting on our ability to admit patients to our beds

Actions:
See measure 8) Bed Occupancy

No significant change in the data during the reporting period shown

DQ 73%

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



ICB Trajectories versus actual performance

Number of inappropriate OAP bed days for adults that are either 'internal' or 'external' to the sending provider	Quarter 1 23/24		Quarter 2 23/24		Quarter 3 23/24		Quarter 4 23/24	
	Ambition	Actual	Ambition	Actual	Ambition	Actual	Ambition	Actual
Trust	334	1608	246	494	153	671	60	516
North East & North Cumbria ICB	334	1445	246	436	153	608	60	455
Humber & North Yorkshire ICB	0	163	0	58	0	63	0	61

10) The number of Patient Safety Incident Investigations reported on STEIS

Tees, Esk and Wear Valleys NHS Foundation Trust

What does the chart show/context:
0 patient Safety Incident Investigations (PSII) were reported on the Strategic Executive Information System (STEIS) during March.

Whilst the SPC chart indicates special cause improvement at Trust level, this is not necessarily an actual improvement, as there was a change in process late January 2024, when we Trust transitioned to the National Patient Safety Incident Framework (PSIRF). This new framework advocates a more proportionate approach to investigations.

NB. The full investigations (closest equivalent to Serious Incidents previously reported) are now referred to as Patient Safety Incident Investigations (PSII).

Each incident is now subject to a multi-disciplinary after-action review by services and then reviewed within the Patient Safety huddle.

Underlying issues:
There are no underlying issues to report

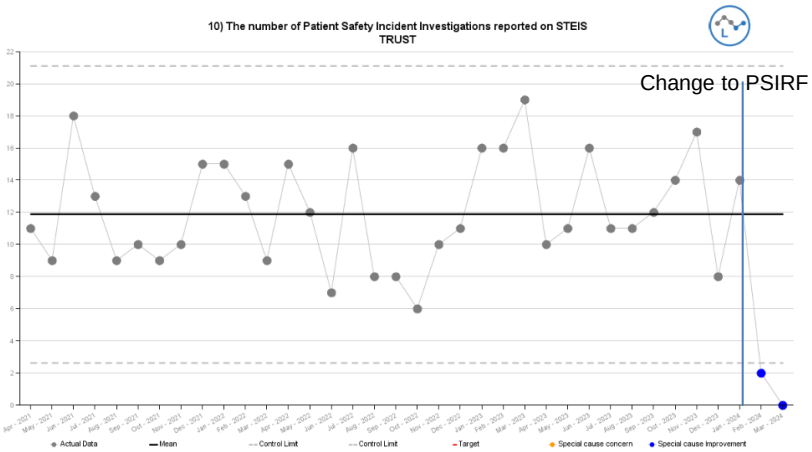
Actions:
- The Data Quality Assessment will be reviewed by the Business Intelligence and Performance Teams working with the Process Owner in Q4 23/24 ***(Completed)***.
- The Head of Performance will work with the Patient Safety Team and Business Intelligence Team to action the name change to reflect the transition to the new National Patient Safety Incident Framework (PSIRF) by end of March 2024 ***(Completed)***.

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

DQ 87%

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

Updated following transfer to InPhase



11) The number of Incidents of moderate or severe harm

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

What does the chart show/context:
53 incidents of moderate or severe harm were reported during March.

There is no significant change at Trust level and for Durham, Tees Valley & Forensic Care Group in the reporting period. It should be noted that there is special cause improvement for the North Yorkshire, York & Selby Care Group (Adult Learning Disabilities, AMH and MHSOP services).

Each incident is subject to a multi-disciplinary after-action review by services. These reviews are then considered in the Patient Safety huddle to determine if any further investigation is required.

Underlying issues:
- As incidents are reviewed, the severity could be reduced or increased (early indications are that severity is usually reduced).

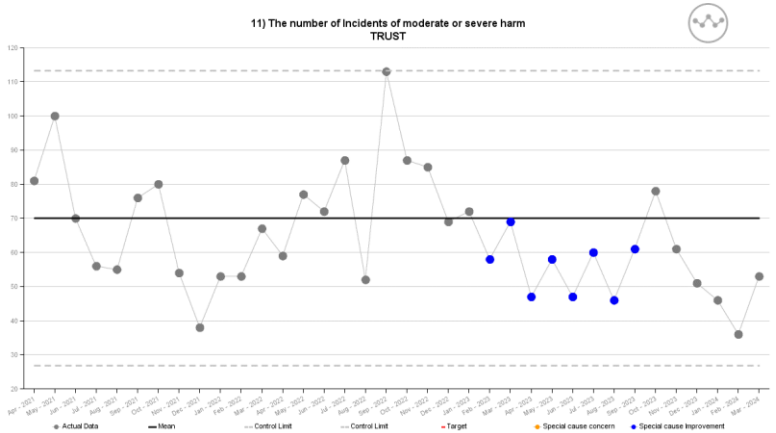
Actions:
- The learning from all incidents will be pulled together and themed by the Patient Safety Team and shared monthly with the Organisational learning Group.
- The Data Quality Assessment will be reviewed by the Business Intelligence and Performance Teams working with the Process Owner in Q4 23/24 ***(Completed)***.

No significant change in the data during the reporting period shown

DQ ✓✓ 87%

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

Updated following transfer to InPhase



12) The number of Restrictive Intervention Used

Tees, Esk and Wear Valleys NHS Foundation Trust

Update:
We have concluded the investigation and refreshed all the data shown for this measure. We are now confident that this is now an accurate reflection of our performance.

What does the chart show/context:

876 types of Restrictive Interventions were used during March.

There is no significant change at Trust level and for North Yorkshire, York & Selby Care Group in the reporting period. Whilst there is special cause improvement for Durham Tees Valley & Forensic Care Group (Adult Learning Disabilities/Children and Young People/Health & Justice Services) there is special cause concern for Adult Mental Health services . It should be noted there is special cause improvement for Adult Learning Disabilities and Children and Young Peoples services in North Yorkshire, York & Selby Care Group.

Underlying issues:
- Concerns remain in Elm and Overdale (latter small number of complex female patients) and high number on Cedar (PICU) within AMH services in Durham Tees Valley & Forensic Care Group

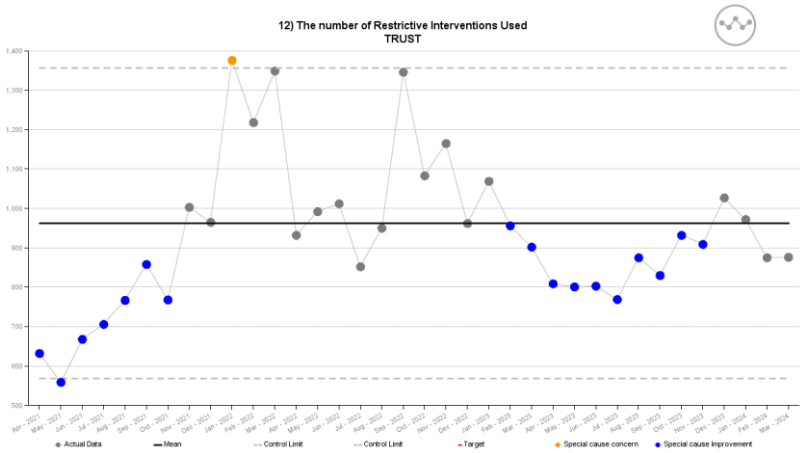
Actions
- Deep dives to be undertaken within both services to better understand the issues and actions required (by end of March 2024) ***(Completed)***
- Increased support is continuing into AMH female wards by Inpatient Lead Psychologist and additional leadership support into Elm Ward as part of a wider action plan.
- Within DTVF AMH, where required, all female patients have plans in place to ensure that where interventions are required, they are the least restrictive and most appropriate for that individuals care.
- The Data Quality Assessment will be reviewed by the Business Intelligence and Performance Teams working with the Process Owner in Q4 23/24 ***(Completed)***.

No significant change in the data during the reporting period shown

DQ 87%

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

Updated following transfer to InPhase



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

Tees, Esk and Wear Valleys NHS Foundation Trust

What does the chart show/context:
1 medication error were recorded with a severity of moderate harm, severe or death during March.

There is no significant change at Trust/Care Group level in the reporting period.

Underlying issues:
- EPMA (electronic prescribing & medicines administration) will enable more timely prescribing and administration of medication to patients and will reduce the risk of errors once embedded.
- As incidents are reviewed, the severity could be reduced or increased (early indications are that severity is usually reduced).

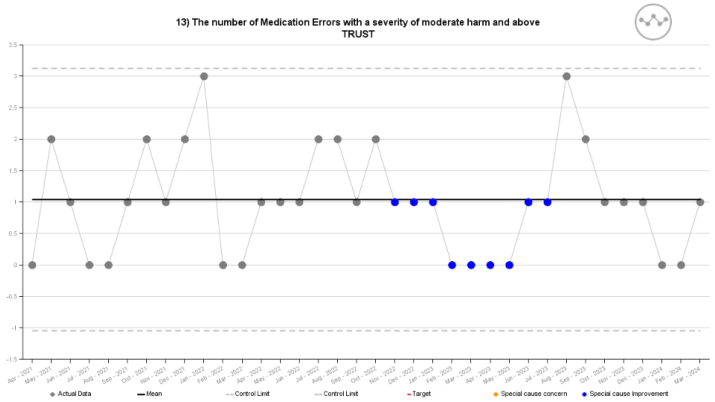
Actions:
- During Q4 23/24 we will complete the Project Initiation Document for the community roll out which will begin early 24/25 ***(Completed).*** It has been identified an upgrade to EPMA is now required which will delay original planned roll-out. New date to be confirmed post upgrade.
- The Data Quality Assessment will be reviewed by the Business Intelligence and Performance Teams working with the Process Owner in Q4 23/24 ***(Completed)***.

No significant change in the data during the reporting period shown

DQ 87%

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

Updated following transfer to InPhase



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

Tees, Esk and Wear Valleys NHS Foundation Trust

What does the chart show/context:
0 unexpected Inpatient unnatural deaths were reported on the Strategic Executive Information System (STEIS) during March.

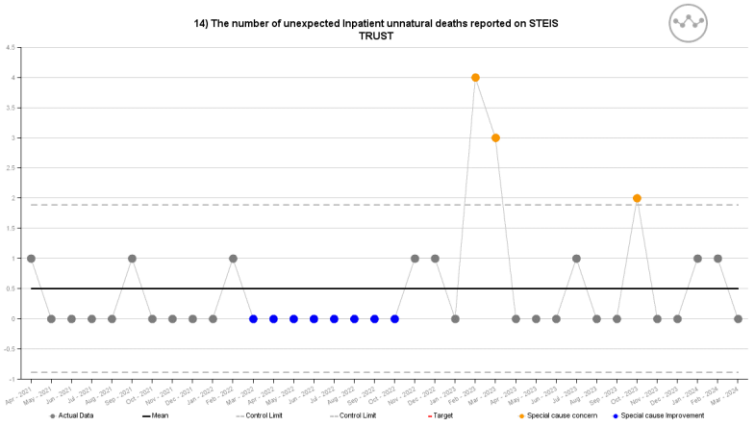
Underlying issues:
There are no underlying issues to report

Actions:
A comprehensive multi-disciplinary after-action review has been completed and in line with the National Patient Safety Incident Framework, a full Patient Safety Incident Investigation will be completed.

No significant change in the data during the reporting period shown

DQ 87%

Updated following transfer to InPhase



15) The number of uses of the Mental Health Act

Tees, Esk and Wear Valleys NHS Foundation Trust

What does the chart show/context:
There were **298** uses of the Mental Health Act during January .

There is no significant change at Trust/Care Group level in the reporting period.

Underlying issues:
There are no underlying issues to report

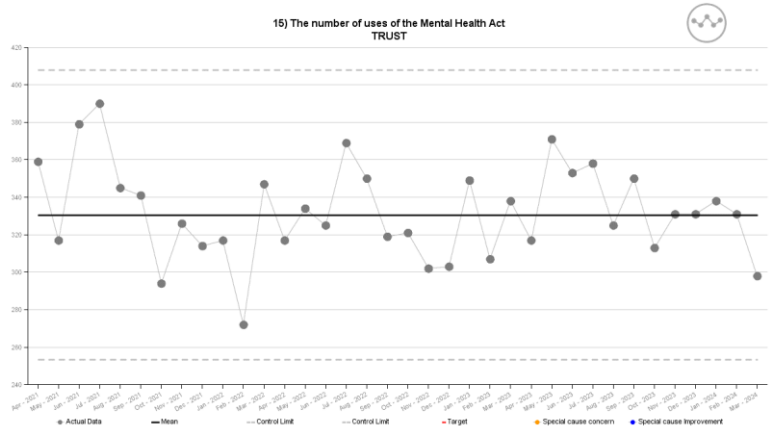
Actions:
There are no specific improvement actions required

No significant change in the data during the reporting period shown

DQ

73%

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



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

Tees, Esk and Wear Valleys NHS Foundation Trust

Background / standard description:
We are aiming for 60% of staff to recommend the Trust as a place to work (agreed March 2024)

What does the chart show/context:

We have identified that the number of responses being used in the calculation is not consistent therefore we are working with the external providers of the surveys to provide the data required for those data points impacted.

799 staff responded to the January 2024 Staff Survey. In relation to the question "I would recommend my organisation as a place to work", **370 (46.31%)** responded either "Strongly Agree" or "Agree". We recognise this is the lowest data point to date and will continue to monitor this as part of the actions outlined below.

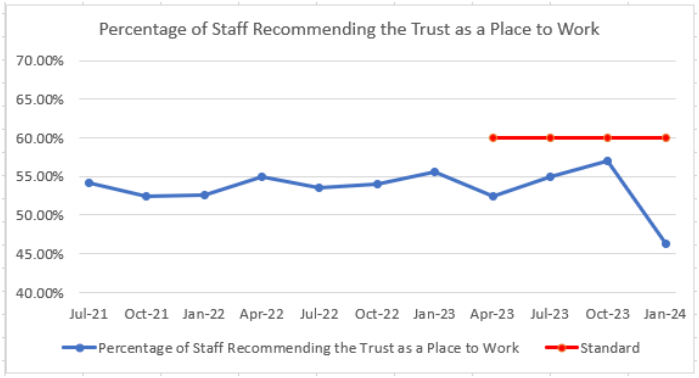
The NHS Staff Survey Benchmarking report 2023, shows the "best result" was 75.43% and the "average result" was 65.59% for similar organisations.

Underlying issues:
We currently have limited data on the percentage of staff recommending the Trust as a place to work therefore we are unable to deploy a Statistical Process Control Chart for analysis of real change.

Actions:
- We have a programme of work within the Safer Staffing Group which is focusing on retention. This includes flexible working opportunities; an extensive health and wellbeing offer covering Employee Support Services, Employee Psychological services, financial resilience, Intention to leave interviews/focus groups and a wide range of career development opportunities including development posts.
- In addition to the programme of work, People and Culture triangulate various data sources including staff survey, Organisational Development interventions, Freedom to Speak Up, to identify key themes for targeted action plans.

DQ ✓✓ 87%

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



** Please note the survey is only undertaken once a quarter . The National Staff Survey (annual) is October each year; the National Quarterly Pulse Survey is the months of January, April and July*

Actions continued:
- The National Staff Survey results will be shared with Care Groups and Corporate Services to both disseminate information to staff and to identify key themes and trends. The Organisational Development Team and People Partners will work with Services to develop targeted action plans over the next 6 months (Sept 24) and report into Executive People Culture and Diversity and People Culture and Diversity Committee. Engagement events will then take place over Sept/Oct 24 to update staff on what we have heard and what action is being taken.

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

Background / standard description:
We are aiming for 65% of staff to feel they are able to make improvements happen in their area of work (agreed March 2024)

What does the chart show/context:

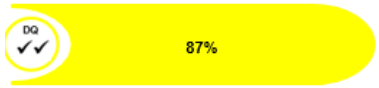
We have identified that the number of responses being used in the calculation is not consistent therefore we are working with the external providers of the surveys to provide the data required for those data points impacted.

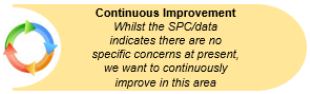
799 staff responded to the January 2024 Staff Survey. In relation to the question "I am able to make improvements happen in my area of work", **419 (52.44%)** responded either "Strongly Agree" or "Agree". We recognise this is the lowest data point to date and will continue to monitor this as part of the actions outlined below.

The NHS Staff Survey Benchmarking report 2023, shows the "best result" as 67.81% and the "average result" as 61.37% for similar organisations.

Underlying issues:
We currently have limited data on the percentage of staff feeling they are able to make improvements happen in their area of work therefore we are unable to deploy a Statistical Process Control Chart for analysis of real change .

Actions:
- The Trust has embarked on a 5-year (November 2027) stepped approach to Quality Improvement (QI) Training support staff to identify where improvements can be made and to feel empowered to suggest and develop those improvements.
- Our Journey To Change focuses on our cultural development through a wide range of engagement, communication and learning opportunities to enable and empower our staff to make changes in their area of work.





** Please note the survey is only undertaken once a quarter . The National Staff Survey (annual) is October each year; the National Quarterly Pulse Survey is the months of January, April and July*

Actions continued:
- The National Staff Survey results will be shared with Care Groups and Corporate Services to both disseminate information to staff and to identify key themes and trends. The Organisational Development Team and People Partners will work with Services to develop targeted action plans over the next 6 months (Sept 24) and report into Executive People Culture and Diversity and People Culture and Diversity Committee. Engagement events will then take place over Sept/Oct 24 to update staff on what we have heard and what action is being taken.

18) Staff Leaver Rate

Tees, Esk and Wear Valleys NHS Foundation Trust

Update:
We have concluded the investigation and refreshed all the data shown for this measure. We are now confident that this is now an accurate reflection of our performance. The "standard" initially agreed is now being reviewed taking into consideration the revised position.

What does the chart show/context:
From a total of **7,259.91** staff in post, **817.11 (11.26%)** had left the Trust in the 12-month period ending March 2024.

There is special cause improvement at Trust level and for most areas in the reporting period. However, there is special cause concern for ACE and People and Culture Directorates; Health & Justice within Durham Tees Valley and Forensic Care Group and Management within North Yorkshire, York & Selby Care Group.

The latest (December 2023) National Benchmarking for NHS Staff Leaver Rate published on NHS England NHS Oversight Framework Dashboard shows we were ranked 10 (previously ranked 11) of 71 Trusts Mental Health & Learning Disability Trusts (1 being the best with the lowest leaver rate) and are placed in the highest performing quartile range.

Underlying issues (*for those who do leave and tell us why):
- Staff wanting a new challenge
- Promotion
- Role not being as expected
- Work-life balance

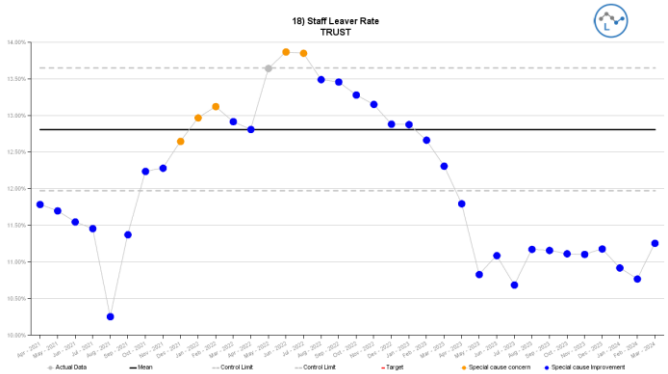
Actions:
- We have a programme of work within the Safer Staffing Group which is focusing on retention. This includes flexible working opportunities; an extensive health and wellbeing offer covering Employee Support Services, Employee Psychological services, financial resilience, Intention to leave interviews and a wide range of career development opportunities.
- We have a Performance Improvement Plan focusing on E Roster effectiveness which includes actions on publishing rotas in a timely manner and improving level loading of annual leave in line with Trust guidance both of which support staff wellbeing and should have a positive impact ***(Completed).*** The actions were not completed by all managers and therefore the expected impact was not achieved. The Directors of Nursing have taken responsibility for providing assurance on the delivery of this (via General and Service Managers) to the monthly Safe Staffing Group.

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

DQ

80%

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



19) Percentage Sickness Absence Rate

Tees, Esk and Wear Valleys NHS Foundation Trust

Background / standard description:
We are aiming for sickness absence to be no more than 5.5% (agreed March 2024)

What does the chart show/context:
There were **216,556.1** working days available for all staff during February (reported month behind); of those, **12,926.2 (5.97%)** days were lost due to sickness.

There is no significant change at Trust level and for most areas in the reporting period. The areas showing special cause concern are Mental Health Services for Older People and Management within Durham, Tees Valley & Forensic Care Group and Adult Mental Health and Children and Young Peoples Services within North Yorkshire, York & Selby Care Group.

There are several areas however, showing special cause improvement which are Corporate Affairs and Involvement, Adult Learning Disabilities and Secure Inpatient Services within Durham, Tees Valley & Forensic Care Group.

National Benchmarking for NHS Sickness Absence Rates published 28th March 2024 (data ending November 2023) for Mental Health and Learning Disability organisations reports the national mean (average) for the period shown is **5.86%** compared to the Trust mean of **6.39%**.

Underlying issues:
- Anxiety/stress/depression is the main reason of sickness absence

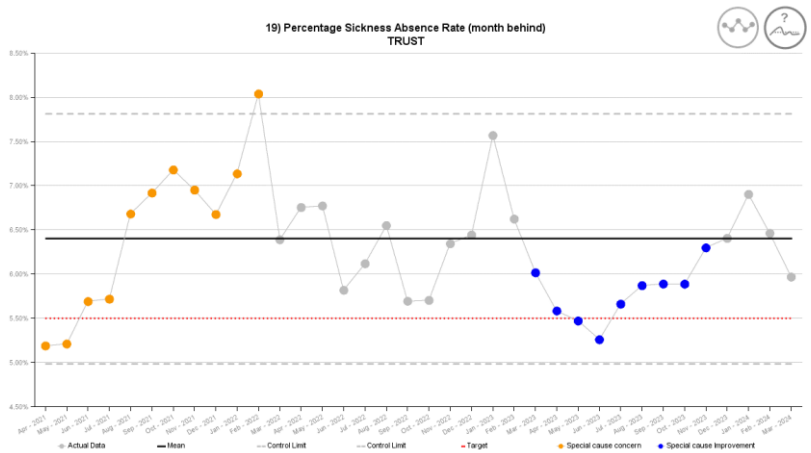
Actions:
- People & Culture are focusing on the health, wellbeing and resilience of our staff. This includes flexible working opportunities, Employee Support Services, Employee Psychological services and Health & Wellbeing Champions. There is also an engagement programme including monthly health and wellbeing meetings, guest speakers and newsletters for staff.
- A rolling programme of sickness audits in both Care Groups will be undertaken from May 2024 by People & Culture colleagues to understand whether sickness absence is being managed in line with procedures. The audits undertaken in a small number of Durham Tees Valley & Forensic Care Group services show limited assurance, the findings will be taken to the Care Group Board in April 2024 to agree actions.

No significant change in the data during the reporting period shown

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

DQ ✓✓ 87%

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



20) Percentage compliance with ALL mandatory and statutory training

Tees, Esk and Wear Valleys NHS Foundation Trust

Background / standard description:
We are aiming for 85% compliance with mandatory and statutory training

What does the chart show/context:
177,396 training courses were due to be completed for all staff in post by the end of March. Of those, **153,791** (86.69%) were completed.

