COUNCIL OF GOVERNORS
THURSDAY 24TH OCTOBER 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 ordinary meeting held on 3rd June 2024 and the special meeting held on 22nd August 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.	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 Monday 21st October 2024. Please send them to tewv.governors@nhs.net).*	David Jennings Chair	Schedule of Governor questions, responses and feedback to be circulated

9.	To receive updates from the Board of Directors' Committees:		
	a. People and Culture Committee (PCDC)	**Jules Preston** Non-Executive Director / Acting Chair of PCDC	Verbal
	b. Resources and Planning Committee (RPC)	**John Maddison** Non-Executive Director	Verbal
	c. Quality Assurance Committee (QAC) and Mental Health Legislation Committee (MHLC)	**Bev Reilly** Non-Executive Director / Deputy Chair / Chair of QAC **Roberta Barker** Non-Executive Director / Chair of MHLC	Verbal
	Background Information:		
	i. Integrated Performance Report as at 31st August 2024		Attached
	ii. Trust's Finance Report as at 31st August 2024		Attached
	iii. CQC Progress Report		Attached
10.	To receive a progress update on the Trust's Operational Services and Crisis Line position:		
	a) Durham, Tees Valley and Forensics Care Group	**Naomi Lonergan** Interim Managing Director for DTV&F Care Group	Report
	b) North Yorkshire York and Selby Care Group	**Zoe Campbell** Managing Director for NYY&S Care Group	Report
11.	To consider the appointment of two members of the Council of Governors' Nomination and Remuneration Committee	**Phil Bellas** Company Secretary	Attached
12.	To receive a final report on the Council of Governors' Task and Finish Group: The Role of a Foundation Trust Governor	**Ann Bridges** Executive Director of Corporate Affairs and Involvement	Attached
13.	To receive an update from the Council of Governors' Cocreation Committee	**Mary Booth** Chair of the CoG Co-creation Committee / Public Governor	Report

14.	To receive a report on the development of a Trust Membership Strategy	Ann Bridges Executive Director of Corporate Affairs and Involvement	Attached
15.	To receive a report on the TEWV Communications Strategy	Ann Bridges Executive Director of Corporate Affairs and Involvement	Attached
16.	Date and time of next meeting: Wednesday 15th January 2025 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
15th October 2024

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

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NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

MINUTES OF THE COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 3RD JUNE 2024 AT 2.00PM AT THE WORKPLACE, HEIGHINGTON LANE, AYCLIFFE BUSINESS PARK, NEWTON AYCLIFFE, DL5 6AH AND ON MICROSOFT TEAMS

PRESENT:
David Jennings - Chair
Rob Allison - Appointed Governor, University of York (MS Teams)
Joan Aynsley - Public Governor, Durham (MS Teams)
Cllr. Pauline Beall – Appointed Governor, Stockton-on-Tees Borough Council
Gemma Birchwood - Public Governor, Selby (MS Teams)
Cllr. Moss Boddy - Appointed Governor, Hartlepool Borough Council
Mary Booth - Public Governor, Middlesbrough
Gary Emerson - Public Governor, Stockton-on-Tees
John Green - Public Governor, Harrogate and Wetherby
Hazel Griffiths - Public Governor, Harrogate and Wetherby (MS Teams)
Joan Kirkbride - Public Governor, Darlington
Alicia Painter - Public Governor, Middlesbrough
Jean Rayment - Public Governor, Hartlepool
Gillian Restall - Public Governor, Stockton-on-Tees
Graham Robinson - Public Governor, Durham (MS Teams)
Cllr. Lisa Robson - Appointed Governor, Redcar and Cleveland Borough Council (MS Teams)
Zoe Sherry - Public Governor, Hartlepool (MS Teams)
Jill Wardle - Public Governor, Durham (MS Teams)
Judith Webster - Public Governor, Scarborough and Ryedale (MS Teams)

IN ATTENDANCE:
Brent Kilmurray - Chief Executive
Phil Bellas - Company Secretary
Roberta Barker - Non-Executive Director (MS Teams)
Mike Brierley - Assistant Chief Executive
James Burman – Stakeholder and Engagement Lead (MS Teams)
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)
Angela Grant - Corporate Governance Officer (CoG and Membership)
Dr Kedar Kale – Executive Medical Director
Dr Chris Lanigan – Associate Director of Strategic Planning and Programmes
John Maddison - Non-Executive Director
Jill Murray - Non-Executive Director (MS Teams)
Matt Norman – Deputy Director of Finance
Karl Evenden-Prest - Public
Jules Preston - Non-Executive Director (MS Teams)
Beverley Reilly – Deputy Chair / Non-Executive Director
Patrick Scott – Executive Managing Director for Durham, Tees Valley & Forensics Care Group/Deputy Chief Executive
Nishidha Vaidya – Corporate Governance Officer
Dr Elspeth Webb – Consultant Clinical Psychologist and Trustwide Autism Clinical Lead

24-25/01   APOLOGIES

Apologies for absence were received from:

Lee Alexander - Appointed Governor, Durham County Council
Dr Martin Combs - Public Governor, York
Pamela Coombs - Public Governor, Durham
Susan Croft - Public Governor, York
Cllr Claire Douglas – Appointed Governor, City of York Council
Christine Hodgson - Public Governor, York
Lisa Holden - Public Governor, Scarborough and Ryedale
Cheryl Ing - Staff Governor, Corporate Directorates
Kevin Kelly - Appointed Governor, Darlington Borough Council
Jane King - Staff Governor, Durham, Tees Valley and Forensics Care Group
Catherine Lee-Cowan - Appointed Governor, Sunderland University
Heather Leeming - Staff Governor, Durham, Tees Valley and Forensics Care Group
Clive Mackin - Staff Governor, Durham, Tees Valley and Forensics Care Group
Cllr Roberta Swiers - Appointed Governor, North Yorkshire County Council

Ann Bridges – Executive Director of Corporate Affairs and Involvement
Dr Hannah Crawford – Executive Director of Therapies
Beverley Murphy – Executive Chief Nurse
Liz Romaniak – Executive Director of Finance, Information and Estates/Facilities

24-25/02   WELCOME

The Chair welcomed attendees to the meeting.

He advised that the Council of Governors' Task and Finish Group on the Role of a Foundation Trust Governor had sought to understand how Governors would hold Non-Executive Directors to account for the performance of the Board. In response to that, the agenda had been amended to provide the opportunity for Governors to hear from Non-Executive Directors who were Chairs of the Board of Directors' committees. As background information, the Integrated Performance Report, the Finance Report as at 31st March 2024 and the Care Quality Commission Progress Report had been provided. Committee updates would be included for a further two to three meetings and he welcomed feedback from Governors regarding whether the item was useful.

He went on to advise of the following changes to the Council of Governors, since its last meeting:

- Cllr. A. McCoy had left her post as an Appointed Governor representing Stockton-on-Tees Borough Council after many years of service. The Chair noted the contribution she had made during her time in office, including in her role as the Lead Governor, and advised that he had sent her a letter of thanks. She would be invited to attend the Trust's Annual General and Members' Meeting in 2024.

  G. Emerson extended a welcome from Governors to Cllr. P. Beall, Appointed Governor for Stockton-on-Tees Borough Council who had replaced A. McCoy.

- J. Green and J. Hurst had resigned as public Governors in April 2024.
- On 30th June 2024, the terms of office for Public Governors for York, J. Hodgson, S. Croft and M. Combs would come to an end, as would the terms of office for staff

Governors representing the Durham, Tees Valley and Forensics Care Group, J. King and C. Mackin.

- On 1st July 2024, the Trust would welcome new, re-elected and returning Governors:

  - C. Ing – Staff (Corporate Directorates)
  - H. Leeming – Staff (Durham, Tees Valley and Forensics Care Group)
  - A. Douglass - Staff (Durham, Tees Valley and Forensics Care Group)
  - K. Evenden-Prest - Staff (Durham, Tees Valley and Forensics Care Group)
  - D. Coombs – Public (Durham)
  - R. Guy – Public (Durham)
  - J. McNulty – Public (Durham)

24-25/03   MINUTES OF PREVIOUS MEETINGS

Agreed – That the minutes of the public Council of Governors' meeting held on 19th March 2024 be approved as a correct record and signed by the Chair.

24-25/04   DECLARATIONS OF INTEREST

None received.

24-25/05   PUBLIC ACTION LOG

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

It was noted that:

- G. Emerson asked why an action to invite representatives of the Integrated Care Board to attend Council of Governors' meetings, as raised by A. McCoy at the meeting on 19th March 2024, was not included on the Action Log.

  The Chair advised that, during the meeting on 19th March 2024, he confirmed that he had spoken to Integrated Care Board colleagues about their attendance at Council of Governors' meetings and they had been keen to do so, perhaps on a six monthly basis.

24-25/06   CHAIR'S UPDATE

The Chair provided a verbal report on his activities in the Trust since the last meeting of the Council of Governors. He advised that:

- With regard to the General Election, the Trust would respect rules on political neutrality. He appealed to Governors to avoid political comments whilst undertaking their Governor duties.
- The Trust's Living the Values Award had been presented to Polly Brewster, a practice based community psychiatric nurse in the GP aligned mental health team for adult mental health services who had helped a service user see a way forward despite the challenges they faced and Carly Baker, who had received the award for the support she had provided in relation to multi-agency public protection arrangements (MAPPA) for a service user at Frankland Prison.
- It was important to set the foundations for the Trust's future and recognise the challenges ahead.

- The Trust had worked with colleagues from the North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust in relation to a number of common issues they faced.
- The new Chancellor for Teesside University was a powerful advocate for the university and wanted the best for Teesside.

24-25/07   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:

- Governors needed to exercise caution and observe the guidance regarding political comments during the pre-election period. The Trust would also adapt its communications during this period.
- The Trust had achieved a break even position for 2023/24 and cash balances were at £59.9m at 31st March 2024. More information would be found in the finance report provided at item 10ii on the agenda. After a long and drawn out financial planning round, the Trust had agreed a Financial Plan for 2024/25 and was committed to achieving a break even position.
- There had been changes to the internal structure of the North East and North Cumbria Integrated Care Board to reduce its running costs and some colleagues had changed positions in the organisation as a result.
- With regard to provider collaboratives, the ambulance service, TEWV and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust had held productive conversations regarding the integration of specialist services and forming a formal partnership in relation to that. More information on key partnership work would be shared with Governors in the future.
- The arrangements for a specialist Mental Health, Learning Disability and Autism Collaborative in Humber and North Yorkshire would be reviewed, to ensure it was fit for purpose. More details on this would be provided in due course.
- The Our Journey to Change Delivery Plan event, held on 10th May 2024, had been productive and themes from the day would be considered by the Board of Directors. The timetable for the Delivery Plan had been delayed slightly due to the General Election but it was expected that engagement on the new plan for 2024/25 would start on 5th July 2024.
- A Research and Development Conference held in Darlington had been well supported and would become an annual event.

The Chair advised that B. Kilmurray had been asked to lead on the work for the Humber and North Yorkshire provider collaborative and was also the mental health representative.

24-25/08   STOCKTON-ON-TEES MEET YOUR GOVERNORS EVENT

Public Governor for Stockton-on-Tees, G. Emerson, provided a verbal update on the Meet Your Governors event that had been held on 23rd April 2024 at the Arc in Stockton.

He advised that:

- When elected without contest in July 2023, he had been concerned that public members in Stockton-on-Tees had not had the opportunity to have a say about who represented them.

- Following a period of long service as a Governor of the Trust, he had taken a one year break and, during that time, had received very few communications as a member from the Trust.
- This had led to his suggestion of holding an event to provide members with an opportunity to engage with Governors, and the Trust, and to embrace the work of other organisations such as Healthwatch, Mind, Citizens Advice Bureau and others.
- At the event on 23rd April, there had been a market place of stalls which was well supported by such organisations. The event had been positive and well organised and he suggested that other Governors consider whether they would like to hold similar events in their local areas.
- Over 1000 public members in the Stockton-on-Tees constituency had been invited to attend and there had been related costs due to the low number of email addresses the Trust held for members and postage costs.
- The event had provided him with a valuable opportunity to meet with people he would not have otherwise met. Some conversations had been challenging, yet extremely important to hear.
- Fellow Stockton-on-Tees Governors had joined him at the event, along with Cllr. A. McCoy from Stockton Borough Council.

It was noted that:

- A. Painter enquired as to whether the Trust attended LGBTQ and other public events.

   B. Kilmurray advised that the Trust planned to attend Pride events, Middlesbrough Mela and Armed Forces Days in 2024.

   J. Burman advised that he had considered community events that the Trust could attend. He had attended the Stockton-on-Tees Governor event and suggested that calling it a community mental health event might have led to more interest from the public.

   P. Beall confirmed that she had attended the Governor event in Stockton-on-Tees. Although it had been a good event, the title of it had not appeared to reflect its nature and she had expected to meet all of the Trust's Governors there. She advised that she would speak to the communications team at Stockton-on-Tees Borough Council to see whether there were any public events to inform the Trust about.

- J. Green asked whether the Trust had considered attending the Great Yorkshire Show.

   The Chair confirmed enquiries would be made into that event and others. He added that, in discussions with the Council of Governors Role of a Foundation Trust Governor Task and Finish Group, the issue of how Governors could connect with their local area had been raised and this linked in with these events.

24-25/09   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:

- Z. Sherry provided context to her question about locality meetings for Governors and her observations that Governors had not been able to contribute to those meetings.

She also added that there had been low attendance from Governors at the last few locality meetings she had attended.

The Chair advised that A. Bridges had accepted the comments made about the meetings and was committed to changing the format to be less formal and to provide Governors with an opportunity to talk about the issues they were aware of locally. It was important to understand the reasons why Governors were not attending locality meetings and to compare and contrast the Governor locality meetings for the two care groups. With regard to Z. Sherry's question, he advised that there had been operational challenges and new systems introduced. This had impacted on staff to attend the meetings and the last scheduled Durham, Tees Valley and Forensic Care Group Locality meeting had been cancelled.

- With regard to G. Emerson's question about waiting lists, M. Brierley advised that he would circulate a written response to Governors.

Action – M. Brierley

- G. Emerson queried the number of people waiting for neurodevelopmental services at 20,000.

  M. Brierley advised that the waiting list for neurodevelopmental services equated to 60% of the Trust's overall waiting lists. Of the 20,000 people, 11,000 were children and 9,000 were adults.

  The Chair once again asked Governors to be sensitive regarding the General Election when the response was circulated.

- With regard to her question on reasonable adjustments for patients with disabilities, A. Painter suggested that many adults would be able to self-diagnose and would know what support would help them. This could help staff to provide reasonable adjustments.

24-25/10   GOVERNOR FEEDBACK

Governors considered feedback provided by G. Restall, following her participation in two events:

- Our Journey to Change Delivery Plan Workshop on 10th May 2024
- A Leadership Walkabout to the Adult Mental Health Crisis Team at West Park Hospital in Darlington.

24-25/11   BOARD OF DIRECTORS' COMMITTEES

The Chair proposed that a verbal update from the Chair of a Board committee, on key issues considered at their meeting and reported to the Board, would help to assure Governors that the Board was sighted on key issues and areas of concern in the Trust.

People and Culture Committee (PCDC)

J. Murray advised that the Committee:

- Had worked closely with unions and staff side and had a responsibility to engage with people.
- Had heard about the steady progress made in relation to the Trust's People Journey to Change.
- Had welcomed the Trust's strengthened recruitment processes and had noted that sickness absence had started to stabilise. This had, in turn, impacted on the number of agency and bank staff that needed to be employed by the Trust
- Had achieved a greater understanding of staff by hearing from colleagues on the front line about their experiences and the barriers they had faced.
- Had received good assurance regarding action taken to maintain the Trust's apprenticeship workforce, from regular updates on the Trust's Apprenticeship Programme. It was noted that 550 people had accessed the programme trustwide.
- Received regular reports on performance, risk management, staff networks, staff pay, staff health and wellbeing and reasonable adjustments.

It was noted that:

- J. Green asked whether there had been an increase in apprenticeships in the Trust.

  S. Dexter-Smith advised that the Trust had saturated spaces on its Apprenticeship Programme but people would be sourced from that programme when staff recruitment was required. The programme had failed an OFSTED inspection three years earlier but the team had worked hard to ensure apprenticeships were accessed across a range of providers.

- H. Griffiths advised that she had observed the last meeting of the Committee and had been impressed with the staff networks available in the Trust.

Strategy and Resources Committee (S&RC)

C. Carpenter advised that the Committee had:

- Considered the Trust's Financial Plans for 2024/25 and the Financial Report which had detailed the in-year financial performance of the Trust in terms of revenue and capital. Committee members had also been pleased to note an improvement of the Trust's control total arrangements.
- Considered governance of the Trust's Corporate Risk Register and Board Assurance Framework (BAF) and had received good assurance on risk management processes in place.
- Welcomed the appointment of a new Chief Information Officer (CIO) for the Trust.
- Noted an improvement in compliance in terms of risks being reviewed at an appropriate time.
- Discussed and received limited assurance on the Trust's internal audit and cyber awareness. The Trust had not achieved its staff training targets in relation to this but had achieved higher rates than it had been mandated to achieve. Training for staff and Non-Executive Directors had included access to videos on emerging threats.
- Been disappointed in relation to patient food regarding the National Benchmark Reports for Patient Led Assessments of the Care Environment (PLACE) Inspections. Although the reasons for issues were clear to the Committee, including the previous supplier closing down and other suppliers not being able to deliver to wards, rectification had been underway but still had not been achieved.
- Supported the establishment of a new Charitable Finds Committee of the Board.
- Considered the findings of the Committee's self-assessment.

It was noted that:

- G. Emerson asked whether consideration would be given to the appointment of a Governor to the new Charitable Funds Committee.

  The Chair confirmed that this would be considered by the Board in July 2024.

Quality Assurance Committee (QAC)

B. Reilly advised that the Committee:

- Met 10 times per year, due to the size of its workplan.
- In terms of governance, had a line of sight from ward to Board and the Chief Nurse for the Trust, B. Murphy, attended its meetings. Reports from the Executive Review of Quality Group, of which B. Murphy was the Chair, were regularly considered by the Committee and quality reviews were held at different levels in the Trust before consideration by the Quality Assurance Committee.
- Had noted how the introduction of CITO had been an area of concern and frustration for staff and the Committee had been sighted on this.
- Focused on people feeling safe and sought clarity on why people did not feel safe.
- Had downgraded the Trust's ability to consistently manage Section 17 leave, to limited assurance.
- Had received substantial assurance on a significant reduction of the backlog of historical serious incidents.
- Had noted there had been a reduction in medication errors in the Trust.
- Discussed learning from the Edenfield Review of services and Greater Manchester Mental Health NHS Foundation Trust.

It was noted that:

- G. Emerson raised a concern regarding the figure in the Integrated Performance Report, at item 10i, of 817 [11.26%] staff leaving the Trust within a 12 month period ending March 2024.

  S. Dexter-Smith advised that the Trust was now consistently in the top 10 of 71 Mental Health and Learning Disability Trusts for staff retention rates [1 being the Trust with the lowest leaver rate]. If staff were not happy in their current role in the Trust, alternative options would be considered such as the internal transfer scheme that was in place.

Mental Health Legislation Committee

R. Barker advised that:

- She had only recently taken on the role of Chair of the Committee and had chaired one meeting. It was a well-established Committee, supported by the Executive Medical Director, K. Kale, and liaised with the Quality Assurance and People and Culture Committees.
- The Committee's aim was to gain assurance that mental health legislation was being applied to all patients in the Trust and to seek assurance on the use of the Mental Capacity Act, Deprivation of Liberty Safeguards Assessments (DoLS) and other codes of practice. This linked into the Trust's strategic goal of making it a great place for service users, carers and their families.

- At its last meeting, the Committee had:

  o Considered progress reports from the Multi-Agency Mental Health Legislation Operational Groups in Durham, Tees Valley and Forensic Care Group and North Yorkshire and York Care Group. These groups had a pro-active role in engaging with partners, including the Integrated Care Boards.
  o Received substantial assurance regarding discharges from detention in Section 136 suites.
  o Discussed a deep dive into patients detained in Crisis Assessment Suites.
  o Heard from a patient who had spoken about their experience of the Mental Health Act in relation to their care.

It was noted that:

- K. Kale clarified that a Section 136 referred to a police emergency power to take a person to a place of safety and a Section 132 related to a person understanding their rights and having those rights read to them.

  J. Green asked whether the police were invited to attend meetings in the Trust as the Section 136 was mainly used by them.

  K. Kale confirmed that he did attend interagency meetings along with colleagues from the police and local authorities. Reports from those meetings were regularly brought for consideration to the Mental Health Legislation Committee.

  The Chair suggested that an item on the Trust's partnership with the police may be helpful in the future.

Audit and Risk Committee (A&RC)

J. Maddison advised that:

- The Committee held quarterly meetings through out the year, sometimes more when required, and its purpose was to review systems of control and governance in the Trust and consider the relationship between the Board Assurance Framework and the Integrated Performance Report whilst overseeing the governance of other committees to ensure they were sighted on audit recommendations for the Trust. Unless required for a specific reason, the Chair and Chief Executive of the Trust would not be invited to attend this Committee. This was in the interests of transparency and to avoid conflicts of interest.
- At its last two meetings, the Committee had considered a number of items including:

  o The draft Annual Accounts and J. Chapman, Head of Accounting and Governance, had delivered a presentation on changes to accounting policies, progress on the annual audit and non-compliance.
  o Updates from the External and Internal Auditors.
  o A report on the reduction of tender waivers in the Trust.
  o The Annual Report on the registration of conflicts of interest.
  o Details of the Trust's position as a going concern.
  o The draft Head of Internal Audit Opinion.

The Chair thanked the Non-Executive Directors for their updates as Chairs of the Board Committees and asked Governors to reflect on whether the item had been useful.

[5 minute comfort break]

It was noted that:

- With regard to the Care Quality Commission Report at item 10iii, J. Kirkbride suggested that it would be helpful if a date could be provided to indicate when it was expected to be completed, when an action was overdue.
- With regard to the action on resolving the backlog of serious incidents, J. Kirkbride noted a recovery plan was being developed but suggested that the wording used in the report did not indicate whether the plan had been implemented and when it was expected to be completed. This had meant that she could not take assurance from the report that the plan would be implemented.

   B. Kilmurray confirmed that the recovery plan had to be implemented.

   B. Reilly advised that, if an extension was requested for delivery of a recovery plan, it would be rejected.

   B. Kilmurray added that the Trust had a process for auditing such plans and could determine whether or not they had been implemented.

   The Chair suggested that Governors required more details on expected completion dates and the Trust's current position.

24-25/12   OPERATIONAL SERVICES UPDATE

Governors considered two reports regarding operational services in the Trust, which included an update on the Trust's crisis line.

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

P. Scott advised that:

- His report should be considered alongside the Integrated Performance Report and information provided by the Board Committee Chairs.
- With regard to the details provided on Improving Access to Psychological Therapies, this had referred to a broader Trustwide strategy rather than the Improving Access to Psychological Therapies (IAPT) Service Governors may have been familiar with. In the report he had outlined the aims and vision for what the Trust had wanted to achieve in relation to this and confirmed that its delivery was on the transformation agenda.
- In addition to the details provided about the new 111(2) service, which offered a single point of access for people facing a mental health crisis themselves or for people who know someone who is experiencing a mental health crisis, he advised that callers to this number would be screened to decide whether contact was required with the Trust's triage team. The Trust had introduced a new telephony system and screening tool in March 2024 and the system had gone live at the end of April 2024. 91% of calls had been answered and there had not been an increase in activity, however, the 111(2) number had not been launched nationally and the majority of the calls had come through the crisis line. Non-registered staff screened calls, however they were constantly supervised by registered staff who would join calls if required.

- The Optica bed management system would go live in a couple of months.
- In terms of urgent care transformation, he recognised that people who required urgent care were at their most vulnerable and stakeholders and the Trust were working together to make improvements with sessions held to map out the work required.
- The Culture of Care programme had launched which looked at the culture of the organisation. The Trust was part of a 10 trust network to share learning and the wider programme included 60 acute and mental health trusts.
- In terms of on-going challenges, there were six teams in business continuity and the reasons for that related to staffing pressures due to demand on inpatient services, waiting times for Neurodevelopmental assessments and services and sustaining and developing the workforce.
- The Trust was very focused on leadership development.
- In relation to future Care Group Board alignment, he and Z. Campbell attended a quarterly Board to Board meeting.

It was noted that:

- With regard to the NHS 111(2) service, M. Booth asked whether information was available on the outcomes for people who were referred to services outside of the Trust.

  P. Scott confirmed that he would make enquiries and report back to the Council of Governors.

  Action – P. Scott

- G. Restall advised that a Leadership Walkabout she had taken part in, to visit the Crisis Service, had really opened her eyes and she had been impressed. By 2.30pm that day, 150 calls had been received and every case had been followed up.

  G. Emerson suggested that the NHS 111(2) service could become overwhelmed, based on the data that had been taken over a 10 week period. Potentially 100,000 calls could be received in 1 year, based on the calls received so far to a service that had not been launched nationally yet. He asked whether the Trust understood the capacity of the new system and whether the number of calls received so far had been what was expected. He also asked whether any other resources could be utilised.

  P. Scott advised that there had not been a significant rise in the number of calls received and added that only 39% of the callers had required triage. In the previous system, every caller was triaged and the screening process increase capacity in the service. He was not expecting communications about NHS 111(2) to be sent out nationally until winter 2024.

  The Chair asked how the Trust would know when the service had reached capacity.

  P. Scott advised that he would come back to the next meeting with details on this.

  Action – P. Scott

Z. Campbell advised that the Trust would consider the experience of partners regarding the 111(2) service and more data would be available as time went on.

- J. Kirkbride asked whether the demand on inpatient services was having an impact on Improving Access to Psychological Therapies as she was aware of a patient at West Park Hospital in Darlington that had not had any therapeutic intervention.

  P. Scott advised that he would have a conversation with J. Kirkbride outside of the meeting regarding that specific situation.

  The Chair asked whether there would be an evaluation process to see whether the new system was an improvement.

  P. Scott confirmed that this would be part of the Urgent Care Plan.

- <u>North Yorkshire, York and Selby Care Group</u>

Z. Campbell advised that:

- 500 people had taken part in the TEWV 10k run at York Racecourse.
- The REACH Team in Scarborough had been highly commended at the Positive Practice Awards in the Addressing Inequalities in Mental Health category and this had been well deserved.
- In Child and Adolescent Mental Health Services, the Wellbeing in Mind Team had worked with a national team to consider reflective practice and what teams could do to shape reflective practice nationally. The progress for that would be measured and reported back to Governors in the future.
- In Mental Health in Older People's Services a bladder scanner trial at Foss Park Hospital had successfully prevented several admissions to the acute trust and had led to an improvement in the quality of outcomes for patients.
- In terms of workforce, vacancies and staff continued to be an issue and the biggest challenge for the care group, staff mandatory training compliance had improved and agency spend had reduced.
- Five teams had been in business continuity and there were robust action plans in place. She was hopeful that two of the teams would be out of business continuity in the coming months.