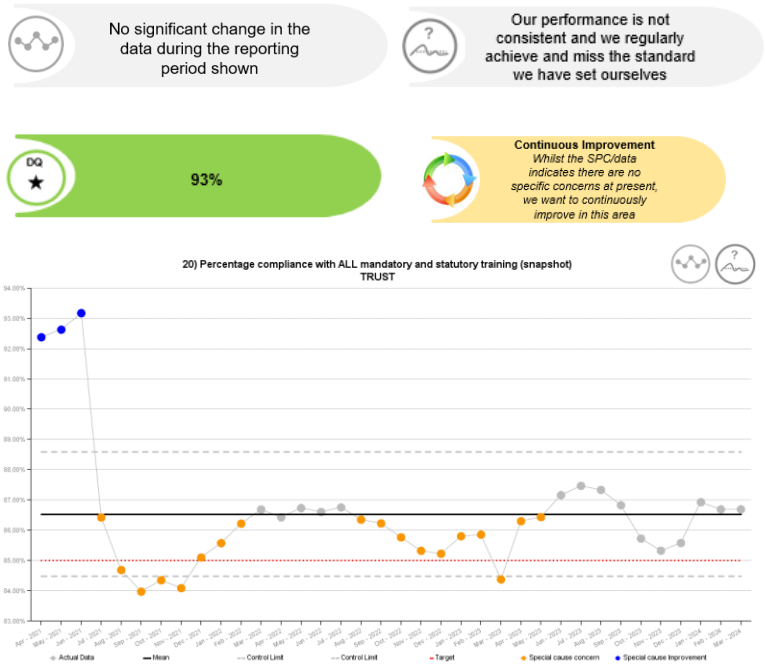
There is no significant change at Trust level and for most areas in the reporting period. However, there are several areas showing special cause concern which are Estates and Facilities Management, Adult Mental Health and Management within Durham Tees Valley & Forensic Care Group and Adult Mental Health Services within North Yorkshire, York & Selby Care Group. To note there are several areas showing special cause improvement which are Finance, Adult Learning Disabilities, Mental Health Services for Older People and Secure Inpatient Services within Durham, Tees Valley & Forensic Care Group and Adult Learning Disabilities, Children and Young People's Services and Mental Health Services for Older People within North Yorkshire, York & Selby Care Group.

As at the 31st March 2024, by exception compliance levels below 85% are as follows:

	Number Compliant	Total Number	% Compliant
1) TRUST BOARD	75	104	72.12%
2) NURSING AND GOVERNANCE	1667	2011	82.89%
3) NORTH YORKSHIRE, YORK AND SELBY	37390	44085	84.81%

Underlying issues:
- Staff unable to be released to attend training (high DNA rate)
- Lack of capacity for Positive & Safe training courses
- Lack of suitable training rooms
- Misalignment of competencies and staff on ESR

Actions:
- Training Department are actively following up all staff who DNA
- The training portfolio for Positive & Safe has been reviewed in line with capacity and demand and the Trust Welcome. Implementation date September 2024.
- We are constantly reviewing the availability of training rooms across trust premises.
- A Quality Improvement Event is planned for March 2024 to review mandatory training requirements for all staff including how/where this is delivered ***(Completed)***



Actions continued:
- Workstreams have been agreed following the Quality Improvement Event to review Mandatory Training requirements – implementation date end of September 2024.
- We have a Performance Improvement Plan (PIP) which consolidates actions across all the areas of concern. The actions include ensuring alignment of staff competencies correctly on ESR and following up all staffing information not correctly recorded on ESR. It was anticipated that the impact of these actions should be the achievement of 85% by the end of March 2024 and thereafter which is evidenced in the data. ***EDG have agreed to stand down the PIP for Mandatory Training and Information Governance & Data Security Training and focus on the lowest 5 courses for compliance and the 1 core lowest position (Fire Safety 2 years) to improve compliance.***

20) Percentage compliance with ALL mandatory and statutory training – Supporting Information

Tees, Esk and Wear Valleys NHS Foundation Trust

Information Governance & Data Security Training

Background / standard description:
We are now aiming for 85% compliance for Information Governance & Data Security Training (included within the Data Security and Protection Tool Kit)

What does the data show/context:
7742 were due to be completed by the end of March. Of those, **6986 (90.24%)** were completed.

Underlying issues:
- There are no underlying issues to report

Actions:
- All new starters are being contacted to ensure training is completed as part of the Trust Welcome/Induction ***(Completed)***
- A new standard of 85% was proposed and agreed by Executive People Culture & Diversity Group and subsequently by Executive Directors Group ***(Completed)***
- We have a Performance Improvement Plan which consolidates actions across all the areas of concern. The actions include validating outstanding staff lists and following up with individuals; monitoring compliance in weekly huddles and ensuring they are booked in diaries in advance; following up all information not correctly recorded on ESR. It is anticipated that the impact of these actions should be the achievement of 95% by the end of March 2024 and thereafter. Whilst we have not achieved the original agreed standard of 95%, we have improved on the baseline position of 88.42% and all areas are now above the new standard of 85%.

All other mandatory and statutory training

As at the 31st March 2024, by exception compliance levels below 85% are as follows for the following courses sorted by lowest performance:

	Number Compliant	Total Number	% Compliant
1) Positive & Safe Care Level 1*	2668	4285	62.26%
2) Positive and Safe Care Level 2 Update*	1059	1635	64.77%
3) Rapid Tranquilisation 1	185	285	64.91%
4) Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year*	192	294	65.31%
5) Resuscitation - Level 1 - 1 Year*	1629	2455	66.35%
6) Follow Up	13	19	68.42%
7) Face to Face Medication Assessment	1549	2229	69.49%
8) Resuscitation - Level 2 - Adult Basic Life Support - 1 Year*	1888	2581	73.15%
9) Medicines Management Annual Module	436	593	73.52%
10) Fire Safety - 2 Years**	5934	7864	75.46%
11) Moving and Handling - Level 2 - 2 Years*	694	919	75.52%
12) Annual Medicines Optimisation Module	1721	2213	77.77%
13) Infection Prevention and Control - Level 2 - 1 Year	4750	6028	78.80%
14) Safeguarding Level 3**	3037	3826	79.38%
15) Patient Safety Level 2	4058	5054	80.29%
16) Safe Prescribing	210	261	80.46%
17) Observation & Engagement	1390	1702	81.67%
18) MCA - MCA and Young People Aged 16/17	684	837	81.72%
19) Rapid Tranquilisation 2	443	540	82.04%
20) Controlled Drugs - Inpatient	417	504	82.74%
21) Fire Safety - 1 Year	6600	7846	84.12%
22) Mental Health Act Level 2	3169	3762	84.24%
23) MCA - Restraint	3399	4023	84.49%

**Indicates face to face learning ** face or face via MST*

21) Percentage of staff in post with a current appraisal

Tees, Esk and Wear Valleys NHS Foundation Trust

Background / standard description:
We are aiming for 85% of staff in post with a current appraisal

What does the chart show/context:
Of the **6833** eligible staff in post at the end of March; **5,559 (81.36%)** had an up-to-date appraisal.

There is no significant change at Trust level and for several areas in the reporting period. However, there are several areas showing special cause concern which are Adult Mental Health Services within Durham, Tees Valley & Forensic Care Group and North Yorkshire, York & Selby Care Group/Adult Mental Health Services. To note there are several areas showing special cause improvement which are Company Secretary, Digital and Data, Finance, Nursing & Governance and People & Culture and Adult Learning Disabilities within Durham, Tees Valley & Forensic Care Group.

As at the 31st March 2024 , by exception compliance levels below 85% are as follows:

	Number Compliant	Total Number	% Compliant
1) THERAPIES	28	41	68.29%
2) NURSING AND GOVERNANCE	70	99	70.71%
3) CORPORATE AFFAIRS AND INVOLVEMENT	26	34	76.47%
4) NORTH YORKSHIRE, YORK AND SELBY	1263	1579	79.99%
5) COMPANY SECRETARY	8	10	80.00%
6) DURHAM, TEES VALLEY AND FORENSIC	3279	4074	80.49%
7) PEOPLE AND CULTURE	113	135	83.70%

Underlying issues:
- Some supervisors are not correctly recording appraisals on ESR
- Staff Sickness of both staff and managers
- Staff not being aligned correctly on ESR
- Lack of monitoring process by services

Actions:
- Appraisal training is currently planned from March 2024 (post CITO) until July 2024 for both managers and staff (appraiser and appraisee).
- Communications email to be sent to all staff on how/where to record appraisals by the Organisational Development Lead by the end 30 April 2024.

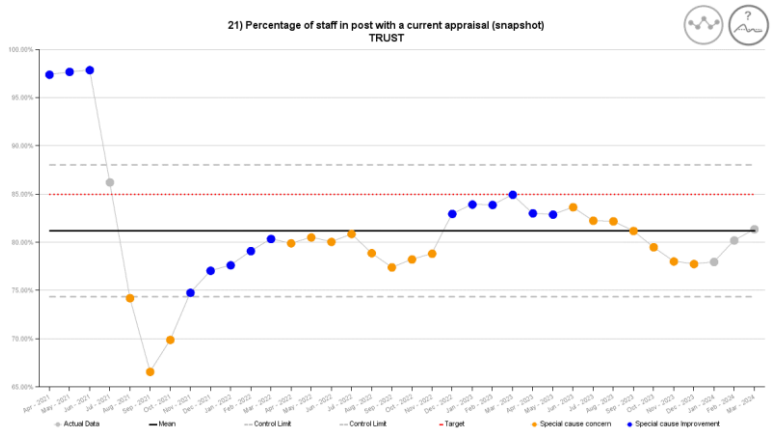
No significant change in the data during the reporting period shown

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

DQ

87%

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



Actions continued:
- We have a Performance Improvement Plan (PIP) which consolidates actions across all the areas of concern. The actions include booking all outstanding appraisals; validating outstanding staff lists; monitoring compliance in weekly huddles and ensuring they are booked in diaries in advance; following up all information not correctly recorded on ESR and training for supervisors. It was anticipated that the impact of these actions should be the achievement of 85% by the end of March 2024 and thereafter; and whilst there is some improvement, we have not achieved the standard. Some actions have not been completed and others have not resulted in the outcome expected. There are some requests for revised timescales as well as some new actions identified. The Performance Team will facilitate a review of the PIP to ensure the areas of concern remain relevant and that the revised timescales are agreed by Executive Directors Group. An update will be provided in next month's report.

22) Number of new unique patients referred

Tees, Esk and Wear Valleys NHS Foundation Trust

What does the chart show/context:
7,434 patients referred in March that are not currently open to an existing Trust service.

There is no significant change at Trust/Care Group level in the reporting period; however, we are showing an unexpected level of variation – a continued shift of low referrals for Health and Justice within Durham Tees Valley and Forensic Care Group and AMH services within North Yorkshire, York & Selby Care Group. For Children and Young Peoples Services within North Yorkshire, York & Selby Care Group we are seeing an unexpected level of variation – a continued shift of high referrals.

Underlying issues:
There are no underlying issues to report

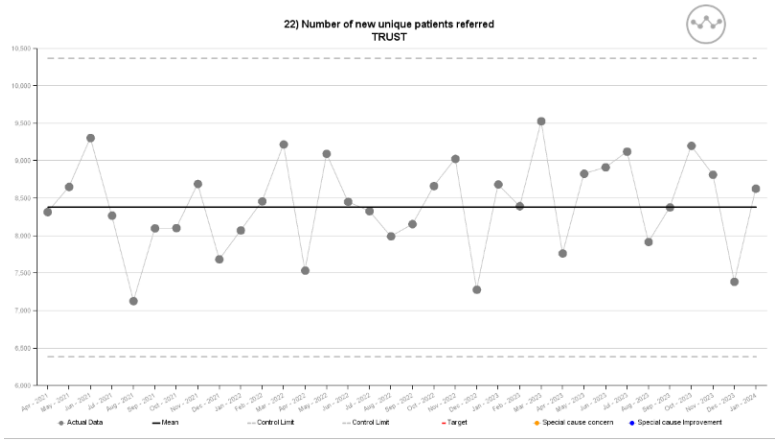
Actions:
There are no specific improvement actions required

No significant change in the data during the reporting period shown

DQ

93%

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



23) Unique Caseload (snapshot)

Tees, Esk and Wear Valleys NHS Foundation Trust

What does the chart show/context:
66,578 cases were open, including those waiting to be seen, as at the end of March 2023.

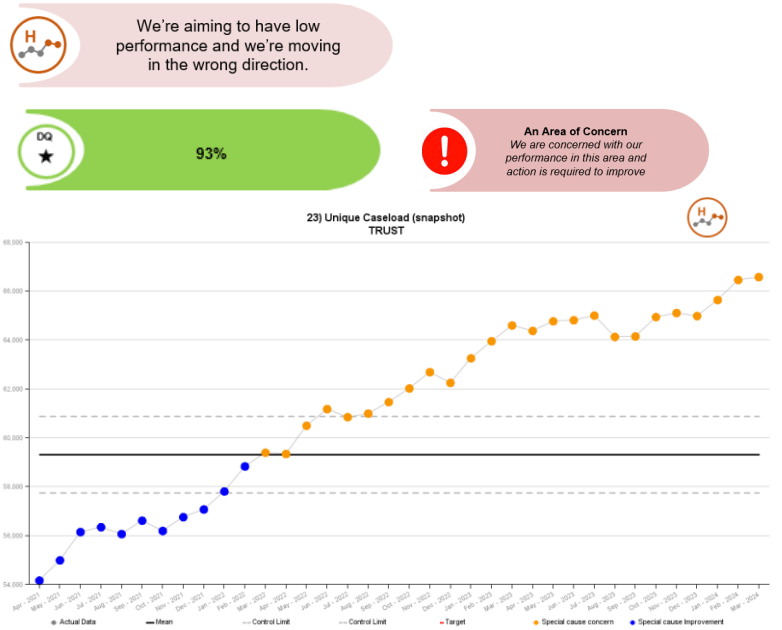
There is special cause concern at Trust level/Care Group level in the reporting period. Special cause concern is in Children and Young People, Adult Mental Health and Secure Inpatient Services within Durham, Tees Valley and Forensic Care Group and in Children and Young People and Mental Health Services for Older People Services within North Yorkshire, York & Selby Care Group. It should be noted there is special cause improvement in Health and Justice and Mental Health Services for Older Persons within Durham, Tees Valley and Forensic Care Group and Adult Learning Disabilities and Adult Mental Health in North Yorkshire, York and Selby Care Group.

Underlying issues:

- An increase in referrals in CYP services for neuro diverse patients across both Care Groups and an increase in AMH services within Durham Tees Valley Forensic Care Group. We have approximately 20k neuro diverse patients waiting to be seen which equates to 30% of the caseload. There has been an increase in caseload of 10% since March 2022 (start of special cause concern) and we know from internal waiting time information that in CYP services, there has been an increase of 9% in neuro diverse patients waiting for the same time-period. We are unable to compare the increase in AMH services as we do not have historic data.
- An increase in referrals in MHSOP services for memory patients in North Yorkshire, York & Selby Care Group
- An increase in referrals has led to a backlog of waiters, whilst referrals have levelled, they are higher than they used to be. More detailed analysis is required to better understand whether an increase in waiters, particularly for neuro diverse patients is the main reason for the increase in caseload.

Actions:

- Durham Tees Valley & Forensic Care Group have a Performance Improvement Plan (PIP) and have identified several actions to address the back log of waiters within CYPS neurodevelopmental teams which includes implementing a revised neuro assessment protocol and a refresh of the Patient Tracker meetings. It is anticipated these actions will eliminate over 3 year waits by the end of Q1. AMH services will pilot work within Sedgefield teams to implement a revised assessment process for ADHD and ASD pathways working with Primary Care colleagues It is anticipated this action will increase assessment and reduce 80% of referrals coming into intervention teams by June 2024 (data).



Actions continued:

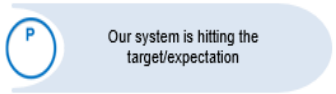
- NYYSCG CYPS have identified two specific pieces of work that are required before being able to identify SMART actions, these actions will be completed by the end of June 2024, which will then inform their PIP.
- The HNY ICB is leading a Memory Re-Design Event 22-24 April 2024.
- The Task & Finish Group within Corporate Services have agreed a core data set to support improvement. The core measures were shared with both Care Groups to ensure these are suitable. The Business Intelligence Team expect to produce the first core set of data by the end of May 2024. The Business Intelligence Team are exploring the use a proxy measure in the interim to aid further analysis – this is planned to be completed by the end of April 2024.

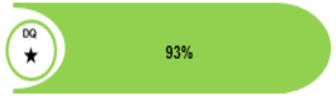
24) Financial Plan: SOCI - Final Accounts – (Surplus)/Deficit

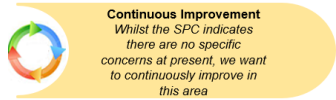
NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

What does the data show/context:
The financial position to 31st March 2024 is a breakeven position of **£0.00m** which is in line with plan. This includes the benefit from a £2.3m national allocation which was accounted for in Month 8 and provided to support in-year pressures including Industrial Action and the delivery of key operational priorities in the remaining months. The Trust has also received a share of the provider collaborative slippage funds c.£3.6m. The Trust reforecast the position at Month 7 and used this as the basis to establish 'control totals' for Care Groups and Directorates for each month to the financial year end. The control total for M12 was a projected in-month surplus of (£5.16m). The actual surplus was (£2.39m), or a £2.78m adverse variance to control total in month. The cumulative variance to control total at Month 12 is a breakeven position.

- **Agency expenditure** in March 2024 was £1.01m, or £0.56m below plan, and £17.08m YTD, or £2.69m below plan to date, showing an improved favourable variance in month. The in month agency expenditure for March was £1.0m, a reduction of £0.12m from February. This includes impacts from actions to exit non-clinical agency assignments and reducing costs relating to complex care packages. Ongoing usage includes material costs linked to inpatient occupancy and rosters, medical cover and costs within Health and Justice. The trust had **no off-framework agency assignments** in month.
- **Independent sector beds** - the Trust used 153 non-Trust bed days in month (303 in January, a reduction of 150 bed days from the previous month) at a cost of £0.22m (including estimates for unvalidated periods of occupancy and average observation levels pending billing). Year to date costs were £3.34m (£3.12m prior month) and **£2.14m more than the £1.20m year to date plan**. This remains a key area of clinical and management focus including through the new Urgent Care Programme Board (chaired by the Managing Director for DTVF).
- **Taxis and Secure Patient Transport** cost £2.66m to date, or **£1.04m more than plan**. A quality improvement event identified grip and control recommendations as well as alternative options. The results, and need for additional Care Group action, are being closely monitored, but demonstrate around a 50% reduction in taxi utilisation compared to quarter 1. The Chief Nurse is overseeing actions to ensure robust governance around Secure Transport and a recently approved procurement will reduce unit costs from mid Quarter 1 in 2024/25.
- **Planned CRES** was **£7.79m behind plan** in 23/24. Key adverse variances relate to independent sector bed pressures for Adult Mental Health, level loading of Inpatient roster to reduce agency costs, review of surge posts and actions to reduce taxi/transport costs. Delivery of **unplanned CRES of £7.79m** to date (including interest receivable, with an interest rate at 5.25% for March) is fully mitigating adverse performance against planned schemes**. Composite CRES achievement** is therefore **in line with plan** to date but with a recurrent underlying risk to delivery.
- **Planned recurrent CRES** achieved in 23/24 was £7.92m, this was (£7.55)m behind a plan of £15.47m.The total recurrent CRES achieved in 23/24 was £10.55m, which included unplanned schemes of £2.63m.
- **Improved performance relative to control totals** set in year to support financial recovery provide increased assurance that the Trust has delivered our 2023/24 breakeven plan, based on a mid-case scenario.







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

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Underlying issues:

- We need to reduce bed occupancy including through reduced lengths of stay to reduce reliance on independent sector beds.
- We recognise that agency expenditure and safe staffing levels are significantly impacting our financial plan including due to agency premia rates above price cap.
- We need to deliver CRES schemes to achieve our financial plan and deliver recurrent programmes to address our underlying financial pressures.

Actions:

- Please see actions within measures 08) Bed Occupancy (AMH & MHSOP A & T Wards) and 09) Number of inappropriate OAP bed days for adults that are 'external' to the sending provider.
- Performance Improvement Plans (PIP) were developed for E Roster Effectiveness and Agency Reduction and the updates are shown below:

  E Roster Effectiveness

  - To publish rotas in a timely manner to ensure effective planning with the expected outcome that 50% of rotas are published within the Trust target of 42 days prior to the commencement of the roster period by April 2024.
  - To improve the level loading of annual leave to within Trust guidelines (11% to 17%) of contracted staff per week with the expected outcome that 50% of teams achieving target for annual leave level loading, by Grade Type (Registered Nurse / Unregistered Nurses) and to consistently achieve this target by April 2024.

  The above actions were not completed by all managers and therefore the expected impact was not achieved. The Directors of Nursing have taken responsibility for providing assurance on the delivery of this (via General and Service Managers) to the monthly Safe Staffing Group

  Agency Reduction

  - To re-negotiate rates of pay with framework agencies for Registered Nurses (RNs) and all new RNs onboarded will be within cap rates with the expected outcome to be zero by beginning of March 2024. ***(Action complete)*** Inpatient position of zero was achieved; however, Community position remains at 1 worker over cap due to the service being in Business Continuity.
  - To continue recruitment in areas with high demand with a Trust wide rolling RN advert and a HCA advert targeting specific areas with the expected outcome of increasing bank fill rates to 60%, reduction in agency fill rates to 18% and increasing the number of bank workers by 5%. It is expected the impact of these actions will be seen by the end of March 2024. ***(Action complete)*** Achieved bank fill rates of 60.82% and reduction in agency fill rates of 13.82%. Revised measure proposed for recruitment of new bank workers as original measure not suitable.
  - Increased engagement with agency workers in hard to fill areas to encourage movement from agency to bank with the expected outcome of transitioning 15% of agency workers to bank workers. It is expected that the impact of these actions will be seen by the beginning of April 2024. ***(Action complete)*** Achieved 42% reduction in Agency HCAs to 90 however Agency RNs remain at 65, expect to achieve by June 2024.
  - Review the current timeframes for when shifts are outsourced to agencies and reduce these where possible (specific to NYYS as DTVF completed). Expected impact increase in bank fill rate and reduction in agency use as per above. **(*Action complete)*** Timeframes remained the same desired impact achieved (outline above)
- The efficiency hub will be co-ordinated by a Programme Manager with recruitment of the post now completing. Terms of reference for the team / group are being established.
- The efficiency hub will provide support to enable focus on key strategic financial recovery actions including to manage and reduce over-establishments (including relating to Surge posts), ensure the efficient rostering of inpatient staffing, and linked to inpatient occupancy, flow and Out of Area Placements moving ahead to 2024/25.
- Variances to monthly control totals are monitored, with a re-assessment made of the continued deliverability of our breakeven plan, including with reference to worst and best case, as well as the mid case scenario assumed.

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

Tees, Esk and Wear Valleys NHS Foundation Trust

What does the data show/context:
Agency expenditure for March 2024 was £1.01m, or £0.56m below plan, and £17.08m YTD, or £2.69m below plan to date. This represents **an improved favourable variance** in month, including from actions to exit non-clinical agency and off-framework assignments.

NHS planning guidance for 2023/24 introduced system agency cost caps of 3.70% pay bill. Agency expenditure represents 4.45% pay bill for the year to date which remains above system cost cap but has reduced from around 6% prior year. Planned agency costs for 2023/24 were relatively in line with 2022/23 outturn. Reducing agency shifts and premia above price cap remains a key focus, including from actions to exit non-clinical assignments (with a significant reduction from October onwards). The Trust has achieved agency reductions equivalent to 108 WTE from April 2023 to March 2024, and the related annualised premia has reduced from £4.9m in March 2023 to £3.6m in March 2024 (£1.3m reduction), demonstrating a positive impact from actions taken to date.

The Trust's ability to reduce temporary (including agency) staffing reliance will in part link to management of sickness absence, but equally to net new recruitment (including to medical, qualified nursing, inpatient, and health and justice hot spots) and securing alternative whole system models of care for specialist adult learning disability packages of care and high-cost medical assignments.

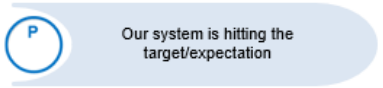
We recognise that volume pressures and rate premia associated with agency expenditure are significantly impacting our financial plan. To address this, we have developed a **Performance Improvement Plan** that defines the actions that are being taken to support improvement and increased assurance (Please see measure - 24) Financial Plan: SOCI - Final Accounts – (Surplus)/Deficit).

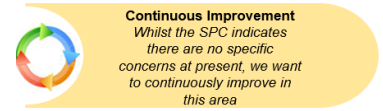
**Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.*

Underlying issues:
We need to continue to ensure a sustainable permanent workforce, including in key shortage professions including medical and nursing, and to use temporary staffing more optimally including through improved rostering and regularly reviewing our safer staffing levels relative to clinical need.

Actions:
The Executive Workforce and Resources Group are overseeing the following actions to improve rostering:

- Re-visit roster rules to ensure optimal rosters and equity for colleagues: This work is ongoing and is reviewed in the monthly safe staffing meeting. Training is being provided for teams in order to optimise their use of the roster. Care Groups are being asked to hold monthly governance meetings reviewing the roster KPIs such as timely publications of rotas.
- Develop roster training programme (running 3 x weekly January to March 2024)





25b) Agency price cap compliance

Tees, Esk and Wear Valleys NHS Foundation Trust

What does the data show/context:
2,507 agency shifts were worked in March 2024, with **1,588** shifts compliant **(63%)** and 919 non-compliant (37%) (prior month 1,559 shifts compliant or 62% and 959 non-compliant or 38%).

This is 11 fewer overall shifts than February and is equivalent to approximately 81 shifts per day (87 per day in February).

- Regional reporting of sickness levels suggested peer mental health providers have experienced similar challenges. The Trust's ability to reduce temporary (including agency) staffing reliance will in part link to management of sickness absence but equally to net new recruitment (including to medical, qualified nursing, inpatient health and justice hot spots) and securing alternative whole system models of care for specialist adult learning disability packages of care and high-cost medical assignments. Other key areas of focus include actions to ensure optimal roster efficiency.
- Further refinement of shift data relating to the above takes place up to the point that NHSE Temporary Staffing data is submitted mid-month, which may result in minor differences between reported data.
- We recognise that volume pressures and rate premia associated with agency expenditure are significantly impacting our financial plan. To address this, we have developed a **Performance Improvement Plan** that defines the actions that are being taken to support improvement and increased assurance (Please see measure - 24) Financial Plan: SOCI - Final Accounts – (Surplus)/Deficit).

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

Underlying issues:
Particular persistent challenges relate to levels of medical staffing vacancies requiring cover from premia rate locum assignments which breach price caps.

Actions:
In addition to actions from 25a) supporting improved compliance, the Trust is also progressing a second phase of International Recruitment to aim to recruit a more sustainable medical and nursing workforce and reduce reliance on agency costs. Medical assignments attract the highest value and percentage premia rates.

F — Our system is not hitting the target/expectation

DQ ✓✓ — 80%

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

26) Use of Resources Rating - overall score

Tees, Esk and Wear Valleys NHS Foundation Trust

What does the data show/context:
The overall rating for the trust is a **2** for the period ending 31st March against a planned rating of **3**.

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

- The **capital service capacity metric** assesses the level of operating surplus generated, to ensure Trusts can cover all debt repayments due in the reporting period. The Trust has a capital service capacity of 1.49x, which is 0.09x lower than plan and is **rated as a 3** (0.24x better than plan in January).
- 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 17.8 days; this slightly below plan and is **rated as a 1** (0.2 days behind plan in February).
- 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 0.00%, which is consistent to a planned breakeven position and a **rating of 2**.
- **The agency expenditure metric** assesses agency expenditure against planned costs for the Trust. Costs of £17.08m are £2.51m (12.82%) less than plan and would be **rated as a 1.** (The agency metric assesses performance against plan). NHS planning guidance suggested that providers' (and aggregate system level) agency expenditure should not exceed 3.7% pay bill. As at Month 12 agency expenditure was 4.5% pay bill.

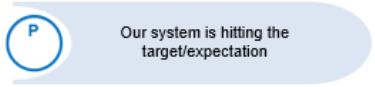
Specifically for agency please refer to **25a) Financial Plan: Agency expenditure compared to agency target & 25b) Agency price cap compliance.**

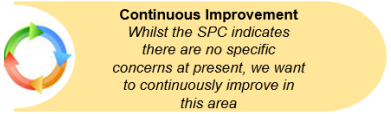
The Trust's financial performance results in an **overall UORR** of **2** for the period ending 31st March and **is above plan.**

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

Underlying issues:
There are no underlying issues to report. As recovery actions to support delivery of the Trust's planned breakeven position are achieved, confidence levels relating to achievement of the planned 2023/24 UoRR have increased as compared to the mid-year financial risk assessment.

Actions:
There are no specific improvement actions required.





27) CRES Performance - Recurrent

Tees, Esk and Wear Valleys NHS Foundation Trust

What does the data show/context:
We planned to deliver **£15.47m** recurrent Cash-Releasing Efficiency Savings (CRES) for the year to date and have delivered **£12.21m recurrent** CRES, a **£3.26m adverse variance** against planned recurrent schemes.

Following the submission of our financial plan, which included £15.5m recurrent CRES, key areas of focus were:

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

Recurrent CRES delivery for the year is behind plan at Month 12 with specific performance noted as:

- £1.85m under-delivery of CRES for OAPs Reduction in AMH (Performance Improvement Plan in place)
- £1.95m under-delivery of CRES for Surge post review (Pay)
- £0.55m CRES for Agency (Inpatient level loading of rosters – actions in train via sub-group of safer staffing group)
- £0.32m CRES for Taxi spend reduction (Improvement Event and associated actions being progressed, but with notably reduced taxi run rates)
- (£2.10)m achieved CRES for LD inpatient mitigation
- £2.33m CRES for other schemes (£2.86m behind on planned schemes, netted down by unplanned recurrent schemes £0.53m)

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

Underlying issues:
We need to deliver CRES schemes to achieve our financial plan.

Actions:
Please see measure - 24) Financial Plan: SOCI - Final Accounts – (Surplus)/Deficit.

F — Our system is not hitting the target/expectation

DQ — 80%

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

28) CRES Performance – Non-Recurrent

Tees, Esk and Wear Valleys NHS Foundation Trust

What does the data show/context:
We planned to deliver **£5.38m** of non-recurrent Cash-Releasing Efficiency Savings (CRES) for the year to date and have delivered **£8.64m, a £(3.26m) favourable variance** against planned non-recurrent schemes.

The Trust planned to deliver full year non-recurrent Cash-Releasing Efficiency Savings (CRES) of **£5.38m** for 2023/24 with key areas of focus including interest receivable and operational grip and control measures to be identified in-year.

Non-Recurrent CRES delivery for the year is ahead of plan at Month 12 relating to:

Planned Schemes:

- £0.92m Unachieved CRES Non Recurrent Grip & Control (Non Pay)
- (£0.67m) Non Recurrent Grip & Control Trust wide Recovery Actions / budget rebasing (Non Pay)

Unplanned Schemes:

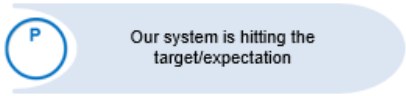
- (£1.53m) Interest Receivable (interest rate has been 5.2% for the last two months)
- (£2.80m) Largely relating to Medical run rate reductions
- (£0.83m) Other non rec schemes

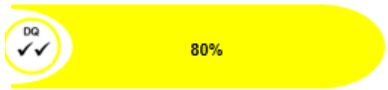
Composite year to date non-recurrent CRES **over delivery** of **£(3.26m).**

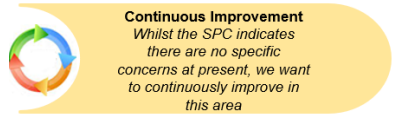
NOTE *Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.*

Underlying issues:
There are no underlying issues to report.

Actions:
Financial Planning activities will confirm the extent to which the same actions can be delivered recurrently (or non-recurrently) and any other scope to deliver new non-recurrent CRES in 2024/25 to mitigate underlying financial pressures.







29) Capital Expenditure (Capital Allocation)

Tees, Esk and Wear Valleys NHS Foundation Trust

What does the data show/context:
Capital expenditure was **£13.96m** at the end of March against an allocation of **£13.87m** resulting in a **£0.09m** overspend.

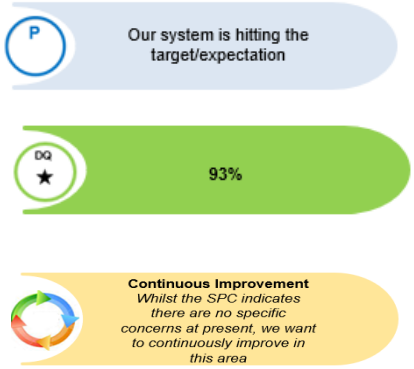
- Whilst several favourable and adverse variances contribute to the year end position key areas included previously anticipated costs of 2023/24 schemes which completed in the 2022/23 financial year, a change to plan for medical education centre development at Lanchester Road and an unplanned upside in relation to actual costs for phase 1 patient safety works Tees. These afforded the Trust the opportunity to accelerate must do schemes, including phase 3 sensor door works and IT system developments.

- Any delays to planned inpatient environment schemes are communicated to the Environmental Risk Group to manage any associated risks. There is a delay in the start to Phase 3 sensor door installation works due to inability to secure escorts for contractors. Actions are being fast tracked to secure appropriate staffing.

- The Trust secured £2.75m of cash backed central funding to improve IT systems, LED lighting and Cyber resilience. All of this was utilised in the 23/24 financial year (this is not included in performance measurement against capital allocation)

Underlying issues:
There are no underlying issues to report.

Actions:
A key focus is on the recruitment of escorts to enable sensor door installation.



30) Cash balances (actual compared to plan)

Tees, Esk and Wear Valleys NHS Foundation Trust

What does the data show/context:
We have an actual cash balance of **£59.93m** against a planned year end cash balance of **£64.30m** which was a **£4.37m deficit variance** to plan.

- This was mainly due to accrued income agreed with ICB and Provider Collaborative partners during March, to be paid in Q1 of next financial year.
- The Trust narrowly failed to achieve the 95.0% Better Payment Practice Code (BPPC) target compliance for the prompt payment suppliers, achieving a combined year end BPPC of 94.4%. We continue to support the use of Cardea to make processes as efficient as possible, and ensure suppliers are paid promptly.
- The value of debt outstanding at 31st March 2024 was £3.70m, with debts exceeding 90 days amounting to £0.57m (excluding amounts being paid via instalments and PIPS loan repayments). Four whole of government accounting (WGA) organisations account for 77% of total debts greater than 90 days old (£0.44m), progress continues to be made to receive payment for older debts. No outstanding debts have been formally challenged.

Underlying issues:
In additional to information at measure 24) Financial Plan: SOCI - Final Accounts – (Surplus)/Deficit, the Trust needs to expend significantly more via its annual capital programme budget than is generated internally from depreciation, meaning the Trust's annual cash reserves are gradually reducing.

Actions:
See actions at measure 24) Financial Plan: SOCI - Final Accounts – (Surplus)/Deficit.

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

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

	Measure	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
1	Percentage of Patients surveyed reporting their recent experience as very good or good	√	√	
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	√	√	
3	Percentage of inpatients reporting that they feel safe whilst in our care	√	√	
4	Percentage of CYP showing measurable improvement following treatment - patient reported	√		
5	Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported	√		
6	Percentage of CYP showing measurable improvement following treatment - clinician reported	√	√	
7	Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported	√	√	
8	Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	√	√	√
9	Number of inappropriate OAP bed days for adults that are 'external' to the sending provider	√		
10	The number of Patient Safety Incident Investigations reported on STEIS	√	√	
11	The number of Incidents of moderate or severe harm	√		
12	The number of Restrictive Intervention Used	√	√	
13	The number of Medication Errors with a severity of moderate harm and above	√		
14	The number of unexpected Inpatient unnatural deaths reported on STEIS	√		√
15	The number of uses of the Mental Health Act	√		
16	Percentage of staff recommending the Trust as a place to work	√	√	√
17	Percentage of staff feeling they are able to make improvements happen in their area of work	√	√	√
18	Staff Leaver Rate	√	√	√
19	Percentage Sickness Absence Rate	√	√	√
20	Percentage compliance with ALL mandatory and statutory training	√	√	√
21	Percentage of staff in post with a current appraisal	√	√	√
22	Number of new unique patients referred	√	√	√
23	Unique Caseload (snapshot)	√	√	
24	Financial Plan: SOCI - Final Accounts - Surplus/Deficit			
25	Financial Plan: Agency expenditure compared to agency target			
26	Agency price cap compliance			
27	Use of Resources Rating - overall score			
28	CRES Performance - Recurrent			
29	CRES Performance - Non-Recurrent			
30	Capital Expenditure (CDEL)			
31	Cash balances (actual compared to plan)			

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

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

	Measure	1. Safe Staffing	2. Demand	3. Co-Creation	4. Quality of Care	5. Digital	6. Estate / Physical	7. Cyber Security	8. Quality Governance	9. Partnerships and System	10.Regulatory compliance	11. Roseberry Park	12. Financial Sustainability	13. Public confidence
1	Percentage of Patients surveyed reporting their recent experience as very good or good	√	√	√	√									√
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	√		√	√									√
3	Percentage of inpatients reporting that they feel safe whilst in our care	√		√	√									√
4	Percentage of CYP showing measurable improvement following treatment - patient reported	√	√		√	√			√	√			√	√
5	Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported	√	√		√	√			√	√			√	√
6	Percentage of CYP showing measurable improvement following treatment - clinician reported	√	√		√	√			√	√			√	√
7	Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported	√	√		√	√			√	√			√	√
8	Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	√	√		√				√				√	√
9	Number of inappropriate OAP bed days for adults that are 'external' to the sending provider	√	√		√				√				√	√
10	The number of Patient Safety Incident Investigations reported on STEIS	√		√	√		√				√			√
11	The number of Incidents of moderate or severe harm	√		√	√				√		√			√
12	The number of Restrictive Intervention Used	√		√	√		√				√			√
13	The number of Medication Errors with a severity of moderate harm and above	√			√	√			√		√			√
14	The number of unexpected Inpatient unnatural deaths reported on STEIS	√		√	√		√			√	√			√
15	The number of uses of the Mental Health Act	√	√						√	√	√			
16	Percentage of staff recommending the Trust as a place to work	√	√				√		√	√	√			√
17	Percentage of staff feeling they are able to make improvements happen in their area of work	√		√					√	√	√			√
18	Staff Leaver Rate	√							√		√		√	√
19	Percentage Sickness Absence Rate	√	√								√		√	√
20	Percentage compliance with ALL mandatory and statutory training	√			√			√	√	√	√		√	√
21	Percentage of staff in post with a current appraisal	√			√				√		√			√
22	Number of new unique patients referred		√		√				√	√	√		√	√
23	Unique Caseload (snapshot)	√	√		√				√	√	√		√	√
24	Financial Plan: SOCI - Final Accounts - Surplus/Deficit					√		√	√		√	√	√	
25	Financial Plan: Agency expenditure compared to agency target	√	√		√				√		√		√	
26	Agency price cap compliance	√							√		√		√	
27	Use of Resources Rating - overall score	√	√		√				√		√		√	
28	CRES Performance - Recurrent	√	√				√		√		√		√	
29	CRES Performance - Non-Recurrent								√		√		√	
30	Capital Expenditure (CDEL)					√	√		√		√	√	√	
31	Cash balances (actual compared to plan)					√	√				√	√	√	

National Quality Standards and Mental Health Priorities Headlines

Headlines

- **72 hour follow up** achieved target in all areas except Vale of York.
- **EIP waiting times** achieving target in all areas except Vale of York
- **Talking Therapies waiting times (6 and 18 weeks)** achieved target as a Trust and in all areas.
- **Child Eating Disorders waiting times** failed target as a Trust and in all areas except for Tees Valley (routine cases) and North Yorkshire (urgent cases).
- **Talking Therapies: Access –** failed target as a Trust and in all areas except for Tees Valley; however, County Durham achieved Quarter 4 target. **Recovery -** achieved target as a Trust and in all areas; **1st to 2nd treatment waits** – failed target as a Trust and in all areas except for North Yorkshire.
- **Children: 1 contact** achieved target as a Trust and in all areas, however, **Paired Outcomes** failed target as a Trust and in all areas.
- **AMH/MHSOP 2 contacts** achieved target as a Trust and in all areas except Vale of York
- **OAP bed days (inappropriate)** failed target as a Trust and both ICB areas **This is also the MH Priority monitored at Trust level – see IPD measure 9 for further details*
- **Specialist Community Perinatal Mental Health (PMH) services** failed target as a Trust and in North Yorkshire and Vale of York

Risks / Issues

Of most concern:

- 72 hour follow up (Quarter 4)*
- Child Eating Disorders Waiting Times (except Tees Valley routine cases and North Yorkshire urgent cases)*
- Talking Therapies Access (except Tees Valley)
- Talking Therapies 1st to 2nd treatment (except North Yorkshire)
- Childrens Paired Outcomes
- OAP bed days (inappropriate)
- Specialist Community PMH services (except County Durham and Tees Valley)

Of concern:

- EIP Waiting Times Vale of York only*
- Adults/Older Persons 2 contacts Vale of York only

These measures have been impacted following the implementation of CITO and we are undertaking a comprehensive validation of the data for Quarter 4.

Positive Assurance

- Talking Therapies waiting times (6 and 18 weeks)
- Talking Therapies Recovery
- CYP 1 contact

National Quality Standards and Mental Health Priorities Headlines

Mitigations

Child Eating Disorders waiting times
DTVFCG have a PIP and the actions are to consider appropriate use of therapy codes for young people presenting with ARFID; exploring dietetic consultation to the treatment team and to ensure assessing practitioner is treatment lead ***(Completed)***. It was anticipated these actions would eliminate any further breaches of this kind by the end of March 2024. The Team Manager has identified a new action to ensure the patient tracker is fully utilised and data quality is corrected in a timely manner going forward. In relation to NYSCG the underlying issues were Did Not Attend and Patient Choice. Non-attendance is managed through engagement with patients/families in line with the DNA policy.

Talking Therapies Access
DTVFCG have a PIP and the actions are to promote suitability criteria/referral routes; Therapy Support Workers contacting patients prior to their assessment; formulation of SPA dashboard to track capacity and demand to maximise capacity. It is anticipated these actions will improve the number of referrals and reduce DNAs from 20% to 12% by the end of May 2024. NYYSCG have a PIP and the actions are for admin to contact all patients to remind them of their appointment. It is anticipated this action will reduce DNAs to 16% by end of April 2024. They are also going to combine both services' attendance polices into one including reasonable adjustments to improve patient choice. Is it anticipated this action will further reduce DNAs to 15% by the end of May 2024.

Talking Therapies 1st to 2nd treatment waits
DTVFCG have a PIP and the actions are to implement a gatekeeping process for low intensity step ups; review demand and align capacity to ensure availability of slots; develop a standardised VCB for the Leadership Teams so resources and demand can be aligned; amend the report out process and attendance to include monitoring the outcome of assessments and use of CCBT importance and workshops will be prioritised. It is anticipated these actions will improve waiting times by 5-10% by May 2024. **EDG have agreed the development of a PIP specifically for VoY services.**

Childrens Paired Outcomes
A business case was developed for a dedicated outcomes team however, a more comprehensive options appraisals, risk and quality impact assessment is required prior this going to Care Group Boards in April.

OAP bed days (inappropriate) - *Please see Durham Tees Valley & Forensic Care Group IPD Headlines for mitigations*

Specialist Perinatal Mental Health
NYYSCG have developed a PIP and the actions are to recruit to the vacant posts and to develop standardised triage criteria to ensure all appropriate woman are accepted onto caseload. It is anticipated the impact of these actions will increase the number of women being assessed resulting in an increase in women accessing services and achievement of standard by end of January 2025.

EIP waiting times
North Yorkshire, York & Selby Care Group have recruited to all 4 posts, two of which are preceptorship roles, start dates to be confirmed. The service is continuing to recruit temporary staff in the interim to support improvement in waiting times and have a recovery plan in place.

Adult/Older Persons 2 contacts
North Yorkshire, York & Selby Care Group have identified that one of the main underlying issues in the reduction of contacts is the York and Selby EIP team - see EIP Waiting Times above for further information.

National Quality Standards and Mental Health Priorities Dashboard

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

National Quality Requirements

Measure	Agreed S-ICBL Ambition	Trust					County Durham					Tees Valley					North Yorkshire					Vale of York				
		Q1	Q2	Q3	Q4	2023/24	Q1	Q2	Q3	Q4	2023/24	Q1	Q2	Q3	Q4	2023/24	Q1	Q2	Q3	Q4	2023/24	Q1	Q2	Q3	Q4	2023/24
Percentage of Service Users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient care	80%	86.57%	92.15%	87.14%	61.45%	81.93%	89.43%	93.19%	89.50%	59.57%	82.89%	86.45%	90.65%	85.37%	64.86%	82.39%	87.20%	93.16%	85.32%	63.64%	81.78%	79.38%	93.14%	89.02%	54.37%	78.39%
Percentage of Service Users experiencing a first episode of psychosis or ARMS (at risk mental state) who wait less than two weeks to start a NICE-recommended package of care	60%	71.51%	66.84%	67.86%	60.78%	67.03%	65.15%	64.29%	63.77%	56.52%	62.95%	73.68%	69.05%	81.48%	61.64%	71.66%	85.71%	88.24%	83.33%	81.82%	84.51%	73.33%	50.00%	28.57%	33.33%	48.91%
Percentage of Service Users referred to an NHS Talking Therapies programme who wait six weeks or less from referral to entering a course of NHS Talking Therapies treatment	75%	99.43%	99.82%	99.58%	99.73%	99.64%	99.47%	99.86%	99.57%	99.54%	99.61%	99.46%	100.00%	99.65%	99.55%	99.67%	99.54%	99.70%	99.52%	99.95%	99.68%	99.20%	99.81%	99.62%	99.89%	99.64%
Percentage of Service Users referred to an NHS Talking Therapies programme who wait 18 weeks or less from referral to entering a course of NHS Talking Therapies treatment	95%	99.98%	99.99%	99.96%	99.97%	99.97%	100.00%	99.97%	99.96%	99.97%	99.97%	100.00%	100.00%	99.83%	100.00%	99.96%	100.00%	100.00%	100.00%	100.00%	100.00%	99.93%	100.00%	99.95%	99.94%	99.96%
Child Eating Disorders: Percentage of Service Users designated as routine cases who access NICE concordant treatment within four weeks (rolling 12 months)	95%	84.44%	86.53%	86.90%	89.24%	89.24%	83.82%	84.13%	82.19%	80.56%	80.56%	91.01%	95.12%	96.34%	97.26%	97.26%	80.00%	78.05%	83.33%	91.89%	91.89%	78.33%	83.05%	81.82%	87.80%	87.80%
Child Eating Disorders: Percentage of Service Users designated as urgent cases who access NICE concordant treatment within one week (rolling 12 months)	95%	74.51%	70.00%	67.86%	74.07%	74.07%	76.67%	67.74%	64.86%	73.53%	73.53%	50.00%	50.00%	62.50%	62.50%	62.50%	87.50%	87.50%	83.33%	100.00%	100.00%	71.43%	71.43%	80.00%	66.67%	66.67%