It was noted that:

- With regard to all staff having an appraisal, G. Emerson expressed concern that the Trust had consistently failed to hit the target it had set for itself. He proposed that targets needed to be achievable or staff would lose morale.

  S. Dexter-Smith confirmed that appraisals for staff were very important and advised that compliance rates had improved. The Trust would identify whether managers were confident to carry them out with staff and whether they knew they needed to do them.
  The Chair advised that the Board had agreed with G. Emerson on the importance of realistic and achievable targets.

S. Dexter-Smith confirmed that 85% was an achievable target in terms of staff with an appraisal. That did not include staff members on maternity leave or absent due to sickness.

24-25/13   TEWV LEADERSHIP AND MANAGEMENT ACADEMY

Governors considered a report on the development of the TEWV Leadership and Management Academy.

S. Dexter-Smith advised that, following a restructure of the Trust's services in 2021, it was recognised that senior leaders in the Trust had not had the opportunity to train and develop their leadership and management skills. Clear principles of the academy included ensuring there was fair and equitable access to all leadership and management development opportunities, linking in with professional reference groups in the Trust, having a curriculum and easily available resources on the Trust's intranet.

It was noted that:

- J. Kirkbride asked whether there was an evaluation plan for the academy.

    S. Dexter-Smith confirmed that there was a clear evaluation plan.

- A. Painter praised the plans outlined in the report and asked whether patients would be involved in the training offered.

    S. Dexter-Smith advised that co-creation with service users and carers, before the Covid pandemic, had led to the creation of the TEWV Leadership and Management Academy and more co-creation would be included in the modules in 2024. The focus of new work would be on Team Manager level.

24-25/14   RECOMMENDATIONS OF THE COG AUTISM TASK AND FINISH GROUP

Consideration was given to a report on the Trust's response to recommendations made by the Council of Governors' Autism Task and Finish Group in relation to the experience of autistic people accessing TEWV services and how that could be improved.

K. Kale advised that the 10 recommendations made by the Council of Governors' Autism Task and Finish Group had been included in a table within the report.

A presentation was then delivered by E. Webb. She advised that:
- The Trust should provide good mental health care for autistic people.
- Themes from the recommendations made by the group had been provided within the presentation. She thanked J. Preston and the Governors who had been members of the group for holding the Trust to account and confirmed that learning was essential, as was good quality data.
- One in six people accessing TEWV services were autistic.
- In terms of the role of the Trustwide Autism Service, mandatory and bespoke training had been delivered to staff and over 660 staff had been provided with supervision and consultation over the last six months. Support was also available to Corporate staff. The team had worked with estates and facilities colleagues to make sensory and environmental improvements. In terms of policy and strategic direction, the team had linked in with colleagues in the Integrated Care Boards and at NHS England.

- Specific projects supported by the Trustwide Autism Service had been listed in the presentation:

  o Roseberry Park Project – Intensive training and support provided to two wards.
  o Eating disorder services (inpatient and community) – it was noted that approx. 30% of people accessing that service were autistic.
  o North Yorkshire, York and Selby Adult Mental Health initiative
  o Crisis/Intensive Home Treatment Team/Liaison Psychiatry support (Durham Tees Valley) – supervision drop in sessions for the Crisis Team

- The final slide in the presentation provided details of the multidisciplinary team within the Trustwide Autism Service.

It was noted that:

- M. Boddy asked what was meant by the term 'diagnostic overshadowing'.

  E. Webb advised that this had referred to when the medical presentation of an autistic person could result in their mental health needs not being recognised or their mental health needs overshadowing their autistic needs.

- J. Kirkbride advised that she had concerns regarding the misdiagnosis of personality disorder, particularly with regard to assessments carried out by locums, and asked that a summary of the Personality Disorder Review, referred to in the presentation, be provided to Governors.

  E. Webb confirmed that the last review had reached its conclusion and her team would analyse the data in order to create a plan of action. The review would be the basis for providing bespoke training and awareness raising.

  J. Kirkbride asked whether, when misdiagnosis of a personality disorder is identified, patients would be re-assessed.

  E. Webb confirmed that the review had helped to identify patients who had required re-assessment and the information gathered would identify any patterns in relation to this.

- J. Preston thanked the members of the task and finish group, K. Kale, E. Webb and K. White for their contribution. He advised that, on Leadership Walkabouts, he would often hear from staff about the help and support provided by the Trustwide Autism Service. He had welcomed hearing of projects like the North Yorkshire, York and Selby Adult Mental Health initiative mentioned in the presentation and stressed the importance of Autism passports for individuals transitioning into Accident and Emergency Departments or other places external to TEWV.

  E. Webb confirmed that her team supported the development of communication Autism passports. She advised that there were still teams in the Trust that were not aware of the Trustwide Autism Service and there was still much work to do, however, she had seen a positive cultural shift in terms of Autism in services for adults and children.

The Chair thanked E. Webb for a helpful presentation and thanked J. Preston and the Governors who had been members of the Council of Governors' Autism Task and Finish Group.

24-25/15 GOVERNOR APPOINTMENTS

Governors considered a report regarding appointments that were within the Council of Governors' remit.

P. Bellas advised that the Lead Governor position had been vacant and a summary of the role had been provided in the report. One nomination had been received from G. Emerson and his statement was included in the report for information.

In support of his nomination, G. Emerson advised that he had been a Governor of the Trust for a long time and hoped he would bring a degree of expertise as Lead Governor.

A vote was held and Governors were in favour of the appointment of G. Emerson as the Lead Governor. None were against.

P. Bellas advised that no expressions of interest had been received regarding the appointment of a member of the Council of Governors' Nomination and Remuneration Committee. Expressions of interest would be sought again.

Agreed that –

1) *G. Emerson be appointed as the Lead Governor of the Trust for a period of three years.*

2) *As no nominations had been received for the Governor vacancy on the Council's Nomination and Remuneration Committee, the position would be readvertised.*

24-25/16 COG CO-CREATION COMMITTEE UPDATE

Governors considered an update report on discussions held at the Council of Governors Co-creation Committee meeting held on 26th April 2024.

J. Rayment advised that the Committee still needed more members and encouraged Governors to consider joining.

24-25/17 DATE OF NEXT MEETING

The next meeting of the Council of Governors would be held on Thursday 24th October 2024 at 2pm.

24-25/18 CONFIDENTIAL RESOLUTION

Confidential Motion

Exclusion of the public:

"That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted

may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:

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 5.07pm.

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David Jennings
Chair
24th October 2024

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

MINUTES OF THE SPECIAL COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 22ND AUGUST 2024 AT 1.00PM ON MICROSOFT TEAMS

PRESENT:
David Jennings - Chair
Rob Allison - Appointed Governor, University of York
Joan Aynsley - Public Governor, Durham
Cllr. Pauline Beall - Appointed Governor, Stockton-on-Tees Borough Council
Mary Booth - Public Governor, Middlesbrough
David Coombs - Public Governor, Durham
Pamela Coombs - Public Governor, Durham
Cllr Claire Douglas - Appointed Governor, City of York Council
Gary Emerson - Public Governor, Stockton-on-Tees
Karl Evenden-Prest - Staff Governor, Durham, Tees Valley and Forensics Care Group
John Green - Public Governor, North Yorkshire
Hazel Griffiths - Public Governor, North Yorkshire
Ross Guy - Public Governor, Durham
Cheryl Ing - Staff Governor, Corporate Directorates
Jacci McNulty - Public Governor, Durham
Alicia Painter - Public Governor, Middlesbrough
Gillian Restall - Public Governor, Stockton-on-Tees
Graham Robinson - Public Governor, Durham
Zoe Sherry - Public Governor, Hartlepool
Cllr Roberta Swiers - Appointed Governor, North Yorkshire County Council
Jill Wardle - Public Governor, Durham

IN ATTENDANCE:
Roberta Barker - Non-Executive Director
Phil Bellas - Company Secretary
Mike Brierley - Assistant Chief Executive
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
Dr Charlotte Carpenter - Non-Executive Director
Dr Hannah Crawford - Executive Director of Therapies
Angela Grant - Corporate Governance Officer (CoG and Membership)
Jules Preston - Non-Executive Director
Beverley Reilly - Deputy Chair / Non-Executive Director

24-25/19   APOLOGIES

Apologies for absence were received from:

Lee Alexander - Appointed Governor, Durham County Council
Gemma Birchwood - Public Governor, North Yorkshire
Cllr. Moss Boddy - Appointed Governor, Hartlepool Borough Council
Ashley Douglass - Staff Governor, Durham, Tees Valley and Forensics Care Group
Kevin Kelly - Appointed Governor, Darlington Borough Council
Joan Kirkbride - Public Governor, Darlington
Catherine Lee-Cowan - Appointed Governor, Sunderland University
Heather Leeming - Staff Governor, Durham, Tees Valley and Forensics Care Group
Jean Rayment - Public Governor, Hartlepool

Cllr. Lisa Robson - Appointed Governor, Redcar and Cleveland Borough Council
Judith Webster - Public Governor, North Yorkshire

Dr Sarah Dexter-Smith - Joint Executive Director for People and Culture
Dr Kedar Kale - Executive Medical Director
Brent Kilmurray - Chief Executive
John Maddison - Non-Executive Director
Beverley Murphy - Executive Chief Nurse
Jill Murray - Non-Executive Director
Kate North – Joint Executive Director for People and Culture
Liz Romaniak - Executive Director of Finance, Estates and Facilities
Patrick Scott - Executive Managing Director for Durham, Tees Valley & Forensics Care Group/Deputy Chief Executive

24-25/20   WELCOME

The Chair welcomed attendees to the meeting.

24-25/21   DECLARATIONS OF INTEREST

The Chair declared an interest in items 4 and item 5 on the private agenda and confirmed he would leave the meeting for those items, in full or in-part, as appropriate.

No other declarations were received.

24-25/22   CHAIR'S UPDATE

The Chair advised that:

- There had been a number of changes to the Council of Governors since its last meeting [minute 24-25/02 (03/06/24) refers].

    The tenures of the following Governors had come to an end on 30th June 2024 and letters had been sent to them to thank them for their contribution:

    o Dr. M Combs - York Public Governor
    o C. Hodgson - York Public Governor
    o S. Croft - York, Public Governor
    o C. Mackin - Durham, Tees Valley and Forensics Care Group, Staff Governor
    o J. King - Durham, Tees Valley and Forensics Care Group, Staff Governor

    It was also noted that L. Holden, Public Governor for North Yorkshire, had resigned on 31st July 2024.

- With regard to the civil unrest and riots that had occurred in local communities, he advised that TEWV colleagues had experienced racism and violence first-hand, with some people fearing for their safety in their own homes and unable to attend work. The Board had heard from the Trust's Black, Asian and minority ethnic (BAME) colleagues about their experiences, and those of their families, in relation to this. It had been distressing to hear and he praised colleagues for their honesty and openness in sharing their experiences with members of the Board. During the unrest, the Trust had endeavoured to support colleagues where it could, including the provision of transport for staff, so they could safely attend work. He praised the work and commitment of staff who had done their utmost to provide care to service users

during that difficult time. The Trust was committed to its values and supporting staff affected by racism. It was also important to consider how the Trust could ensure BAME staff were treated with respect by people in receipt of the Trust's services.

G. Emerson suggested all Governors would have been appalled by the level of violence witnessed in local communities, much of it stemming from misinformation shared on social media. He had been pleased to hear the Trust had offered guidance and support to its staff as their welfare and safety was of great importance. He supported the work the Trust had undertaken to 'call out' discrimination. It was not acceptable for staff to feel threatened or unsafe, or experience discrimination linked to their ethnicity. He had also welcomed the guidance issued by the Trust to Governors regarding social media usage.

G. Robinson asked whether lone working staff had encountered any issues.

The Chair advised that he was not aware of specific issues relating to lone working staff but the Trust did have a Lone Working Procedure which staff would have had to follow during the unrest.

Z. Campbell advised that, as well as a Lone Working Procedure, the Trust also had a Health and Safety Team who, during the civil unrest, had held daily meetings to constantly monitor the situation. The team had also been in contact with the police and the local resilience forum.

A. Painter asked whether BAME staff could be given representation on the Council of Governors.

The Chair advised that consideration would be given as to how BAME colleagues could have direct conversations with the Council of Governors.

Action – S. Dexter-Smith / K. North

P. Bellas confirmed that, for there to be specific seats and representation for BAME colleagues on the Council of Governors, a change to the Trust's Constitution would be required. However, Governors could invite people from BAME and other networks in the Trust to attend Council of Governors' meetings at any time, or request reports from such networks on specific topics of discussion.

A. Painter suggested that it would be good to consider this further.

- Following extensive media coverage of a review by the Care Quality Commission, of the care provided by Nottinghamshire Healthcare NHS Foundation Trust, the NHS was in the process of responding to the findings nationally and the Trust had also considered how it could respond appropriately. In relation to this, the Chair highlighted how the Trust had invested in peer support, lived experience roles and co-creation to improve the care it provided and confirmed that Governors would continue to be updated on this.

J. Green suggested that there was a shortage of mental health beds nationally and in the Trust. He asked whether that had been taken into account by the Trust when considering its response to the review of Nottinghamshire Healthcare NHS Foundation Trust.

The Chair confirmed that the Board had discussed bed shortages, however, there was also a shortage of funds nationally and he was unsure of the new Government's plans to address this matter.

B. Reilly advised that the Chief Nurse had confirmed that a report on the findings of the review of Nottinghamshire Healthcare NHS Foundation Trust had been considered by the Trust's Executive Directors and another report would be considered by the Board's Quality Assurance Committee and she hoped to provide Governors with some assurance at their next meeting in October 2024 regarding the Trust's response to the review.

24-25/23   DATE OF NEXT MEETING

The Trust's Annual General and Members' Meeting for 2024 would be held on Wednesday 16th October 2024.

The next ordinary meeting of the Council of Governors would be held on Thursday 24th October 2024 at 2pm.

24-25/24   CONFIDENTIAL RESOLUTION

Confidential Motion

Exclusion of the public:

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

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 1.23pm.

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David Jennings
Chair
24th October 2024

Public Action Log

RAG Ratings:

   	Action completed/Approval of documentation
   	Action due/Matter due for consideration at the meeting.
   	Action outstanding but no timescale set by the 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	23-24/59	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	–	Completed
04/12/23	23-24/65	Conclusion report of the CoG Autism Task and Finish Group to be shared with Clinical Leaders.	KK	–	Completed
03/06/24	24-25/09	Response to question on Trust waiting times to be provided to G. Emerson and circulated to Governors	MB	–	Completed Circulated on email 03/07/24
03/06/24	24-25/12	Confirmation to be provided on whether TEWV is notified of the outcomes for people who are referred to services outside of the Trust when calling NHS 111 (option 2).	NL	24/10/24	Item 10a
03/06/24	24-25/12	Update on how the Trust will know when its 111 (option 2) service has reached capacity.	NL	24/10/24	Item 10a
22/08/24	24-25/22	Consideration to be given as to how TEWV BAME colleagues can have direct conversations with the Council of Governors	SDS/KN	–	Open

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NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Council of Governors

October 2024

Governor Questions

Name and location	Question and Response
Alicia Painter Public Governor, Middlesbrough	**Question** How much training do the TEWV listening service call handlers get in supporting people in distress? Are they trained on how to support people whose distress arises from external circumstances such as cost of living or long-term health conditions etc? **Response** The Listening Service call handlers complete comprehensive induction and training upon joining the service. This training includes the Trust Healthcare Assistant framework, alongside specific training for the role, including dealing with distress, managing and supporting individuals in complex situations, trauma training, managing aggression, managing suicidal conversations training and the listening skills course provided by the Samaritans. The call handlers also spend time shadowing Crisis Clinicians and colleagues within the Listening Service to develop skills and competence in responding and listening to individuals experiencing distress. The service is a listening service, which is based on the philosophy that when a person feels listened to and validated, they will be able to reach or find their own solutions. The support workers have a broad range of knowledge of the services and service directories available within the local area, which they can advise people of. **Teresa Sorribas** **(Dominic Gardner)**

| Gary Emerson Public Governor, Stockton-on-Tees and Lead Governor | **Question**

"I was saddened to hear of the death of Mathew Gale whilst in the care of TEWV. A report in the Northern Echo on 23 August highlighted some serious concerns expressed by the Coroner, in particular around inconsistencies in the Trusts record keeping.

Can you please outline what changes to the Trust systems have been made over the last 18 months and whether these have improved the way the Trust manages patient leave. Can you also confirm whether the introduction of CITO has made the levels of risk higher and what systems will be established to ensure leave requests are signed off by an appropriately qualified named clinician."

Response

Following Mr Gales sad death there was some immediate learning identified and our policy was reviewed and revised.

Following the coroner's report there were some additional areas of learning that we felt were required to provide us with confidence that staff consistently work in a way to keep people save when they take a period of agreed leave from an inpatient service.

We completed a quality improvement event on the 22 August. This was a Trustwide event, with representatives from specialities and disciplines, to review the process of both informal and detained leave.

The scope of the event was to look at the whole process of ALL leave, inclusive of informal and detained patients.

Outputs of day:
There was a further revision to the policy, and we removed the section relating to CITO Section 17 but retained a paper version of section 17 so that the accompanying relative can sign this. We made clearer the responsibility that staff have to ensure a period of leave is safely supported and this includes support from families and friends.

There was a review of our Trustwide audit tool to align to the policy and we are closely assessing compliance with the revised policy.
New documentation was created to be completed daily and a new 'Leave Folder'. |

	The emphasis was on how we ensure that service users and accompanying relatives/carers know the terms and condition of leave and how we ensure we capture feedback post leave. The suggested changes need to be included in the policy and this is in the process of being progressed. There will continue to be a monthly quality assurance audit undertaken where we can monitor compliance. **Alison McIntyre** **(Beverley Murphy)**
Karl Evenden-Prest *Staff Governor*	**Question** What sleep support is offered to patients/service users during their time in receiving support from TEWV services? 1.1 – What pathways/frameworks are in place? 1.2 – What support is offered? 1.3 – What training is provided to staff? 1.4 – Are the following areas looked at; insomnia, Sleep apnoea, secondary service connections (such as sleep services), Risk related sleep disorders. Within the service I work we are currently trying to increase the sleep support offered, this is following increase in clients/patients presenting with sleep difficulties with 30/52 patients I currently work with having some form of sleep disturbance or sleep disorder. On commencing support and referral for sleep assessments mental health has improved and cognitive function has improved. Alongside this we have linked in with charities and physical health services to increase support for patients and understanding within service. **Response** Whilst we've not adopted a sleep well programme across inpatient areas of the trust like they use in Cumbria, Northumberland, Tyne and Wear (CNTW), most services have sleep hygiene interventions in place. In partnership with a neurologist, we've on an individual basis agreed, as part of peoples care plans in inpatient settings to not have care round checks during agreed times of the night e.g. 12-6am. This is carefully considered and

planned around managing potential risks. It's tended to be used where the person is settled in a sleep routine. Checks are reported to be disturbing sleep and low risks associated with physical health or self-harm.

We can also monitor people through the Oxehealth system, where a need is identified for its use, without disturbing people.

Mental health services for older people routinely ask about sleep at initial assessment (e.g. quantity and quality of sleep, sleep disturbances, routines) and have sleep hygiene interventions embedded in both the Functional Pathway and the Dementia Care Pathway.

In Learning Disability services in Durham, Tees Valley (including forensic) Dr Ian Barrett consultant psychiatrist runs a sleep clinic one afternoon a week which offers the following to adult patients eligible for referral to the East Durham team:

- Full sleep history and screening for common physical sleep disorders
- Cognitive Behavioural Therapy for Insomnia
- Imagery Rehearsal Therapy (CBT treatment for Nightmare Disorder)

The aim being to:
- Reduce prescription of hypnotic medication
- Improve detection of physical health issues

Dr Barrett has support for aspects of his clinic from a psychologist in Adult Learning Disabilities services who's undertaking and nearing completion of a masters in neuropsychology.

There's also CBT - I (cognitive behaviour therapy for insomnia) and an adapted version for people with a learning disability that are used by some practitioners, with online based options.

Talking therapies and children's getting help teams also offer wellbeing interventions to support sleep and sleep hygiene.

Hannah Crawford

Joan Kirkbride *Public Governor,* *Darlington*	Does the Trust have a policy for searching people returning to wards following leave and also for visitors? **Response** We do have a policy relating to the searching of adult inpatients, their property, the environment and their visitors which can be found on our website - https://www.tewv.nhs.uk/about/publications/searching-of-adult-patients-their-property-the-environment-and-visitors/ **Martin Foran** **(Beverley Murphy)**
Joan Kirkbride *Public Governor,* *Darlington*	I read recently of a nurse barred from the NMC register after being found guilty of child abuse charges. In the light of the Huw Edwards issues, what is the Trust policy for paying staff on suspension and subsequently if charged with a criminal offence and when found guilty? **Response** In all cases of misconduct/gross misconduct the Trust follows the managing concerns procedure (see link below). For instances where suspension is appropriate whilst the case is investigated, staff are in receipt of full pay as suspension does not constitute disciplinary action, nor is it a presumption of guilt. If a member of staff fully admits to an allegation it may be possible to proceed straight to a disciplinary hearing without the need for a full investigation. If the outcome of a disciplinary hearing is summary (instant) dismissal pay would then cease. The below policies and procedures provide guidance relating to staff conduct. **Guidance on managing concerns of potential conduct procedure - Staff (excepting medical staff)** https://www.tewv.nhs.uk/about/publications/guidance-on-managing-concerns-of-potential-conduct/ **Managing concerns of potential conduct procedure** https://www.tewv.nhs.uk/about/publications/managing-concerns-potential-conduct-procedure/

	Dealing with concerns affecting medical staff only - Policy https://www.tewv.nhs.uk/about/publications/dealing-with-concerns-affecting-medical-staff-policy/ **Martin Foran and Lesley Hodge**
Joan Kirkbride *Public Governor,* *Darlington*	There is a lot of focus on male suicide, however I have recently read that female suicide is a significant outlier both regionally and nationally (specifically in Darlington). Does the Trust have any idea why this is the case and are there any proposed measure to try and improve this position. **Response** The demographics of those who have died by suspected suicide / suicide has changed in recent years, with the age range lowering, and an increase in female deaths and those from the older population (65+). However, the numbers of mid-range males dying by suspected suicide / suicide still remain the highest. The North East and North Cumbria ICS and partner agencies are aware of these changes and monitor them via a real time alerts system. The local authorities hold the statutory responsibility for population level health and oversee suicide prevention groups in their areas. As a key stakeholder we work with Public Health and other members of the respective local authority suicide prevention groups, to raise awareness of the changes and to analyse learning from deaths. We also utilise this information to influence strategies. For example, since COVID-19 Public Health widened their approach on grass route groups funding to include females as opposed to targeting males. In the North East and North Cumbria ICB area we have the following formally agreed, with local authorities Directors of Public Health and their Public Health teams leading: • A suicide prevention multi-agency partnership led by the Director of Public Health • A multi-agency suicide prevention plan which reflects the collective work of the partnership, local priorities and national suicide prevention strategy

- A cluster and increasing trends management plan agreed by members of the partnership. This will be underpinned by intelligence (for example it may include local information and soft intelligence, real time surveillance if this is available. A near real time surveillance system is being developed by NECS).

NHS responsibilities extending to Trusts include:
- Delivery of care that is trauma informed, therapeutic, safe, relational and least restrictive

- Contributing to clinical audit and lessons learned applications

- Increasing the skills and capability of the NHS workforce. This is to ensure staff are aware of the suicide prevention principle and the role of stigma. It also ensures those who come into contact with people have the right skills to be with them at a point of distress

- Conduct a Patient Safety Incident Review or an After Action Review whenever someone in our care completes a suicide with the aim of identifying any improvements needed in our care.

Within TEWV there is a Durham, Tees Valley group that discusses the current real time alerts, the changes in the demographics and learning from the cases.

Thematic reviews have highlighted key themes alongside the Public Health preventing suicide strategies for each local authority. As a result, toolboxes and face-to-face training are being delivered across key sites to staff.

Changes in demographics are also reflected in policy and training reviews.

For every person risk should be viewed as dynamic and person centred as opposed to simply saying this is a "high risk" group.

Jo Cook
(Beverley Murphy)

Karl Evenden-Prest Staff Governor	What support is there for service users who are deaf or hard of hearing and wanting to access the Durham and Tees valley listening service? This is of the back of a service user attempting to contact them but struggled due to being hard of hearing.
	Response
	We are sorry to hear that the person you mentioned had difficulty speaking with the listening service. We aim to do our best to ensure our services are accessible to all but know that improvements can always be made.
	In our Trust and the listening service, we do use the Text Relay 18001 service or the Text Relay apps for people who are Deaf, hearing impaired or have a speech impediment. This service offers text to speech and speech to text relay services over the phone or laptop app to help people communicate more clearly.
	The Trust crisis service also has a support worker who has additional training in British Sign Language (BSL) and the Picture Exchange Communication System (PECS).
	Crisis staff should also ask anyone who is Deaf or is hard of hearing if they needed a face-to-face contact because we understand the telephone is challenging for some people.
	We record the accessibility information requirements onto Cito – "my important information – how to contact me". We then ensure that necessary measures are put in place to help people engage with our staff and get the support they need.
	We do welcome feedback to help us improve our services and would encourage anyone that has had trouble accessing our services due to a hearing or speech impediment to contact our complaints team.
	Deaf people can also text 'Deaf' to shout 85258 and to receive more accessible responses. It's a free and confidential 24/7 text messaging service in the UK for anyone that needs support and is manned by trained volunteers who will listen.
	Sarah Kuster and Emmanuel Chan (Naomi Lonergan)

Hazel Griffiths *Public Governor,* *North Yorkshire*	**Question** How many Trust psychiatrists have accessed the National Autism Training Programme for Psychiatrists? Can you break it down into services? **Response** As this information isn't part of our internal mandatory training for staff we don't hold this information. **Susan Coulson and Bryan O'Leary** **(Baxi Sinha and Kedar Kale)**
Pauline Beall *Appointed* *Governor, Stockton* *Borough Council*	What is the average waiting time for someone who is already known to the service and those who are not, to see a practitioner? Does this differ when they are identify as having suicidal thoughts? What advice / coping mechanisms can be given to them whilst they are waiting? This is for adult mental health, Stockton on Tees. **Question to be answered in the meeting.**

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Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

For General Release

Meeting of:	**Council of Governors**
Date:	**24th October 2024**
Title:	**Board Integrated Performance Report as 31st August 2024**
Executive Sponsor(s):	**Patrick Scott, Deputy Chief Executive**
Author(s):	**Ashleigh Lyons, Head of Performance**

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

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

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

Strategic Risks relating to this report:

BAF ref no.	Risk Title	Context
1	Safe Staffing	**There is a risk** that some teams are unable to safely and consistently staff their services **caused by** factors affecting both number and skill profile of the team. **This could result** in an unacceptable variance in the quality of the care we provide, a negative impact on the wellbeing and morale of staff, and potential regulatory action and a lack of confidence in the standard of care.
2	Demand	**There is a risk** that people will experience unacceptable waits to access services in the community and for an inpatient bed **caused by** increasing demand for services, commissioning issues and a lack of flow through services **resulting in** a poor experience and potential avoidable harm.
4	Quality of Care	**There is a risk** that we will be unable to embed improvements in the quality of care consistently and at the pace required across all services to comply with the fundamental standards of care; **caused** by short staffing, the unrelenting demands on clinical teams and the lead in time for significant estates actions **resulting** in a variance in experience and a risk of harm to people in our care and a breach in the Health and Social Care Act.
5	Digital	**There is a risk that** failure to implement appropriate, cost effective and innovative approaches to digital infrastructure, **caused by** lack of resources, infrastructure challenges and digital expertise **resulting in** limited delivery of Our Journey To Change goals today and for the future.
6	Estates & Infrastructure	**There is a risk** of delayed or reduced essential investment **caused by** constrained capital resources **resulting in** an inability to adequately maintain, enhance or transform our inpatient and community estate, adversely impacting patient and colleague outcomes/experience.
8	Quality Governance	**There is a risk** that our floor to Board quality governance does not provide thorough insights into quality risks **caused**

Ref.   Date:

		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.
9	Partnerships & System Working	**There is a risk that** failure to take a proactive role and engage effectively with partners **caused by** capacity challenges including spanning 2 Integrated Care Systems and multiple local authorities **limits** our ability to influence service transformation and improve the health of the communities we serve.
10	Regulatory Compliance	**There is a risk** that failure to comply with our regulatory duties and obligations, at all times, could **result** in enforcement action and financial penalties and damage our reputation
12	Financial Sustainability	**There is a risk that** constraints in real terms funding growth **caused by** government budget constraints and underlying financial pressures **could adversely impact** on the sustainability of our services and/or our service quality/safety and financial, and regulatory standing
13	Public Confidence	**There is a risk that** ongoing external scrutiny and adverse publicity **could lead to** low public and stakeholder perception and confidence in the services we provide.