Local Quality Requirements

Measure	Agreed S-ICBL Ambition	Trust					County Durham					Tees Valley					North Yorkshire					Vale of York				
		Q1	Q2	Q3	Q4	2023/24	Q1	Q2	Q3	Q4	2023/24	Q1	Q2	Q3	Q4	2023/24	Q1	Q2	Q3	Q4	2023/24	Q1	Q2	Q3	Q4	2023/24
Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy	*	6443	6801	7085	7650	27979	2662	2899	2780	3249	11590	557	603	575	668	2403	1723	1672	1879	1948	7222	1495	1607	1838	1776	6716
IAPT: The proportion of people who are moving to recovery	50.00%	52.38%	53.61%	51.79%	53.79%	52.89%	51.69%	51.01%	48.57%	51.11%	50.56%	54.39%	56.75%	48.42%	50.99%	52.62%	51.55%	53.67%	53.71%	53.96%	53.25%	54.26%	58.34%	56.95%	59.17%	57.28%
IAPT:Percentage of people who have waited more than 90 days between first and second appointments	<10%	19.11%	16.03%	14.67%	17.62%	16.83%	13.92%	12.91%	13.05%	16.84%	14.20%	19.76%	18.56%	23.47%	28.16%	22.75%	17.57%	12.63%	6.13%	3.79%	9.76%	31.15%	26.61%	25.66%	35.22%	29.66%
Number of CYP aged 0-17 supported through NHS funded mental health with at least one contact (rolling 12 months)	*	30498	30463	30524	29339	29339	9978	10236	10454	10012	10012	11657	11601	11501	11218	11218	4319	4099	4062	3769	3769	4544	4527	4507	4340	4340
Percentage of CYP closed referrals, with at least two contacts, with paired outcome scores within reporting period	40.00%	27.59%	27.85%	25.71%	23.01%	24.77%	22.46%	25.75%	21.99%	17.96%	20.56%	28.53%	27.12%	26.76%	27.23%	27.26%	38.24%	37.80%	33.17%	30.02%	32.70%	30.38%	25.53%	27.35%	17.85%	21.68%
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 (rolling 12 months)	*	22644	22875	23403	23018	23018	8195	8154	8245	7983	7983	6945	7392	7977	8090	8090	4163	4146	4106	3957	3957	3341	3183	3075	2988	2988
Number of inappropriate OAP bed days for adults by quarter that are either 'internal' or 'external' to the sending provider (rolling 3 months)	*	1608	494	671	516	516	1445	436	608	455	455	1445	436	608	455	455	163	58	63	61	61	163	58	63	61	61
Number of women accessing specialist community PMH services in the reporting period (cumulative)	*	553	749	966	1271	1271	206	277	339	473	473	233	310	391	482	482	77	95	131	171	171	37	67	105	145	145

NOTES ** Denotes individual plans agreed by area; Trust position represents total activity for commissioned services only (with the exception of IAPT)*

NHS Oversight Framework Headlines

Headlines

- We are currently placed within **Segment 3** which is "*Bespoke mandated support"*
- **OAP (inappropriate)** consistently failed target, but in the interquartile range nationally **This is also monitored at Trust level – see IPD measure 9 for further details.*
- **Access:** consistently failed target for **Talking Therapies** in both ICBs; however, achieved for quarter 4 in NENC ICB. Consistently achieved target for **CYP 1 contact** in both ICBs. Consistently achieved target for **Adult 2 contacts** in NENC ICB; however failed target in HNY ICB in quarter 4 and for the financial year. **Consistently achieved Specialist Community Perinatal Mental Health Services** in NENC ICB; however, consistently failed in HNY ICB. **These measures are Mental Health Priorities – see relevant section of this report for further details*
- **Patient Safety Alerts,** consistently achieved target
- **CQC:** both **Overall Rating** and **well-led rating** remains 'Requires Improvement', the former in the interquartile range nationally and the latter in the lowest performing quartile nationally.
- **Staff Survey**: In the interquartile range for **Raising concerns people promise**, but in the lowest performing quartile nationally for **Compassionate culture people promise**.
- **Adult & Older Adult Length of Stay** consistently failed target; however, **Adult** is in the highest performing quartile nationally and **Older Adult** is in the interquartile range.
- **Inclusivity: The likelihood of BME or disabled applicants being appointed from shortlisting** failed target. **Senior Leaders who are women** and/or **disabled** consistently achieved target; however, those from a **BME background** consistently fail target and are in the lowest performing quartile nationally.
- **Staff Survey:** in the highest performing quartile nationally for **Staff who have experienced harassment, bullying or abuse from service users, relatives or the public,** however, in the lowest performing quartile nationally for **Staff Engagement.** All other themes are reporting in interquartile range.
- **Staff: Leaver Rate** remains in the highest performing quartile nationally; however, **Sickness Absence** consistently increased and in the lowest performing quartile nationally
- **Agency Price Cap** consistently failed target however, **Agency Spend** consistently achieved. **This and the other financial measures are monitored at Trust level – see IPD measures 24, 25, 27 & 28 for further details*

Risks / Issues

Of most concern:

- OAP bed days (inappropriate)
- Talking Therapies Access
- Staff Survey compassionate culture people promise
- Senior Leaders from a BME Background
- Staff survey engagement
- Sickness absence rate
- CQC well-led rating
- Agency Price Cap

Of concern:

- AMH/MHSOP 2 contacts (HNY ICB)
- Specialist Community Perinatal Mental Health services **(**HNY ICB)
- Adult & Older Adult Length of Stay
- The likelihood of BME or disabled applicants being appointed from shortlisting.

Positive Assurance

- CYP 1 contact
- AMH/MHSOP 2 contacts (NENC ICB)
- Patient Safety Alerts
- Senior Leaders who are Women and / or disabled.
- Staff who have experienced harassment, bullying or abuse from service users, relatives or the public
- Staff Leaver Rate

NHS Oversight Framework Headlines

Mitigations

OAP bed days (inappropriate) *Please see Durham Tees Valley & Forensic Care Group IPD Headlines for mitigations*

Talking Therapies Access *Please see National Quality Standards and Mental Health Priorities Headlines for mitigations*

Staff Survey compassionate culture people promise A robust leadership offer is being rolled out to ensure all leaders have a shared awareness of organisational culture, developing compassionate and collective leadership styles and behaviours. A Trust Leadership Academy will be launched in May 2024 and cultural tools are used to triangulate information received via staff engagement routes to identify areas of concern.

Senior Leaders from a BME Background The new Leadership Academy will be launched in Q1 24/25 which will also provide a focus on career development for those in underrepresented groups including disabled colleagues, those from BAME backgrounds and women in senior leadership roles.

Staff survey engagement Psychological safety and compassionate and collective leadership are embedded in our leadership development offer, including the importance of staff engagement and creating an inclusive culture. We encourage quality appraisal conversations to ensure staff feel valued and motivated with a sense of purpose. A number of staff networks are established, and we are currently introducing a network of Staff Engagement Champions.

CQC well-led rating We have co-created an Improvement plan with Care Groups and Specialty leads in response to the Must and Should Do recommendations within the October Inspection Report; taking into account work already completed, actions being addressed by established workstreams and ongoing improvement plans.

Sickness absence rate Whilst we were in the lowest performing quartile as at October 2023, our most recent performance is an improving position with our latest data less that 6% - *Please see measure 19 within IPD for further details*

Agency Price Cap Planned costs for 2023/24 were relatively in line with 2022/23 outturn representing a reduction in cost owing to the favourable plan variance year to date. However, the trust price cap compliance is 63%, which is behind the planned 100% compliance. Volume pressures and rate premia associated with agency expenditure are significantly impacting our financial plan *Please see measure 25 within IPD for further details*

AMH/MHSOP 2 contacts (HNY ICB) *Please see National Quality Standards and Mental Health Priorities Headlines for mitigations*

Specialist Community Perinatal Mental Health services *Please see National Quality Standards and Mental Health Priorities Headlines for mitigations*

Adult & Older Adult Length of Stay *Please see OAP bed days (above) as mitigations are also applicable to this measure*. A review of the North Yorkshire and York patients exceeding 60 and 90 days, has confirmed all were due to complex needs and therefore appropriate.

Appointment of BME or disabled applicants We have a robust Workforce Race Equality Standard action plan, which is focused on increasing the diversity of staff. A plan to increase diversity and hyperlocal recruitment is being developed and includes work to increase opportunities for under 18s, volunteer to career pathways, the development of academies, the coordination of recruitment activities in areas that will increase diversity, and community engagement activities. This will be promoted via links within the BAME communities and partners who work with people with long term health conditions.

NHS Oversight Framework Dashboard

Tees, Esk and Wear Valleys NHS Foundation Trust

Quality, Access & Outcomes: Mental Health		Tees, Esk & Wear Valleys NHS Trust					
Measure	Oversight Standard	Q1	Q2	Q3	Q4	2023/24	Latest National Position
Number of inappropriate OAP bed days for adults by quarter that are either 'internal' or 'external' to the sending provider	0	1608	494	671	516	516	Interquartile range as at December 2023 (670) 30 out of 56 Trusts

Measure	Oversight Standard	Trust					North East & North Cumbria ICB						Humber & North Yorkshire ICB					
		Q1	Q2	Q3	Q4	2023/24	Q1	Q2	Q3	Q4	2023/24	Latest National Position	Q1	Q2	Q3	Q4	2023/24	Latest National Position
IAPT access (total numbers accessing services)	100.00%	87.42%	89.27%	91.42%	98.77%	91.78%	87.54%	95.24%	91.24%	106.53%	95.14%	Interquartile range as at January 2024 (67%) 31 out of 42 ICBs	87.30%	83.67%	91.57%	91.75%	88.65%	Interquartile range as at January 2024 (69%) 28 out of 42 ICBs
Children and young people (ages 0-17) mental health services access (number with 1+ contact)	100.00%	116.03%	115.89%	116.13%	111.62%	111.62%	113.66%	114.72%	115.34%	111.53%	111.53%	Interquartile range as at January 2024 (95%) 13 out of 42 ICBs	122.25%	118.98%	118.19%	111.85%	111.85%	Interquartile range as at January 2024 (88%) 21 out of 42 ICBs
Overall Access to Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses	100.00%	111.04%	112.18%	114.77%	112.88%	112.88%	115.05%	118.13%	123.27%	122.14%	122.14%	Interquartile range as at January 2024 (93%) 24 out of 42 ICBs	103.76%	101.34%	99.29%	96.03%	96.03%	Interquartile range as at January 2024 (95%) 21 out of 42 ICBs
Women accessing specialist community perinatal mental health services	100.00%	154.90%	104.90%	90.28%	89.07%	89.07%	194.25%	129.87%	107.83%	105.76%	105.76%	Lowest performing quartile (a position of concern) as at December 2023 (75.4%) 34 out of 42 ICBs	87.02%	61.83%	60.05%	60.31%	60.31%	Lowest performing quartile (a position of concern) as at December 2023 (51.5%) 28 out of 42 ICBs

Quality of Care, access & outcomes; Safe, high-quality care		Q1	Q2	Q3	Q4	2023/24	Latest National Position
National Patient Safety Alerts not completed by deadline	0	0	0	0	0		Latest position as published at April 2024
Consistency of reporting patient safety incidents	100%	100.00%					National reporting paused pending the introduction of the new Learn from Patient Safety Events (LFPSE) service
Overall CQC rating	N/A	Requires Improvement					Interquartile range as at February 2024. 52 out of 69 Trusts. Latest inspection June 2023
NHS Staff Survey compassionate culture people promise element sub-score	As per staff survey benchmarking group results	6.86		6.99			Lowest performing quartile (a position of concern) as at **2022 survey** (6.85) 65 out of 71 Trusts Note:Q3 and Q4 Trust data as at 2023 Staff Survey
NHS Staff Survey raising concerns people promise element sub-score	As per staff survey benchmarking group results	6.71		6.68			Interquartile range as at **2022 survey** (6.71) 43 out of 71 Trusts Note:Q3 and Q4 Trust data as at 2023 Staff Survey
Adult Acute Length of Stay Over 60 Days	0%	13.59%	13.30%	14.26%	12.47%	12.47%	Highest performing quartile (a positive position) as at January 2024 (13%) 7 out of 52 Trusts
Older Adult Acute Length of Stay Over 60 Days	0%	25.81%	33.58%	42.74%	58.04%	58.04%	Interquartile Range as at January 2024 (33%) 18 out of 52 Trusts
Quality of care, access and outcomes; Compassionate and inclusive culture		**Q1**	**Q2**	**Q3**	**Q4**	**2023/24**	**Latest National Position**
Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	1.00	1.83					Interquartile range as at 2023 (1.8) 48 out of 69 Trusts. Latest submission July 2023.
Relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants	1.00	1.12					Interquartile range as at 2023 (1.1) 50 out of 69 Trusts Latest submission July 2023.

Notes:

- *Within the Framework Trusts are ranked nationally and placed into one of three ranges: the lowest performing quartile, an interquartile range and the highest performing quartile, the highest quartile being the best.*

NHS Oversight Framework Dashboard

Tees, Esk and Wear Valleys NHS Foundation Trust

People; Belonging in the NHS - Proportion of staff in senior leadership roles who a) are from a BME background b) are women c) disabled staff		Q1	Q2	Q3	Q4	2023/24	Latest National Position
BME background	12%	1.37%	1.72%	5.88%	5.24%		Lowest performing quartile (a position of concern) as at 2022 calendar year (1.28%) 67 out of 69 Trusts
Women	62%	65.75%	64.22%	63.73%	65.71%		Interquartile range as at December 2023 (65%) 25 out of 45 Trusts
Disabled staff	3.20%	10.96%	11.64%	8.33%	9.05%		Interquartile range as at 2023 (6.02%) 19 out of 69 Trusts
Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age	As per staff survey benchmarking group results	62.38		63.83			Interquartile range as at **2022 survey** (62.4%) 20 out of 71 Trusts Note:Q3 and Q4 Trust data as at 2023 Staff Survey
People; Looking after our people		**Q1**	**Q2**	**Q3**	**Q4**	**2023/24**	**Latest National Position**
Staff survey engagement theme score	As per staff survey benchmarking group results	6.85		6.94			Lowest performing quartile (a position of concern) as at **2022 survey** (6.85) 65 out of 71 Trusts Note:Q3 and Q4 Trust data as at 2023 Staff Survey
Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers	As per staff survey benchmarking group results	7.30		7.21			Interquartile range as at **2022 survey** (7.32%) 24 out of 71 Trusts Note:Q3 and Q4 Trust data as at 2023 Staff Survey
Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues	As per staff survey benchmarking group results	13.64		13.98			Interquartile range as at **2022 survey** (13.7%) 34 out of 71 Trusts Note:Q3 and Q4 Trust data as at 2023 Staff Survey
Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public	As per staff survey benchmarking group results	22.48		22.31			Highest performing quartile (a positive position) as at **2022 survey** (22.7%) 17 out of 71 Trusts Note:Q3 and Q4 Trust data as at 2023 Staff Survey
Staff Survey – We Are Compassionate and Inclusive People Promise element score	As per staff survey benchmarking group results	7.40		7.49			Interquartile range as at **2022 survey** (7.44) 53 out of 71 Trusts Note:Q3 and Q4 Trust data as at 2023 Staff Survey
NHS Staff Leaver rate	None	10.90%	11.12%	11.13%	11.25%	11.25%	Highest performing quartile (a positive position) as at December 2023 (6.52%) 10 out of 71 Trusts
Sickness absence rate (working days lost to sickness)	None	5.65%	6.12%	6.38%	6.71%	6.21%	Lowest performing quartile (a position of concern) as at October 2023 (6.33%) 50 out of 71 Trusts
Leadership and Capability; Leadership		**Q1**	**Q2**	**Q3**	**Q4**	**2023/24**	**Latest National Position**
CQC well-led rating	N/A	Requires Improvement					Lowest performing quartile (a position of concern) as at February 2024. 54 out of 69 Trusts Latest inspection June 2024
Finance and use of resources		**Q1**	**Q2**	**Q3**	**Q4**	**2023/24**	**Latest National Position**
Financial efficiency - variance from efficiency plan - Recurrent	N/A	£1,178,000	£3,858,000	£6,269,000	£10,553,000		Financial values with brackets indicate a (Surplus) or (Favourable) position, financial values without brackets indicate a deficit or adverse position.
Financial efficiency - variance from efficiency plan - Non-Recurrent	N/A	£363,000	£2,645,000	£5,349,151	£10,293,151		
Financial stability - variance from break-even	N/A	£3,881,456	£4,424,811	£4,700,532	£0		
Agency spending: Agency spend compared to the agency ceiling	100%	86.26%	99.96%	91.08%	86.39%		
Agency spending: Price cap compliance	100%	67.00%	63.40%	61.61%	63.34%		

Item: 10ii

Tees, Esk and Wear Valleys
NHS Foundation Trust

Finance Update

Council of Governors – June 2024

2023/24 Financial Performance

The Trust achieved its planned breakeven position for the financial year. However, continuing pressures driven in the main by higher than funded occupancy and acuity, and workforce pressures meant that recurrent Cash Releasing Efficiency Schemes (CRES) were lower than planned and were offset by non-recurrently identified CRES. The Trust received £2.3m national funding in Autumn 2023 for nationally recognised pressures, including industrial action.

2023/24 Revenue Performance:

- **National pay review body award: Agenda for Change staff 5% uplift** (2.1% recognised in tariff and at plan), paid in June 2023 but with a 1.6% tariff uplift resulting in a £1.3m funding gap. This was partially mitigated through £0.4m additional recurrent Commissioner uplift.
- **Medical Pay Award** in-year guidance resulted in additional tariff income of £2.6m with medical pay award cost of £1.4m offering a £1.2m contribution towards medical locum run rate pressures due to vacancy levels in the substantive workforce (but required to uplift recurrent budgets).
- **National funding for 2023/24 pressures** received of £2.3m and supporting the delivery of key national priorities.
- **Unplanned NHSE Education** funding received of £0.8m, offset by increased pay costs.

Key cost pressures in 2023/24 included:

- **High levels of agency expenditure**, including premia charged for medical vacancy cover, gradual mitigation of costs to support for a small number of complex care packages for Adults with a Learning Disability following their discharge, ongoing safe staffing, absence and vacancy cover for inpatient services and in Health & Justice.
- **Elevated bed occupancy**, due to increased lengths of stay and delayed transfers are driving higher than commissioned staffing (and agency) levels.
- The ongoing need for **Independent Sector bed placements** due to Adult Mental Health and PICU bed pressures. Despite internal actions, key impacts are from longer lengths of stay including large increases in delayed transfers of Adults and Older Adults. The Trust has needed to manage the additional risk following the temporary closure of Adult Learning Disability beds to admissions.
- **Transport costs** are significantly above plan, albeit with reduced taxi costs in year. Secure patient transport remains a key area of focus with a new contract due May 2024.

CRES was **delivered** but included £3.5m unplanned non-recurrent mitigation to offset underperformance of planned recurrent CRES. Key variances relate to independent sector bed pressures for Adult Mental Health and PICU, level loading of Inpatient roster to reduce agency costs, review of surge posts and actions to reduce taxi/transport costs. Higher than planned interest receivable has contributed to the non-recurrent mitigation.

Cash balances were £59.9m at 31st March 2024, which was £4.4m lower than plan. This was mainly due to movements on working balances including higher than planned accrued income and improved speed of creditor payments.

Capital Position: The Trust agreed a £16.2m capital plan, with £13.9m being funded via the system's allocation for 2023/24 and the balance from National Funding. The capital programme ended the year £0.1m more than the original capital allocation, with £14.0m costs incurred to 31 March 2024. This was an agreed plan variation with ICS partners to deliver a system-wide capital target.

ITEM NO.10(iii)

For General Release

Meeting of:	**Council of Governors**
Date:	**03 June 2024**
Title:	**Delivery of the Trust CQC Improvement Plan following the CQC Core Services and Well-led Inspection 2023**
Executive Sponsor(s):	**Beverley Murphy, Chief Nurse**
Author(s):	**Leanne McCrindle, Associate Director of Quality Governance, Compliance and Quality Data**

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

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

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

Strategic Risks relating to this report:

BAF ref no.	*Risk Title*	*Context*
8	**Quality Governance**	The delivery of the improvement plan resulting from CQC inspections is related to multiple BAF risks, however the monitoring and oversight of the CQC action plan relates specifically to the BAF risk 8: • **Quality Governance** - There is a risk that our floor to Board quality governance does not provide thorough insights into quality risks caused by the need to further develop and embed our governance and reporting including triangulating a range of quality and performance information resulting in inconsistent understanding of key risks and mitigating actions, leading to variance in standards.

Executive Summary:

Purpose: The purpose of this report is to present to the Council of Governors an update on the Trust's progress with the CQC Core Service and Well-led Inspection 2023 recommendations, which is monitored via the Trust's Improvement Plan.

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

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

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

The report included must and should do recommendations specified by the CQC. The Trust developed an Improvement Plan in response to the recommendations and these were approved by the Quality Assurance Committee 22 November 2023.

The Quality Governance Team have worked collaboratively with Care Groups and leads for individual recommendations to monitor progress and receive assurance evidence that improvement actions are complete.

All actions are centrally monitored via the Integrated Oversight Plan (accessible via the Trustwide Shared Drive). Responsible operational action owners and accountable Directors are required to maintain oversight and provide regular updates regarding the completion status and assurance levels for each improvement action. Progress updates and assurance evidence provided by responsible action owners is presented within Appendix 1 of this report.

Where there are actions behind schedule, the Responsible Leads are required to provide evidence of assurance before these are signed off as fully complete.

The Quality Governance Team will continue to maintain the evidence repository to provide assurance of completion and implementation of actions. Delivery progress for the CQC Improvement Plan will continue to be formally reported to the Quality Assurance Committee.

Prior Consideration and Feedback	Updates on the Trust's CQC Improvement Plan are provided to the Quality Assurance Committee and the Executive Review of Quality Group. This includes any quality or risk issues that are highlighted. The Trust is also required to report progress against the improvement plan to the CQC.
Implications:	There are Regulatory implications should the Trust fail to deliver the improvements identified and maintain ongoing compliance with the CQC Fundamental Standards.
Recommendations:	The Council of Governors is invited to note the progress of the Trust's improvement actions taken in response to the CQC inspection recommendations 2023.

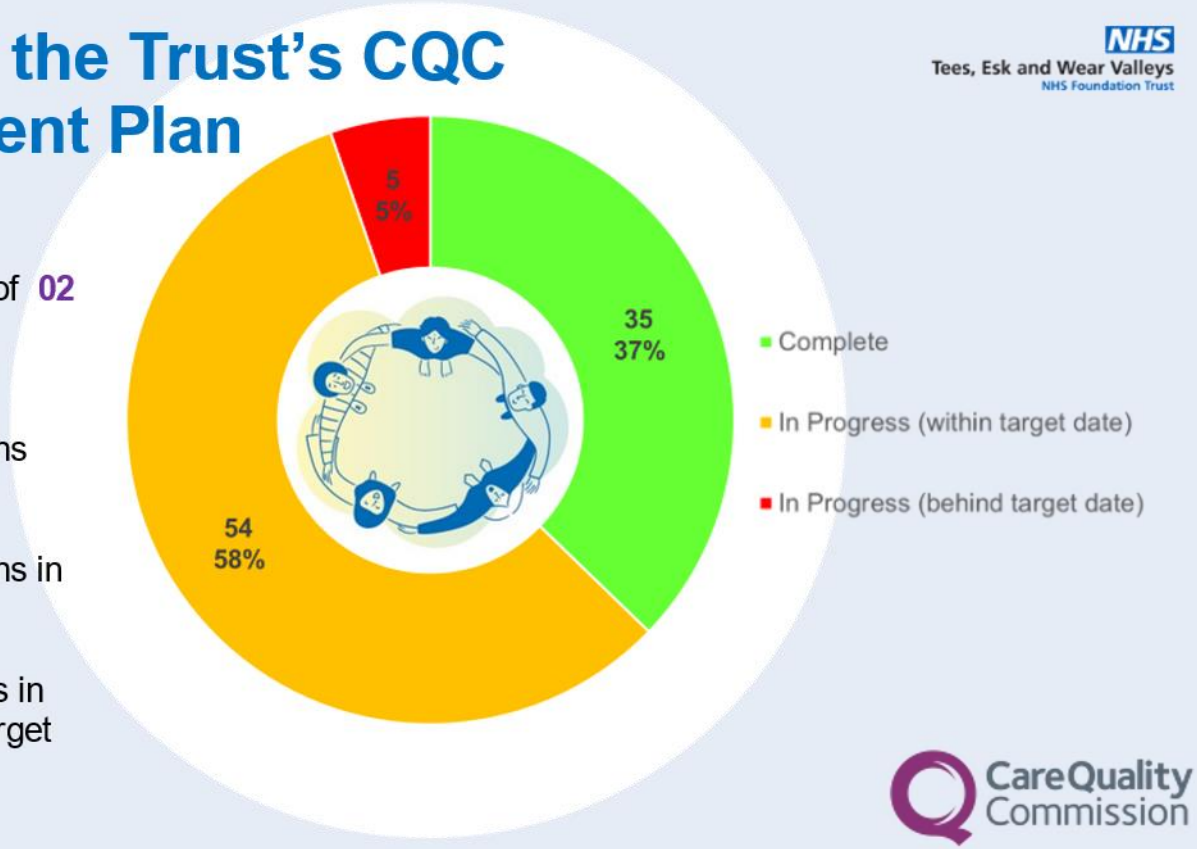
Appendix 1 – CQC Improvement Plan Progress

Delivering the Trust's CQC Improvement Plan

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Progress of the CQC Improvement Plan as of **02 May 2024** (by CQC Recommendation):

- **35** recommendations complete
- **54** recommendations in progress
- **5** recommendations in progress behind target date



CareQuality Commission

2

Improvement Action delivery

(since previous presentation to the Group)

Complete

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Trust wide	**9**	The trust **must** ensure that feedback from audits, complaints, incidents and executive and CQC visits to services are utilised and tracked to improve quality.	✓ A revised schedule / work plan for the QuAC will include learning from audits, incidents, CQC visits and complaints. Learning from Executive visits will be reported into the Management Group and inform the quarterly learning events (alongside the review of SI, incidents and CQC visit themes).
Trust wide	**10**	The trust **must** ensure that backlogs in the; serious incident review, mortality review, incident review and complaints are resolved with pace, and that actions are taken to prevent reoccurrence.	✓ a) A recovery plan will be developed and implemented to address the backlog in the SI review process. The progress of the plan will be closely monitored by the QuAC up to the Board of Directors and once the backlog is addressed (January 2024) the QuAC and Board of Directors will continue to assess the risk of reoccurrence. ✓ b) The review of the complaints and PALS processes will be completed by January 2024, the QuAC and Board of Directors will continue to assess the risk of reoccurrence.
Trust wide	**11**	The trust **must** ensure there is a specific, measurable action plan in place to implement internal and external report recommendations.	✓ a) A Procedure setting Standards for responding to requirements and recommendations from external and internal reviews will be implemented. ✓ b) All external and internal reviews that result in recommendations will have an associated improvement plan with a clear governance route to ensure delivery through to conclusion (including tracking of recommendations and actions).