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: The Executive Directors Group is proposing that Council of Governors receives this report with:

- **Substantial controls assurance** regarding the oversight of the quality of services being delivered and the corrective actions/mitigations in place to address any gaps or negative assurances.
- **Good performance assurance** regarding the Integrated Performance Dashboard (IPD)
- **Reasonable performance assurance** regarding the National and Local Quality Requirements

Overview: **Controls Assurance**

The overall **substantial** level of **controls assurance** has been determined based on the Performance Management Framework we have in place and the internal audit findings of the IPR by Audit One.

Performance Assurance

The overall **good** level of **performance assurance** for the IPD has been determined based on the following information which is underpinned by the Performance and Controls Assurance Framework. Of the 31 measures:

- There are now 3 (previously 4) measures within the Integrated Performance Dashboard (IPD) with **limited performance assurance** and **negative controls assurance.**
- There remain 5 measures within the IPD demonstrating **improved performance and/or controls assurance.** However, the improvement noted for the number of Patient Safety Incident Investigations reported on STEIS 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).
- There are corrective actions/mitigations in place to address the risks and issues identified which have been reviewed; there are no new areas for escalation to EDG at this time.

The overall **reasonable** level of **performance assurance** for the National and Local Quality Requirements has been determined based on the following information:

- There are 6 National Quality Requirements within the IPR at sub ICB level and we are now failing 13 (previously 15) individual targets (from a total of 24). Of those failing, there is improvement for 6, no significant change for 5 and special cause concern for 2.
- There are 8 Local Quality Requirements within the IPR at sub ICB level and we are now failing 18 (previously 19) individual targets (from a total of 32). Of those failing, there is improvement for 1, no significant change for 8 and special cause concern for 9.
- There are corrective actions/mitigations in place to address the risks and issues which have been reviewed; there are no new areas for escalation to EDG at this time. A number of these risks and issues are pending the development of Performance Improvement Plans or have clear actions to take forward.

Positive Assurances

We have positive assurances in the following:

- ✓ Outcomes: CYP and Adults/Older Persons showing measurable improvement following treatment (clinician reported)
- ✓ Inappropriate OAP bed days and Inappropriate Active OAPs
- ✓ Talking Therapies: Wait Times 6 & 18 weeks
- ✓ Incidents of moderate or severe harm
- ✓ Staff Leaver Rate, Mandatory & statutory training compliance and Staff in post with a current appraisal
- ✓ Finance: CRES Performance – Non Recurrent
- ✓ Children and Young People Eating Disorder services – we have no CYP waiting more than the 1-week standard

Other Information

- **Proposed Standard -** Following approval at Strategy & Resources Committee, we have recommended that Board of Directors approves the application of an 85% **Bed Occupancy** standard from the 1st April 2024.

- **Trust-wide PIP (Financial Plan)** – Executive Directors Group have approved an extension to the timescale from the end of August to the end of September 2024 for the *cessation of accommodation costs for 6 agency workers* within the Agency Reduction PIP.

Prior Consideration and Feedback	The individual Care Group IPRs have been discussed and approved by the Care Group Boards and Executive Directors Group have approved the Trust IPR prior to Board of Directors and subsequently Council of Governors.
Implications:	The Integrated Performance Report (IPR) is a fundamental component of our Board Assurance Framework. The implications of those measures with limited performance assurance and negative controls assurance and those where we are failing to achieve National and Local Quality Requirements impact on:

- Safe Staffing
- Demand
- Quality of Care
- Digital
- Estates & Infrastructure
- Quality Governance**
- Partnerships & System Working
- Regulatory Compliance
- Financial Sustainability
- Public Confidence

**The introduction of any new Electronic Patient Record can have a negative impact on Data Quality. Following the introduction of Cito in February 2024, data quality issues have impacted several patient-based measures across the organisation. To address this, data quality will be a key workstream in the Cito Improvement Project which is due to start Q3 2024/25. In addition, a newly formed Cito Improvement Group will own, and be responsible for the prioritisation of, Cito data quality issues and will be supported by the Data Quality Working Group. Data Quality workstream progress will be monitored via the standard Digital and Data Services project framework and will be formally reported via Digital Programme Board to Transformation and Strategy Board.

They could also affect the Trust's ability to manage relevant risks to target level in accordance with agreed trajectories.

Recommendations:	Council of Governors is asked to:

- note the substantial controls assurance on the operation of the Performance Management Framework; good performance assurance on the IPD and reasonable performance assurance on the National and Local Quality requirements,
- note the corrective actions/mitigations that have been/are being put in place to address the risks and issues identified and confirm it is assured on the actions being taken to improve performance in the required areas.

Board Integrated Performance Report

As at 31st August 2024

Report produced by: Amy Walford, Performance Lead (Corporate) and Ashleigh Lyons, Head of Performance
Date the report was produced: 25th September 2024

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

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Our Guide To Our Statistical Process Control Charts

Within our Board Integrated Performance Dashboard we use Statistical Process Control Charts to determine whether we have any underlying causes for concern. A statistical process control (SPC) chart is a useful tool to help distinguish between signals (which should be reacted to) and noise (which should not as it is occurring randomly). The following colour convention identifies important patterns evident within the SPC charts in this report.

Orange – there is a concerning pattern of data which needs to be investigated and improvement actions implemented;
Blue – there is a pattern of improvement which should be learnt from;
Grey – the pattern of variation is to be expected. The key question to be asked is whether the level of variation is acceptable.
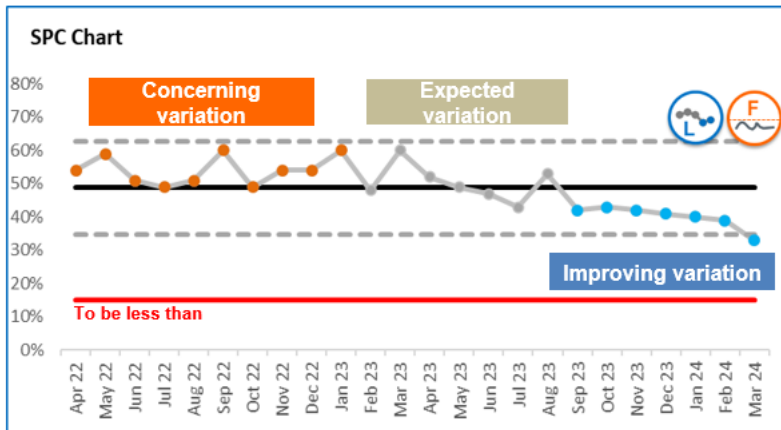
The thick **black** line on an SPC chart is the average.

The dotted (- - - -) lines are the upper (top line) and lower (bottom line) process limits, which describe the range of variation that can be expected.

Process limits are very helpful in understanding whether a target or standard (the **red** line) can be achieved always, never (as in this example) or sometimes.

SPC charts therefore describe not only the type of variation in data, but also provide an indication of the likelihood of achieving target.

Summary icons have been developed to provide an at-a-glance view. These are described on the following page.

Our Guide To Our Statistical Process Control Charts: Interpreting summary icons

These icons provide a summary view of the important messages from SPC charts.

Variation/Performance Icons

Icon	Technical Description	What does this mean?	What should we do?
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. If the process limits are far apart you may want to change something to reduce the variation in performance.
H	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.	**Something's going on!** Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
L	Special cause variation of an CONCERNING nature where the measure is significantly LOWER.	**Something's going on!** Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
H	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	**Something good is happening!** Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?
L	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	**Something good is happening!** Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
↗	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	**Something's going on!** This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
↘	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	

Assurance Icons

Icon	Technical Description	What does this mean?	What should we do?
?	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **within** those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
F	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the wrong direction** then you know that the target cannot be achieved.	**You need to change something in the system or process if you want to meet the target.** The natural variation in the data is telling you that you will not meet the target unless something changes.
P	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the right direction** then you know that the target can consistently be achieved.	**Celebrate the achievement**. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

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 assessment was completed in quarter 1 2024/25 and the next assessment will be completed in quarter 3 (reported to Board in quarter 4 2024/25).

Data Quality Assessment			
Icon	Description	What does this mean?	What should we do?
★	SUBSTANTIAL assurance; a data quality score of **93% or over**	The measure is reliable.	There is no specific action to take.
✓✓	GOOD assurance; a data quality score of **73% - 92%**	The measure is largely reliable; however, there are a small number of improvement actions that need to be undertaken.	**Review** what improvements were identified as part of the assessment and, if possible, take the appropriate action.
✓	REASONABLE assurance; a data quality score of **47% - 72%**	The measure is reasonably reliable; however, actions are required to improve its construction, data source and/or data.	**Identify** what improvements were identified as part of the assessment and take the appropriate action.
✗	LIMITED assurance; a data quality score of **46% or under**	The measure is unreliable and there are significant actions required to improve its construction, data source and/or data.	**Investigate** whether the measure is appropriate to be included in the Integrated Performance Report. **Remove** the measure from the Integrated Performance Report to enable improvement actions to be undertaken.

Action Status

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

Action Status			
Icon	Description	What does this mean?	What should we do?
➕	POSITIVE ASSURANCE	Performance is EXCELLENT. There is special cause improvement or sustained high performance achieving standard. There are no deteriorating trends, and no underlying areas of concern.	There is no specific action to take.
✓	NO CONCERNS	Performance is GOOD or CONSISTENT. There is common cause (no significant change) with sustained acceptable level of performance, no deteriorating trends, and no underlying areas of concern.	There is no specific action to take.
◯	CONTINUOUS IMPROVEMENT	Performance is GOOD or CONSISTENT. There is a sustained level of performance with no deteriorating trends and no/minimum underlying areas of concern.	**Review** what improvement actions are being undertaken and **identify** what further actions could possibly be undertaken.
❗	AN AREA OF CONCERN	Performance is POOR. There is special cause concern or sustained low level of performance. There are deteriorating trends, and/or underlying areas of concern.	**Investigate** to better understand what is happening/has happened. **Undertake** a deep dive to identify any underlying services and **establish** SMART improvement actions.

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Glossary of Terms

A&T	Assessment & Treatment
ACE	Assistant Chief Executive Directorate
ADHD	Attention deficit hyperactivity disorder
ALD	Adult Learning Disabilities
AMH	Adult Mental Health
ASD	Autistic Spectrum Disorder
CA&I	Corporate Affairs & Involvement
CNTW	Cumbria, Northumberland and Tyne & Wear NHS Foundation Trust
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
EDG	Executive Directors Group
EIP	Early Intervention in Psychosis
ICB	Integrated Care Board
IPD	Integrated Performance Dashboard
MHSOP	Mental Health Services for Older People

MDT	Multi Disciplinary Team
MoJ	Ministry of Justice
NENC	North East & North Cumbria Integrated 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
RI	Restrictive Intervention
ROM	Routine Outcome Measures
SMART	Specific, measurable, achievable, relevant, time-bound
SOCI	Statement of comprehensive income
SPC	Statistical Process Control
STEIS	Strategic Executive Information System
TEWV	Tees, Esk & Wear Valleys NHS Foundation Trust
UoRR	Use of Resources Rating

Board Integrated Performance Dashboard Headlines

Headlines

- **Patient and Carer Experience:** no significant change for all three patient and carer experience measures; all are achieving standard in August. There is no significant change in the responses received for the patient experience and carer experience questions, but there is special cause improvement for the inpatients feeling safe question.

- **Outcomes:** CYP no significant change and below standard for the PROM; however, special cause improvement for the CROM and above standard. AMH/MHSOP special cause concern and below standard for the PROM; however, special cause improvement but below standard for the CROM. There is special cause concern in the number of timely paired outcomes recorded for all measures, with the exception of the CYP PROM for which there is no significant change.

- **Bed Pressures:** special cause concern in bed occupancy; however, special cause improvement for the inappropriate out of area bed days.

- **Patient Safety:** special cause improvement for patient safety incident investigations; 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). Special cause improvement for incidents of moderate of severe harm and no significant change for restrictive interventions and medication errors. There were 2 unexpected Inpatient unnatural deaths whilst on leave from the ward reported on STEIS during August.

- **Uses of Mental Health Act** no significant change.

- **Staff:** special cause improvement for leaver rate, mandatory training and appraisal; no significant change for sickness. We are achieving the standards in August for mandatory training and appraisals.

- **Demand** no significant change in referrals however, special cause concern continues for caseload.

- **Finance** The Trust's 2024/25 financial plan targets delivery of a break-even position. The year-to-date plan at Month 5 reflected a £1.967m deficit. When adjusted to remove technical items that are excluded from assessment of Trusts' financial performance the position is a deficit of £0.961m; or £1.006m favourable variance to plan. Whilst financial performance is ahead of plan, the year-to-date deficit needs to be recovered in-year, including through CRES targets that are more heavily weighted to deliver reduced costs in the second half of the year. There is uncertainty about the extent to which funding for nationally negotiated pay awards will cover anticipated costs. The position therefore requires ongoing focus, grip and control.

Risks / Issues

Of most concern:
- Unique Caseload
- Agency price cap compliance
- CRES Performance – Recurrent

Of concern:
- Adults and Older Persons PROM
- Bed Occupancy (AMH & MHSOP A&T Wards)

Positive Assurance

Significant improvement seen in:
- Children and Young Persons CROM
- Adults and Older Persons CROM
- Inappropriate OAP bed days
- Incidents of moderate or severe harm
- Staff Leaver Rate
- Mandatory & statutory training compliance
- Staff in post with a current appraisal

Positive assurance for:
- CRES Performance – Non-Recurrent

Mitigations

AMH/MHSOP PROM
As part of their PIP, DTVFCG AMH Team and Service managers have implemented the use of the caseload report for monitoring completion of patient outcomes; it is expected that this should increase the number of patients discharged with paired outcome measures. DTVFCG MHSOP have met with the Section Head of Research & Statistics and a new action to use the caseload report to support oversight of completion of PROMs will be implemented by the end of September 2024; It is expected that this should increase the number of patients discharged with paired outcome measures. NYYSCG AMH services have reviewed their PIP. Actions are for professional leads to refresh the focus on ROMs in supervisions by the end of November 2024 and to ensure caseload reports to support oversight of completion of PROMs are used weekly by the end of December 2024. It is anticipated that both actions will provide a month on month increase in the number of paired PROMs completed. NYYSCG MHSOP are reviewing completion of outcomes in weekly performance huddles and using them as part of multi-disciplinary team discussions; however, the desired impact has not yet been achieved. A request has been submitted to EDG to extend the deadline to review a sample of patients to identify any specific issues and improvement actions to the end of September 2024, and a new action has been added to embed use of the caseload report by the end of October 2024; it is expected that this should increase the number of patients discharged with paired outcome measures. An Outcomes Event/Safety Summit is planned for the 6th November 2024 and quarterly webinars are anticipated to commence in quarter 3 2024/25 to support understanding and importance of outcome measures. Care Group Clinical Quads will present their outcomes and improvement actions to the November EDG meeting for focused discussion.

Bed Occupancy
As part of their PIP, DTVFCG have reviewed their discharge policy. The policy will be shared at a Care Group event in September 2024, with final approval expected November 2024. The Care Group Managing Directors briefed EDG in September, that the Care Groups will work together to develop a Trust-wide clinical model for the MHSOP organic bed base by the end of Q4 2024/25 and Trust-wide groups will be established to progress workstreams for Transforming Patient Flow and Transforming Mental Health Discharge within AMH services as part of the Urgent Care Programme Board.

Caseload
DTVFCG CYPS have developed a Recovery Plan to address the long waiting times within CYPS Neurodevelopmental teams. Actions include the implementation of a telephone line for professionals in Durham and Darlington for referrals; the revision and implementation of the neuro assessment protocol; the prioritisation of completion of ASD/ADHD assessment for children on the Getting More Help teams' waiting lists; a potential waiting list initiative and additional capacity; a refresh of the patient tracker list meetings to focus on capacity over the next 4 weeks; and a validation of the waiting list including writing to all patients to opt out if they feel they no longer require an assessment. The focused deep dive into the DTVFCG AMH active caseload to inform further PIP actions is progressing; however, completion has been delayed and a revised timescale will be confirmed by the end of September 2024. Following the full day event in July 2024 NYYSCG CYPS will develop a set of SMART improvement actionsby the end of October 2024. Outputs from the HNY ICB led a Memory Re-Design Event in April 2024 have been delayed and it is currently unclear when these will be shared. Corporately, a series of focused deep dives is being undertaken to better understand any other areas of concern. The first deep dive, focusing on CYP services, will be completed in September 2024 and findings will be with EDG.

Finance To support improved compliance, the Executive Workforce and Resources Group is overseeing a Performance Improvement Plan to ensure optimal rosters. The Efficiency Hub is now established to oversee delivery of CRES, to support early interventions should any schemes fall off track and to support the identification of mitigating schemes and/or new schemes to develop, with recent approval of a finance post to support delivery. Recruitment will be key to next steps. In addition to CRES, ongoing grip and control measures are required to deliver the 2023/24 exit run-rates based 2024/25 plan.

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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 for patients rating their recent experience as good or very good, carer involvement or for inpatients feeling safe. Achieving the standard for patients rating their recent experience as good or very good and for inpatients feeling safe. There is no significant change in the responses received for any of the measures.

- **Outcomes:** CYP special cause concern and below standard for the PROM; however, special cause improvement for the CROM and above standard. AMH/MHSOP no significant change in the PROM and special cause improvement in the CROM. Below standard for the PROM and CROM.

- **Bed Pressures –** no significant change in bed occupancy; however, special cause improvement for the inappropriate out of area bed days.

- **Patient Safety**. Special cause Improvement for patient safety incident investigations and incidents of moderate of severe harm No significant change for medication errors and unexpected inpatient unnatural deaths. There was 1 unexpected Inpatient unnatural death reported on STEIS during July. Special Cause Concern for Restrictive interventions.

- **Uses of Mental Health Act** no significant change.

- **Staff.** For recommending the Trust as a place to work we achieved 51.91 % and for staff feeling able to make improvements we achieved 62.57%. Special cause Improvement in appraisal and in mandatory and statutory training. No significant change in sickness.

- **Demand** special cause variation of a decreasing nature in referrals; however special cause concern in caseload driven by Adult Mental Health and Children and Young Peoples services.

- **Finance The Care Group**, planned to spend £108.8m as at August, and actual spend was £108.5m, which is £0.289m less than planned. The improvement is as a result of reduced levels of Independent sectors beds. As at M5 CRES delivery was £483k behind plan.

Risks / Issues*

Of most concern:
- Unique Caseload
- Financial Plan: Surplus/Deficit

Of concern:
- Children and Young Peoples PROM
- The Number of Restrictive Interventions used
- Agency price cap compliance
- Agency Spend

Positive Assurance

Significant improvement seen in:

- Children and Young Peoples CROM
- Adult Mental Health/Older Peoples CROM
- Inappropriate OAP bed days
- The number of Patient Safety Incidents investigations reported on STEIS
- Incidents of moderate or severe harm
- Staff Leaver Rate.
- Appraisal
- Compliance with ALL mandatory and statutory training

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Durham Tees Valley & Forensic Care Group IPD Headlines

CYP PROM
The Care Group revised their Performance Improvement Plan (PIP) as the original actions did not have the desired impact. The service have undertaken a patient level deep dive into patients discharged with a paired outcome measure that are not demonstrating an improvement to understand the reason(s) why Findings were concluded but were then revisited by the service with the Head of Research and Statistics and Associate Director of Performance. These findings are being revisited and will be documented and shared in October 24 in order to inform additional actions.

AMH/MHSOP PROM and CROM
Within AMH Caseload reports produced by the Business Intelligence team will now be used by team and ward managers to monitor and improve the recording of timely paired outcomes. Within MHSOP, a meeting took place between Service leads, the Head of Research and Statistics and the Performance Team to discuss current issues and agreed further actions for the PIP. A further action has been added which is to use the caseload report to monitor timely outcome recording. This will be fully implemented by the end of September 24.

Caseload
CYPS have developed a Recovery Plan to address the long waiting times within CYPS Neurodevelopmental teams (this will replace the original PIP); which will need system-wide support. This plan was shared with Care Group Board in August. A PIP for AMH services includes 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 (July report). This action has not yet had the desired impact and is now expected by the end of Quarter 2. In addition, a focused deep dive on active caseload is to be completed by end of August 24, which will inform further PIP actions.

Headlines

- **Patient and Carer Experience:** No significant change in either of the measures or in the number of carer responses, with the exception of patient who have responded to their experience which is showing special cause improvement.

- **Inpatients Feeling Safe:** No significant change and in the number of responses to this measure.

- **Outcomes:** CYP PROM and CROM are reporting special cause improvement. AMH/MHSOP PROM are reporting special cause concern, AMH/MHSOP CROM are reporting no significant change with further improvement in both specialties with MHSOP reporting special cause improvement, although remains low

- **Bed Pressures:** Bed Occupancy is reporting special cause concern at Care Group and AMH, MHSOP is above the mean; Inappropriate out of area beds days continues to report special cause improvement

- **Patient Safety:** Special cause improvement across all measures

- **Uses of Mental Health Act:** no significant change

- **Staff:** For recommending the Trust as a place to work we achieved 47.62% and for staff feeling able to make improvements we achieved 58.57%. **Staff leaver** is special cause improvement. **Sickness** no significant change**, Mandatory Training and Appraisals** is special cause improvement.

- **Demand:** no significant change in referrals and caseload is reporting special cause improvement

- **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
- Bed Occupancy
- Unexpected deaths
- Financial Plan: Agency expenditure

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

Positive Assurance

Improvement seen in:
- Children and Young Persons Clinician and Patient Reported Outcome Measures
- Inappropriate OAP
- Patient Safety Incident Investigations
- Number of Incidents of moderate or severe harm
- Staff Leaver Rate
- Mandatory & Statutory Training
- Appraisals

Mitigations

AMH/MHSOP PROM and CROM
- A number of actions are in place as a wider Trustwide piece of work which are included within the outcome's slides.
- AMH have revised their PIP in line with the wider work, new actions include; Professional leads will refresh focus on ROMs with staff and request to be included and reviewed in clinical and caseload supervision and Team/professional leadership staff to familiarise themselves with the categorical change and caseload reports and to ensure these are used on a weekly basis during huddles/supervision. Both actions will see an increase will be seen month on month in the denominator of the outcome measure.
- MHSOP to review completed outcomes within weekly performance huddles using outcomes as part of multi-disciplinary team discussions to ensure staff complete the agreed outcome measures at the start and the end of the patient's journey to ensure they are timely and paired, this has not had the desired impact but has resulted in a small increase in patients discharged with a paired outcome, further actions are included in the relevant slides.
- To review a sample of patients who are not achieving measurable improvement to understand the reasons why which will allow for specific issues to be identified and align new actions with a timescale of 31st August 2024, however, due to service system pressures, a request for an extension is being sought from EDG in September, for the new timescale to be end of October 24
- All staff to use the new categorical change report and caseload reports to be used on a weekly basis during huddles/supervision is to be fully implemented by the end of October 2024

Caseload
- CYPS have further work required on their demand and capacity, which has been delayed due to capacity in the planning team, which is expected to be completed by the end of October and presented within the November QAIG, however, it must be noted, this has continued to reduce and is now reporting as no significant change and at the lower process limit.
- The HNY ICB Memory Re-Design Event outputs have been delayed and at this stage it is unclear when these will be shared.
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Finance
Improved performance relative to control totals set in year to support financial recovery provide increased assurance that the Trust will deliver our 2024/25 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

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

*__Please note__ 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).