1

Improvement Action delivery

(since previous presentation to the Group)

Complete

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Secure Inpatient Service	**22**	The Trust **must** must ensure that there is a comprehensive oversight of the use of mechanical restraint and that the necessary safeguards are in place with records to support this.	✓ a) We will review the approach to reducing restrictive practice. ✓ b) The use of restrictive practices will be reported by Specialties and Care Groups into the Executive Review of Quality and QuAC.
MHSOP Inpatient	**24**	The trust **must** ensure that there are cogent recorded reasons for the use of prone restraint and that the reason for its use is recorded with a suitable rationale to ensure patients are protected from abuse and improper treatment	✓ a) Incident reporting on InPhase will prompt clinicians to record the rationale where prone restraint is used. ✓ b) Use of prone restraint will be reviewed within each Care Group Positive and Safe Group and the Trust-wide Positive and Safe Group. ✓ c) Performance against the standards will be reported up through Care Groups and the Trust-wide Positive and Safe Group to QuAC and the MH Legislation Committee.
ALD Inpatient	**31**	The trust **must** ensure that care and treatment is provided in a safe way for service users by ensuring that there is a continued reduction in the use of restraint particularly in the reduction of prone and supine restraint.	
Trust wide	**1**	The trust **should** consider that the mental health legislation committee reviews data on the use of restraint and the use of force report.	✓ We will develop a forward plan for the Mental Health Legislation Committee to identify regular reporting requirements from the Positive and Safe Group, including data on the use of restraint and Use of Force Act compliance.

4

Improvement Action delivery

(since previous presentation to the Group)

Complete

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Trust wide	**4**	The trust **should** ensure that data and intelligence provided to the board from the freedom to speak up guardian is utilised to its full extent including within its work on closed cultures.	✓ We will agree a plan on a page for the use of Speak Up Guardian data and intelligence, how it will be shared and how it will be triangulated with other information / data to lessen the risk of closed cultures.
Trust wide	**5**	The trust **should** ensure that freedom to speak up guardian's report includes what action had been taken to resolve cases to assure the board and committee of the outcomes of speak up feedback.	✓ We will agree a proposal for the People, Culture and Diversity Committee regarding how we manage and report Freedom to Speak Up outcomes (without breaking individual confidentiality).
Trust wide	**8**	The trust **should** consider how actions and outcomes from executive visits to service is fed back to staff at service level.	✓ Learning from Executive visits will be reported into the Management Group and inform the quarterly MDT learning events (alongside the review of SI, incidents and CQC visit themes).
Trust wide	**12**	The trust **should** ensure that the pharmacy workforce and succession plans are in place.	✓ We will develop a workforce plan for pharmacy professionals and non-registered Pharmacy staff.
Secure Inpatient Service	**28**	The Trust **should** review how they plan and conduct ward visits to ensure that staff visit unannounced, at different times to ensure that balanced feedback is gathered.	✓ The Care Groups will develop a plan for site visits across 7 days a week and the 24-hour period.

5

Improvement Action delivery

(since previous presentation to the Group)

Complete

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Secure Inpatient Service	**30**	The Trust **should** The trust should develop their governance processes to ensure information is easily accessible.	✓ The Trust will implement CITO in Quarter 4 2023/24 which will facilitate improved ease of access to information for staff and patients.
ALD Inpatient	**45**	The service **should** ensure that the respite unit at Bankfields Court is well maintained.	✓ There will be a review of site maintenance (including the cleaning schedules) and regular meetings between the service and the Estates and Facilities Management Team will be put in place to ensure that the unit is well maintained.
ALD Inpatient	**48**	The service **should** ensure that they continue to work within models of care that support people to leave long term segregation and seclusion.	✓ We will continue to work in collaboration with the HOPE(S) model for all patients in long term segregation and seclusion. All people will have a plan that has a long-term goal of leaving long term segregation.
ALD Inpatient	**50**	The trust **should** ensure that people's living spaces are conducive to recovery and feel welcoming.	✓ We will review the ALD inpatient estates and where required, take actions to ensure that people's living spaces are conducive to recovery and feel welcoming. We will work with service users and their loved ones to understand individual preferences.

6

Improvement Action delivery

(since previous presentation to the Group)

Complete

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

ALD Inpatient **33**

The trust **must** ensure that care meets people's needs and reflects their preferences by ensuring all patients have a discharge plan and by continuing to make progress in supporting people to be safely discharged from the service into appropriate ongoing placements and reduces lengths of stay.

- ✓We will complete the 12 point discharge plan for patients.
- ✓Outcomes of multi-disciplinary patient meetings will be documented within the patient's electronic care record.
- ✓Prior to the patients discharge, we will undertake multi-disciplinary discharge planning meetings with all relevant agencies and will undertake CTR meetings to maintain oversight.
- ✓There will be weekly escalation meetings with senior intervenors to take action where required.
- ✓We will review the Quality Assurance Tool to ensure that there are appropriate questions which ensure that the service standards for discharge are met.

Trust wide **14**

The trust **should** consider how audits include review and oversight of clinical decision making and clinical practice beyond the daily huddle structure.

- ✓We will review our annual clinical audit programme to ensure that it measures clinical decision making against relevant best practice standards. This programme reports into the Quality Assurance Committee.

7

Improvement Action delivery

(since previous presentation to the Group)

Complete

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Secure Inpatient Services	**22**	The trust **should** ensure that information is shared consistently with ward-based staff who cannot attend the team meetings.	✓We will automate patient information notifications to alert all staff within the clinical and management teams to relevant ward information. This will be implemented in CITO during Q4 2024.
ALD Inpatient	**47**	The service **should** ensure that governance processes are embedded to ensure audits are effective in making improvements to people's care records.	✓We will continue to embed the Trust's Quality Assurance and Improvement Programme with reporting through Care Group Quality Assurance and Improvement Groups and the Executive Review of Quality Group. This will include sharing learning, good practice and escalation of areas where improvements are required.
AMH Community	**55**	The trust **should** ensure that patients are able to access services by telephone in York and Middlesborough.	✓We will undertake a review of the Middlesbrough and York telephony system to identify any concerns and develop an action plan to address these.

8

Improvement Action delivery

(since previous presentation to the Group)

Complete

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

ALD Inpatient	**33**	The trust **must** ensure that care meets people's needs and reflects their preferences by ensuring all patients have a discharge plan and by continuing to make progress in supporting people to be safely discharged from the service into appropriate ongoing placements and reduces lengths of stay.	✓We will complete the 12-point discharge plan for patients. ✓Outcomes of multi-disciplinary patient meetings will be documented within the patient's electronic care record. ✓Prior to the patients discharge, we will undertake multi-disciplinary discharge planning meetings with all relevant agencies and will undertake CTR meetings to maintain oversight. ✓There will be weekly escalation meetings with senior intervenors to take action where required. ✓We will review the Quality Assurance Tool to ensure that there are appropriate questions which ensure that the service standards for discharge are met.
Trust wide	**14**	The trust **should** consider how audits include review and oversight of clinical decision making and clinical practice beyond the daily huddle structure.	✓We will review our annual clinical audit programme to ensure that it measures clinical decision making against relevant best practice standards. This programme reports into the Quality Assurance Committee.

9

Improvement Action delivery

(since previous presentation to the Group)

Complete

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Secure Inpatient Services	22	The trust **should** ensure that information is shared consistently with ward-based staff who cannot attend the team meetings.	✓We will automate patient information notifications to alert all staff within the clinical and management teams to relevant ward information. This will be implemented in CITO during Q4 2024.
ALD Inpatient	47	The service **should** ensure that governance processes are embedded to ensure audits are effective in making improvements to people's care records.	✓We will continue to embed the Trust's Quality Assurance and Improvement Programme with reporting through Care Group Quality Assurance and Improvement Groups and the Executive Review of Quality Group. This will include sharing learning, good practice and escalation of areas where improvements are required.
AMH Community	55	The trust **should** ensure that patients are able to access services by telephone in York and Middlesborough.	✓We will undertake a review of the Middlesbrough and York telephony system to identify any concerns and develop an action plan to address these.

10

Improvement Action delivery – Individual Trust Actions: Must Do (Overdue)

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Service	Action No.	Must/ Should Do	CQC Recommendation	Trust Improvement Action	Action Owner	Target date for completion
Trust wide	7a	Must Do	The trust must ensure that governance systems and processes are established, embedded and operated effectively to assess, monitor and improve the quality and safety of the services. Using accurate and clear information to make improvements to the safety and quality of services.	a) Undertake an external governance review to assess if the new Trust governance systems and processes are established, embedded and operating effectively to assess, monitor and improve the quality and safety of services and then determine if any further actions are necessary.	Assistant Chief Executive (Mike Brierley)	30/04/2024
Secure Inpatient Services	19a	Must Do	The trust must ensure there is a comprehensive handover for all patients which includes risk and how best to support patients. Information must be accessible for staff new to the ward, in a format that provides essential information in how best to support patients.	a) Handover Guidance will be reviewed with staff, a revised set of standards will be co produced and implemented. Each Specialty will have a service specific standing operating procedure for handover.	SIS General Manager (Richard Hand), Associate Director of Nursing and Quality (Alison McIntyre)	30/04/2024
AMH Acute and PICU	28f	Must Do	The trust must ensure that patients' health is effectively and safely monitored, following rapid tranquilisation, and physical health monitoring completed in line with the regularity as stated care plans where appropriate such as blood glucose and bowel monitoring.	f) Any patient who is subject to Rapid Tranquilisation will be discussed during Ward Report Out to ensure that patient's physical health monitoring parameters are routinely completed.	Director of Nursing and Quality NYY&S (Helen Day)	30/04/2024

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Improvement Action delivery – Individual Trust Actions: Should Do (Overdue)

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Service	Action No.	Must/ Should Do	CQC Recommendation	Trust Improvement Action	Action Owner	Target date for completion
Trust wide	3a	Should Do	The trust should ensure that disciplinary and grievances are completed within the trust's policy.	a) We will review the current procedures and existing timescales for disciplinaries and grievances. This will include Preliminary Assessment Group (PAG) review, how we arrange hearings and the overall process.	Associate Director of Operational Delivery and Resourcing (Lesley Hodge)	30/04/2024
Trust wide	7b	Should Do	The trust should ensure that support offered to peer support workers is formally included in supervision policies.	b) We will monitor compliance with the supervision guidance for Peer Workers.	Peer Support and Recovery Lead (Mark Allan)	30/04/2024
Secure Inpatient Services	27a	Should Do	The trust should ensure there is support available for staff to attend reflective practice and other wellbeing opportunities.	a) Shift planning and daily staffing huddles will be used to facilitate attendance of staff at reflective practice sessions and other wellbeing opportunities.	Lead Psychologist - SIS (Claire Bainbridge)	30/04/2024
MHSOP Inpatient	35	Should Do	The trust should continue to make improvements to ensure that the number of bathrooms is sufficient for the number of patients on each ward.	DTVF Care Group will conduct a review of its bed base to explore opportunities to meet fundamental standards for privacy and dignity in all MHSOP inpatient wards and a plan will be developed.	MHSOP DTV&F Care Group Director of Operations and Transformation (Dominic Gardner)	30/04/2024
MHSOP Inpatient	36	Should Do	The trust should continue to monitor and mitigate the risk of patient falls and take action to reduce the number of falls.	We will implement a frailty and falls workstream that will report into the Physical Health and Wellbeing Group, with onward reporting to the ERQ Group and QuAC.	MHSOP DTV&F Care Group Director of Operations and Transformation (Dominic Gardner)	30/04/2024
AMH Acute and PICU	38a	Should Do	The trust should ensure that patients are afforded the necessary safeguards when they are secluded, including appropriate medical and nursing reviews. The trust should ensure that where it is not possible to meet the requirements for seclusion safeguards that cogent reasons are recorded for having to depart from national guidance.	a) The standards for ensuring a persons care is in line with the code of practice will be relaunched.	Associate Medical Directors (Shona McIlrae, Parthi Sivaraman, Cass McClintock, Rebecca Jones, Venkat Ramaswamy, Wolfgang Kuster, Nhish Gurunathan, Corrine Reid, Kirsty Passmore, Mark Speight), Associate Directors of Nursing and Quality (Sharon Salvin, Jane O'Neil, Eve Newbury, Julie Maskell, Alison McIntyre, Kathryn Currah, Paul Hilton)	30/04/2024
AMH Community	56	Should Do	The trust should ensure that they continue to embed the harm minimisation policy.	We will review the Harm Minimisation Policy and the implementation of the associated training plan. The embedding will be evidenced and reported to the Executive Review of Quality Group and the QuAC.	Deputy Chief Nurse (Dawn Jessop)	30/04/2024

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Tees, Esk and Wear Valleys
NHS Foundation Trust

Item 11a

Council of Governors

Durham Tees Valley & Forensics (DTVF) Care Group Update

PATRICK SCOTT
Managing Director (DTVF) & Deputy Chief Executive

3rd June 2024

Contents

- **Celebrations**
- **Spotlight on:**
    - Improving access to psychological therapies and psychological interventions
    - NHS 111(2)
- **Challenges and opportunities**
- **Forward look**
- **Questions**

Celebrations

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

- Reconnect Hub at HMP Durham won at the Skills for Health ‘Our Health Heroes’ Awards for their innovative work helping to prepare and support prisoners as they return to life in the community.
- Care Quality Commission report for HMP Humber – excellent feedback with no recommendations.
- Great success at the Positive Practice in Mental Health awards:
  - HMP Durham Integrated Support Unit
  - Richard Hand, General Manager, Secure Inpatient Services
  - The Recovery College
  - Kestrel/Kite
  - Children and Young Peoples Services (CYPS) Tees Eating Disorders service
- Health Facilitation Team – Claire Donnelly and Sue Sargeant have been given a Health Watch award for the work they have done on STOMP (stopping over medication of people with a learning disability), and this will be appearing on the BBC news broadcast.
- Chloe Marshall (Enhanced Reconnect) nominated for Nursing Times Award.
- Carly Barker awarded a “Living the Values” award following her work with an extremely complex case in HMP Frankland.
- A successful Provider Collaborative quality visit to the Secure Outreach Team took place and initial verbal feedback was incredibly positive.

Improving Access to Psychological Therapies

Tees, Esk and Wear Valleys NHS Foundation Trust

Strategy to improve access to psychological therapies and psychological interventions across specialities 2024-2027.

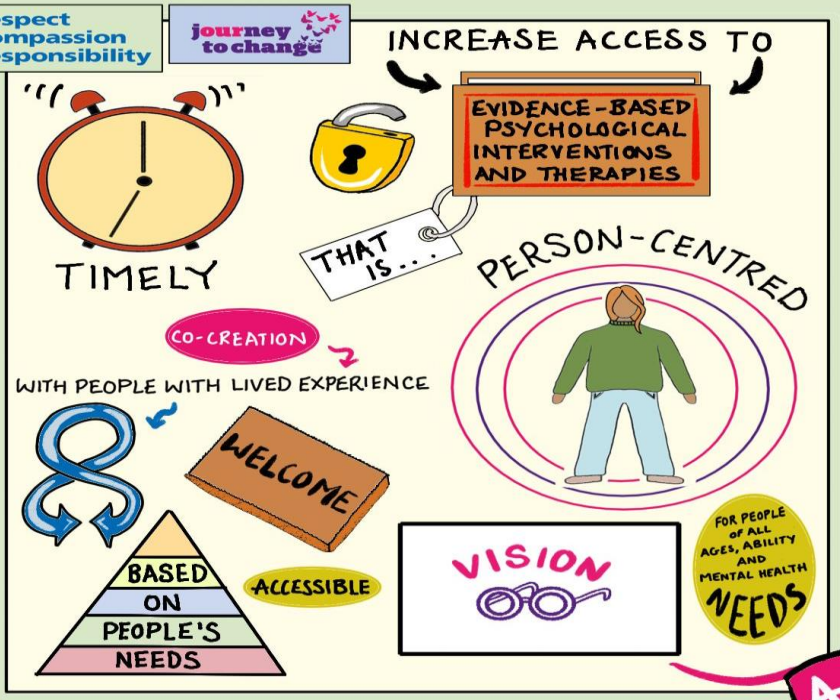
Vision and aim

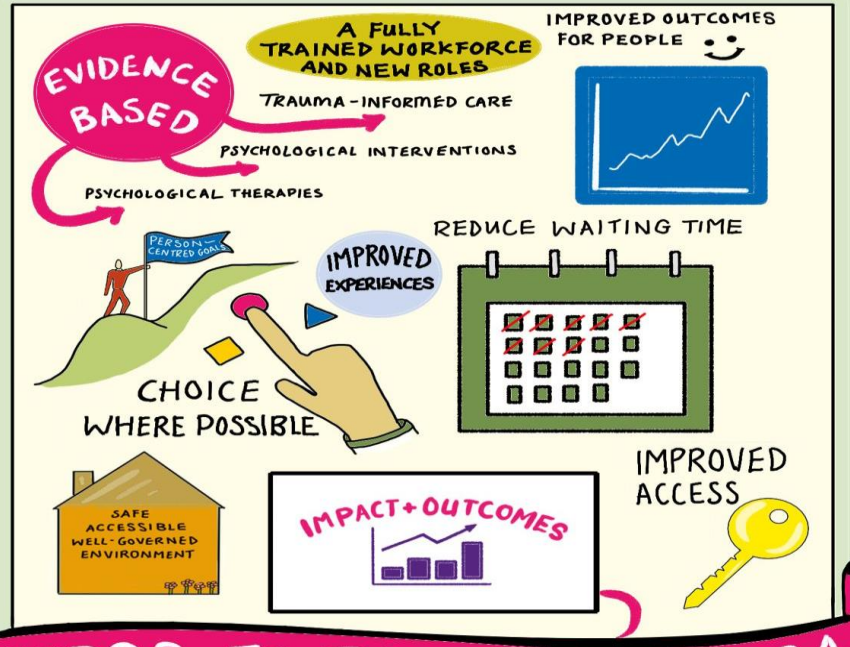
- To enable timely access to evidence based psychological interventions and therapies, that are based on peoples' needs across the geographical areas we serve, recognising health inequalities and our commitment to reduce the impact of factors that affect people's mental health and well-being.

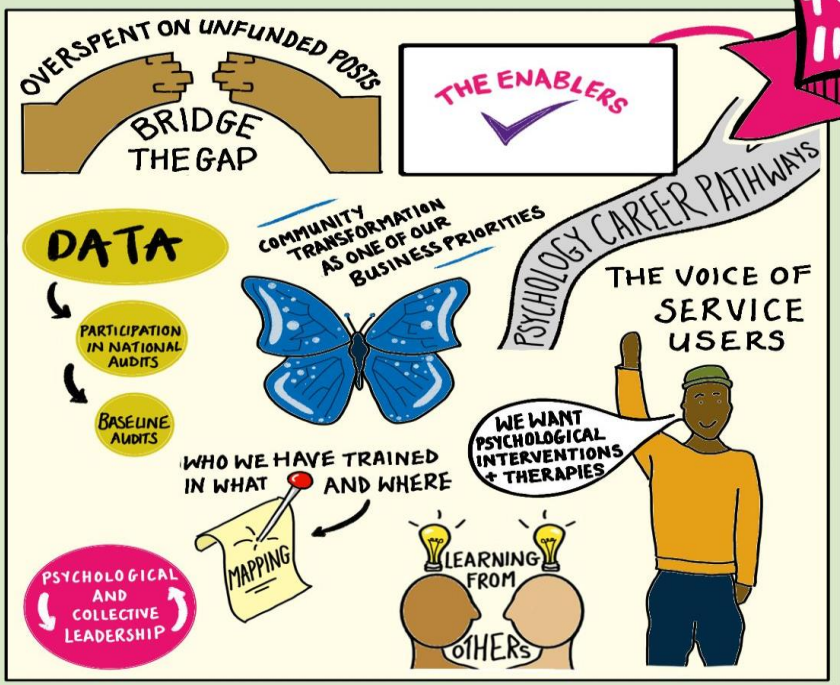
Impact

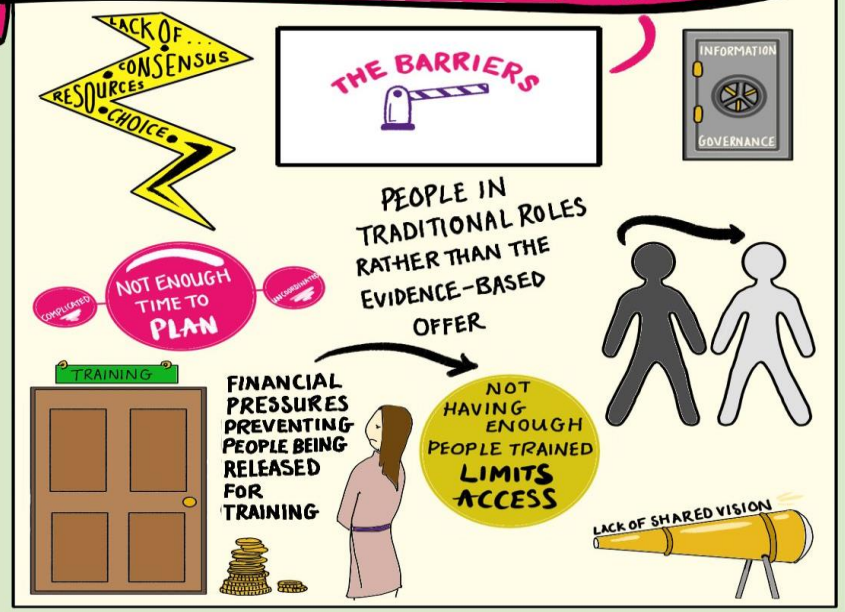
- The main impact we want to achieve is to improve outcome for people through:
  - An increased provision and choice of evidence based psychological therapy and psychological interventions offered.
  - A reduction in time people wait to access evidence based psychological interventions/therapies, at the right time and place.
  - Embedding outcomes that are person centred and meaningful, including use of goal-based and routine outcome measures as part of therapy.
  - Improved experiences of people accessing services and staff satisfaction (via Friends and Family Tests (FFT), carer feedback, staff satisfaction, staff survey, career pathways and CQC feedback).
  - Collaboration with partners and working across teams to support place-based offers for people.