Board Integrated Performance Dashboard

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%	93.05%	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%	73.56%	75.00%
3)	Percentage of inpatients reporting that they feel safe whilst in our care	QAC		?	75.00%	80.04%	75.00%
4)	Percentage of CYP showing measurable improvement following treatment - patient reported	QAC		F	35.00%	23.71%	35.00%
5)	Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported	QAC	L	F	55.00%	43.37%	55.00%
6)	Percentage of CYP showing measurable improvement following treatment - clinician reported	QAC	H	F	50.00%	51.30%	50.00%
7)	Percentage of Adults and Older Persons showing measurable improvement following treatment - clinician reported	QAC	H	F	30.00%	23.41%	30.00%
8)	Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)	S&RC	H			100.83%	
9)	Number of inappropriate OAP bed days for adults that are external to the sending provider	S&RC	L			113	
10)	The number of Patient Safety Incident Investigations reported on STEIS	QAC	L			15	
11)	The number of Incidents of moderate or severe harm	QAC	L			214	
12)	The number of Restrictive Interventions Used	QAC				5,102	
13)	The number of Medication Errors with a severity of moderate harm and above	QAC				3	
14)	The number of unexpected Inpatient unnatural deaths reported on STEIS	QAC				3	
15)	The number of uses of the Mental Health Act	MHLC				1,749	

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				51.61% (Jul - 2024)	
17)	Percentage of staff feeling they are able to make improvements happen in their area of work	PC&D				60.51% (Jul - 2024)	
18)	Staff Leaver Rate	PC&D	L	F	11.00%	11.29%	11.00%
19)	Percentage Sickness Absence Rate (month behind)	PC&D		?	5.50%	5.91%	5.50%
20)	Percentage compliance with ALL mandatory and statutory training (snapshot)	PC&D	H	?	85.00%	88.19%	85.00%
21)	Percentage of staff in post with a current appraisal (snapshot)	PC&D	H	F	85.00%	87.53%	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				39,201	
23)	Unique Caseload (snapshot)	S&RC	H			63,655	

Rep Ref	Our Finance measures	Committee Responsible for Assurance	Plan (FYTD)	Actual (FYTD)
24)	Financial Plan: SOCI - Final Accounts - (Surplus)/Deficit	S&RC	1,967,000	961,079
25a)	Financial Plan: Agency expenditure compared to agency target	S&RC	5,437,266	4,804,857
25b)	Agency price cap compliance	S&RC	67.00%	66.99%
26)	Use of Resources Rating - overall score	S&RC	3	3
27)	CRES Performance - Recurrent	S&RC	6,877,750	6,309,000
28)	CRES Performance - Non-Recurrent	S&RC	666,667	1,037,000
29)	Capital Expenditure (CDEL)	S&RC	3,818,000	2,802,703
30)	Cash against plan	S&RC	55,927,000	56,457,916

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

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 August **1008** patients responded to the overall experience question in the patient survey: Question: "Thinking about your recent appointment or stay overall how was your experience of our service?". Of those, **942 (93.45%)** scored "very good" or "good".

There is no significant change at Trust, Care Group and Service level in the reporting period and no significant change in the number of patients who have responded to this question.

There is no updated National Benchmarking data available.

Underlying issues:
• Not all wards and teams are routinely facilitating completion of the surveys.

Actions:
• The Patient & Carer Experience Reference Group is establishing a task and finish group with service user and carer membership to understand the performance of each individual team and what key 5 things they might look for. The key 5 priorities will be agreed by the end of September 2024.
• Quality Improvement Team to undertake some focused work with the top 10 and bottom 10 teams regarding response rates, to learn from and share best practice. This work was to be completed by the end August 2024 but has been delayed to the end of September 2024. (**Completed)** Feedback is currently being reviewed.
• The Patient & Carer Experience team have implemented a rolling programme of Quality Visits targeting teams with zero response rates.

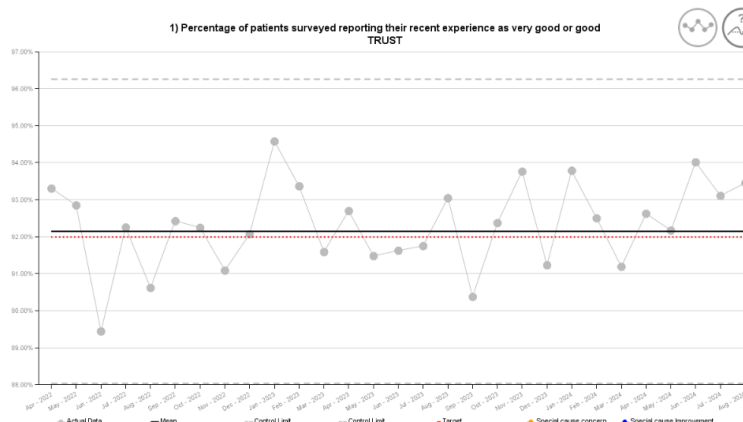No significant change in the data during the reporting period shown

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

DQ ★ — 93%

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

1) Percentage of patients surveyed reporting their recent experience as very good or good
TRUST

56

NHS
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 August, **416** 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, **324 (77.88%)** scored "yes, always".

There is no significant change at Trust and Care Group level in the reporting period and no significant change in the number of patients who have responded to this question. There is special cause for concern for Adult Learning Disabilities within North Yorkshire, York & Selby Care Group; however, the Care Group has confirmed there are no underlying issues to report.

Underlying issues:
- Engagement with various carer 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. The draft proposal was to be presented to the Carers Group for approval by the end of August 2024 (**Not completed);** however, will now be presented in September.
- Quality Improvement Team are to undertake some focused work with the top 10 and bottom 10 teams regarding response rates, to understand whether these barriers remain a concern and whether there are any new and emerging themes. This work was delayed to the end of September 2024. (**Completed)** Feedback is currently being reviewed.

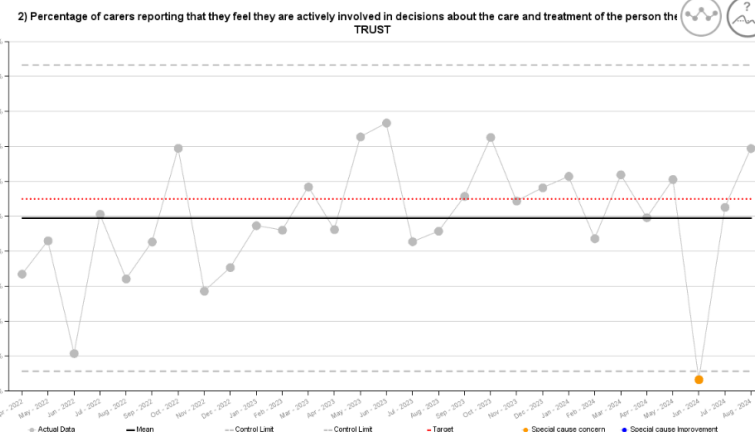No significant change in the data during the reporting period shown

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

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

● Actual Data — Mean --- Control Limit — Control Limit ■ Target ● Special cause concern ● Special cause Improvement

57

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

Background / standard description:
We are aiming for 75% of inpatients reporting, they feel safe whilst in our care.

What does the chart show/context:
During August **182** patients responded to the overall experience question in the patient survey: "During your stay, did you feel safe?". Of those, **146 (80.22%)** scored "yes, always" and "quite a lot".

There is no significant change at Trust and Care Group level in the reporting period; however, there is special cause improvement in the number of patients who have responded to this question. There is special cause improvement for Adult Learning Disabilities in Durham, Tees Valley & Forensic Care Group.

There are several factors that can influence whether a patient feels safe, e.g. staffing levels, other patients (including self-harm), environment, the acuity of other patients and violence & aggression and the use of restrictive interventions on wards.

Underlying issues:
There are no underlying issues to report.

Actions:
There are no specific improvement actions identified; however:
- All inpatient wards continue to implement the Safewards components to ensure our wards are safe at all times for patients. Application is monitored through the Fundamental Standards groups in both Care Groups.
- The Safe Staffing Group is working to ensure that we have a consistent and appropriately staffed workforce in all our wards.

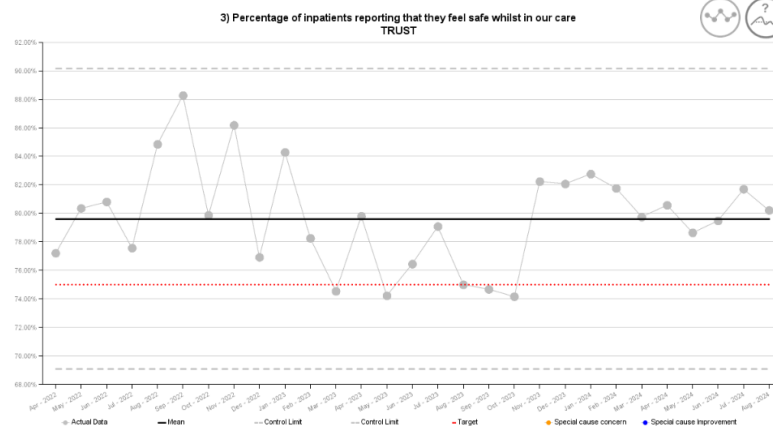No significant change in the data during the reporting period shown

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

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

Actual Data — Mean — Control Limit — Control Limit — Target — Special cause concern — Special cause improvement

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 August **693** patients were discharged from our CYP service with a patient rated paired outcome score. Of those**, 172 (24.82%)** made a measurable improvement.

There is no significant change at Trust level in the reporting period. There is special cause concern for Durham Tees Valley & Forensic Care Group and special cause improvement for North Yorkshire, York & Selby Care Group. There is no significant change at Trust level in the number of patients discharged with a paired outcome measure.

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:
There are a range of issues currently impacting this measure.
- This measure currently does not report the full suite of patient-related outcomes as a number of measures do not have a reliable change index.
- We are not capturing timely, paired outcome measures for all of our patients that are discharged; therefore, this is not a comprehensive picture. One contributory factor is the length of time taken to record an outcome measure on Cito.
- We do not fully understand the reasons why our children and young people are not demonstrating measurable improvement.
- The measure is currently including patients that have died due to natural causes.

Actions:
- The Business Intelligence Team and Specialty Development Manager are working together to establish if there is a reliable change index for the 3 outstanding outcome measures. (**Completed**)
- The Business Intelligence Team will work with the Child Outcome Research Consortium (CORC) to establish a national reliable change index in collaboration with other member organisations. Timescale to be confirmed

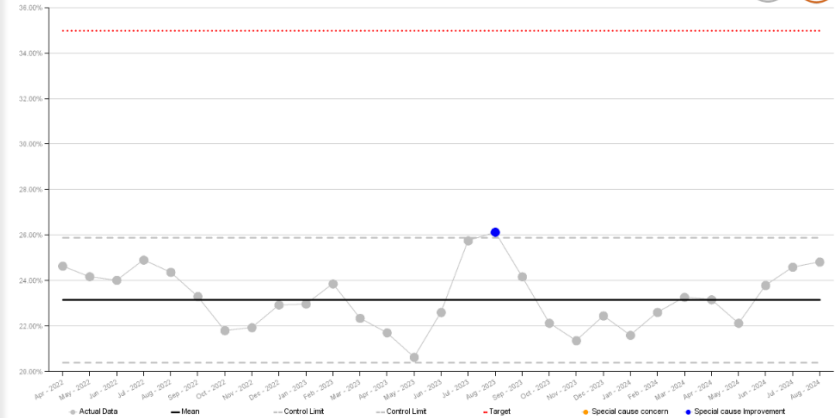No significant change in the data during the reporting period shown

DQ ✓✓ — 87%

Our system is expected to consistently fail the target/expectation

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

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

Actual Data — Mean — Control Limit — Control Limit — Target ● Special cause concern ● Special cause improvement

Actions continued:
- The DTVFCG revised PIP was to go to Care Group Board and EDG for approval in September 2024 **(Not completed);** however, the findings from the deep dive, which were to inform new actions, need to be revisited following a review with Business Intelligence. The findings and new actions will be shared with the Care Group Board and EDG in October.
- An Outcomes Event/Safety Summit is planned for the 6th November 2024.
- Quarterly webinars are being arranged to support understanding and importance of outcome measures. It is anticipated these will commence from quarter 3 2024/25 onwards.
- Head of Performance to complete a change request for the measure to exclude patients that have died by the end of September 2024.

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 August **1586** patients were discharged from our Adults and Older Persons services with a patient rated paired outcome score. Of those**, 705 (44.45%)** made a measurable improvement.

There is special cause concern at Trust level, for North Yorkshire, York & Selby Care Group and Adult Mental Health Services within that Care Group in the reporting period. There is no significant change for Durham, Tees Valley & Forensic Care Group. There is special cause concern at Trust level in the number of patients discharged with a paired outcome measure.

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

Underlying issues:
- We are not capturing timely, paired outcome measures for all of our patients that are discharged; therefore, this is not a comprehensive picture.
- We do not fully understand the reasons why our adult and older persons patients are not demonstrating measurable improvement.
- The measure is currently including patients that have died due to natural causes.

Actions:
- DTVFCG AMH have a PIP; the remaining action is to implement the use of the caseload report, which will be completed by the end of August 2024. **(Completed)**. It is expected that this should increase the number of patients discharged with paired outcome measures.
- DTVFCG MHSOP have met with the Section Head of Research & Statistics during August 2024 to discuss potential new actions for their PIP. **(Completed)** The new action is for Team Managers to use the caseload report to support oversight of completion of PROMs by the end of September 24. It is expected this should increase the number of patients discharged with paired outcomes.
- NYYSCG AMH services are reviewing their PIP as the original actions did not have the desired impact and will take into account the wider programme of work. **(Completed)** Actions are for professional leads to refresh the focus on ROMs in supervisions by the end of November 2024 and ensure caseload reports are used weekly by the end of December 2024. It is anticipated that both actions will provide a month on month increase in the number of paired PROMs completed.

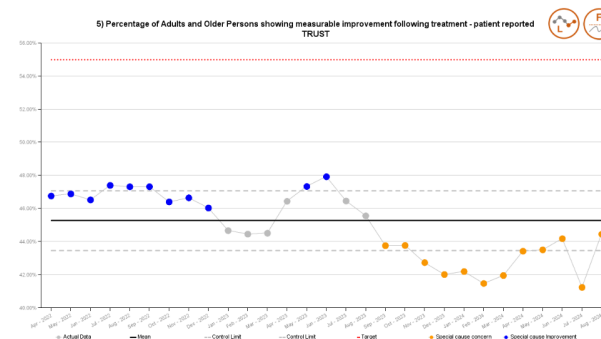We're aiming to have high performance and we're moving in the wrong direction.

Our system is expected to consistently fail the target/expectation

DQ ✓✓ 87%

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

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

Legend: Actual Data — Mean — Control Limit — Control Limit ---- Target • Special cause concern • Special cause improvement

Actions continued:
- NYYSCG MHSOP have a PIP. Actions include to: review completion of outcomes in weekly performance huddles and use them as part of MDT discussions. (**Completed),** however the desired impact has not yet been achieved; and to review a sample of patients to identify any specific issues and improvement actions by the end of August 2024 **(Not Completed)**; the service has requested an extension. A new action has been added to embed use of the caseload report by the end of October 2024. It is expected this should increase the number of patients discharged with paired outcome measures.
- An Outcomes Event/Safety Summit is planned for the 6th November 2024.
- Quarterly webinars are being arranged to support understanding and importance of outcome measures. It is anticipated these will commence from quarter 3 2024/25 onwards.
- Head of Performance to complete a change request for the measure to exclude patients that have died by the end of September 2024.
- Care Group Clinical Quads to present their outcomes and actions to the November EDG meeting for focused discussion.

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

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 August **691** patients were discharged from our CYP service with a clinician rated paired outcome score. Of those**, 366 (52.97%)** made a measurable improvement.

There is special cause improvement at Trust level and Care Group level in the reporting period, and performance is above standard at all levels. However, there is special cause concern at Trust level in the number of patients discharged with a paired outcome measure.

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:
- We are not capturing timely, paired outcome measures for all of our patients that are discharged; therefore, this is not a comprehensive picture.
- The measure is currently including patients that have died due to natural causes.

Actions:
- Chief Information Officer to explore mandating CROMS on Cito by the end of October 2024.
- An Outcomes Event/Safety Summit is planned for the 6th November 2024.
- Quarterly webinars are being arranged to support understanding and importance of outcome measures. It is anticipated these will commence from quarter 3 2024/25 onwards.
- Head of Performance to complete a change request for the measure to exclude patients that have died by the end of September 2024.

We're aiming to have high performance and we're moving in the right direction.
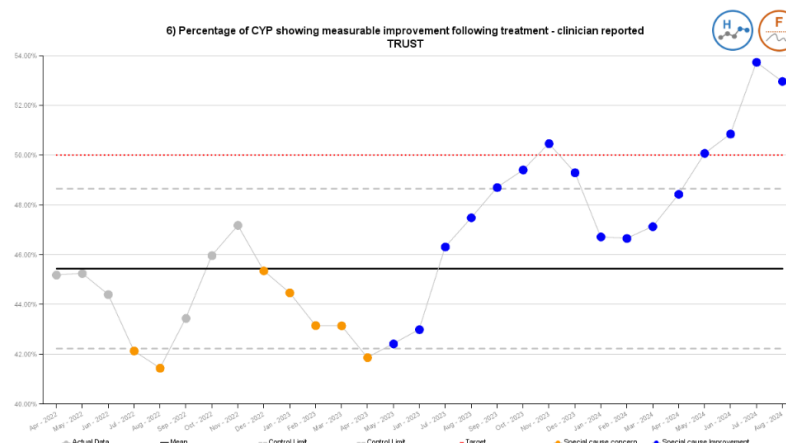
Our system is expected to consistently fail the target/expectation

DQ ✓✓   87%

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

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

Actual Data — Mean --- Control Limit --- Control Limit — Target ● Special cause concern ● Special cause improvement

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 August **2440** patients were discharged from our Adults and Older Persons services with a clinician rated paired outcome score. Of those**, 596 (24.43%)** made a measurable improvement.

There is special cause improvement at Trust level and for Durham, Tees Valley & Forensic Care Group in the reporting period, with both underlying specialties reporting special cause improvement. There is no significant change for North Yorkshire, York & Selby Care Group, but there is special cause improvement for Mental Health Services for Older People. However, MHSOP in both Care Groups continues to be a concern.

There is special cause concern at Trust level in the number of patients discharged with a paired outcome measure.
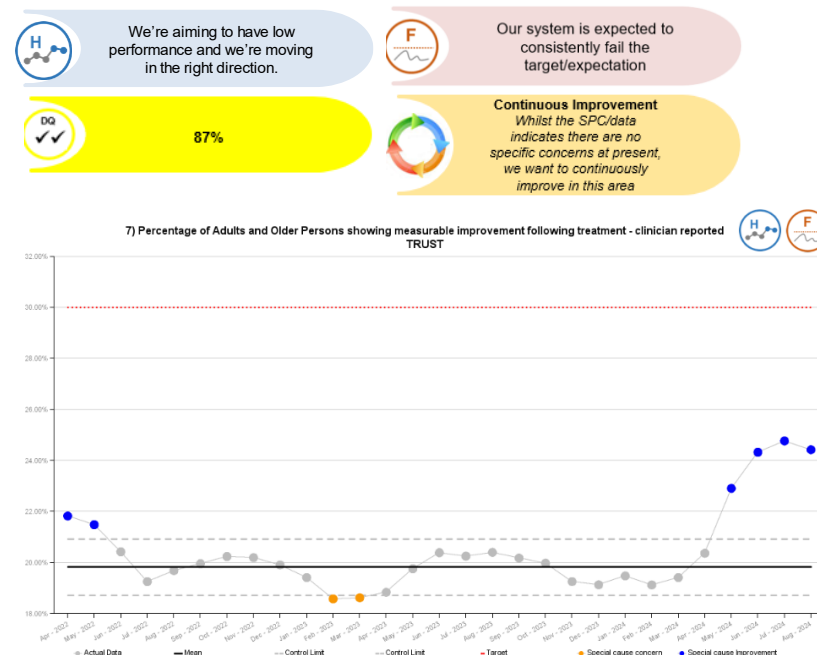
The accepted Clinician Rated Outcome Measure is Health of the Nation Outcome Scales (HoNOS).

Underlying issues:
- We are not capturing timely, paired outcome measures for all of our patients that are discharged; therefore, this is not a comprehensive picture.
- We do not fully understand the reasons why our adult and older persons patients are not demonstrating measurable improvement.
- The measure is currently including patients that have died due to natural causes.

Actions:
- Chief Information Officer to explore mandating CROMS on Cito by the end of October 2024.
- *The Trust-wide and Care Group specific actions described in measure 5, Percentage of Adults and Older Persons showing measurable improvement following treatment - patient reported, are also applicable for this measure.*

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

Our system is expected to consistently fail the target/expectation

87%

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

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

62

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

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

What does the chart show/context:
During August, **10,850** daily beds were available for patients; of those, **11,119 (102.48%)** were occupied. Overall occupancy <u>including</u> independent sector beds was **102.65%**

There is special cause concern at Trust level and for North Yorkshire, York & Selby Care Group in the reporting period and no significant change for Durham, Tees Valley & Forensic Care Group. There is special cause concern for Adult Mental Health Services in both Care Groups, and whilst there is no significant Mental Health Services for Older People, an increasing position is seen.

Underlying issues:
- Delayed transfers of care – specifically in Mental Health Services for Older People Services in DTVFCG.
- At Trust level (both Care Groups) patients classified as clinically ready for discharge equated to an average of 23.2 Adult and 17.9 Older Adult beds in August 2024, with an associated direct cost of c.£2.368m (including £463k independent sector bed costs). Of the cost, c.£1.489m relates to Adult and c.£0.878m relates to Older Adult.
- 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). Remaining actions are to:
  - Identify best practice across other NHS trusts to support the review of our discharge policy. The policy was 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. The Care Group requested a further extension to the PIP with a revised date of the end of July 2024. **(Not yet completed)** The policy has been drafted for review at a Care Group event in September 2024; final approval expected November 2024.
- Care Groups to work together to develop a Trust-wide clinical model for the MHSOP organic bed base by the end of Q4 2024/25.
- Trust-wide groups to be established to progress workstreams for Transforming Patient Flow and Transforming Mental Health Discharge within AMH services as part of the Urgent Care Programme Board.
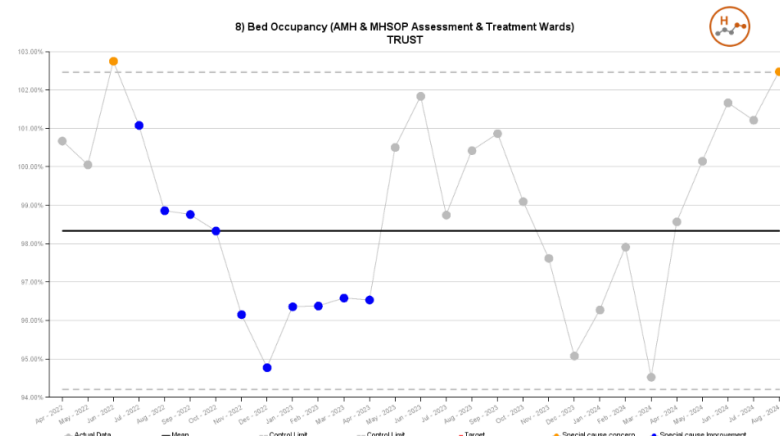
We're aiming to have low performance and we're moving in the wrong direction.

DQ ✓✓   80%

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

8) Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)
TRUST

63

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 are aiming to have no out of area bed days by the end of March 2025.

What does the chart show/context:
For the 3-month rolling period ending August **113 days** were spent by patients in beds away from their closest hospital.

There is special cause improvement at Trust and Care Group level in the reporting period.

There was 1 active OAP placement as at 31st August 2024 (Tees Valley SICBL).

Underlying issues:
Bed Occupancy is impacting on our ability to admit patients to our beds
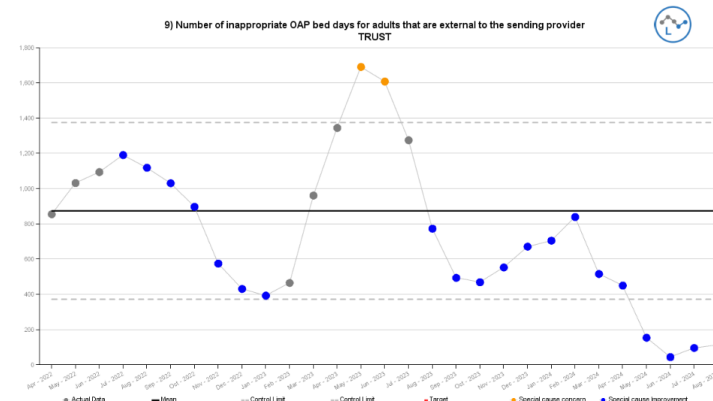
Actions:
See measure 8) Bed Occupancy

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

DQ ✓✓ 73%

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

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

● Actual Data — Mean --- Control Limit — Control Limit — Target ● Special cause concern ● Special cause improvement

ICB Trajectories versus actual performance for Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)

Active inappropriate adult acute mental health out of areas placements (OAPs)		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trust	Plan	10	10	8	7	7	4	4	4	2	2	1	0
	Actual	0	0	0	0	1							
North East & North Cumbria ICB	Plan	7	7	6	5	4	3	3	3	2	2	1	0
	Actual	0	0	0	0	1							
Humber & North Yorkshire ICB	Plan	3	3	2	2	2	1	1	1	0	0	0	0
	Actual	0	0	0	0	0							

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

NHS
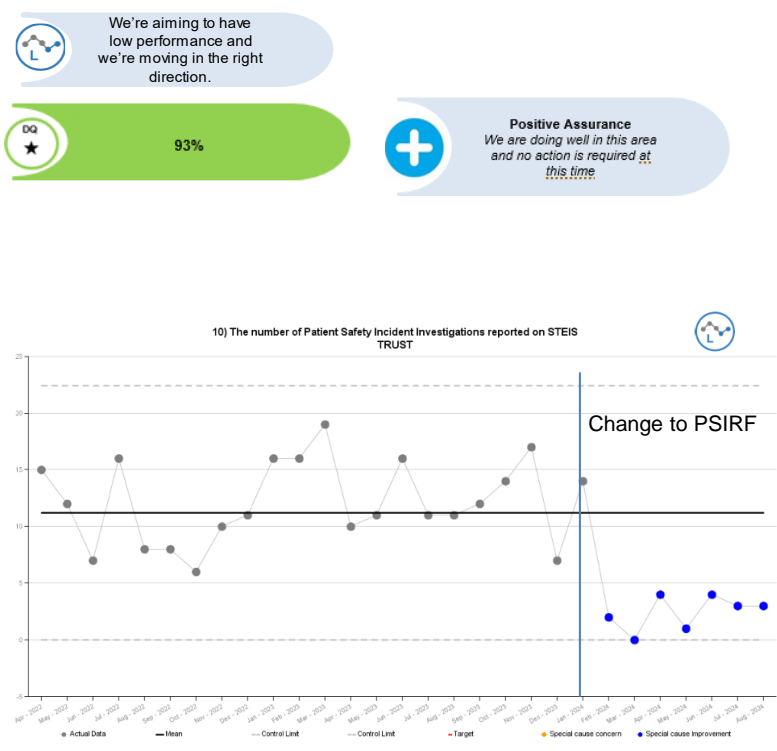**Tees, Esk and Wear Valleys**
NHS Foundation Trust

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

There is special cause improvement at Trust and Care Group level in the reporting period and for most services. *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.*

Each incident is 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.