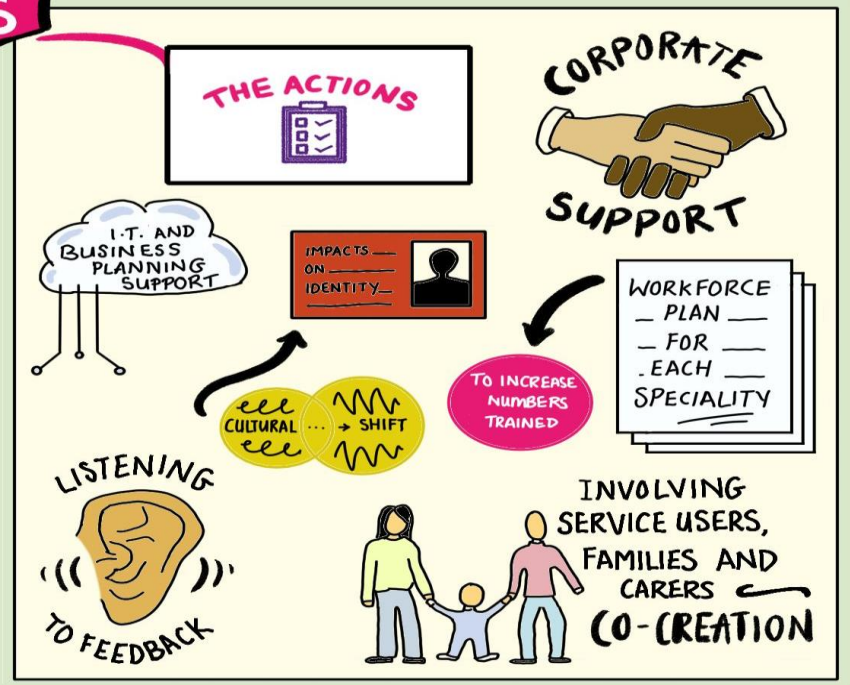
ACCESS TO PSYCHOLOGICAL INTERVENTIONS AND THERAPIES











Spotlight on NHS 111,2

Tees, Esk and Wear Valleys NHS Foundation Trust

- Single point of contact for people facing a mental health crisis with access to care 7 days a week and 24 hours a day, in the same way that they can get access to urgent physical health care.
- People can use this number if they have an urgent mental health concern themselves or about someone they know.
- Where appropriate, individuals can be referred to mental health services/crisis team, given self-care advice or signposted to other support.
- The local knowledge of these professionals will allow them to provide support to the person that is tailored to their need and local area.
- Introduction of a new more robust telephony system into screening and crisis triage services to more effectively support the ongoing oversight, management and reporting of:
  - Calls, demand and response rates to enable greater ability to manage call demand, surge planning, future required modelling to managing call demand for patients requiring different levels of support and intervention.

Directory of services

Tees, Esk and Wear Valleys NHS Foundation Trust

- To have a central directory that provides real time information, populated with primary, secondary and third sector organisations. The directory is to be available to all healthcare professionals, e.g. individual contacting NHS 111(2) doesn't require an assessment from the crisis team, they can be signposted to another service for support. The call handler can filter via postcode/individual need and give the contact details of an organisation to support.

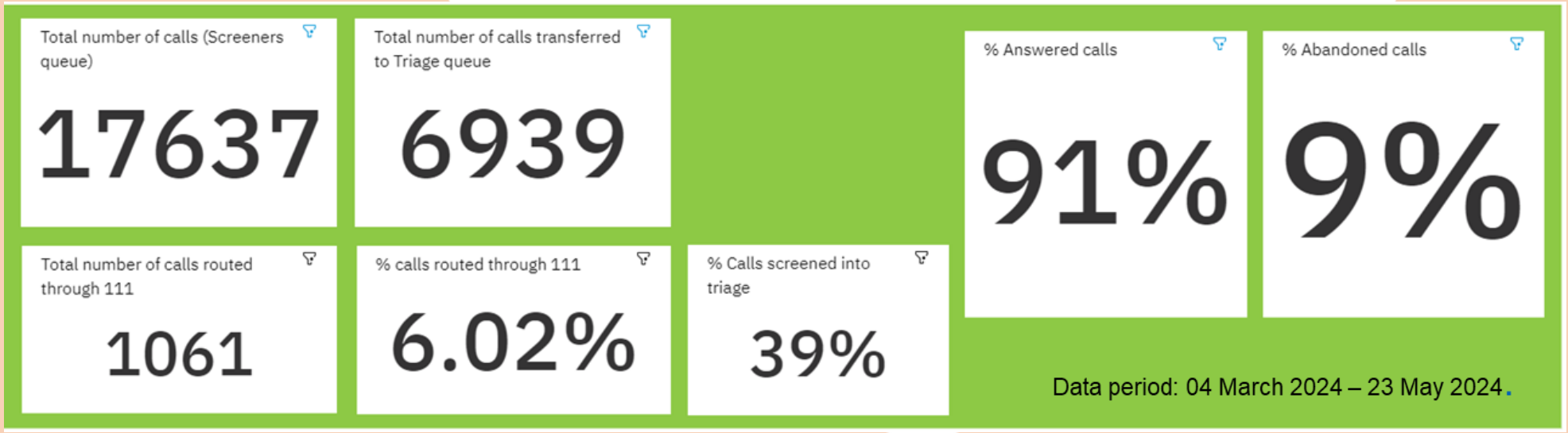
- Partnership working with TEWV & North of England Commissioning Support Unit (NECS).

Spotlight on: NHS 111(2) – DTVF

Tees, Esk and Wear Valleys NHS Foundation Trust

The crisis service have been leading on the delivery of the NHS 111 option 2 implementation across Durham, Tees Valley (DTV).

- In February 2023, a screening tool was introduced and piloted across Durham & Darlington Adult Crisis Team.
- The screening tool allows experienced support workers to screen the crisis line calls, transferring those requiring a crisis assessment to a qualified practitioner.
- The aim is to reduce the demand upon the qualified practitioners for issues and concerns that do not require a crisis assessment.
- BT Telephony system implemented; first covering 12-hour day shifts from 4th March 2024, followed by a 24/7 service on 18th March 2024.
- The roll out of NHS 111, select option 2, went live on 30th April 2024 with no changes in demand noted and no technical issues.
- The process now enables all age crisis calls to be screened by the DTV screening service which compromises of band 3 Support Workers, supported by a band 6 Crisis Practitioner. The team utilises the agreed screening tool to ensure patients are directed to the most appropriate service for their needs. This ensures the crisis team clinicians are focusing their time on patients who need their expertise and increasing their availability.

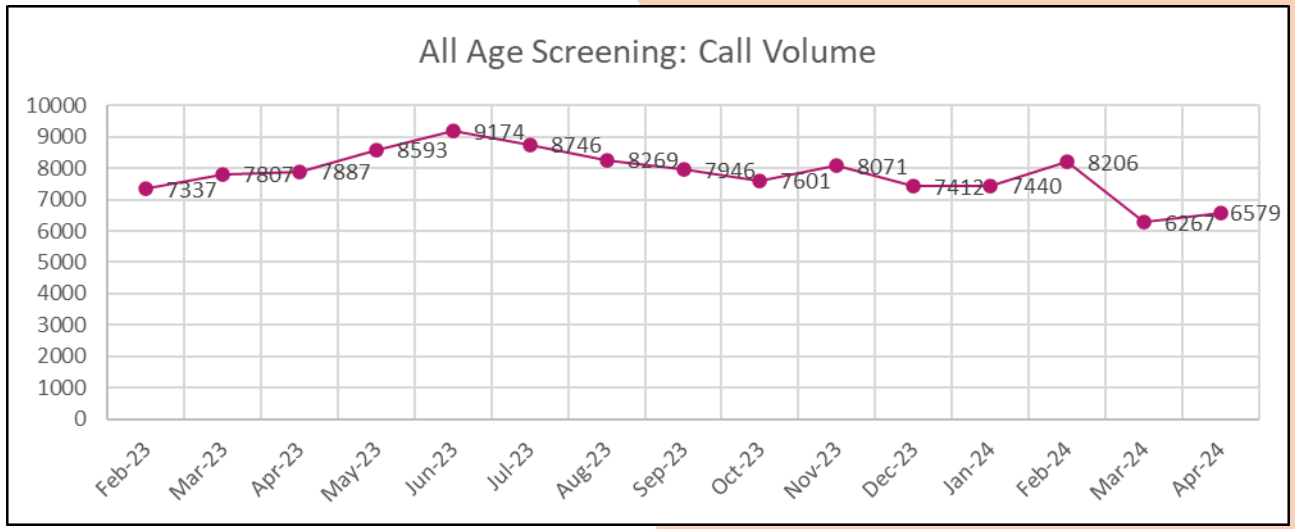


Spotlight on: NHS 111(2) – DTVF

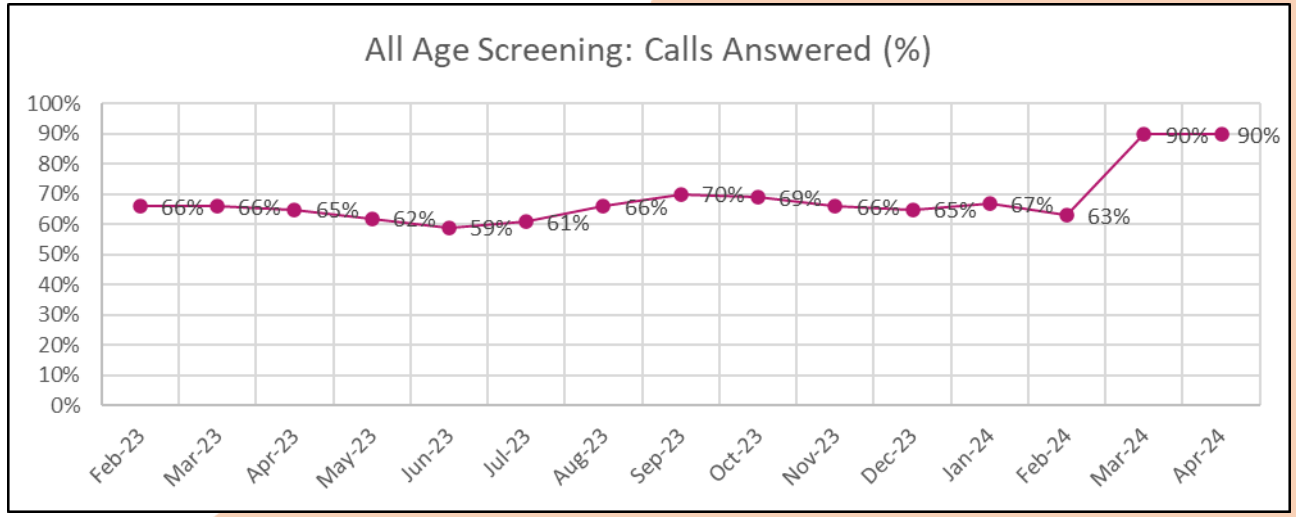
Tees, Esk and Wear Valleys NHS Foundation Trust

Service Demand: As the service is an all-age single point of contact, we are unable to differentiate between AMH and CYPS calls. Demand is generally lower than usual across March and April with no known contributory factors.

The average speed to answer the call for April-24 was 68 seconds against an NHSE ambition of 20 seconds, with the 95th centile of calls answered within 492 seconds (8.2 minutes) against an NHS England ambition of <120 seconds (2 minutes).



Screening Responsiveness: There has been a significant improvement in the percentage of calls answered following the All-Age Screening Service being implemented. We expect to see a further increase in call answer rates when further demand and capacity modelling has been undertaken, the data is available and is currently being analysed to inform future shift patters for staff. This is expected to be implemented within 6 months.

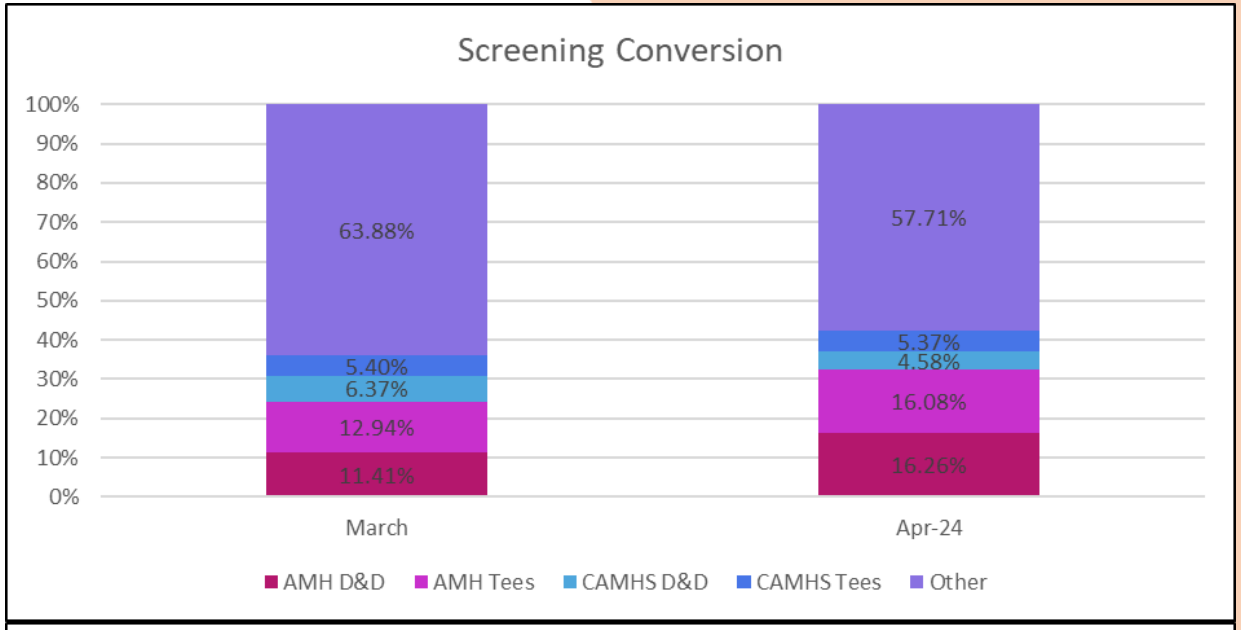


Learning: Shared learning will be taken from North East Ambulance Service to adopt their call back process where applicable for those patients who do not answer the call back from our teams. The call back function will be implemented in May 2024 with a supporting process in place.

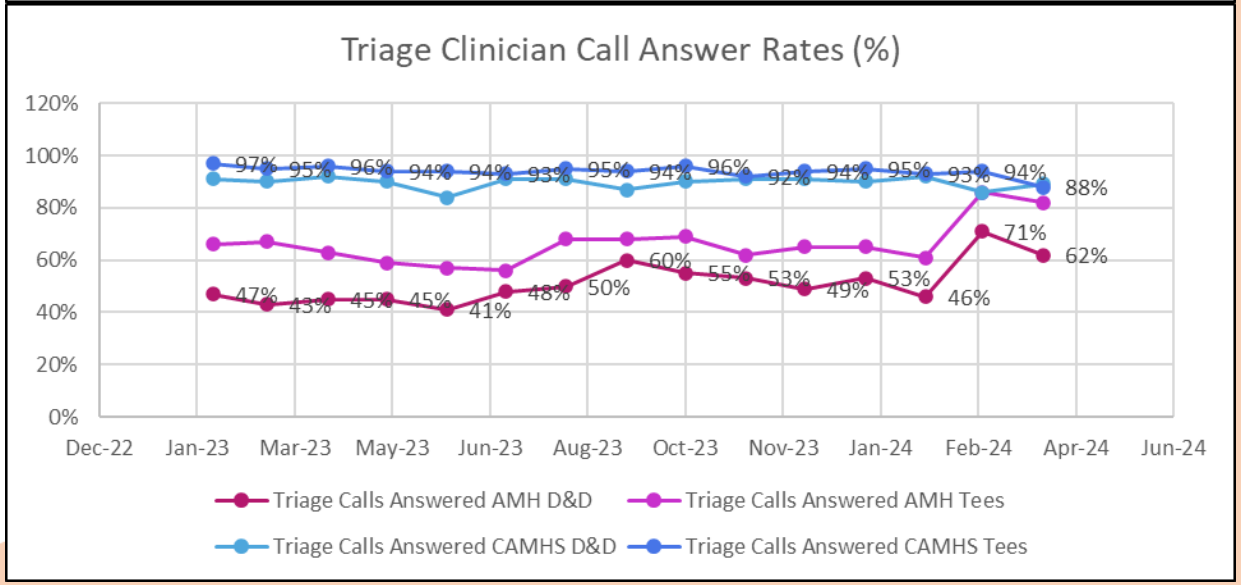
Spotlight on: NHS 111(2) – DTVF

Tees, Esk and Wear Valleys NHS Foundation Trust

Screening Effectiveness: The newly formed All-Age Screening Service have reduced calls to crisis services by 60% during the March-24 & April-24 reporting periods. It is anticipated that moving forward there will be a 50% reduction in calls to crisis teams overall.



Triage Responsiveness: The newly formed All-Age Screening Service have reduced calls to crisis services by 60% during the March-24 & April-24 reporting periods. It is anticipated that moving forward there will be a 50% reduction in calls to crisis teams overall.



Urgent Care Programme – driven by Lived Experience of our people

Tees, Esk and Wear Valleys NHS Foundation Trust

Services in scope

- All ages and specialties
- Inpatient services other than rehab and secure inpatient services
- Crisis and home treatment services
- Acute hospital liaison
- Street Triage and Force control

Programmes/initiatives

- NHS 111
- Optica
- Inpatient Quality Transformation
- Getting It Right First Time (GIRFT)
- Right Care Right Person (RCRP)

Urgent Care Programme

Tees, Esk and Wear Valleys NHS Foundation Trust

- NHS 111 gone live.
- Programme in advanced state of development.
- Strong engagement of lived experience leads and community groups/Healthwatch/system partners. Feedback from most recent workshop:

  ‘this doesn’t feel like something TEWV is doing that you are asking us about but something we are creating together’.
- Culture of Care programme launched – TEWV part of a 10 Trust network (60 Trusts signed up).
- Workshop in diary for 15th July with national leads for Getting it Right First Time (GIRFT) and Culture of Care with key decision makers.
- Right Care Right Person (RCRP) – close working with system partner.

Challenges

Tees, Esk and Wear Valleys NHS Foundation Trust

- 6 Teams in Business Continuity Plan (BCP).
- Demand on inpatients services……. but we are making progress.
- Waits for Neurodevelopmental assessments and services.
- Workforce pressures….. although again making some progress.
- Sustaining and developing the workforce.

Forward look….

- Transformation agenda.
- Focus on leadership development – team and service.
- Cross Care Group alignment.
- Care Group Board development.

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Tees, Esk and Wear Valleys
NHS Foundation Trust

Thank You

Any questions?

Tees, Esk and Wear Valleys
NHS Foundation Trust

Item 11b

Council of Governors

NY&Y Care Group Update

Zoe Campbell
Managing Director (North Yorkshire & York)
22nd May 2024

Contents

- Celebrations
- Spotlight on:
    - Workforce
    - NHS 111
    - Community Transformation
    - Cocreation
- Challenges
- Questions

Celebrations

Tees, Esk and Wear Valleys
NHS Foundation Trust

- Connection to NHS 111 Mental Health Option has gone live, and we have a new screening provider – Everyturn. Improved oversight of calls being received via the updated telephony system (BTCCNG)
- TEWV 10k at York Racecourse: Five hundred people took on the TEWV 10k, which was started by Coronation Street actor Richard Hawley (Johnny Connor).

- Adult Mental Health (AMH)
  - Positive Practice Awards: REACH Team Highly commended in the 'Addressing inequalities in mental Health category'. The Individual Placement Scheme (IPS) Team received a nomination.
  - Individual Placement Support (IPS) Team continue to exceed targets.
  - Staff, patients and volunteers in recorded a song at the end of last year and are now recording an album
  - Improved cover for Admin when staff are on leave through new bank arrangement with existing staff. It is working well with positive feedback, and we have experienced an increase in morale, team connectivity and willingness to support others.

- Children and Adolescent Mental Health (CAMHS)
  - Well being in Mind Team (WiMT) working with project lead for National Team to review reflective practice and looking at what our teams do which can be used to shape reflective practice nationally.

Celebrations

Tees, Esk and Wear Valleys NHS Foundation Trust

- Positive feedback received from a social work student placement in Scarborough, which has been profiled in the BASW newsletter and nominated for the “Amazing Team” profile Amazing Social Workers profiles: Week 3 | BASW
- 1 year anniversary of the Eating Disorders Intensive Support team celebrated with an article on the Trust page. Clear evidence of impact and reduction in in-patient admissions. The team are presenting at The Maudsley Conference around the role of dieticians and Intensive Home Treatment.
- First teaching session held at York Uni showcasing CAMHS focus on Trauma Informed Care

- Adult Learning Disability (ALD)
  - Due to increase recruitment the Intensive Support Team are beginning to move to 8am to 8pm shifts, staff finding this a positive development. Great feedback received including *“I would like to add how invaluable your support has been throughout the past few months. It would have been impossible to achieve what’s been achieved without your support. Thank you”*
  - Monthly liaison meetings with GPs, Local Authority, Acute Liaison Nurse are improving joint working and outcomes for service users
  - Training vignettes have been recorded with a service user and carer to be used as an ESR training package on Trauma Informed Care

- Mental Health Services for Older People (MHSOP):
  - Ward twinning Project: Ward 37 Older Peoples medicine, York General Hospital and Wold View Ward, Foss Park Hospital.
  - Bladder Scanner Trial at Foss Park Hospital has successfully prevented several admissions to the Acute Trust reducing the amount of transfers across for patients. Plan is to purchase a scanner to continue to provide scanning on site.

Spotlight on: Workforce

Tees, Esk and Wear Valleys NHS Foundation Trust

- Staff in NYYS recommending Trust as a place to work 48.61% January 2024
- Staff in NYYS 1973 Headcount (1759.82 WTE) Trust Headcount 8,371,07,508 WTE)
- Appointment of external candidates 56.51% YTD
- Length of time to hire (weeks) 13.53% YTD (10.35% average Mar)
- Mandatory and Statutory Training 84.81% March against standard of 85%
- Current Appraisal 79.99% March Target 85%
- Sickness Absence Rate 5.52% March
- Leaver rate 12.86% March
- Bank & Agency usage 41.33% March Bank, Agency 43.19%
- New Grievance /inc Bullying and Harassment Cases in March 0
- New Disciplinary Cases 1 in March (2 previous month)

Spotlight on:
NHS 111 Mental Health Option 2 (NYY)

Tees, Esk and Wear Valleys
NHS Foundation Trust

Context

We have been working with our partners in line with the national NHS England directive to provide a single point of access via NHS 111 for mental health across the country. This will benefit and improve the experience for those in mental health crisis who use the 111 mental health option in the North Yorkshire and York area.

The service is open access, all age and will providea single point of access and the wider services/system in ensuring the individual obtains the right care from the right person in a timely manner. The screening and call answering element is provided via a non-profit organization (Everyturn) and those who require triage and assessment will be transferred to existing TEWV mental health crisis services.

Actions taken

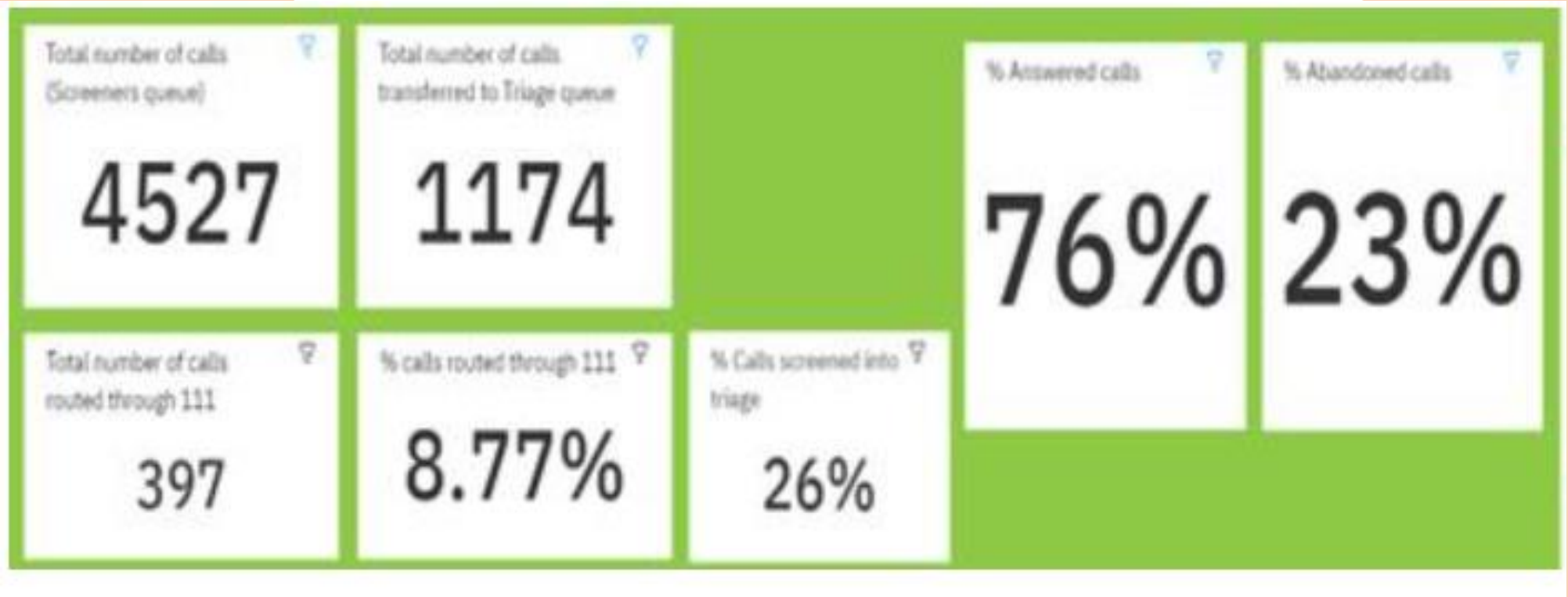
- Service users and carers/partner agencies were involved to develop the model and offer.
  - Design Event (June 2022)
  - Involvement Members are part of the Project Group
  - Lived Experience forums
- A procurement exercise was completed in Autumn 2023 and a 3 year contract for screening calls awarded to Everyturn, a non-profit making organisation based in North East England.
- TEWV updated the crisis telephony system to BTCCNG in March 2024. This enables oversight of calls and significant improvement in accessibility of call data (see next slide)
- Everyturn began screening calls on 2nd April 2024.
- NHS 111 Mental Health Option went live across North Yorkshire & York on 27th April. No issues with launch and to date there has been no substantial increase in demand on the line.

Spotlight on:
NHS 111 Mental Health Option 2 (NYY)

Tees, Esk and Wear Valleys
NHS Foundation Trust

Call Data

The table below covers the period 3rd April (go live date for Everyturn) up to 21st May



Calls received via NHS 111 are since go live date 27th April.

4527 calls were received with 1174 transferred not TEWV crisis. Of these, approximately 1/3 were young people under the age of 18: for this group, the process is to transfer without screening.

Spotlight on: Community Transformation

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

- Lived Experience voices are at the heart of transformation and have driven forward the work of the programme at all levels as key decision makers. The passion and enthusiasm seen from our members has ensured the progress to date and enabled the true meaning of this work to be delivered.

- The establishment of Lived Experience forums will keep the transformation accountable and has created a partnership between service and communities to deliver new and improved services. Work is underway to broaden this approach and support across the whole system.

- The establishment of the new First Contact Mental Health Practitioners in Primary Care has enabled individuals needs to be met at the earliest opportunity. Currently less than 5% of individuals they see are stepped up into secondary care. Relationships and understanding of services have improved and led to closer joint working across Primary Care, Secondary Care and the voluntary sector. Work is under way to develop trusted assessor status for these practitioners which will increase integration further and reduce waiting times.

- We have held workshops and Q&A sessions across the whole system to look at development and refining pathways to make the system more user friendly. This is already having a positive impact on referral practices

Spotlight on: Community Transformation

Tees, Esk and Wear Valleys NHS Foundation Trust

- **The introduction of a new skill mix, new 'system' roles across** Complex & Emotional Needs Services, Adult Eating Disorders, Peer Support, Social Prescribers, Early Intervention in Psychosis and Trauma Informed Care, have enabled individuals to find support at the right place. Their knowledge of the system and support within offered, as well as their relationships with key delivery partners, has ensured our local communities can navigate the correct support for their needs. These system roles work across the whole system, delivering specialist interventions, advice, guidance, training and co-working in several locations across the communities.
- **Community Grants** - have been provided at place to fund small and grass-root VCS organisations that provide the necessary support and wrap-around services to underpin the development of the new community hubs.
- **Place Based delivery workstreams** Capacity has been enhanced across the voluntary sector (VCS) and joined up, wrap around and supportive care delivered alongside statutory services, increasing access and interventions available across communities
- **Development of new Community mental Health Hubs**. We have successfully prototyped a new community mental health hub in the city of York where individuals can access the care they need from the whole system. The model has been co-produced with stakeholders and people with lived experience. The prototype has now moved to implementation and is currently recruiting its full team ready for formal launch in March/April. Two further hubs are planned for the City of York. Hubs are developing or already partially operational in Selby, Harrogate, Ryedale and Richmondshire.

Spotlight on: Cocreation

- 410 people on the involvement register. Of these, 87 are active in NYYS patch
- Recruitment of services users and carers from all services is ongoing
- Trust wide digital co-creation group - Focus groups held on 2nd May, with our Digital & Data teams, service users and carers – to explore the groups ToR, governance, and areas for positive impact.
- NYYS Co-creation Board meets each month. May is to be a Care Group/Co-creation Board to Board.
- Service user/carer Co-creation Group for MHSOP, CAMHS and ALD established and meeting monthly ensuring service user/carer involvement in the design/delivery of their respective services.
- AMH service user and carer groups have now been reviewed and refreshed
- MHSOP have appointed a full time MHSOP patient participation facilitator to support co-creation across MHSOP, as there is increasing demand for co-creation efforts from corporate and clinical staff groups. This also includes actively recruiting new members to increase and diversify the pool of involvement members across MHSOP.
- ALD specialty has secured two service users places on to a leadership/ inclusion course which is open to LD and autism. This 8-week course is about inspiring change which will help our SUs. The course includes sessions on confidence, teamwork and shaping culture change.

Spotlight on: Cocreation

Tees, Esk and Wear Valleys NHS Foundation Trust

- LD services are working with service users on how they can make feedback routes simpler and easier to use.
- There is regular CAMHS SU/Carer involvement activity across the specialty, with groups meeting regularly in Harrogate, Scarborough, Northallerton and York. There is funding for 40 psychoeducation videos which the young people will be filming via York MIND. The resource can go on Recovery College and although the funding is from the ICB, we can benefit from this
- The CCB held a workshop session on developing a framework for assessing co-creation across NYYS. This framework will consider what actions are necessary for a piece of work to be considered properly co-created – from developing initial ideas all the way to evaluation.
- North Yorkshire People's Voice Network with partners across NY is ongoing. This group brings the lived experience leads from partner organisations together and will work very closely with NY Health and Wellbeing Board leadership to ensure the views of service users, carers and citizens shape ICB priorities.
- Exploring support / coaching structure for service users/carers as they increasingly get involved in co-creating complex work pieces across the Trust.

Challenges

- Still some difficulties with CiTO
- Recruitment is an ongoing challenge
- High vacancy rates continue within NYY Crisis Teams – the teams may go into business continuity arrangements to provide additional focussed support and monitoring.
- Community transformation - Delay and lack of clarity in the flow of funding has significantly impacted on progress of the transformation work and led to anxiety and uncertainty amongst our VCS partners. Monies have taken time to be apportioned and made available and the ICB has withheld year 3 monies due to wider system financial pressures. This has led to a reduced ambition for year 3. It is anticipated that this money could be released in year 4.
- We currently have 5 teams in business continuity- each has a robust action plan and weekly monitoring process in place

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Thank You

Any questions?

ITEM NO. 12

For General Release

Meeting of:	**Council of Governors**
Date:	**3rd June 2024**
Title:	**TEWV Leadership and Management Academy**
Executive Sponsor(s):	**Brent Kilmurray**
Author(s):	**Sarah Dexter-Smith and Angela Wright**

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

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

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

Strategic Risks relating to this report:

BAF ref no.	***Risk Title***	***Context***
1, 3, 4, 8	**Safe Staffing, Co-creation, Quality of Care, Quality Governance**	We are building a community with a purpose, able to deliver high quality care now and in the future. Fundamental to this is an effective and sustainable senior workforce able to lead change and innovation, nurture colleagues' development and wellbeing, and ultimately ensure the safety and quality of the care we provide, whilst attending to public resource and our impact on the inequalities in our local communities.

Purpose: The paper outlines the development of the TEWV Leadership and Management academy, its purpose and principles.

Proposal: Sustaining Our Journey to Change and navigating the challenging agenda we face as a Trust requires us all to be able to fulfil our roles to the best of our ability, individually and collectively, including with partners and our communities. Our managers and leaders need to be in a position to create the conditions to deliver OJTC and to maximise opportunities for people in our communities with mental health, learning disabilities and autism needs. We have begun a comprehensive leadership and management programme for all colleagues in formal roles within our governance structure. The Leadership and Management Academy raises our offer and support to a more ambitious and transparent model, incorporating more demanding and rewarding opportunities with partners across our systems.

Overview: Being a leader or manager in the NHS is a choice that we make and a privilege to undertake. It means that we are implicitly, if not explicitly, agreeing to deliver our strategy, live our values and do our best for our patients, families, communities and colleagues. In order to do that we need to attain a consistency of approach and understanding, so that the way we lead and manage enables colleagues to deliver the best care to our communities and ensure our colleagues' experience of working in the Trust is a positive and fulfilling one.

We also need to make sure that we have the skills, mindsets and attitudes in place to deliver on our agenda not just now but in the future – delivery of

the kind of care that we provide is an infinite endeavour and needs a sustainable long-sighted approach to leadership and management.

Ongoing personal development is essential for managers and leaders as much as it is for clinicians and as a Trust, we have an obligation to enable and support this. We therefore need to nurture talent and develop people at all stages of their careers to ensure we can keep moving forward and have a healthy pipeline of people properly prepared and willing to pick up the most challenging roles.

The Academy will be led through the People and Culture directorate, sponsored by the CEO, and delivered by a broad faculty (across all career stages) each with their own specialist skills aligned to specific modules and all with evidence of commitment to this area and evidence of paying it forward to other colleagues.

The Academy will be a virtual and physical place of learning. It is important that it is co-created with our leadership community and will link closely to the professional reference groups who, between them, cover all staff in the trust.

Some programmes will require participants to undertake a stretch assignment, covering “wicked problems” or areas of development such as, for example only: Achieving Net Zero; Poverty Proofing our services; Developing Artificial Intelligence in clinical services; bridging the social care provider gap; improving the physical health of our communities. Participants will work in teams with partners in our systems.

Objectives

- To ensure that every leadership and management position is filled with a competent and confident colleague.
- To ensure that every leadership vacancy has a strong short list when advertised.
- To improve core leadership and management capabilities of our senior and emerging colleagues, ensuring they are able to perform their duties and lead their teams to the highest level.
- To increase all kinds of diversity in senior positions at every levels.
- To ensure that leaders are confident in living and embedding our values and creating a positive, progressive and learning culture.
- To ensure that our senior community can lead and engage the outside world in a positive and constructive way.

Deliverables

- A core programme of development, attended by all leaders and managers in TEWV (foundation level)
- An advanced programme to 12-20 leaders/ managers per year, in conjunction with system partners
- A mid-career programme to support those exploring options for the second part of their careers
- A transparent and accessible talent development programme ensuring flexible succession planning with clarity on expectations for each role and guidance in place for best practice in recruitment processes to senior roles
- Oversight of access to national and regional programmes where there are limited spaces or high cost (financial or time) implications

- Oversight of project and dissertation content for funded courses such as MA/MSc to ensure that time invested in leadership and management programmes supports OJTC
- 95% of participants will complete the courses and have an ongoing personal career development plan.
- 75% of participants will have successfully passed a “shortlist readiness panel” enabling them to progress to shortlist in a suitable promotion opportunity within the subsequent two years.
- Explore the option of a shadow board providing spaces for both aspirant executive and non-executive roles in conjunction with partners, ensuring the whole system benefits from the time afforded to colleagues taking part.

People and Culture

Tees, Esk and Wear Valleys
NHS Foundation Trust

TEWV Leadership and Management Academy

Organisational Development

The Purpose

Tees, Esk and Wear Valleys
NHS Foundation Trust

- To ensure that every leadership and management position is filled with a competent and confident colleague

- To improve core leadership capabilities of our senior and emerging colleagues, ensuring they can perform their duties and lead their teams to the highest level

- To ensure that leaders are confident in living and embedding our values and creating a positive, progressive and learning culture

The Principles

Tees, Esk and Wear Valleys NHS Foundation Trust

- Fair and equitable access to all leadership and management development opportunities
  - Evidence of impact for others / paying it forward
  - Complete core modules first

- Linking in with the Professional Reference Groups around the Trust – core and profession specific needs and offers

- Curriculum: Internal and external programmes for emerging, mid-career, senior, and board

- Intranet site – easy availability of resources for all

Start of the Journey

Tees, Esk and Wear Valleys
NHS Foundation Trust

- Consultation started with leaders during Leadership Time Out events (end 2023)
- To support current and new leaders and managers in the Trust
- Built on TNA during restructure
- Principles of “pay forward”, transparency, impact, self to system leadership
- 15 December 2023 – the start of the academy
- Formal inclusion of management including for clinical leaders

The Framework

Tees, Esk and Wear Valleys NHS Foundation Trust

- **Expands on current leadership offer**
- Module 1 already underway – self as leader, values, insights, 360, foundations of L&M
- Module 2 about to launch

- Future - Stretch Projects with system partners covering our “wicked problems” eg
  - Achieving Net Zero;
  - Poverty Proofing our services;
  - Developing AI in clinical services;
  - Bridging the social care provider gap;
  - Playing our part in tackling health inequalities in our communities.

Intranet - TEWV Leadership Academy | TEWV Intranet

TEWV LEADERSHIP AND MANAGEMENT ACADEMY

We recognise the importance of leadership, so we want to help you on your journey to improving as a leader.

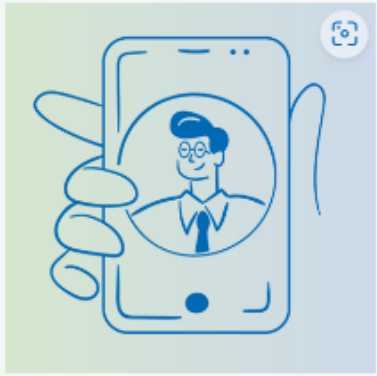
We have expanded resources and introduced innovative new programmes and courses, under the TEWV Leadership and Management Academy, to support you to develop collective and compassionate leadership skills.

By expanding our offer, we aim to help you to grow and explore the best way to bring about sustainable improvement, enhance your leadership ability, and guide you towards proving your expertise in practical leadership skills. Helping you will help us to:

- Be a better Trust
- Deliver ever improving patient care
- Contribute to **Our Journey To Change** and our **three strategic goals**

Toolkits

Leadership Learning Library



Videos and podcasts

Publications

Case Studies

Leadership Learning Zone

The Learning Hub

Senior Leadership Support

Soft Launch of the Academy

Tees, Esk and Wear Valleys NHS Foundation Trust

- Finding ‘your’ voice at Board
- Finding ‘your’ voice - staff network groups
- Writing for Assurance
- HLM 360 Facilitators programme – July 2024
- Accredited ACAS Mediators – Oct 2024
- Oversight of all regional and national applications
- Book club with Michael West on compassionate leadership

Faculty Members

Tees, Esk and Wear Valleys NHS Foundation Trust

- Co-facilitate and develop programmes
- Coach and mentor
- Review and approve applications for external study
- Develop new faculty members (again paying forward concept)
- All stages of career
- Not as experts in their subject matter but as people prepared to think about leadership and management and who have evidenced an existing contribution to this areas

Our emerging faculty				
Simon Adamson	Lynne Howey	Jen Mrozik	Hannah Crawford	Leanne McCrindle
Martin Liebenberg	Chris Morton	Naomi Lonergan	Helen Day	Ken Teears
Stephen Donaldson	Helen Dodd	Liam Corbally	Elspeth Devanney	Alex Massey
Victoria Walker	Chris Williams	Jamie Todd	Dawn Jessop	Nick Park
Angela Wright	Sarah DS	Lisa Taylor		

Development Oversight Panel

Tees, Esk and Wear Valleys NHS Foundation Trust

With transparency comes responsibility

- Executive team member and Faculty members to oversee development requests for any national, regional, costly or significant time demand courses
- Income/Expenditure set
- Issues with overspend would show in People and Culture but key issue is transparency of time and money allocated in a fair way that we can afford.

Next Steps

Tees, Esk and Wear Valleys NHS Foundation Trust

- **Curriculum Development - finalise**
- **ESR Staff Digital Passport (Leadership Development Passport)**
- **Evaluation – Agree what the outcome measure will be i.e. cultural changes**
  - Reaction/satisfaction / Knowledge transfer / Changed behaviours / Measuring impact on performance / Return on the investment including the intangible benefits
- **External University Accreditation**
- **Work with partners on possible secondments**
- **Name -** ? TEWV Leadership and Management Academy
- **Talent pipeline tracking and/or suitable candidates for leadership roles** inc clarity on expectations for progression
- **Review evidence base** for recruitment for senior posts
- **Finalise the branding of the academy:** Online and physical
- **Planning for Celebration/graduation**

And Finally … Any Questions

ITEM NO. 13

For General Release

Meeting of: **Council of Governors**
Date: **4th June 2024**
Title: **Trust Response to Council of Governors Autism Task and Finish Group Recommendations – June 2024**

Executive Sponsor(s): **Dr Kedar Kale**
Author(s): **Dr Elspeth Webb & Kirsten White**

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

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

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

Strategic Risks relating to this report:

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

Executive Summary:

Purpose: ***Governors agreed at their Council meeting 17th November 2022 to establish a Task & Finish Group to consider the experience of autistic people accessing TEWV services and how that could be improved.***

A response has been provided and the Council of Govenors is requested to give assurance around the

	consideration in the original report.
Proposal:	***COG to consider the response that provides information and assurance regarding the recommendations from the CoG Autism Task and Finish group and to identify any further assurance that is required.***
Overview:	**The Trustwide Autism Clinical Lead and the Service Manager have provided information and clarity regarding the current position of autism informed care within TEWV and detailed the work that has taken place, work that is ongoing to move the trust into a position that autism informed care is business as usual.**
Prior Consideration and Feedback	***Original report from CoG was presented to Governors in December 2023.***
Implications:	***Paper is for information***
Recommendations:	***COG to discuss the response and identify and further assurance that is required.***

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Trust Response to Council of Governors Autism Task and Finish Group Recommendations – June 2024

	COG- Reflections	COG Recommendations	Comments
1.	There is a need to improve communications - the value of clear and concise Communications. Staff need to practice the values of the Trust treating service users and carers with Sensitivity, Understanding, and Respect. Staff need to have greater awareness realising that everyone is different	• Training in autism is critical. • Reasonable adjustments need to be considered at all stages of treatment, recovery, and transition back into the community. • The use of 'hospital passport' should be standard e.g. in the interface between locations and between acute care, particularly A&E, and MH hospitals . • The need to be able to spot potential autistic behaviours, to diagnose autism, to understand autism, to make reasonable adjustments and to recognise that the patient is the expert, are regular themes throughout this report. • The group would also suggest that having an autism champion at Board level would improve better communications.	The Trust is committed to deliver mandatory autism training in line with the Autism Code of Practice (Draft) addressing the Core capabilities framework for working with autistic people. This will encompass all staff within the trust including the Board. Please see Infographic for both community and Inpatient services (please note: these will be updated shortly when we get new staff appointed) PDF Community Infographic Landsca PDF Inpatient Infographic Landsca We have a Trustwide Autism Clinical Lead within the Trustwide Autism Service who can be drawn upon across all levels of the trust from ward to board. The vision is that all staff within TEWV are Autism informed., EVERY member of the board should be an autism champion in the same way as they are a MH champion/LD champion. The Trustwide Autism Service provides training / consultation/ supervision to all staff to ensure that the Trust can provide care pathways that can be adjusted to meet the needs of autistic people within both inpatient and community services to meet the requirements of autism legislation and CQC baselines. Ensuring that staff understand the communication needs of Autistic people is a key objective for TEWV. As part of this strategy, we include training around communication within the mandatory training offer and promote the use of communication passports/ hospital passports within our

Trust Response to Council of Governors Autism Task and Finish Group Recommendations – June 2024

			consultation offer. This is often a focus of the support we offer to clinical staff. Work is currently being undertaken to include autism related topics specifically within the audits that take place across community and inpatients services to enable a benchmark and ongoing assurance of the provision of reasonably adjusted autism informed care
2.	Establish a clear and funded position on the future of the Autism Project Group with clear priorities with at least a five-year plan.	• Aim: to ensure Autism training and service development remains a priority and the team have a forward plan.	The Trustwide Autism service is now a permanent funded position with TEWV and works with all services that provide intervention and care with both autistic individuals and those that are suspected of being autistic. Within Our Journey to Change Autism is one of the Trusts business priorities. We have commenced the delivery of TEWV autism mandatory training from the 3/6/24, compliance trajectory is. Year 1 30% Year 2- 60% Year 3 85% The training is on a 3 yearly cycle for all staff within TEWV and is compliant with the Autism Code of Practice as it meets the specific requirements. Within NYYS, funding directly from the HCY ICB of 250K has been received to develop an enhanced offer for autism support across the AMH services. This means that we can employ a further 3 specialist clinicians to work specifically with AMH NYYS with specific objectives within both inpatient and community.
3.	Reasonable adjustments: The interface with acute	• Aim: to involve those that use our services.	Ensuring that staff understand the communication needs of autistic people is a key objective for TEWV. As part of this strategy, we include training around communication within the TEWV mandatory training offer and

	services and within/between TEWV services. The transition to Community Services, finding appropriate placements. All important because while it is estimated that 25% of people will develop a mental health problem in their lifetime, amongst autistic people that figure is 70%. 'Autism Speaks' website lists some of the physical issues, namely gastrointestinal (GI) problems, epilepsy, feeding issues and disrupted sleep.	• It was agreed that MH/autism was an appropriate focus for development of the Hospital Passports. The success of the use of passports in Durham & Darlington LD services, the success of Autism Passports used in Morecombe Bay could be effectively spread across the wider Trust area and to include other services especially MH/Autism. • A particular issue is the lack of available, appropriate, and high quality residential and supported living for patients to be discharged to - particularly for people with Autism (but not with the usual focus on LD). This lack of placements can often lead to long protracted in-patient stays. This being an important issue which involves Commissioners and Local Authorities and needs to be taken up at the highest level.	promote the use of communication passports/ Hospital passports within our consultation offer. This is often a focus of the support we offer to clinical staff. The Trustwide Autism Service has developed an Autism lived experience post within the team - this is currently within the recruitment process. The lack of available, appropriate, and high quality residential and supported living for patients to be discharged to is a multi-agency issue and is reflected within the Trust and the Trust wide Service's commitment to working with partners. The Trustwide Autism Service is committed to integrating knowledge re the barriers to health care within training / Consultation and supervision often using the work of Dr Mary Doherty ***Autistic SPACE: a novel framework for meeting the needs of autistic people in healthcare settings.*** ***April 2023*** ***British Journal of Hospital Medicine 84(1)*** *Mary Doherty, University College Dublin* *Sue McCowan, Dorset HealthCare University NHS Foundation Trust* *Sebastian C. K. Shaw,Brighton and Sussex Medical School* Our service has close links with TEWV Public Health Consultant.
4.	Involve autistic people, carers, families, and friends	• Aim: to involve those that use our services.	We acknowledge that it is essential that staff who are at the first 'port of call' are autism informed in their approach and we continue to promote this with our partners and within our Urgent Care Programme where we have

Trust Response to Council of Governors Autism Task and Finish Group Recommendations – June 2024

	to identify their priorities and map the good, the bad and ugly	• Whether it is 111 or TEWVs own crisis line there was a strong opinion that experienced staff are essential at the first point of call, so you want your most experienced staff answering the calls because they're the ones that will have the knowledge and the skill to be able to work out how to triage that call, not band three staff (with sincere respect to them). A quality service would put more experienced staff right at the front. Is this about cost and/or staff shortages? Apparently 111 have registered nurses answering calls so is it that TEWV has downgraded the role? Even if so, will 111 not then refer to TEWV so the need still requires an answer.	representation from the Trustwide Autism Service. All 111 call handlers will, in due course, have mandatory autism training as outlined in the Health and Social Care Act although this will be outside the remit of TEWV. (An update on Crisis line/111 is on the agenda for CoG June 24). We now provide regular supervision sessions to DTV and Teesside Crisis Teams, Psychiatric Liaison and IHT. These take place every Monday, Wednesday, and Friday at 10.00am. There has been a baseline assessment of staff confidence and knowledge of working with autistic people completed and we plan to repeat this. We will be reviewing the pilot in three months and six months. Once the review is complete this will be shared in the Urgent Care Programme board with a view to sharing and developing equity across NYYS. The idea for the regularity and frequency of this came about as a result of acknowledging that these services will often need supervision and support very quickly rather than waiting to access a slot with the Trust wide Autism Service and by having these drop ins, we can catch things early. We have also had people come along for general advice and we encourage people to attend even if they just want to learn. The assistant psychologists are collating resources and we have already in this short time seen that people are using them for patients more widely than the people discussed. The Trustwide Autism Service are supporting our AMH inpatients services in a project to imporve autism informed care. This has a initial focus within RPH (Stockdale and Overdale) where there will be an intensive focus on training and supervision/support with a view to developing this across all AMH inpatients wards within DTV initially. Once this is complete, we will work along side NYYS AMH inpatient services .