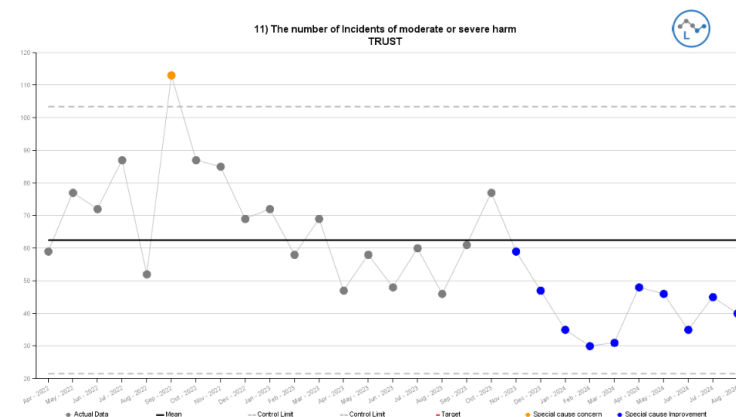**Actions:**
There are no specific improvement actions required.

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

93%

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

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

Change to PSIRF

Actual Data — Mean --- Control Limit --- Control Limit — Target • Special cause concern • Special cause Improvement

65

11) The number of Incidents of moderate or severe harm

Tees, Esk and Wear Valleys
NHS Foundation Trust

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

There is special cause improvement at Trust and Care Group level in the reporting period. There is special cause improvement for Adult Learning Disabilities, Adult Mental Health and Children & Young Peoples Services within Durham, Tees Valley & Forensic Care Group and Adult Learning Disabilities within North Yorkshire, York & Selby Care Group.

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.

As incidents are reviewed, the severity could be reduced or increased (severity is usually reduced).

Underlying issues:
There are no underlying issues to report.

Actions:
There are no specific improvement actions required.

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

93%

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

11) The number of Incidents of moderate or severe harm
TRUST

Actual Data · — Mean · — Control Limit · — Control Limit · — Target · Special cause concern · Special cause improvement

12) The number of Restrictive Intervention Used

What does the chart show/context:
876 types of Restrictive Interventions were used during August.

There is no significant change at Trust and Care Group in the reporting period. There is special cause concern in Adult Mental Health Services within Durham, Tees Valley & Forensic Care Group. There is special cause improvement for Adult Learning Disabilities in both Care Groups and Children & Young Peoples Services and Health & Justice in Durham, Tees Valley & Forensic Care Group.

Update:
Following identification of an issue that resulted in a number of duplicate interventions being counted, work has been undertaken to correct historic data.

Underlying issues:
• Concerns remain on Cedar (PICU) and on Overdale (Assessment & Treatment) within AMH services in Durham Tees Valley & Forensic Care Group. However, the number of RIs used are significantly reducing on Overdale.
• Whilst special cause improvement is shown for DTVFCG ALD, there are significant concerns noted in that service due to the complexity of the patients.

Actions
• There are several actions to support improvement in AMH services, which include:
    • the Inpatient Lead Psychologist and additional leadership supporting Cedar Ward as part of a wider action plan, which includes clinically appropriate discharge.
    • due to the nature of the patient group, the Trust-wide Autism Team providing additional support into Cedar ward.
    • Specialist Practitioner for Positive & Safe working with the service, to review the use of restrictive interventions and to provide education.
• Additional training is being provided to the DTVFCG ALD services and increased support is being provided by the leadership team, SIS and AMH services. **(Completed)**
• DTVFCG ALD services continue to monitor the use of restrictive interventions, seeking support from the Specialist Practitioner for Positive & Safe where appropriate.
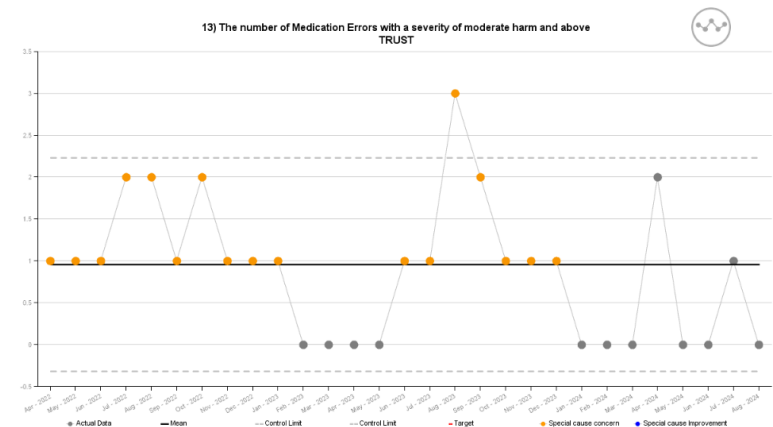
No significant change in the data during the reporting period shown

DQ ★   93%

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

12) The number of Restrictive Interventions Used
TRUST

● Actual Data   — Mean   — Control Limit   — Control Limit   — Target   ● Special cause concern   ● Special cause improvement

Note: The high use noted in July relates to one patient within Adult Eating Disorders Inpatients.

What does the chart show/context:
 0 medication errors were recorded with a severity of moderate harm, severe or death during August.

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

As incidents are reviewed, the severity could be reduced or increased (usually reduced).

Underlying issues:
EPMA (electronic prescribing & medicines administration) will enable more timely prescribing and administration of medication to patients and will reduce the risk of some errors once embedded.

Actions:
The rollout of EPMA to community services has been impacted by a delay in the software release from our system suppliers. The rollout to clozapine and depot clinics will be completed by March 2025; further completion dates are to be confirmed at a later stage.

No significant change in the data during the reporting period shown

DQ ★   93%

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

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

Actual Data   ⎯ Mean   ⎯⎯ Control Limit   ⎯⎯ Control Limit   ⎯ Target   ● Special cause concern   ● Special cause Improvement

What does the chart show/context:
2 unexpected inpatient unnatural deaths whilst on leave from the ward were reported on the Strategic Executive Information System (STEIS) during August.

All unexpected and unnatural deaths in inpatient wards are immediately reported in this data. Once the cause of death is confirmed, where necessary the data is refreshed. Therefore, on occasion we might be over reporting the number of unexpected, unnatural deaths.

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%

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

Actual Data   Mean   Control Limit   Control Limit   Target   Special cause concern   Special cause Improvement

Tees, Esk and Wear Valleys
NHS Foundation Trust
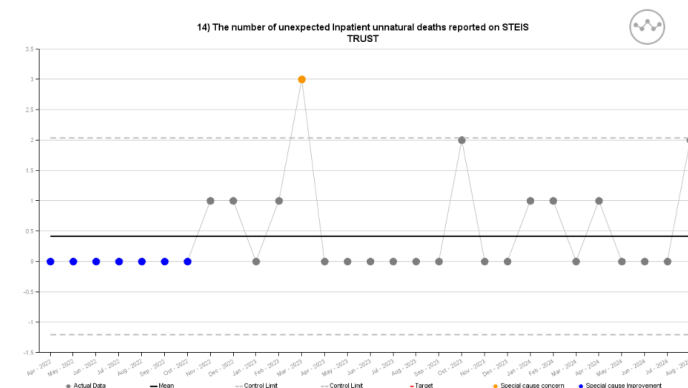
What does the chart show/context:
There were **332** uses of the Mental Health Act during June .

There is no significant change at Trust and Care Group level in the reporting period. There is special cause concern for Secure Inpatient Services in Durham, Tees Valley & Forensic Care Group; however, the Care Group has confirmed there are no underlying issues to report. There is special cause improvement for Adult Mental Health Services in North Yorkshire, York & Selby Care Group.

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 ✓✓   87%

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

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

Actual Data — Mean — Control Limit — Control Limit — Target ● Special cause concern ● Special cause Improvement
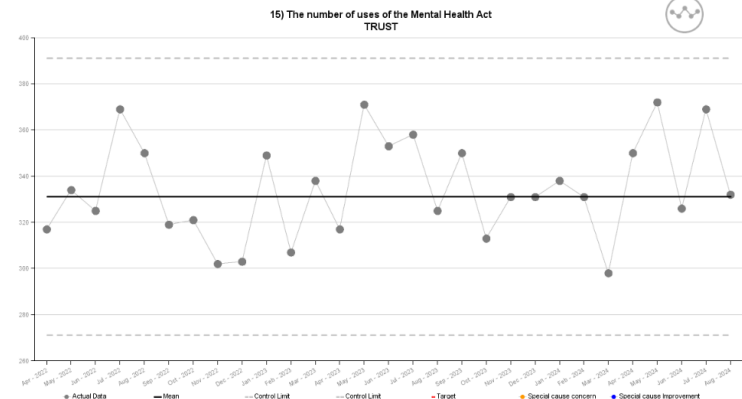
16) Percentage of staff recommending the Trust as a place to work

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 previously identified that the number of responses being used in the calculation was not consistent. Historic data has been provided for the quarterly Pulse Survey and is reflected in this month's report; however, we are still progressing the Annual Staff Survey data.

1,244 staff responded to the July 2024 Pulse Survey. In relation to the question "I would recommend my organisation as a place to work", **655 (52.65%)** responded either "Strongly Agree" or "Agree".
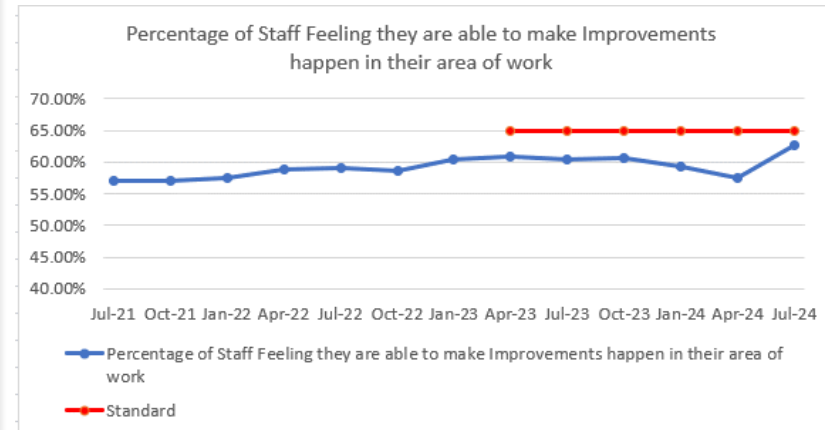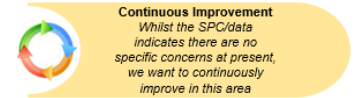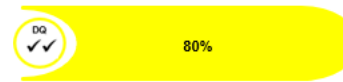
The NHS Staff Survey Benchmarking report 2023, shows the "best result" was 75.43% and the "average result" was 65.59% for similar organisations.

Underlying issues:
We are not capturing the views of all our staff (approximately 15% in July); therefore, this is not a comprehensive picture.

Actions:
The Organisational Development Team and People Partners to provide advice and guidance to support the Services to develop targeted action plans over the next 6 months and report into Executive People Culture and Diversity and People Culture & Diversity Committee. Originally to be completed by the end of September 2024, action plans will now be completed by the end of October 2024.

DQ ✓✓   80%

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

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 previously identified that the number of responses being used in the calculation was not consistent. Historic data has been provided for the quarterly Pulse Survey and is reflected in this month's report; however, we are still progressing the Annual Staff Survey data.

1,244 staff responded to the July 2024 Pulse Survey. In relation to the question "I am able to make improvements happen in my area of work", **780 (62.70%)** responded either "Strongly Agree" or "Agree".

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 are not capturing the views of all our staff (approximately 15% in July); therefore, this is not a comprehensive picture.

Actions:
The Organisational Development Team and People Partners to provide advice and guidance to support the Services to develop targeted action plans over the next 6 months and report into Executive People Culture and Diversity and People Culture & Diversity Committee. Originally to be completed by the end of September 2024, action plans will now be completed by the end of October 2024.

DQ ✓✓ 80%

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

Percentage of Staff Feeling they are able to make Improvements happen in their area of work

Jul-21 Oct-21 Jan-22 Apr-22 Jul-22 Oct-22 Jan-23 Apr-23 Jul-23 Oct-23 Jan-24 Apr-24 Jul-24

— Percentage of Staff Feeling they are able to make Improvements happen in their area of work
— Standard

* 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

Tees, Esk and Wear Valleys
NHS Foundation Trust

Background / standard description:
We are aiming for our staff leaver rate to be no more than 11% (agreed June 2024).

What does the chart show/context:
From a total of **7,242.41** staff in post, **809.53 (11.18%)** had left the Trust in the 12-month period ending August 2024.

There is special cause improvement at Trust level and for Company Secretary, Corporate Affairs and Involvement, Durham Tees Valley & Forensic Care Group, Medical, North Yorkshire, York & Selby Care Group and Therapies in the reporting period. However, there is special cause concern for the Assistant Chief Executive Directorate, Nursing & Governance (the directorates have confirmed there are no underlying issues), and Health & Justice and Mental Health Services for Older People within Durham Tees Valley & Forensic Care Group. An increasing position (above standard) is noted in Adult Learning Disabilities in North Yorkshire, York & Selby Care Group.

The latest (May 2024) National Benchmarking for NHS Staff Leaver Rate published on NHS England NHS Oversight Framework Dashboard shows we were ranked 23 (previously ranked 20) 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/wellbeing
• Management/team relationships

Actions:
• The revised PIP for e-Roster effectiveness focused on having 80% of rotas published in line with the Trust target and 80% of teams achieving target for annual leave level loading by the 1st July 2024. We have achieved 83% of rotas published, better than Trust target; however, the action on annual leave level loading has been extended to the 31st October 2024.
• Trust-wide "Should I Stay or Should I Go" sessions for staff will be launched from September 2024.

We're aiming to have low performance and we're moving in the right direction.
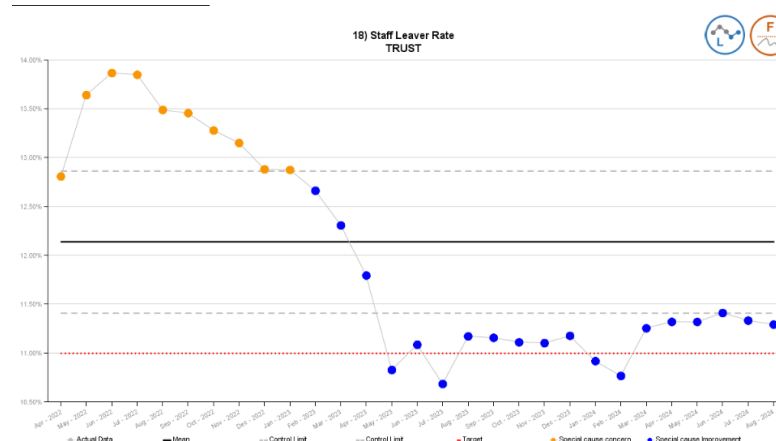
DQ ✓✓   87%

Our system is expected to consistently fail the target/expectation

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

18) Staff Leaver Rate
TRUST

Legend: Actual Data — Mean — Control Limit — Control Limit — Target ● Special cause concern ● Special cause improvement

19) Percentage Sickness Absence Rate

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 228,966.75 working days available for all staff during July (reported month behind); of those, **13,862.69 (6.05%)** days were lost due to sickness.

There is no significant change at Trust and for most directorates in the reporting period; however, there is special cause concern for Assistant Chief Executive, Corporate Affairs & Involvement and Management within North Yorkshire, York & Selby Care Group and an increasing position is seen for Adult Mental Health in Durham, Tees Valley & Forensic Care Group. There is special cause improvement for Nursing & Governance.

National Benchmarking for NHS Sickness Absence Rates published 29th August 2024 (data ending April 2024) for Mental Health and Learning Disability organisations reports the national mean (average) for the period shown is 5.55**%** compared to the Trust mean of **6.11%**, with the Trust ranked 37 of 48 Mental Health Trusts (1 being the best with the lowest sickness rate).

Underlying issues:
- Anxiety/stress/depression is the main reason of sickness absence
- Impact of organisational processes on sickness (eg disciplinary process)

Actions:
- ACE and CA&I Directorate sickness is being managed through appropriate processes, with mitigating actions established. Most sickness is non-work related. In CA&I staff are returning to work; in ACE it is envisaged an improvement will be visible in September (October report) when staff return to work.
- DTVF People Partners to work with the services in each of their areas to develop sickness support plans. Originally planned for completion by the end of June 2024, work was extended to the 31st August 2024. **(Completed)**
- DTVFCG People Partners to link in with all services rated poor or very poor in the sickness audits by the end of October 2024 to share the outcome of the audit and the actions required.

No significant change in the data during the reporting period shown
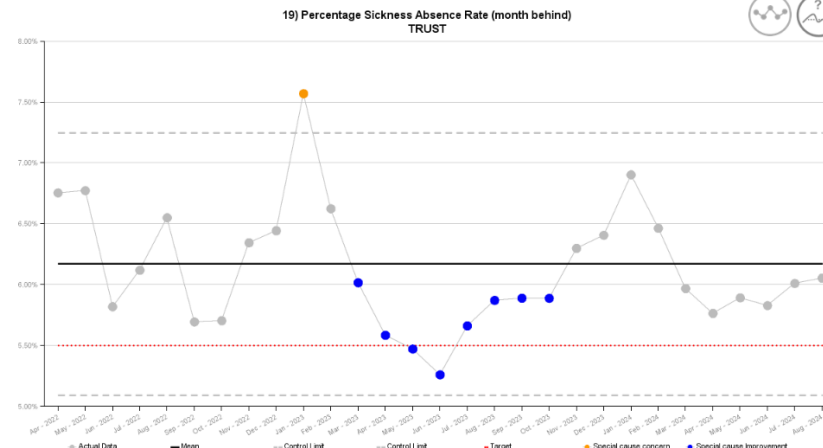
DQ ★ 93%

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

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 (month behind) TRUST

Actions continued:
- NYYSCG Principal People Partner to present a report on the findings of the sickness audits, including recommendations, to the North Yorkshire York & Selby Care Group by the end of December 2024.
- Principle People Partners to monitor causes of long-term sickness to identify the impact of organisational processes. Initially delayed to August 2024, a draft report will be completed by the end of October 2024.

20) Percentage compliance with ALL mandatory and statutory training

NHS
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:
179,367 training courses were due to be completed for all staff in post by the end of June. Of those, **158,180 (88.19%)** were completed.

There is special cause improvement at Trust level and for most areas in the reporting period.

As at the 31st August 2024, by exception compliance levels below 85% are shown in the bottom right-hand table. We are currently focusing on the lowest 5 compliance levels, plus the lowest core compliance.

Underlying issues *(specific to lowest 5)*:
- Staff unable to be released to attend training (high DNA rate)
- Reduced capacity for Positive & Safe training courses to manage the backlog
- Lack of suitable training rooms within Durham and North Yorkshire

Actions *(specific to lowest 5)*:
- Training Department are actively following up all staff who DNA.
- The training portfolio for Positive & Safe needs to be reviewed in line with the addition of courses for Trust Welcome. Originally planned for the end of September 2024 this will be implemented from January 2025.
- Care Groups to develop trajectories for achieving compliance for the lowest 5 training courses and Fire Safety 2 training, and to present these to the September EDG for a focused discussion.
- A trajectory has been agreed for Resuscitation – Level 3 – Adult Immediate Life Support – 1 Year, which will see 85% compliance by the end of December 2024. This is currently on track as per trajectory.

Workstreams have been agreed following the Quality Improvement Event to review all Mandatory Training requirements. Originally planned for the end of September 2024, action plans will now be completed by the end of October 2024.

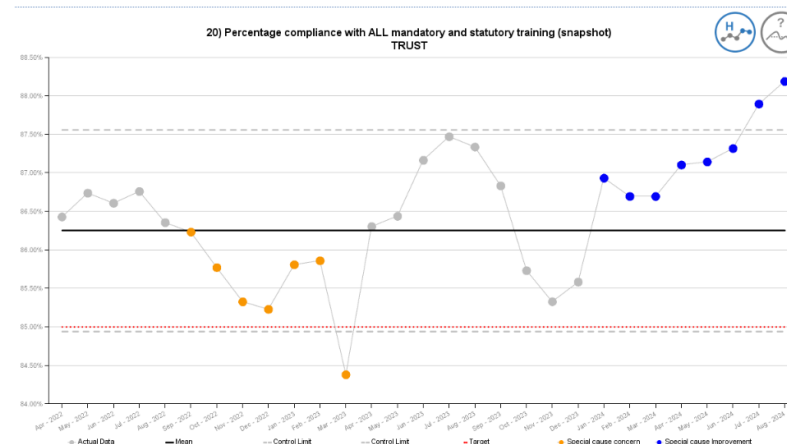We're aiming to have high performance and we're moving in the right direction.

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

93%

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

20) Percentage compliance with ALL mandatory and statutory training (snapshot) TRUST

	Number Compliant	Total Number	% Compliant
1) Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year*	426	863	49.36%
2) Positive and Safe Care Level 2 Update*	1034	1666	62.06%
3) Rapid Tranquilisation 1	187	287	65.16%
4) Resuscitation - Level 1 - 1 Year*	1687	2570	65.64%
5) Medicines Management Annual Module	430	624	68.91%
6) Positive & Safe Care Level 1*	2988	4336	68.91%
7) Resuscitation - Level 2 - Adult Basic Life Support - 1 Year*	1411	2018	69.92%
8) Face to Face Medication Assessment	1677	2291	73.20%
9) Moving and Handling - Level 2 - 2 Years*	732	940	77.87%
10) Safe Prescribing	209	253	82.61%
11) Mental Health Act Level 2	3181	3843	82.77%
12) Patient Safety Level 2	4777	5771	82.78%
13) Annual Medicines Optimisation Module	1820	2187	83.22%
14) Infection Prevention and Control - Level 2 - 1 Year	5068	6051	83.75%
15) Rapid Tranquilisation 2	493	587	83.99%
16) MCA - MCA and Young People Aged 16/17	740	881	84.00%
17) MCA - Relationship Between MCA and MHA	3423	4073	84.04%
18) Fire Safety - 2 Years**	6588	7814	84.31%
19) MCA - Restraint	3438	4073	84.41%
20) MCA - Deprivation of Liberty	3449	4066	84.83%

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

21) Percentage of staff in post with a current appraisal

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

What does the chart show/context:
Of the **6759** eligible staff in post at the end of August; 5916 (87.53%)had an up-to-date appraisal.

There is special cause improvement at Trust level and for most areas in the reporting period.

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

	Number Compliant	Total Number	% Compliant
1) COMPANY SECRETARY	9	13	69.23%
2) FINANCE	36	51	70.59%
3) PEOPLE AND CULTURE	114	141	80.85%
4) MEDICAL	162	193	83.94%

Underlying issues:
We have a small number of directorates not achieving standard (*see above*).

Actions:
• The directorates not achieving standard are developing trajectories to ensure that all outstanding appraisals are completed.

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

F — Our system is expected to consistently fail the target/expectation

DQ ★ — 93%

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

21) Percentage of staff in post with a current appraisal (snapshot) TRUST
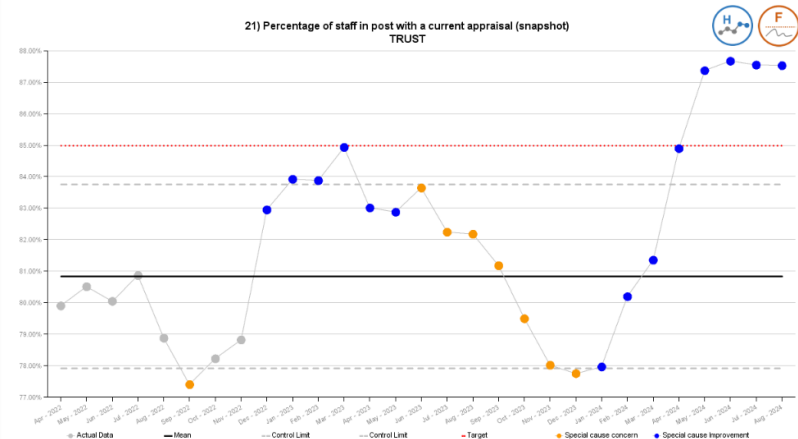
What does the chart show/context:
6847 patients referred in August that are not currently open to an existing Trust service.

There is no significant change at Trust level and for North Yorkshire, York & Selby Care Group in the reporting period; however, there are a number of unexpected shifts of low referrals for Durham, Tees Valley & Forensic Care Group and for Children & Young Peoples Services and Health & Justice within that Care Group, and also for Adult Learning Disabilities and Mental Health Services for Older People within North Yorkshire, York & Selby Care Group; the Care Groups have confirmed there are no underlying issues.

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%

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

22) Number of new unique patients referred
TRUST

● Actual Data ─── Mean ─── Control Limit ─── Control Limit ─── Target ● Special cause concern ● Special cause Improvement
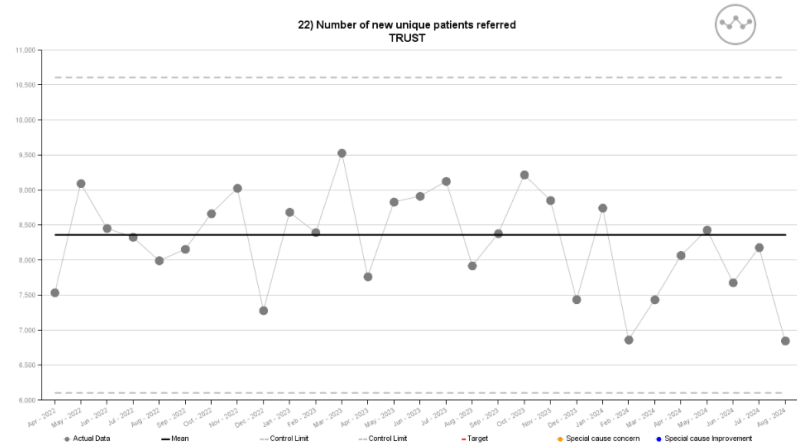
What does the chart show/context:

63,655 cases were open, including those waiting to be seen, as at the end of August 2024.

There is special cause concern at Trust level and for Durham, Tees Valley & Forensic Care Group in the reporting period (including in ALD, AMH, CYP and H&J and in MHSOP within North Yorkshire, York & Selby Care Group). There is special cause improvement for North Yorkshire, York & Selby Care Group (including ALD and AMH, and MHSOP within Durham, Tees Valley & Forensic Care Group).

However, we know from the detailed analysis previously undertaken unique caseload is impacted by the increase in patients **waiting** for a first contact.

Underlying issues:
- Concern remains for the significant number of neuro-diverse patients waiting for assessment (approximately 20k patients which equates to **32**% of the caseload). We have had an 89% increase in the number of children and young people waiting for neurodevelopmental assessment between May 2022 and August 2024. There has also been an increase in AMH services within DDTVFCG.

Actions:
- DTVFCG CYPS have developed a Recovery Plan to address the long waiting times within CYPS Neurodevelopmental teams. Actions include the implementation of a telephone line for professionals in Durham and Darlington for referrals; the revision and implementation of the neuro assessment protocol; the prioritisation of completion of ASD/ADHD assessment for children on the Getting More Help teams' waiting lists; a potential waiting list initiative and additional capacity; a refresh of the patient tracker list meetings to focus on capacity over the next 4 weeks; and a validation of the waiting list including writing to all patients to opt out if they feel they no longer require an assessment. There is also a dedicated workstream within NENC ICB which will focus on CAMHS neuro, and we are working with CNTW to review the neuro diagnostic pathways for CAMHS across both Trusts.
- A focused deep dive on DTVFCG AMH active caseload will be completed by end of August 24, which will inform further PIP actions. (**Not completed**) A revised timescale is to be confirmed by the end of September 2024.
- NYYSCG CYPS held a full day event in July 2024 to agree SMART actions, but no actions were agreed.This has been escalated within the Care Group and will now be completed by the end of October 2024.
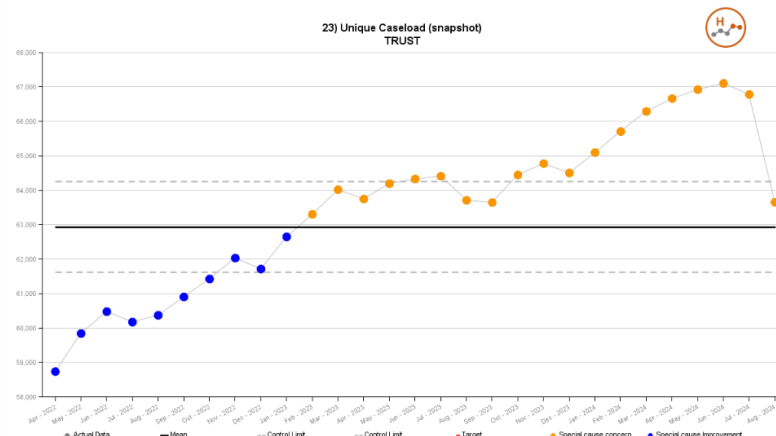
We're aiming to have low performance and we're moving in the wrong direction.

DQ ★   93%

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

23) Unique Caseload (snapshot)
TRUST

Actual Data — Mean — Control Limit — Control Limit — Target — Special cause concern — Special cause improvement

Actions:
- The HNY ICB led a Memory Re-Design Event in April 2024. Outputs from this event have been delayed and it is currently unclear when these will be shared.
- Corporately, a series of focused deep dives will be undertaken to better understand any other areas of concern. The first deep dive will focus on CYP services and will be completed by the end of August 2024. Findings will be shared with EDG in September 2024.

What does the data show/context:

The financial position to 31ˢᵗ August 2024 against which Trust performance is assessed is a deficit of **£0.96m which amounts to a £1.01m favourable variance against plan**. The Trust submitted a breakeven plan for 2024/25 which assumes delivery of challenging 4.5% or £21.78m Cash Releasing Efficiency Scheme (CRES) Plans.

- **Agency expenditure** for the year to date was £4.80m, which is £0.63m below plan. Costs for August were £0.91m and slightly above the previous month's, but in line with year to date average, run rates. Plans for 2024/25 assume agency costs are below the national cap of 3.2% of paybill, performance in-month was 2.60% and 2.96% year to date. A reducing WTE and expenditure run rate trend since April 2023 (save a minor increase in June 2024) reflects sustained impacts from actions to exit non-clinical agency assignments, reducing costs relating to complex care packages for a small number of adults with a learning disability, and reduced inpatient agency headcount. Ongoing usage includes high premia rate locum costs for cover of medical vacancies, residual inpatient agency headcount including linked to high bed occupancy and acuity, and costs within Health and Justice. The trust continues to have **no off-framework agency assignments** in month.

- **Independent sector beds** - the Trust used 62 non-Trust bed days in month (121 in July) which represented a decrease of 59 bed days from the previous month. Year to date costs were £0.46m, which includes estimates for unvalidated periods of occupancy and average observation levels pending billing. This remains a key area of volatility, and consequently clinical and management focus including through the Urgent Care Programme Board (chaired by the Managing Director for DTVF) is required. Bed pressures, including from elevated numbers of those who are clinically ready for discharge, mean that sustaining low (and delivering nil targeted) independent sector bed utilisation remains very challenging.

- **Taxis and Secure Patient Transport** costs were £1.05m (£210k average run rate) in the 5-months ending 31ˢᵗ August compared to a plan run rate, based on exit run rates, of £178k per month (£0.891m to date), and a £159k adverse variance to plan. Annual costs for 2023/24 were £2.675m, which was £1.0m higher than plan, and equated to a monthly average run rate of £223k. A quality improvement event was held in 2023 which recommended grip and control actions and development of a new policy. Results remain subject to review and oversight due to limited sustained impact. Additional rapid Care Group actions were requested at the September Financial Sustainability Board. The Chief Nurse is overseeing actions to ensure robust governance around Secure Transport and a procurement is expected to reduce unit costs in 2024/25.

- 2024/25 plans assume delivery of 4.5% £21.78m **Cash Releasing Efficiency Savings (CRES)** for the year, with £15.7m planned schemes being recurrent and £6.055m non–recurrent. Currently £1.760m of £2.055m non-recurrent target remains unidentified, although progress has been made to identify opportunities in Corporate and Estates/Facilities with a target date to fully transact opportunities by October 2024. Year to date CRES are £0.198m behind plan, but with recurrent schemes delivering £0.568m behind plan and non-recurrent schemes delivering £0.370m ahead of plan.

P — Our system is hitting the target/expectation

DG ★ — 93%

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

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

What does the data show/context:

Year to date agency costs of £4.80m at Month 5 are £0.63m below plan. In-month expenditure of £0.91m is £0.17m below plan and 2.6% paybill.

NHS planning guidance for 2023/24 introduced system agency cost caps of 3.70% pay bill, reducing to 3.2% pay bill for the 2024/25 financial year. Year to date agency costs are 2.92% of pay bill, having reduced from around 4.5% on average through 2023/24 and 6% on average through 2022/23.

Reducing agency shifts and premia paid above national price caps remains a key focus. The Trust has achieved agency reductions equivalent to 139 worked Whole Time Equivalent (WTE) from April 2023 (240 worked WTE) to August 2024 (101 worked WTE), and the related annualised premia has reduced from £4.9m in March 2023 to £2.8m in August 2024 (£2.1m reduction), demonstrating a positive impact from actions taken to date and the benefit from sustained focus, including through framework compliance, reduced numbers of shifts breaching price caps and WTE reduced reliance.

The Trust's ability to reduce temporary (including agency) staffing reliance will in part link to sustained management of sickness absence, but equally to net new recruitment (including to medical, qualified nursing, inpatient, and health and justice hot spots), securing alternative whole system models of care for specialist adult learning disability packages of care and reducing occupancy linked to increasing levels of patients who are clinically ready for discharge and require support to effect discharge.

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).

Underlying issues:
We need to continue to ensure a sustainable permanent workforce, including in key shortage professions including medical and nursing (notably to tackle price cap breaches in Health and Justice), to tackle high occupancy levels including driven by delayed transfers in inpatient wards (including with system collaboration) 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 (ran 3 x weekly January to March 2024) – Planned Programme Completed and extended on an ongoing basis.

P — Our system is hitting the target/expectation

DQ ★ — 93%

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

Tees, Esk and Wear Valleys
NHS Foundation Trust

What does the data show/context:

2,042 agency shifts were worked in August 2024, with **1,368 shifts compliant** (67%) and **674 non-compliant** (33%) (prior month 1,327 shifts compliant or 64% and 758 non-compliant or 36%) **with national price caps**.

The vast majority of price cap breaches during 2024/25 have related to medical locum or prison mental health nursing assignments, covering hard to fill vacancies.

There were **43 fewer overall shifts worked this month** compared to last, with shifts worked being equivalent to **approximately 66 shifts per day** (67 in July and 69 in Jun).

This reflects a reduction in total shifts worked of 2,242 over the 12 months from 4,284 shifts worked in August 2023 and **a reduction of 54% or 779 shifts breaching price cap since August 2023** (1,453 shifts breached).

- The Trust's ability to reduce price cap breaches now almost entirely stems from recruitment challenges for medical and health and justice vacancies.

- 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 particularly price cap breaches and rate premia associated with agency expenditure significantly impact 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).

Underlying issues:
Particular persistent challenges relate to levels of medical staffing and prison mental health nursing vacancies requiring cover from premia rate locum assignments which have consistently breached price caps during 2024/25.

Actions:
In addition to actions from 25a) supporting improved compliance, the Trust has approved a business case for a second phase of International Recruitment to aim to recruit a more sustainable medical workforce (nursing business case approved previously) and reduce reliance on higher rate agency assignments, targeting SAS locum medical assignments initially. Medical assignments attract the highest value and percentage premia rates. Social media and other targeted recruitment activities are seeking to attract new colleagues to Health and Justice (prison) vacancies.
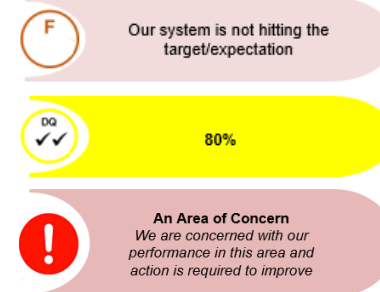
F — Our system is not hitting the target/expectation

DQ ✓✓ — 80%

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

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Underlying issues:

- We need to reduce bed occupancy including through reduced lengths of stay to reduce reliance on independent sector beds. This will require support from local authority system partners, including due to rising and sustained high levels of patients who are clinically ready for discharge.
- We recognise that agency expenditure and safe staffing levels are significantly impacting our financial plan due to numbers of staffing above funded levels and including agency premia rates (including 36% of agency shifts being above price cap), and in part reflecting over occupancy linked to the above.
- 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.
- The revised PIP for e-Roster effectiveness focuses on having 80% of rotas published in line with the Trust target and 80% of teams achieving target for annual leave level loading by the 1st July 2024. We achieved 83% of rotas published which is marginally better than the Trust target of 80%. However, the action on annual leave level loading was not completed and EDG have approved an extension to the end of October 2024.
- The Agency Reduction PIP is progressing. The outsourcing timeframes have been reviewed and aligned for all DTVFCG areas. The cessation of accommodation costs was not achieved at the end of August 2024 and an extension to the end of September has been requested. Actions to identify and stop agency usage within DTVFCG services using fewer than 10 shifts per 6-week period and to implement targeted international recruitment for both Care Groups are to be completed by the 30th September 2024. An additional action to re-negotiate rates of pay with framework agencies for Health & Justice registered nurses and all new Health & Justice registered nurses to be within price caps will be completed in a phased approached, by the 31st January 2025.
- An Efficiency Hub has been set up to oversee delivery of CRES and provide support to Care Groups / Directorates.
- In addition to delivery of identified in year CRES, the Efficiency Hub will provide support to enable focus on key strategic financial recovery actions including to manage and reduce over-establishments, track benefits from International Recruitment, ensure the efficient rostering of inpatient staffing and linked to inpatient occupancy, flow and Out of Area Placements. It will also support the transformation programmes to identify and realise associated benefit. Progress will be supported by recruitment to a recently approved additional Finance post.
- Information on workforce spend (both financial and WTE) has been enhanced and will be available for all relevant managers to view and analyse in terms of driving efficiency.

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26) Use of Resources Rating - overall score

What does the data show/context:

The overall rating for the trust is a **3** for the period ending 31st August.
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 rating of **4**.
- The **liquidity metric** assesses the number of days' operating expenditure held in working capital (current assets less current liabilities). The Trust's liquidity metric is rated as **1.**
- The Income and Expenditure **(I&E) margin metric** assesses the level of surplus or deficit against turnover. The Trust has an I&E margin of -0.47% which is a **rating of 3**.
- The Income and Expenditure **(I&E)** margin distance from plan is 0.74% which is a **rating of 1.**
- **The agency expenditure metric** assesses agency expenditure against a 3.2% cap (set by NHSE) on agency spend as a proportion of pay. Costs of £4.80m are below plan and would therefore be **rated as a 1.** The Trust's year to date agency costs were 2.92% of 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 is an **overall UoRR** of **3** for the period ending 31st August compared to a planned UoRR of 3.

Underlying issues:
The Trust's forward liquidity position is of concern, including as cash balances are deployed to progress capital programmes. As recovery actions are identified to support delivery of the Trust's planned breakeven position and improved agency compliance are targeted and progressed these will support achievement of the associated individual UoRR metrics and overall UoRR rating.

Actions:
There are no specific improvement actions required albeit that the Trust's wider financial strategy and medium term financial plan are subject to continued review.

P — Our system is hitting the target/expectation

DQ ✓✓ — 80%

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

27) Cash Releasing Efficiency Savings (CRES) Performance - Recurrent

Update:

Recurrent CRES performance for the period ending 31st August was £6.31m which was below plan by £0.57m. 2024/25 financial plans assume delivery of 4.5% £21.78m Cash Releasing Efficiency Savings for the year. We planned to deliver **£15.7m or 3.2% recurrent** Cash-Releasing Efficiency Savings (CRES) for the year.

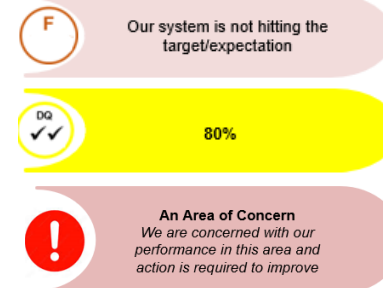Following the submission of our financial plan, confirmed key recurrent CRES plans include:

- **Pay schemes** include actions to sustain Agency reductions in Inpatient and other clinical areas including from improved rostering, recruitment (including International), to aim to reduce Medical Locum (high premia rate) usage and to address over spending due to over establishments in both Care Groups.
- **Non Pay schemes** including actions to eliminate Independent Sector bed reliance by Quarter 4 as well as savings from LED Light installation, IT licences, mobile phones, printing, the appraisal system and Taxi usage.

- The Over Establishment Target has overperformed year to date by £0.21m. However this is being offset by schemes that are underperforming such as International Nurse recruitment (behind by £0.43m) and LED lighting (behind by £0.15m).

Underlying issues:
We need to deliver recurrent CRES schemes to achieve our in-year financial plan and improve our underlying financial sustainability. Delivery of CRES non-recurrently increases the CRES requirement the following the year.

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) Cash Releasing Efficiency Savings (CRES) Performance – Non-Recurrent

Update:
Non Recurrent CRES performance was reported as being ahead of plan by £0.37m for the period ending 31st August, with £1.04m being achieved.

2024/25 plans assume delivery of 4.5% £21.78m Cash Releasing Efficiency Savings for the year.

We plan to deliver **£6.06m or 1.25% of non-recurrent** Cash-Releasing Efficiency Savings (CRES) for the year.

£4.0m of non-recurrent CRES had been identified in the plan, which left £2.06m to be identified. As at 31st August £0.30m of this has been identified, with the remaining £1.76m still to be found. Opportunities have been identified in Corporate and Estates / Facilities but remain subject to validation - a small number may be confirmed as recurrent schemes, offering some mitigation to recurrent under performance.

The £0.37m overachievement year to date largely reflects Older Adult pay slippage in North Yorkshire and York which is mitigating under delivery on the recurrent agency CRES scheme.

Underlying issues:
It has been essential to target non-recurrent CRES to aim to target a broadly break even plan, however reliance on non-recurrent schemes leave an underlying unmitigated financial challenge moving ahead beyond 2024/25.

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 2025/26 to mitigate underlying financial pressures.

P — Our system is hitting the target/expectation

DQ ✓✓ — 80%

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

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29) Capital Expenditure (Capital Allocation)

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What does the data show/context:

Capital expenditure was **£2.80m** at the end of August and **less than allocated by £1.02m**.

£8.51m 2024/25 capital schemes have been approved for funding from nationally allocated capital delegated via North East and North Cumbria Integrated Care Board (ICB). An additional allocation of £0.42m was approved by the ICB in July, resulting in a total capital allocation of £8.93m for 2024/25.

The Trust has secured £1.83m of additional cash-backed central funding in 2024/25 to improve Information systems and assist creating our Mental Health hub in North Yorkshire. This is not included in performance measurement against the £8.93m capital allocated to the Trust through North East and North Cumbria ICB.

This means the Trust's **aggregate capital programme for 2024/25 is £11.12m** (including £0.37m PFI life-cycle).

The underspend for the year to date is linked to slippage against schemes and will be managed within this financial year. The Trust is working to accelerate schemes planned for next year to offset any slippage.

Underlying issues:
There are no underlying issues to report in year, however reducing liquidity and the availability of Trust cash and increasingly constrained national and regional capital allocations relative to need are of concern going forward.

Actions:
A key focus is on the milestone tracking of Programmes, including for sensor door installation and the final design of works to be completed at Jesmond House. Any anticipated delays to planned inpatient environment schemes are communicated to the Environmental Risk Group to manage any associated risks.

F — Our system is not hitting the target/expectation

DQ ★ — 93%

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

86

30) Cash balances (actual compared to plan)

What does the data show/context:

The Trust had cash balances of **£56.45m** at the end of August 2024 which exceeded planned cash balances of **£55.93m** by **£0.53m** (favourable variance).

- This was mainly linked to the slippage in the capital programme and the positive variance to plan in the SoCI, offset by central funding not yet received for capital projects. Cash is expected outturn in line with plan for 2024/25.

- The Trust has achieved the 95.0% Better Payment Practice Code (BPPC) target compliance for the prompt payment suppliers, achieving a combined year to date BPPC of 95.0%. We continue to support the use of Cardea to make processes as efficient as possible, and to ensure suppliers are paid promptly.

- The value of debt outstanding as at 31st August 2024 was £1.46m, with debts exceeding 90 days amounting to £0.28m if adjusted to exclude amounts being paid via instalments and PIPS loan repayments. Three public sector organisations account for £0.21m of debt exceeding 90 days overdue. 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.

Cash has decreased linked to the year to date deficit position on revenue budgets, and because capital payments exceed cash generated internally from depreciation charged in year.

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

P — Our system is hitting the target/expectation

DQ ★ — 93%

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

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

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	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)			

#	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** failed target in all areas with the exception of Vale of York and there is no significant change in all areas.

- **EIP waiting times** failed target in County Durham and Vale of York and there is no significant change in all areas.

- **Talking Therapies waiting times (6 and 18 weeks)** achieved target in all areas.

- **Child Eating Disorders waiting times:** Failed target in all areas for **routine** referrals but special cause improvement. Failed target in all areas for **urgent** referrals and cause for concern in County Durham and Vale of York.

- **Talking Therapies: 1st to 2nd treatment waits** – failed target in all areas except for North Yorkshire. There is no significant change for Vale of York and cause for concern in County Durham and Tees Valley. **Reliable Recovery** and **Reliable Improvement –** failed targets in County Durham and Tees Valley and there is no significant change in all areas.

- **Children: 1 contact –** failed target in all areas and there is special cause concern. **Paired Outcomes –** failed target in all areas. There is no significant change in all areas with the exception of County Durham, which shows special cause concern.

- **Access to transformed community services** failed target in Vale of York and there is special cause concern in this area.

- **Active OAP (inappropriate)** achieved plan in both ICB areas.

- **Specialist Community Perinatal Mental Health (PMH) services** failed target in North Yorkshire and Vale of York and special cause concern for North Yorkshire.

Risks / Issues

Of most concern:
- 72 hour follow up* (except Vale of York)
- EIP Waiting Times (County Durham & Vale of York)
- Child Eating Disorders Waiting Times Urgent (County Durham & Vale of York)
- Talking Therapies 1st to 2nd treatment (except North Yorkshire)
- Talking Therapies Reliable Recovery (County Durham & Tees Valley)
- Talking Therapies Reliable Improvement (County Durham & Tees Valley)
- CYP 1 contact
- Childrens Paired Outcomes
- Access to transformed community services (Vale of York)
- Specialist Community PMH services (North Yorkshire)

Of concern:
- Child Eating Disorders Waiting Times Routine
- Child Eating Disorders Waiting Times Urgent (Tees Valley & North Yorkshire)
- Specialist Community PMH services (Vale of York)

*__*This measure has been impacted following the implementation of Cito. A comprehensive validation of July data confirmed achievement of standard; a validation of August data is currently underway.__*

Positive Assurance

- Talking Therapies waiting times (6 and 18 weeks)
- Active OAPs (inappropriate)

National Quality Standards and Mental Health Priorities Headlines

NHS
Tees, Esk and Wear Valleys
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EIP waiting times - NYYSCG have a recovery plan in place and have recruited to all 4 posts, two of which are preceptorship roles. Staff will start in September 2024; however, it will be December before the anticipated impact is seen. DTVFCG has achieved standard in August for County Durham following successful recruitment.

Child Eating Disorders waiting times – In DTVFCG, whilst there is special cause concern in the SPC, this is not an area of concern as the reasons were patient choice, patients required hospital admission, data quality and CITO issues; the latter of which has been addressed. There was one outstanding PIP action to ensure data quality is corrected in a timely manner; this has been completed and no data quality issues have been recorded for 3 consecutive months; therefore, approval has been requested to stand down the PIP. In NYYSCG, whilst there is special cause concern in the SPC, this is not an area of concern as the reasons were patient choice and a CITO issue; the latter of which has been addressed.

Talking Therapies 1st to 2nd treatment waits - DTVFCG had one outstanding PIP action to review the suitability criteria with GPs and secondary care services to ensure patients are referred to the correct service for their needs; as anticipated as at September 2024 there are no patients on caseloads that are not appropriate for service. Following a service review and options appraisal, a paper including recommendations will go to the Care Group Board in October. NYYSCG have a PIP with an action to temporarily increase capacity through overtime; it is anticipated that the full impact will be visible by the end of November (December report). Professional development training to prevent patients being mis-diagnosed with social phobia has been completed and has had the desired impact.

Talking Therapies Reliable Recovery - County Durham and Tees Valley have achieved standard for two consecutive months in County Durham and one month in Tees Valley; therefore, we are not recommending a PIP at this stage. The Service's suitability guidance has been reviewed to promote the importance of this with secondary care colleagues and other stakeholders.

Talking Therapies Reliable Improvement - A PIP was to be developed by the end of August 2024; however, this was not completed. The inclusion of patients receiving Step 1 care is impacting achievement of the standard. Further discussions are planned in early October between the Clinical Leads, Corporate Performance Team and Business Intelligence team to review the national measure and agree next steps.

CYP 1 contact - The deep dive in County Durham has identified issues relating to data quality and recording on Cito, sickness and vacancies. A PIP was to be developed by the end of August 2024; however, this was not completed. The September Care Group Board have agreed this will now be brought to the October meeting. The deep dive in North Yorkshire & York has identified access is being impacted by the operation of our Single Point of Access Team, which currently has a recovery plan in place.

Childrens Paired Outcomes - The deep dive in County Durham & Tees Valley has identified a lack of understanding of the points on a pathway at which outcomes must be undertaken. A PIP was to be developed by the end of August 2024; however, this was not completed. The September Care Group Board have agreed this will now be brought to the October meeting. A deep dive in North Yorkshire & York has identified concerns in the community, autism and ADHD teams and a PIP is recommended at this stage.

Access to transformed community services – The deep dive into County Durham was completed; however, further work is required to understand what the data is telling us. This will be completed by the end of September 2024. Following identification of an issue that resulted in a number of North Yorkshire & York Primary Care Networks not being included, work has been undertaken to correct historic data. As a result, the deep dive will be completed by the end of September 2024. It should be noted that at September the target has been achieved in County Durham and North Yorkshire.

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 accessing services and achievement of standard by end of January 2025. A demand and capacity deep dive to identify further actions has been delayed due to capacity issues.