Trust Response to Council of Governors Autism Task and Finish Group Recommendations – June 2024

5.	Provide a snapshot position of the number of people of all ages in TEWV services (at a given point) with a diagnosis of Autism, the number of people on the diagnostic pathway, where they are - community, in-patient, care group. Aim: To understand the current scale and spread. Could this possibly be extended to the significant problem of patients being misdiagnosed with personality disorders?	• From a TEWV perspective the data from 18 months ago showed that 17% of children, young people and adults accessing TEWV services have an 'autistic marker' on PARIS. However, this is likely to be very much an underestimate as we are not good at recording when people are autistic if they haven't accessed our services for their diagnosis. So, it is suspected that TEWV rates are more in line with the Nyrenuis (2022) data which suggests that it would be more like 29% and, with the awareness raising work that has been going on, our data might be different now. The truth is that we don't know with any certainty although greater awareness through training is improving matters.	The Trustwide Autism Service will be requesting an update of the data request initially carried out following Regulation 28 request which identified that a minimum of 17% of people accessing TEWV had an autism marker. We suspect that this is an underestimate and will get a refresh on the initial data following the stabilisation work with CITO - this will be shared with Governors and within clinical services. Development is continuing to include autism markers and the use of the reasonable adjustment questionnaire within clinical audits to provide assurance that autistic people are offered reasonably adjusted interventions and care.
6.	Invest (time not necessarily money) in clinical leadership setting explicit standards of behaviour and linked	• Aim: to ensure effective communication, compassion, kindness, and professionalism as a priority to change the culture.	The trust is committed to deliver mandatory Autism training in line with the Autism Code of Practice (Draft). This will encompass all staff within the trust including the Board. The Trustwide Autism Service has involvement within Care Group Boards, Clinical Networks, Fundamental Standards, Positive and Safe and Exec Clinical Leaders to ensure that Autism is key priority from board to ward.

	to the journey for change.		
7.	Map out the key actions from SUI's, complaints, CQC reports etc. that link to autistic people and establish the current position and further work to be undertaken.	• Aim: to have a clear position on lessons learned and further work needed in relation to Autism. • In terms of a mental health diagnosis missing an autism marker then it should be said that that is one of the things that the Autism Service is about – supporting all clinical staff to try and understand what the difference between an autism marker and mental health presentation is. And it can happen both ways – sometimes people ignore the fact that people are autistic, and we get treatment wrong and sometimes people attribute everything to someone's autism and don't treat the MH issue at all. Making sure that this doesn't happen is exactly one of the key issues to be addressed by the Autism Service.	The Trustwide Autism Service works closely with our patient safety contributing to Serious incident and mortality reviews. Following TEWV receiving a Regulation 28 request, an action plan was developed, shared with both care groups. This plan is addressing the following actions and is nearing completion: • *Both care groups to identify and understand the numbers of people with both an autism marker and a documented diagnosis of Emotionally unstable Personality disorder (EUPD) which includes Borderline Personality Disorder (BPD)* • *All aspects of diagnosis and treatment will be discussed openly and transparently with people who use services and their carers wherever this is possible and appropriate ('nothing about me without me').* • *The delivery of Trauma Informed Care (staff within TEWV will understand the experience of trauma from an Autistic person point of view to reduce the re-traumatisation of autistic people)* • *The Trust will ensure that patients have the most robust multidisciplinary risk assessment facilitated by trained and competent staff.* • *The Trust will provide additional funding to establish a Trustwide integrated autism service that will deliver partnership consultation, training, clinical supervision, and consultation resulting in high quality autism informed care for autistic people accessing TEWV services.*

Trust Response to Council of Governors Autism Task and Finish Group Recommendations – June 2024

			One of our key components of the training is for staff to understand the themes and mental health presentation for autistic people and the challenges of diagnostic overshadowing which is included within the TEWV Autism Mandatory Training.
8.	Start to be a true partner in working across the Trust and with all other system players, including Local Authorities, ICB/ICSs, the Third Sector and Primary Care.	• Respect their ideas and challenges. • A major concern for the Group is that H&NY have introduced a self-assessment tool to reduce waiting lists. This makes the entry point for the service so high that it is considered by many to be life threatening to autistic people by leaving diagnosis and assessment too late. Whilst a commissioning issue the concern is such that it needs to be mentioned. • Local Authorities have the statutory responsibility to develop an Autism Strategy for their areas. A desk top review of Local Authorities having current Strategies for Autism showed patchy results. Children and young people are well covered with	The Trustwide Autism Service and TEWV as a whole are in continuous communication with the commissioners across NYYS in relation to their current pilot diagnostic pathway for Autism. We are connecting with all local multi-agency autism strategies across the TEWV footprint however some Local Authorities have better developed than strategy groups than others .

Trust Response to Council of Governors Autism Task and Finish Group Recommendations – June 2024

		support and advice, particularly around education	
9.	Review the Trust position on atypical Autism presentations e.g. PDA (Pathological Demand Avoidance) and establish a clear position on the diagnosis of Personality Disorder and Autism.	• The review is of the personality disorder diagnosis and the work is due to be completed in 2024. This is part of the overall action plan to respond to the coroner request, but members of the group consider it important for that the review takes place in any case.	The Regulation 28 action plan (see above) is ongoing and is monitored through both care groups and held within the compliance team. Once the personality disorder review is completed the Trustwide Autism Clinical Lead will produce a paper summarising the themes with next steps. Within Exec Clinical Leaders Subgroup a discussion is planned around the some similarities around the diagnostic criteria for Autism and Personality disorder.
10.	A full understanding and appreciation of Autistic Burnout. Talked about extensively within the Autism community, barely at all by professional clinicians. And a likely big cause of suicides.	• Someone who maybe is struggling with autistic burnout but doesn't have a learning disability could require help but being told 'it is autistic burnout, it is autism. We can't help (because not LD and perceived as not a MH issue)'. • Can TEWV really claim to be offering an autism service? Strong opinion that NHS should provide a purely Autism Service.	Autistic burnout is within the Autism Mandatory Training curriculum to be delivered to all staff and is also covered within consultations and supervision this. The latest NHSE guidelines Meeting the needs of Autistic adults in Mental health services (2023) are explicit that; 'Good mental health care for autistic people can be provided by all mental health services: not just those commissioned specifically for autistic people. ' https://www.england.nhs.uk/long-read/meeting-the-needs-of-autistic-adults-in-mental-health-services/ This guidance reflects the trust position and OJTC

CONTACT US

If you would like to contact us, please email us at:
tewv.trustwideautismservice@nhs.net

Trustwide Autism Service Community Offer

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

WHO ARE WE?

We are a multidisciplinary team and collectively have extensive experience of working with Autistic children, young people and adults.

Supporting the MDT

Would you benefit from representation from the Trustwide Autism Service?

- We can offer a reflective space for your team to consider the needs of a person through an autistic lens.
- Our team are happy to attend MDT's for autistic patients e.g. CTR's, review meetings and discharge meetings.

Case Consultation / Clinical Supervision

Did you know we offer consultation and supervision to staff across all specialties who need additional support to think about the provision of reasonably adjusted care, treatment and intervention for Autistic children, young people and adults?

- You can book a 1:1 consultation or supervision session with one of our team members to support you.
- We can meet via Teams or in person.

Sensory Environment Review

Do you think your workplace is Autism friendly?

We can support you to complete an Autism Environmental Checklist to identify any reasonable adjustments that might be appropriate for your service.

Helping You to Help Others

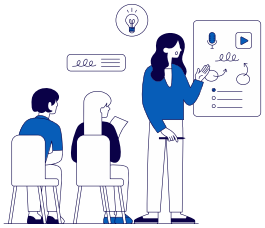
Don't feel you have the confidence to carry out autism-informed mental health and wellbeing assessments, risk assessments, care planning and/or interventions?

We can support you to gain the skills to carry these out (e.g. impact assessments, hospital passports, social stories, safety summaries).

Autism Training

Do you feel like you could benefit from more training around Autism?

Speak to our service about the training packages we offer. Training is open to ALL staff both clinical and corporate — we often train whole teams all together! We can offer bespoke training to suit your needs.



Anthony Redhead
Highly Specialist Clinical Psychologist

Hannah Marshall
Higher Assistant Psychologist

Elspeth Webb
Trustwide Autism Clinical Lead / Consultant Clinical Psychologist

Anne Cahill
Autism Nurse Consultant

Helen Nevard
Advanced Practitioner

Jessica Bradley
Higher Assistant Psychologist

Kate Ollis
Advanced Practitioner

Renske Herrema
Highly Specialist Clinical Psychologist

CONTACT US

If you would like to contact us, please email us at:
tewv.trustwideautismservice@nhs.net

Trustwide Autism Service Inpatient Offer

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Who Are We?

We are a multidisciplinary team and collectively have extensive experience of working with Autistic children, young people and adults.

Regular Ward Drop-Ins

Did you know someone from the Trustwide Autism Service visits your hospital every week?

- Once a week, a member of the Trustwide Autism Service will drop-in to your ward for a catch-up.
- The role of our team is to support you to provide the best care for the autistic people on your ward.

Our clinical team are highlighted below...

Sensory Environment Review

Do you think your workplace is Autism friendly?

We can support you to complete an Autism Environmental Checklist to identify any reasonable adjustments that might be appropriate for your service.

Helping You to Help Others

Don't feel you have the confidence to carry out autism-informed mental health and wellbeing assessments, care planning and/or interventions?

- We can support you to gain the skills to carry these out (e.g. impact assessments, hospital passports, social stories, risk assessments).

Supporting the MDT

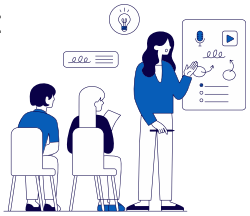
Would you benefit from representation from the Trustwide Autism Service?

- We can offer a reflective space for your team to consider the needs of a person through an autistic lens.
- Our team are happy to attend MDT's for autistic patients e.g. CTR's, review meetings and discharge meetings.

Autism Training

Do you feel like you could benefit from more training around Autism?

- Speak to our service about the training packages we offer. Training is open to ALL staff both clinical and corporate.
- We often train whole teams all together! We can offer bespoke training to suit your needs.



Anthony Redhead
Highly Specialist Clinical Psychologist

Hannah Marshall
Higher Assistant Psychologist

Elspeth Webb
Trustwide Autism Clinical Lead / Consultant Clinical Psychologist

Anne Cahill
Autism Nurse Consultant

Helen Nevard
Advanced Practitioner

Jessica Bradley
Higher Assistant Psychologist

Kate Ollis
Advanced Practitioner

Renske Herrema
Highly Specialist Clinical Psychologist

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

For General Release

Meeting of:	**Council of Governors**
Date:	**3 June 2024**
Title:	**Appointments**
Executive Sponsor(s):	**-**
Report Author:	**Phil Bellas, Company Secretary**

Report for:

Assurance		***Decision***	✓
Consultation		***Information***	

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

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

Strategic Risks relating to this report:

BAF ref no.	*Risk Title*	*Context*
10	Regulatory Compliance	Under its Provider Licence, the Trust must take all reasonable precautions against the risk of failure to comply with: a. The Conditions of the Licence, b. Any requirements imposed on it under the NHS Acts, and c. The requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.

Executive Summary:

Purpose: The purpose of this report is to enable the Council to make appointments to key positions within its remit.

Proposal: The Council is asked to:

(1) Determine a nomination received from Gary Emerson, Public Governor for Stockton, for appointment as the Lead Governor of the Trust.

(2) Determine the approach to be taken to filling the Governor vacancy on the Council's Nomination and Remuneration Committee.

Overview:

(1) The Lead Governor

The principal role of the Lead Governor is to facilitate communications between the Council of Governors and NHS England in a limited number of circumstances where it might not be appropriate to use the usual channels of the Chair and Company Secretary.

In addition, within the Trust (as is common practice within foundation trusts) the role has been expanded to include amongst other matters:

- To be a source of advice to the Council should disputes arise with the Board of Directors.

- To act as the main contact point for individual Governors wishing to contact NHS England if requested by the Council.
- To support effective communications and engagement between the Governors and the Board of Directors.
- To contribute to the appraisal of the Chair in accordance with the framework developed by NHS England.

Nominations were sought for appointment as the Lead Governor following the position becoming vacant in April 2024.

One nomination, from Gary Emerson, Public Governor for Stockton, was received.

Mr Emerson's personal statement in support of his nomination is attached.

Governors will be aware that the revised Constitution, which came into effect on 1st April 2024, requires a majority of Governors, present and voting at the meeting, to approve the appointment.

The Council is asked to determine Mr Emerson's nomination for appointment as the Lead Governor.

(2) Member of the Nomination and Remuneration Committee

The vacancy for a Governor member of the Council's Nomination and Remuneration Committee was readvertised in accordance with minute 23-24/84.

No nominations were received.

The views of the Council are sought on the approach to be taken to filling the vacancy.

Prior Consideration and Feedback: None.

Implications: NHS England expects the Trust to have a Lead Governor.

Recommendations: The Council is asked:

(1) To determine Mr Emerson's nomination to be the Lead Governor of the Trust.

(2) To determine the approach to be taken to filling the Governor vacancy on the Council's Nomination and Remuneration Committee.

Statement in support of nomination to serve as Lead Governor – TEWV

I am one of TEWV's longest serving Public Governors and have served as a Stockton constituency Governor for 10 years. I have been a member of the Nomination and Remuneration Committee and served on the recent Governor Task and Finish Group.

I was Chief Executive of Darlington Mind for 13 years until my retirement in December 2019. I am currently Vice-Chair of Teesside Mind, Vice Chair of Stockton CAB and Chair of the Acquired Brain Injury Charity, Headway Darlington and District. I also work with other charities as a Volunteer Consultant for the Cranfield Trust helping them restructure, merge or write business plans. I am also a Patient and Carer Lay Representative with NHS England helping to oversee the training of Doctors and am a member of the GP Postgraduate School and the Postgraduate School Boards within the Northern Deanery.

I have been involved in mental health services for 35 years now. Patients and carers should be at the heart of everything we do within TEWV and am a strong advocate of patient involvement, co-design and co-production of services and projects. TEWV has faced difficult and challenging times recently so its vital the Lead Governor ensures the voice of patients, carers, Governors and other stakeholders is not lost as we strive to improve the quality of provision. We must continue to hold Directors and the Board to account and ensure we do our best for everyone in our care.

Gary Emerson

Item 15

For General Release

Meeting of:	Council of Governors' Meeting
Date:	3rd June 2024
Title:	Co-creation Committee Update
Executive Sponsor(s):	Ann Bridges, Director of Corporate Affairs and Involvement
Author(s):	Angela Grant, Corporate Governance Officer (CoG and Membership)

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

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

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

Strategic Risks relating to this report:

BAF ref no.	***Risk Title***	***Context***
All		*The Co-creation Committee of the Council of Governors' supports and monitors the delivery of the Trust's Co-creation Framework and also reviews the Trust's progress in relation to delivering on its strategic goals on co-creation.* *The Co-creation Journey was approved by the Board in March 2023, and contributes to service user and carer involvement and experience, including:* *1. Ensuring co-creation in care planning.* *2. Growing, diversify, and embedding service user and carer involvement across the Trust.* *3. Expanding and developing lived experience roles and leadership, including peers.* *4. Capturing accurate patient, carer and partner experience data including friends and family test, surveys, Patient Advice and Liaison (PALS) and complaints, and triangulating this with other intelligence e.g. serious incidents and using this to improve our services.* *These will be delivered and Key Performance Indicators (KPIs) will be set as part of the business planning cycle and the Our Journey to Change (OJTC) Delivery Plan. These are reported monthly through the Executive Review of Quality Group (ERQG) and the Executive Directors Group (EDG) and reported to the Co-creation Committee and Board of Directors quarterly.*

Executive Summary:

Purpose:	*This report aims to update the Council of Governors on discussions held at the last meeting of the Council of Governors' Co-creation Committee, held on 26th April 2024.*
Proposal:	*The Council of Governors are asked to receive this report for information.*
Overview:	*The report provides an overview of topics discussed by the Committee at its last meeting and details of the Committee's future priorities.*
Prior Consideration and Feedback	*The last update from the Committee was provided to the Council of Governors at their meeting held on 19th March 2024.*
Implications:	*None identified.*
Recommendations:	*The Council of Governors is asked to note the report for information.*

Council of Governors' Co-creation Committee Update

The Committee last met on the 26th April 2024.

In the absence of the Chair, Mary Booth, Jean Rayment was acting Chair for the meeting.

The following was considered by the Committee:

Action Log

- The Lived Experience Directors would be invited to attend the Committee's next meeting in July 2024, to update on the progress made with cocreation in Care Planning.
- It was suggested that colleagues from operational services in the Trust could perhaps attend a future Governor development session to update on their cocreation work.
- Committee members suggested that more information on the Oxehealth system, including how it worked, could be provided to Governors at a future Governor development session or possibly a Council of Governors' meeting.

Co-creation Journey Update

Committee members considered an update report and presentation on co-creation work in the Trust from January – March 2024. Liam Corbally, Head of Cocreation, had also included the first edition of his Head of Cocreation Chronicles. This had provided the Committee with an overview of his experiences of working in his new role

It was noted that:

- The Executive Directors' Group received a quarterly report on levels of cocreation activity, outcomes and impacts of that work, how involvement featured in specific programmes of work, how embedded cocreation was in the Trust and where cocreation would have the most impact.
- 32 new involvement opportunities had been sent out to involvement members.
- There were 410 people on the Involvement Register.
- £17,344.68 had been paid in involvement recognition payments between January and March 2024 and £55 in voucher payments to people under 16 years of age.
- A series of workshops had been held with involvement members and the following had been discussed:
    - Levels of involvement and how people are reimbursed
    - Feeling valued and appreciated
    - Involvement opportunities
    - The aims and goals of involvement members
    - Support and training provided to involvement members
- An update was provided on Objective 2 of the Trust's Cocreation Journey - To grow, diversify, and embed service user and carer involvement across the Trust. The seven actions relating to that journey were:
    - Developing a Cocreation Framework
    - Increasing diversity across Cocreation

  - Grow the resource in the Involvement and Engagement team
  - Identifying key areas for involvement work
  - Developing patient and carer networks
  - Developing the specialties outside of Mental Health Service for Older People
  - Developing an online platform to facilitate Cocreation

- The Durham, Tees Valley and Forensics (DTV&F) Co-creation Board now had six priorities signed off by the Care Group Board:

  - Engagement/Partnership/Establishing Lived Experience Forums, Patient and Carer Groups Internally and Externally
  - Equality, Diversity and Human Rights
  - Feeling Safe
  - Ensure structure of Co-creation Boards feeds into Care Group Board and set the standards and expectation of services around Co-creation and personalised care
  - Involvement and Engagement Transformation and Lived Experience Roles including Patient Safety Partners
  - Oversight of the how co-creation takes place in the ongoing Transformation and Personalising Care agenda

- The North Yorkshire, York and Selby (NYYS) Co-creation Board now had four priorities signed off by the Care Group Board:

  - To support the NYYS Care Group with ensuring accountability for co-creation across our services
  - To support and join up Service User & Carer Co-creation Groups across the NYYS Care Group
  - To advocate diversity and inclusivity – ensuring that the voices of those often underrepresented are listened to, heard, and valued
  - To build and maintain strong links with key lived experience groups across our community, our Integrated Care Board (ICB) and statutory partner

The Committee also considered a document with a plan-on-a-page for cocreation in the Trust. During discussions it was suggested that the term ‘loved ones’ might be replaced in the document with another term that had no emotional overtone as not all carers cared for a loved one.

Trust Membership

The Committee considered a report containing information on the public and staff membership of the Trust, as at 31st March 2024. The distribution of members, actual versus eligible membership and demographics of the Trust’s membership were included in the report. It was noted that the Trust’s membership remained broadly representative of the population it served however, there had not been a significant increase in members for some time. A draft membership strategy was being developed to address this and this would be brought to the next meeting of the Committee in July 2024.

Annual General and Members’ Meeting (AGM) 2023/2024 and Engagement Future Events

Committee members considered a report on plans for the Trust’s Annual General and Members’ Meeting (AGM) for 2024 and other engagement events.

It was noted that:

- The proposed date for the Trust's AGM is 18th September but that could be subject to change.
- It's hoped that the event can be held in the South of the Trust, potentially at York Racecourse where the Trust had held its Star Awards in 2023.
- The proposed style of the AGM in 2024 would be similar to the one held in 2023. This includes a marketplace of information for the public to visit, holding the meeting in person whilst broadcasting it online and securing a key speaker. It is hoped that existing partnerships between the Trust and other organisations could again lead to identifying a guest speaker for the event.
- Suggestions for possible themes for the AGM in 2024 will be sought from the Committee. One suggestion at the meeting had been 'Diversity' as a theme.
- On 23rd April 2024, a 'Meet the Governors' engagement event was held at the ARC in Stockton-on-Tees and all Stockton-on-Tees public members had been invited to it. Although well attended by partners, the event had not been well attended by members of the Trust or the public. This had been disappointing it was suggested that the timing of the event and perhaps the way it had been branded could have affected interest in it. A community element would perhaps lead to more interest from the public and members if they understood that mental health information and support was available. The Trust could also get involved with suitable community events being held locally and larger events such as the Middlesbrough Mela, Armed Forces Days and Pride events where large numbers of the public would be.

Future Priorities

The future priorities of the Committee are:

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

Membership of the Committee

Governors are encouraged to become a member of this Committee. At present there are six members but we would like to grow that membership if possible (20 Governors max). If you are interested in joining or would like further information, please contact Angela Grant angela.grant6@nhs.net or call her on 01325 552068.