# National Quality Standards and Mental Health Priorities Dashboard

NHS Tees, Esk and Wear Valleys NHS Foundation Trust

| National Quality Requirements	Variation	Assurance	Standard (FYTD)	Actual (FYTD)	Annual Standard
Percentage of Service Users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient care	(common cause)	(?)	80%	76.11%	80%
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	(common cause)	(?)	60%	57.29%	60%
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	(H)	(P)	75%	99.78%	75%
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	(common cause)	(P)	95%	100%	95%
Child Eating Disorders: Percentage of Service Users designated as routine cases who access NICE concordant treatment within four weeks (rolling 12 months)	(H)	(F)	95%	90.79%	95%
Child Eating Disorders: Percentage of Service Users designated as urgent cases who access NICE concordant treatment within one week (rolling 12 months)	(common cause)	(F)	95%	75.44%	95%

| Local Quality Requirements	Variation	Assurance	Standard (FYTD)	Actual (FYTD)	Annual Standard
Talking Therapies: Percentage of people who have waited more than 90 days between first and second appointments	(H)	(?)	<10%	27.98%	<10%
Talking Therapies: Reliable recovery rate for those completing a course of treatment and meeting caseness	(common cause)	(?)	48%	48.62%	48%
Talking Therapies: Reliable improvement rate for those completing a course of treatment	(common cause)	(?)	67%	67.10%	67%
Number of CYP aged 0-17 supported through NHS funded mental health with at least one contact (rolling 12 months)	(L)	(?)	29797	28757	29797
Percentage of CYP closed referrals, with at least two contacts, with paired outcome scores within reporting period	(L)	(F)	40%	21.10%	40%
Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses (rolling 12 months)	(H)	(?)	11353	12367	22955
Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)	(common cause)	(P)	4	1	0
Number of women accessing specialist community PMH services in the reporting period (rolling 12 months)	(H)	(F)	1467	1399	1427

Percentage of Service Users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient care — TRUST
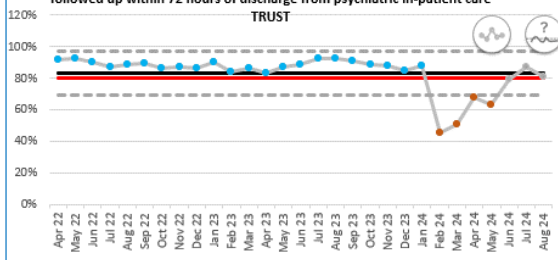
Organisation	Target	Actual	Variation	Assurance	Plan Met
Trust	80%	76.11%			❌
County Durham	80%	73.32%			❌
Tees Valley	80%	76.23%			❌
North Yorkshire	80%	77.59%			❌
Vale of York	80%	81.29%			✅

The proportion of people who wait 6 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period. — Trust
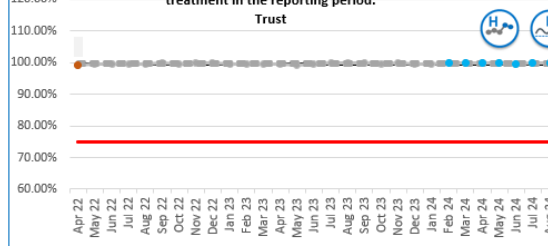
Organisation	Target	Actual	Variation	Assurance	Plan Met
Trust	75%	99.78%			✅
County Durham	75%	99.89%			✅
Tees Valley	75%	99.70%			✅
North Yorkshire	75%	99.57%			✅
Vale of York	75%	99.82%			✅

The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment (rolling 12 months) - Trust
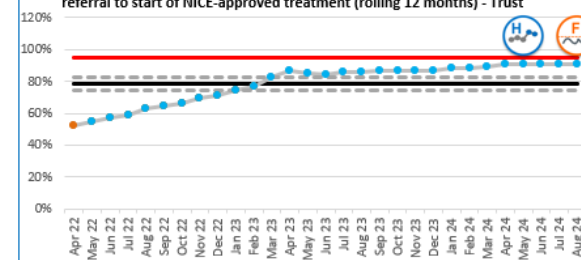
Organisation	Target	Actual	Variation	Assurance	Plan Met
Trust	95%	90.79%			❌
County Durham	95%	86.49%			❌
Tees Valley	95%	94.12%			❌
North Yorkshire	95%	91.89%			❌
Vale of York	95%	91.30%			❌

Percentage of people experiencing a FEP(EIP) treated with a NICE approved care package within 2 weeks of referral — Trust
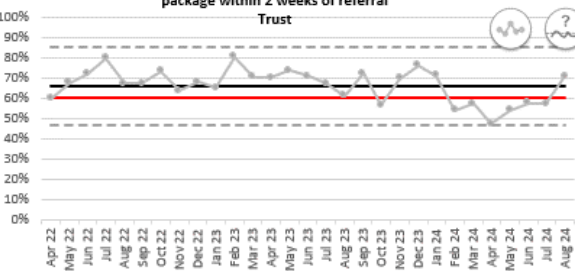
Organisation	Target	Actual	Variation	Assurance	Plan Met
Trust	60%	57.29%			❌
County Durham	60%	53.15%			❌
Tees Valley	60%	62.24%			✅
North Yorkshire	60%	80.56%			✅
Vale of York	60%	37.21%			❌

The proportion of people who wait 18 weeks or less from referral to their first IAPT treatment appointment against the number of people who enter treatment in the reporting period. — Trust
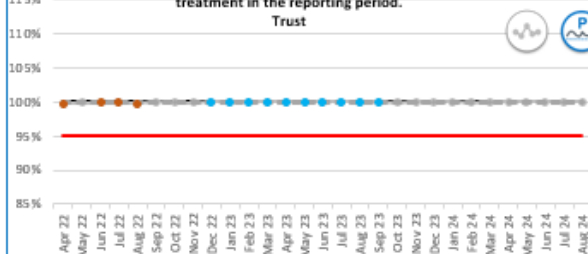
Organisation	Target	Actual	Variation	Assurance	Plan Met
Trust	95%	100%			✅
County Durham	95%	100%			✅
Tees Valley	95%	100%			✅
North Yorkshire	95%	100%			✅
Vale of York	95%	99.96%			✅

The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment (rolling 12 months) - Trust
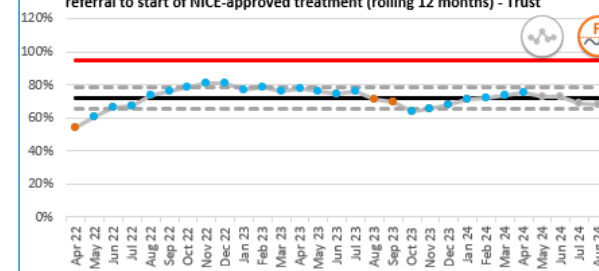
Organisation	Target	Actual	Variation	Assurance	Plan Met
Trust	95%	75.44%			❌
County Durham	95%	66.67%			❌
Tees Valley	95%	80.00%			❌
North Yorkshire	95%	80.00%			❌
Vale of York	95%	50.00%			❌

Talking Therapies: Percentage of people who have waited more than 90 days between first and second appointments — Trust
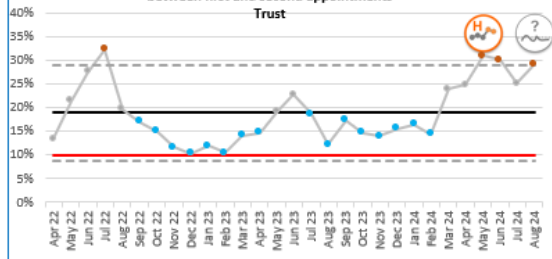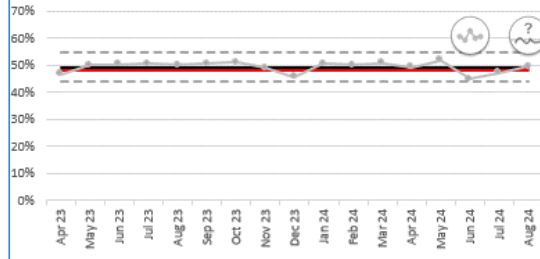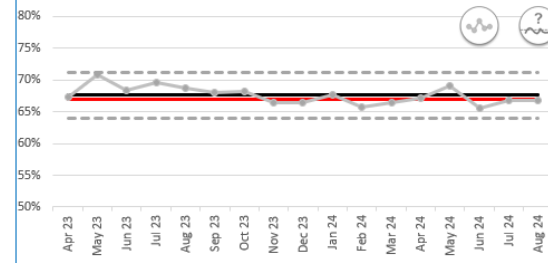
Organisation	Target	Actual	Variation	Assurance	Plan Met
Trust	<10%	27.98%			❌
County Durham	<10%	36.69%			❌
Tees Valley	<10%	46.59%			❌
North Yorkshire	<10%	3.61%			✅
Vale of York	<10%	36.34%			❌

Reliable recovery rate for those completing a course of treatment — Trust

Organisation	Target	Actual	Variation	Assurance	Plan Met
Trust	48%	48.62%			✅
County Durham	48%	46.46%			❌
Tees Valley	48%	46.70%			❌
North Yorkshire	48%	50.02%			✅
Vale of York	48%	51.34%			✅

Reliable improvement rate for those completing a course of treatment — Trust

Organisation	Target	Actual	Variation	Assurance	Plan Met
Trust	67%	67.10%			✅
County Durham	67%	64.33%			❌
Tees Valley	67%	62.58%			❌
North Yorkshire	67%	68.63%			✅
Vale of York	67%	71.62%			✅

Number of CYP aged 0-17 supported through NHS funded mental health with at least one contact (rolling 12 months) TRUST
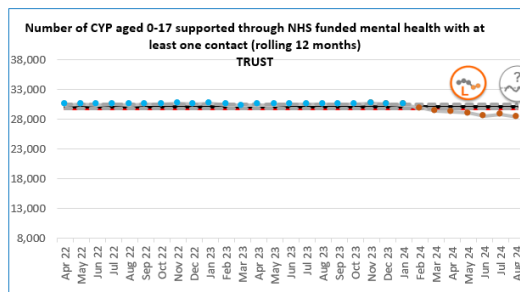
Organisation	Target	Actual	Variation	Assurance	Plan Met
Trust	29797	28757			✗
County Durham	10012	9630			✗
Tees Valley	11218	11121			✗
North Yorkshire	4062	3466			✗
Vale of York	4505	4208			✗

Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses (rolling 12 months) Trust
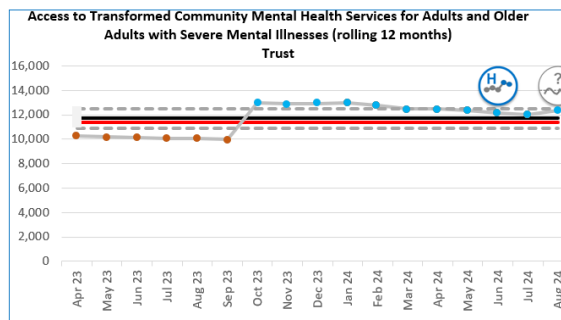
Organisation	Target	Actual	Variation	Assurance	Plan Met
Trust	11353	12367			✗
County Durham	5768	5768			✓
Tees Valley	0	0			✓
North Yorkshire	2518	4483			✓
Vale of York	3067	2116			✗

Number of women accessing specialist community PMH services in the reporting period (rolling 12 months) TRUST
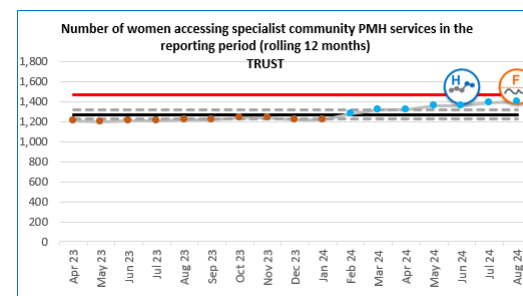
Organisation	Target	Actual	Variation	Assurance	Plan Met
Trust	1427	1399			✗
County Durham	456	537			✓
Tees Valley	447	482			✓
North Yorkshire	284	198			✗
Vale of York	240	182			✗

Percentage of children and young people accessing mental health services, having their outcomes measured at least twice TRUST
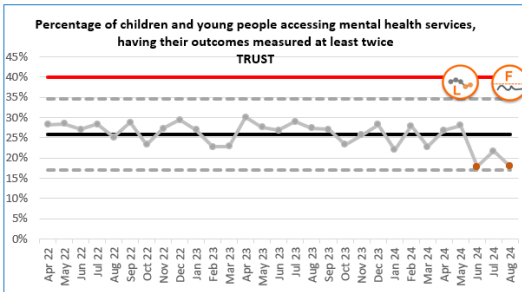
Organisation	Target	Actual	Variation	Assurance	Plan Met
Trust	40%	21.10%			✗
County Durham	40%	16.39%			✗
Tees Valley	40%	25.98%			✗
North Yorkshire	40%	27.74%			✗
Vale of York	40%	15.56%			✗

Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs) Trust
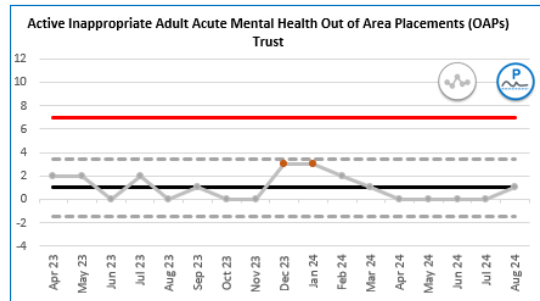
Organisation	Target	Actual	Variation	Assurance	Plan Met
Trust	7	1			✓
County Durham	3	0			✓
Tees Valley		1			
North Yorkshire	1	0			✓
Vale of York		0			

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Finance Update

Council of Governors – Oct 2024

2024/25 Financial Performance

The Trust targeted delivery of a **breakeven position for 2024/25 including £21.8m** (4.5% of income) **Cash Releasing Efficiency Savings (CRES)**. This preceded confirmation of final outcomes in respect of the various nationally negotiated pay awards for 2024/25 which increase the Trust's overall financial exposure. This is because national tariff income uplifts do not reflect the higher ratio of non-acute providers' staff to non-staff costs.

2024/25 Month 5 Revenue Performance:

The month 5 year to date deficit of £1.0m is £1.0m below the plan deficit of £2.0m for the period. This reflects reducing expenditure run rates, including to achieve reductions in agency use and related premia costs.

- **Pay expenditure** of £164.9m is £0.8m below plan. Costs include provision for a 2.1% pay uplift consistent with national planning guidance. Impacts of the recently agreed national pay awards will be accounted for from October. Agency costs are £4.8m and £0.6m below plan, being around 2.9% of pay bill for the period and below the national cap of 3.2% of pay bill.
- **Non-pay expenditure** of £38.9m is £0.2m above plan and includes reducing independent sector bed costs for adult mental health, but above plan costs from taxis and secure transport use.
- **Non-operating expenses** of £0.3m are £0.4m below plan as interest rates remained unexpectedly buoyant.

A key 2024/25 financial risk is the anticipated tariff funding gap for the recently announced **nationally negotiated pay awards** for (Agenda for Change, SAS Doctors, Senior Managers, Junior Doctors). The awards represent an estimated **additional cost of £13.5m above the 2.1% nationally prescribed 2024/25 plan assumption**. Tariff funding uplifts will be received from October.

Key cost pressures include:

- **Ongoing, but reducing, medical and Health and Justice nursing agency costs**, including almost all above price cap nursing agency spend. Whole time equivalent (WTE) usage reduced from 36.6 medical agency WTE in March 2023 to 26.1 WTE in July 2024 and from 155.6 WTE all specialty nursing agency to 58.4 WTE over the same period, reflecting the significant Trust focus.
- **Elevated bed occupancy**, due to increased lengths of stay and **delayed transfers of care** are driving higher than commissioned safe and **temporary staffing** levels, although adult delayed transfers in Durham and Tees Valley have seen a reducing trend recently.
- There is ongoing reliance on **Independent Sector beds** due to Adult Mental Health bed and PICU pathway discharge pressures. Despite internal actions, key impacts causing bed pressures are from longer lengths of stay including from delayed transfers. The Trust has also needed to manage pressures following the temporary closure of Adult Learning Disability beds to admissions.
- **Transport costs** are above plan and have been prioritised for Care Group action. Tenders for both taxis and secure transport are expected to reduce unit costs and improve oversight.

CRES delivery of £7.3m is **£0.2m below plan**, with recurrent schemes delivering £0.6m below and non-recurrent schemes £0.4m above plan. Under-delivery includes international nurse recruitment, LED lighting and transport costs.

Cash balances of £56.5m are **£0.6m above plan** and reflect capital slippage and better than planned revenue performance.

Capital Expenditure of £2.8m is **£1.0m below plan** but expected to be expended or managed within the Integrated Care System.

Copies of the monthly Integrated Performance Reports to the Board are available at: ww.tewv.nhs.uk/about-us/board-of-directors/board-meetings

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For General Release

Meeting of:	**Council of Governors**
Date:	**24 October 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		
Consultation		
Decision		
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**
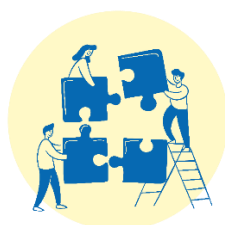
The CQC published the results of our latest Trustwide inspection on its website 25 October 2023 and since then, the Trust has been implementing the Improvement Plan in response to the CQC recommendations.

All actions are centrally monitored via the Trust's Integrated Oversight Plan. Responsible action owners and Accountable Directors are required to have oversight of the actions on the Improvement Plan and to provide regular progress updates. Progress with the plan is presented within Appendix 1 of this report.

Over recent months, a particular focus has been given to those actions in the Improvement Plan which were dependent upon developments with our new electronic patient recording system (Cito). The Quality Assurance Committee agreed changes to the Improvement Plan for some of these actions. Other actions are to be included as part of the Cito developmental pathway.

On the 5th September 2024, the Quality Assurance Committee noted the significant progress made with the CQC Improvement Plan. It was, however, acknowledged that there should be a full **root and branch review** of the plan to ensure that actions are leading to the desired improvements in services for patients.

Root and Branch Review

The root and branch review of the Improvement Plan has been supported by responsible leads and Care Group representatives. The outcome of this review will be presented to the Quality Assurance Committee November 2024, with proposals including; additional improvement actions, re-wording of some actions to more accurately reflect improvements made and proposed changes to some timescales to align with other workstreams/ developments.

The Quality Governance Team continue to track progress with the Trust's Improvement plan and hold an evidence repository to provide assurance of completion and implementation of actions. In addition to this, an Internal Audit of the CQC Improvement Plan Embeddedness is currently being undertaken led by AuditOne.

In June 2024, there was an inspection of AMH Crisis, Acute Liaison and Health Based Places of Safety. The Trust is currently awaiting publication of the report by the CQC. Any additional improvement actions resulting from this inspection report, will be incorporated into the Trust's CQC Improvement Plan and will be monitored and reported to relevant governance groups.

Prior Consideration and Feedback	Updates on the Trust's CQC Improvement Plan are provided to the Quality Assurance Committee and also reviewed by the Care Group Quality Assurance and Improvement Groups. This includes any quality or risk issues that are raised. The Trust is also required to report progress against the improvement plan to the CQC.
Implications:	There are Regulatory implications if the Trust should fail to deliver the improvements identified and maintain ongoing compliance with the CQC Quality 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. It is also asked that Governors note the root and branch review of the Improvement Plan that took place recently.

Appendix 1 – CQC Improvement Plan Progress *(Position received by the Quality Assurance Committee 05 September 2024)*

CQC Improvement Plan Position (*Status By CQC Recommendation*)

- Complete
- In Progress (within target date)
- In Progress (behind target date)

4 4%
34 35%
58 61%
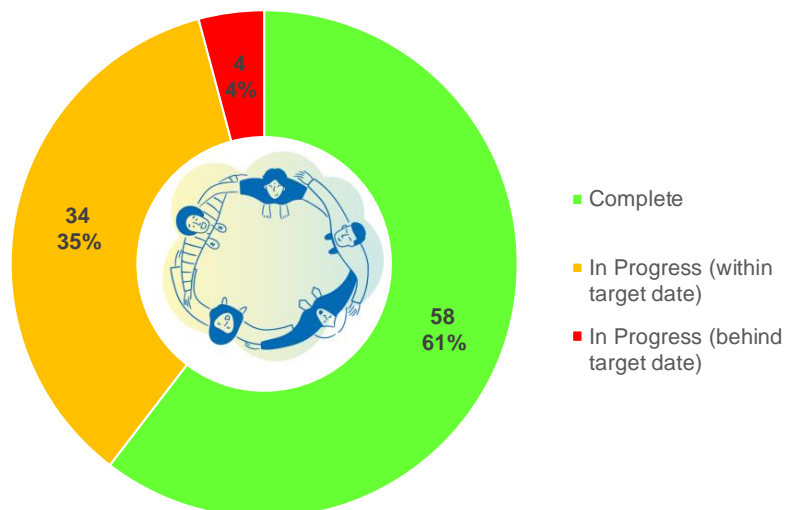
CQC Improvement Plan Position (*Status By Individual Trust Action*)

- Complete
- In Progress (within target date)
- In Progress (behind target date)

7 4%
45 24%
134 72%

34 35%
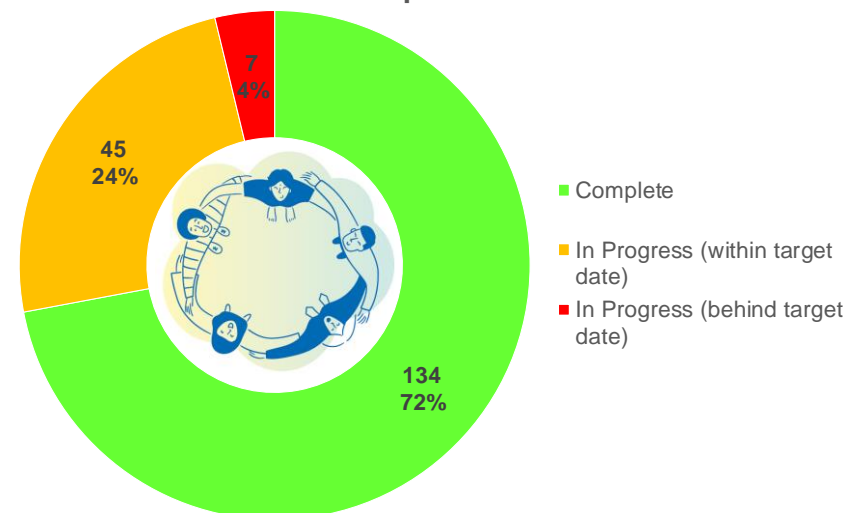
CQC Improvement Plan: Progress on **Individual Trust Actions** by Target Date for Completion

Category	Value (green)	Value (red)
Complete (at point of submission to CQC)	20	
31/12/2023	6	
31/01/2024	2	
29/02/2024	11	
31/03/2024	31	
30/04/2024	10	
31/05/2024	9	
30/06/2024	32	5
31/07/2024	10	2
31/08/2024	3	
30/09/2024	27 / 1	
01/10/2024	1	
31/10/2024	4 / 1	
31/12/2024	7 / 1	
31/03/2025	2	
28/02/2025	1	
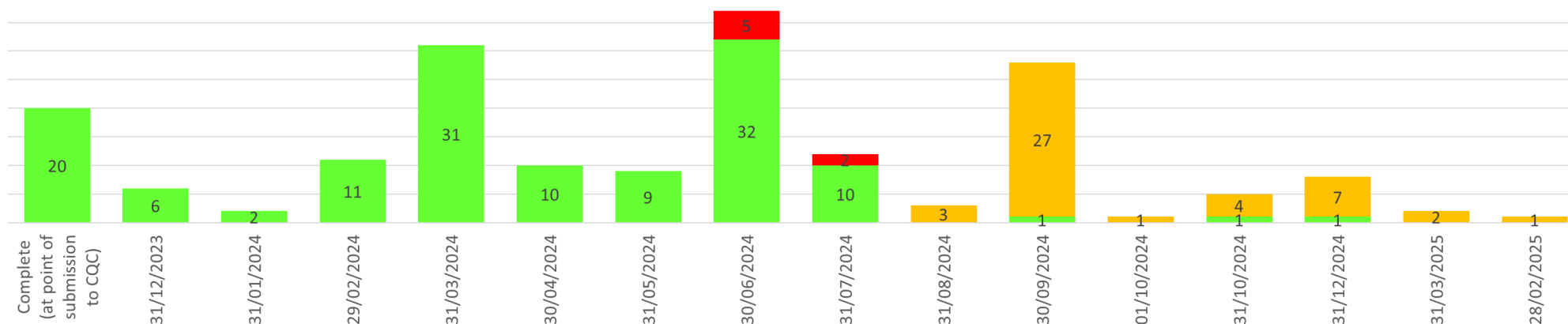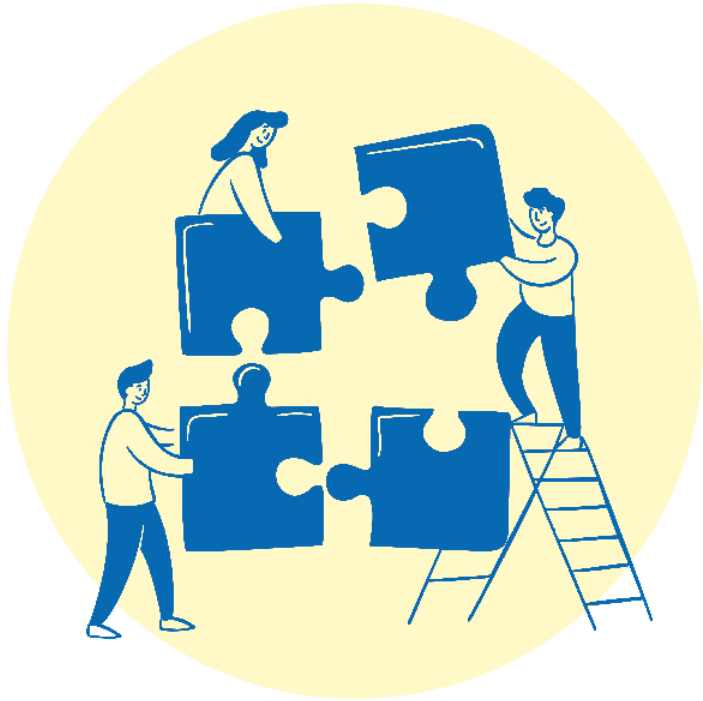
CQC Core Service and Well-led Inspection 2023: Improvement Plan Update

Council of Governors 24th October 2024

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

Delivering the Trust's CQC Improvement Plan

Progress of the CQC Improvement Plan as presented to the 05 September Quality Assurance Committee (by CQC Recommendation):

- **58** recommendations complete

- **34** recommendations in progress

- **4** recommendations in progress behind target date
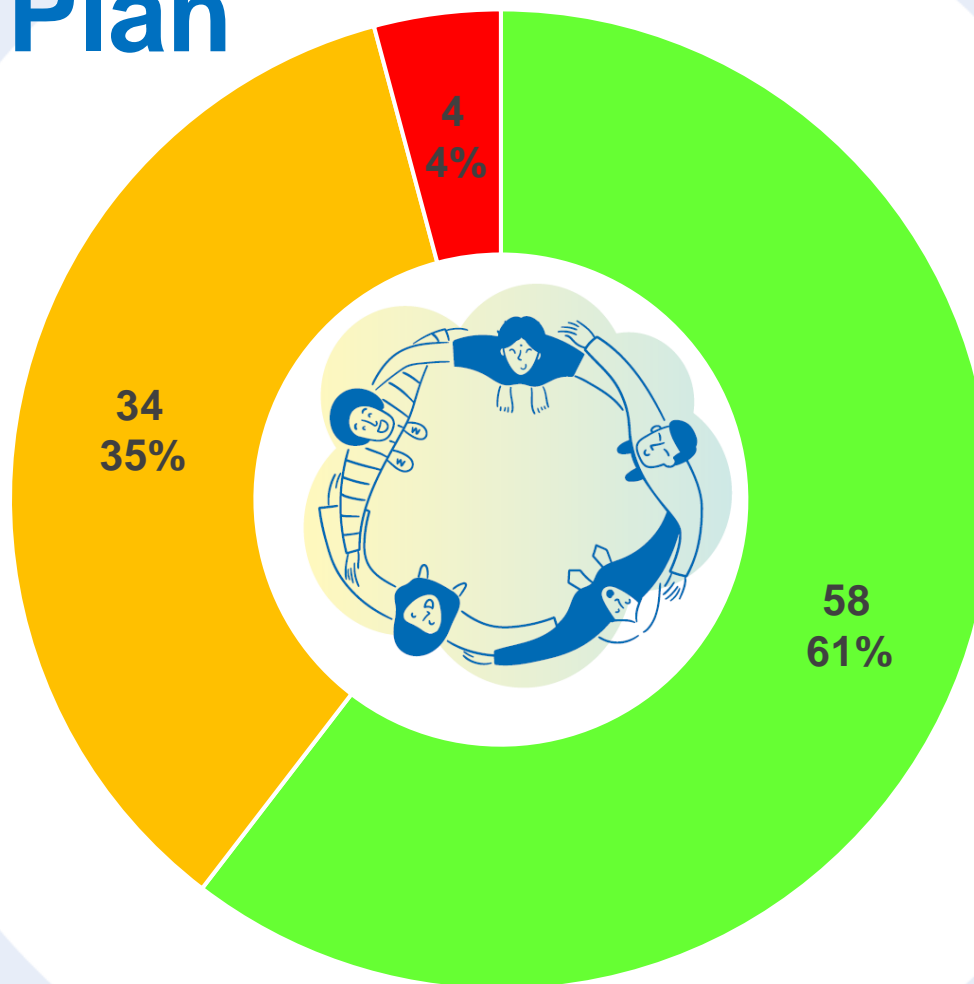
Legend:
- Complete
- In Progress (within target date)
- In Progress (behind target date)

4
4%

34
35%

58
61%

Delivering the Trust's CQC Improvement Plan

Progress of the CQC Improvement Plan as presented to the 05 September Quality Assurance Committee (by Trust Individual Improvement action point):

- **134** individual actions complete

- **45** individual actions in progress

- **7** individual actions in progress behind target date

- Complete
- In Progress (within target date)
- In Progress (behind target date)

7
4%

45
24%

134
72%

CareQuality Commission

104
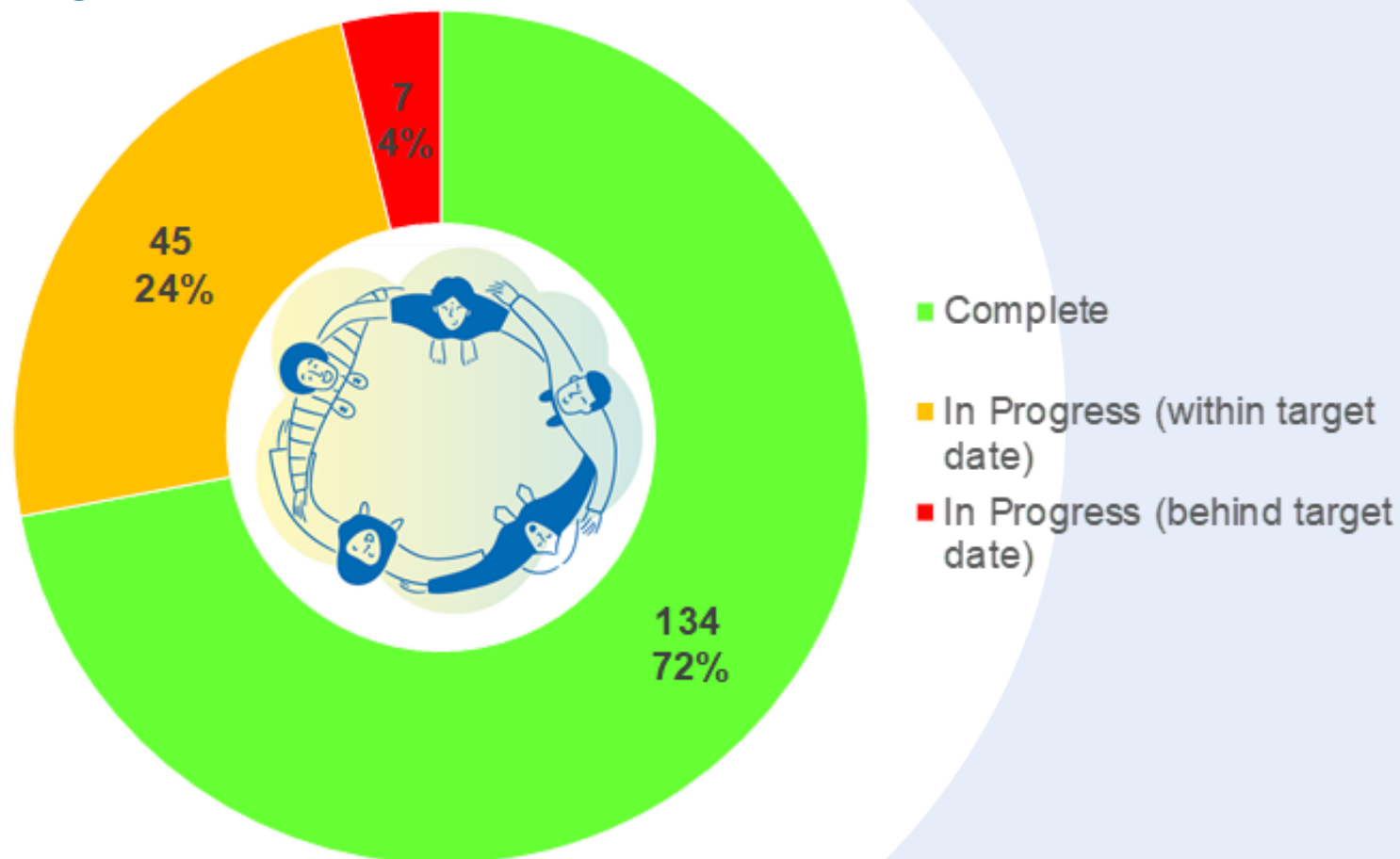
The Quality Assurance Committee 05 September 2024 commissioned a **'one year on' root and branch review** with Action Owners / Care Group colleagues.

The workshop sessions were held on **20, 24, 27th September 2024**.

Root and Branch Review

1) Consider whether the initial recommendations have been fully addressed where actions are complete?

2) Are changes needed to any of the current improvement actions to achieve full delivery of each CQC recommendation?

3) Are further actions needed to ensure that improvements are embedded and have had a positive impact?

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The outcome of this review will be presented to the Quality Assurance Committee **November 2024** with proposals including; additional improvement actions, some wording changes to reflect accurately the improvement action, proposed amendments to the timescales of some actions to align with other workstreams/ developments, and changes made to assurance levels following consideration of the current position. The majority of action status and assurance levels were deemed accurate.

Thank You

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NHS Foundation Trust

Council of Governors

Durham Tees Valley & Forensics (DTVF) Care Group Update

Naomi Lonergan
Interim Managing Director (DTVF)

24th October 2024

Contents

- **Celebrations**

- **Spotlight on:**

  o ALD Respite and CAMHS Neuro

  o Crisis Screening, Triage and Assessment Overview

- **Community Transformation**

- **Spotlight on Secure Inpatient Services**

- **Temporary CGB Changes**

- **Forward look**

- **Questions**

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Celebrations

- Health and Justice had a positive morning celebrating TEWV recently at a recruitment event in Leeds.
- Suzanne Cox raised £2,150 this year for Macmillan smashing her target of 10k in 10 years.
- Kelly Conway, a volunteer service coordinator and her therapy dog Ruby, with the Trust won an award with BBC Tees. The 'Make a Difference' Awards are held annually and recognise those who love to make life better for others.
- Right Care Right Person (RCRP) has gone live.
- Big shout out to all our colleagues who took part in the Great North Run 2024.

ALD Respite Service - update

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We appreciate that change can feel worrying, especially for the families whose loved ones we care for and for our colleagues in the service. However, this coming 12 months is an opportunity to bring about necessary change and improvements to our ALD respite services.

This is needed to ensure that:

- The service provides the highest quality of care for people.

- We comply with regulations set out by the Care Quality Commission (CQC). For example, the current buildings need significant updates as they no longer provide the best environment for people in our care.

- There is enough staff to provide safe and kind care.

- The service offers value for money.

To make the necessary changes, on 20th September, we gave notice to the Integrated Care Board (ICB), the organisation that commissions this respite care in Teesside, which will allow us to work with them, as commissioners, to start looking at the best option for future respite care.

ALD Respite Service - update

The key next steps involve:

✓ Continuous engagement with families, staff, ICB and other stakeholders.
✓ Development of the quality impact assessment to ensure any quality risks are identified and mitigated.
✓ Ongoing monitoring of business continuity metrics to highlight reductions in key performance indicators that will impact service delivery.
✓ Engaging with trust Estates department regarding the de-commissioning of Aysgarth and Unit 2.

✓ Prepare for the submission of a bid to provide health input into the future model – if required.

We are fully committed to a process of ongoing engagement with all stakeholders to ensure they are informed as and when developments emerge.

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CAMHS Neurodevelopmental Service

- We have nearly 10,000 children and young people waiting for a neurodevelopmental assessment in Durham Tees Valley, with more than half waiting more than 1 year.

- Although we have developed a recovery plan and a range of actions to mitigate the clinical risks by reducing waiting times and allow the service to recover more quickly, the actions agreed will not fully address the issue.

- We recognise that the service is on an exponential trajectory at the present time and will be unable to recover the position without additional support, in order to revert to business as usual.

- We are working closely as a system to make urgent improvements. Key actions include:

  - ✓ Developed and implemented a revised clinical protocol for assessments with focus on those waiting more than 104 weeks.
  - ✓ Developing a plan to implement the professionals' line in D&D.
  - ✓ Scope numbers of YP being held in Getting More Help (GMH) teams and undertake impact assessment to prioritise cases for assessment within core GMH teams.
  - ✓ Refreshed the management of the Patient Tracker List (PTL) with focus on capacity and chronological booking.
  - ✓ Validating the waiting list, including writing to all patients to 'opt out' if they feel they no longer require an assessment.

CAMHS Neurodevelopmental Service

Progress is being very closely monitored by the Leadership Team on a weekly basis – scrutinising every appointment available and the outcome by geographic team.

We have started to see the numbers reduce on those waiting for the longest since the start of the pilot of the condensed protocol in June – see table below:

CYPS Waiters by Time Band

113
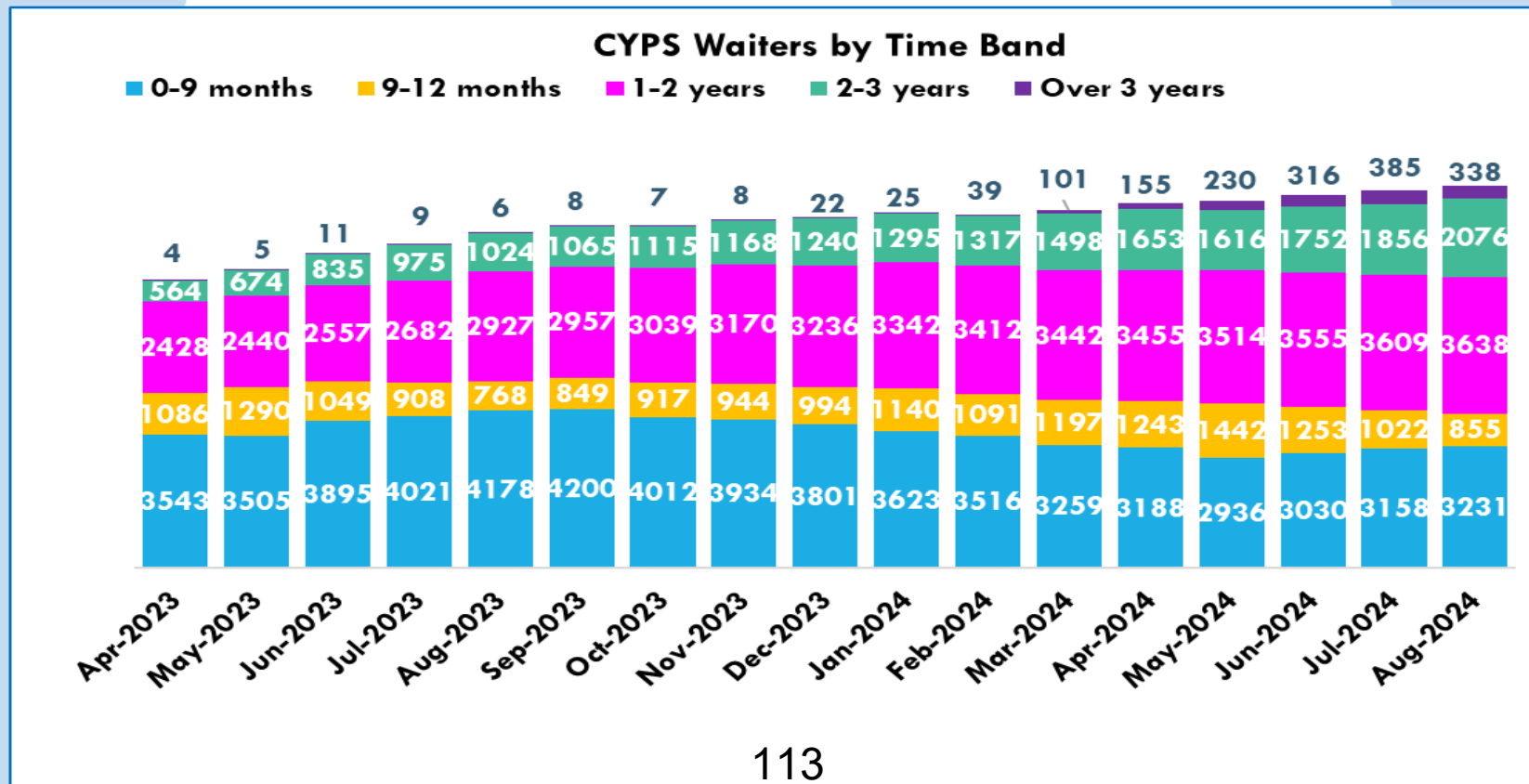
Crisis Screening, Triage and Assessment Overview
Durham Tees Valley Overview
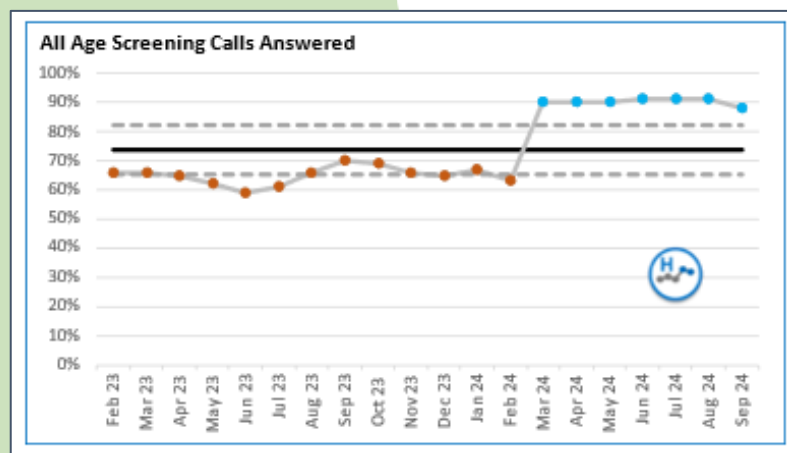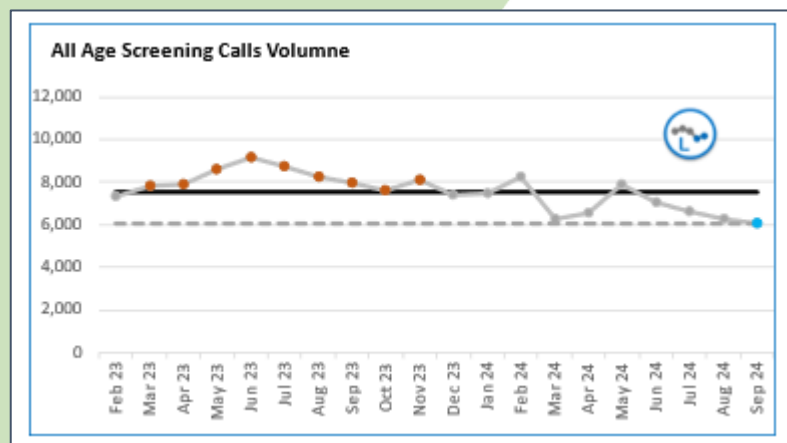
- There is an evident reduction in the number of calls reaching crisis services for triage as a result of the new screening service.

- The service have seen a reduction in call volume over recent months with special cause improvement noted in September 2024 despite 111 select mental health communications. Cause of this is unknown but assumed to be less people calling back after long waits.

- Between March and September 2024, the service have reported special cause improvement in call answer rates. On average calls have been answered within 55 seconds.

- Although overall call answer rate has seen improvement across DTV both at screening and triage within crisis, this is not currently meeting the NHS England KPI of 97%.

Durham & Darlington Overview

Triage Calls Answered - AMH Durham & Darlington

Triage Calls Answered - CAMHS Durham & Darlington
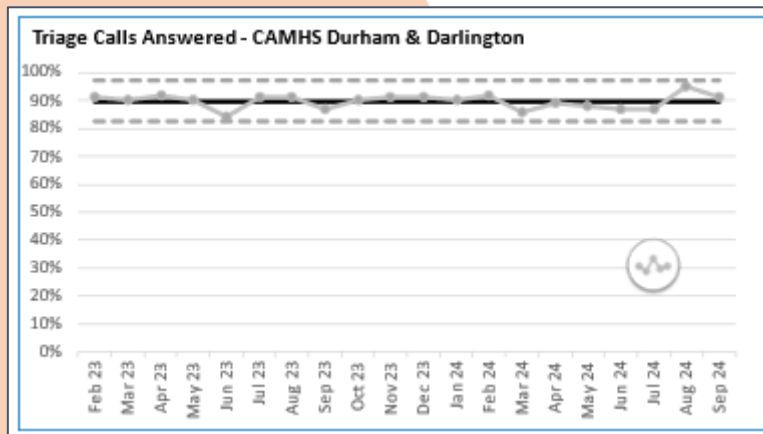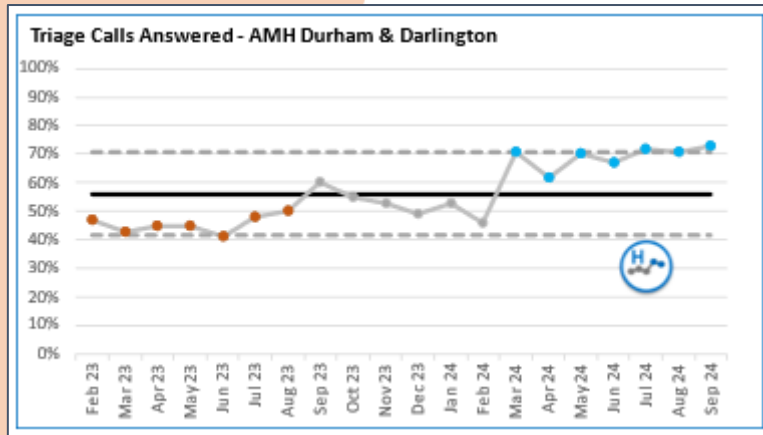
- 7 months of sustained special cause improvement in triage calls answered for Adults.

- Improved recruitment position with a combined 18% vacancy & absence rate (prev. 46%).

- Significant volume of 'professional line' calls.

- Sustained normal variation for CAMHS, with an average of 90% calls answered.

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Teesside Overview

Triage Calls Answered - AMH Tees

Triage Calls Answered - CAMHS Tees
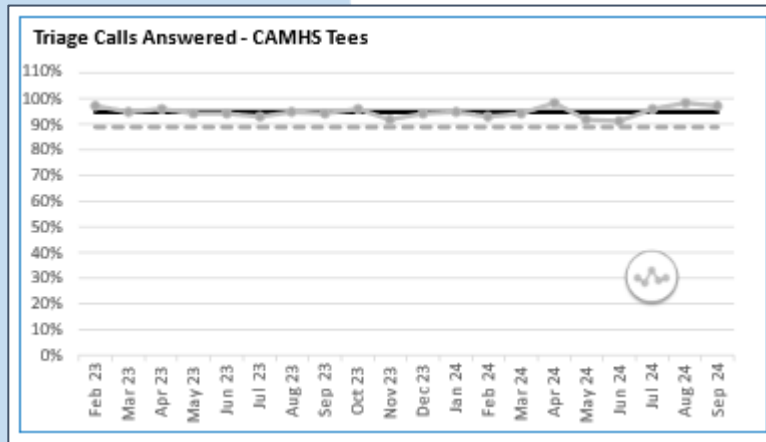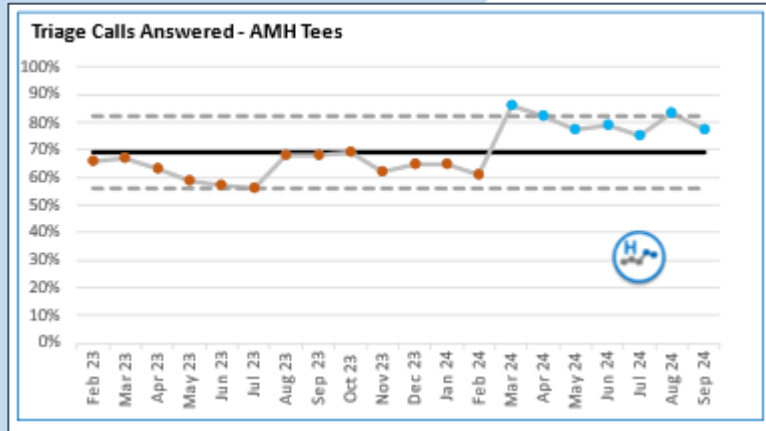
- 7 months of sustained special cause improvement in triage calls answered for Adults.

- Significant volume of 'professional line' calls.

- Sustained normal variation for CAMHS, with an average of 95% calls answered.

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Next Steps

- **Offer of a call back if waiting for 7 minutes or longer on the phone.** *This is an automated function and maintains position in queue to prevent patients and professionals having to wait on the phone.* Due: Nov-24.

- **Manual call back process for patients who 'abandon' their call.** *This is for patients who have been screened as requiring triage. This is dependent upon demand and contact details being available.* Due: Jan-25.

- **Continued recruitment into Crisis Teams to ensure vacancies are filled.** *Predicting 8% vacancy rate in D&D in Jan-25.* Due: Feb-25.

- **Demand modelling.** *To identify peak call times and ensure appropriate levels of resource are in place.* Due: Dec-24

- **Data Validation.** *Assessment compliance is not accurate due to system changes, this is being validated to give a more representative picture.* Due: Apr-25.

Community Transformation

- System Development Funding for Community Mental Health Transformation. This will allow us to recruit year 3 Additional Roles Reimbursement Scheme posts as an additional band 6 primary care nurse for each of our 14 Primary Care Networks in Tees Valley to supplement the existing service.

- In July, we opened a Wellbeing Hub in Wellington Square in Stockton, next door to WH-Smith. The hub is a joint venture between Catalyst, our Voluntary Community Social Enterprise (VCSE) lead in Stockton and Citizens Advice Bureau. The hub will co-locate, Citizens Advice Bureau, our VCSE partners, TEWV CMHT staff, Talking Therapy services and Drug and Alcohol services in the same building.

- In Middlesbrough we are developing a trusted assessment process alongside Talking Therapy services and VCSE partners to reduce the times that people have to tell their stories and be reassessed. We are also looking to place a VCSE worker from Teesside Mind`s Recovery foundation service into all 5 Community Mental Health Teams in Tees Valley.

Spotlight into Secure Inpatient Services Summary Highlights

Patient Flow

AS PC Priority - Secure Services Clinical Review;

Deep dive into male mental illness beds complete – joint Provider action plan in place

Revised internal bed management process – overview of journey for every patient, process in place to capture changes to EDDs

Female Service

AS PC Priority -Secure Services Clinical Review

Gap analysis complete against 14 national standards

High level delivery plan complete and submitted to NHSE

Forecasting of future bed numbers complete

Bed Model Implementation

AS PC Priority -Secure Services Clinical Review

Bed Model approved

Expansion of male medium secure mental illness beds – Q3

Realignment of male low secure mental illness beds – Q3

Summary Highlights

Learning Disability and Autism Beds

AS PC Priority -Secure Services Clinical Review

Forecast of future bed numbers complete – demonstrates minimal reduction 25/26.

Estate Improvements

Evaluation of estate capacity within the perimeter to enable MDT space – to date successful relocation of Dietetics, Speech & Language, Physical Health

£200k investment to support community environment – Block 12 development

Peer Roles

Approach approved and recruitment for peer workers started

Key areas of focus & future actions

- Bed Model Implementation
  - Male MSU beds operational mid-October 2024
  - Male LSU realignment – mid October 2024 (relocation of Jay, Merlin, Newtondale)
  - Bed model revision 2025/26
- Female Service Model of Care
  - National event – 3 October 2024
  - Workshop – 10 October 2024
  - Female Business Case – December 2024 *consideration to future delivery of LDA beds
  - High level delivery plan submission to NHSE – Q3 2024
- LDA
  - Male LDA Position Statement – December 2024
- Bed Flow
  - Implement joint Provider action plan
  - Community Team in reach review
  - Clinical Pathways
  - Revised clinical model
  - Staffing Profiles
- Estate
  - Completion of community environment
  - Dedicate Female Inpatient Hub (25/26) – link to Female Service Model of Care
- Peer Workers
  - 10.65 wte peer workers including senior peer worker in post

Key issues and risks

- Agility to respond future service expansion and pathway development
- Availability of resource and environment to support any service expansion and pathway development
- Continued increasing Male MI demand – alternative solutions required
- Availability of community discharge placements, significant challenge to find suitable placements that meet needs and associated risks. System response required
- Recruitment and retention – national shortages (impact psychology – therapeutic interventions)
- Unknown if national funding is available to support high level delivery plan for female services
- Delivering care close to home and the future financial viability of small wards for our LDA services (Female Service in particular)
- Timeline and delays associated rectification programme
- Funding to support capital expenditure

Temporary CGB changes

- Naomi Lonergan has been successful in a 9 month secondment to Interim Managing Director for the DTVF Care Group whilst Patrick Scott has moved into Mike Brierley's post as full time Deputy Chief Executive.

• Jamie Todd is overseeing SIS as Director of Operations for the upcoming few weeks alongside CAMHS and LD.

• Elspeth Devanney is currently on secondment to Nottingham Trust and Dawn Jessop is covering her Group Director of Nursing and Quality post until Elspeth returns in November.

Forward look....

- Business Planning

- CRES

- Finance

As at 31st August, the Care Group reported a deficit to budget of £5.6m
As at Month 5 (August), the Care Group has a CRES target of £7.5m.

Key areas of concern
- Agency Use
- Improvements in Rostering

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Thank You

Any questions?

Tees, Esk and Wear Valleys **NHS**

NHS Foundation Trust

For General Release

Meeting of:	Council of Governors Public Meeting
Date:	24th October 2024
Title:	North Yorkshire Care Group report October 2024
Executive Sponsor(s):	Zoe Campbell, Managing Director North Yorkshire, York & Selby Care Group
Author(s):	

Report for:

Assurance		*Decision*	
Consultation		*Information*	✓

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

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

Strategic Risks relating to this report:

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

7: Cyber Security.

- **Executive summary:**

- *Purpose:* The aim of this report is to provide information to and update the Council of Governors (CoG) on behalf of the North Yorkshire Care Group.

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

- *Overview:* This update includes:

- Director of Operations Update
- Spotlight on:
  - Workforce
  - NHS 111
  - Community Transformation
  - Cocreation
- Challenges

Council of Governors

NY&Y Care Group Update

Zoe Campbell

Managing Director (North Yorkshire & York)

October 2024

Contents

- **Director of Operations Update**

- **Spotlight on:**

  - o **Workforce**

  - o **NHS 111**

  - o **Community Transformation**

  - o **Cocreation**

- **Feedback from Health Watch**

- **Challenges**

- **Questions**

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Director of Operations Update

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NHS Foundation Trust

- The ICB continue to lead daily system calls to monitor and address whole system pressures TEWV continues to be a great partner and supports these daily calls. Initial discussion has taken place looking at current working arrangements between liaison and crisis teams.

- We continue to have a significant challenge around our crisis teams across the Care Group in relation to service delivery. (separate slide)

- New monthly operational meeting –focus on performance, finance, planning and operational delivery 14 October. The value and impact of this meeting will be reviewed

- The successful bid by the York Mental Health Partnership to deliver a 24/7 hub / alternative to crisis has been announced and meetings are planned to bring together partners around the delivery of the hub.

- A celebration event took place in York on 17 September 2024 looking at our voluntary sector colleagues and how they have worked to support the delivery of the connecting our city programme.

- Work continues on the development on the new base within Harrogate town centre. An oversight group meets regularly and all teams involved are engaged in the process.

- General Managers continue to build relationships with colleagues in North Yorkshire Council regarding a number of issues and will continue to develop those relationships and seek new opportunities.

- The current position for 24/25 CRES (cost reduction plans) is broken down within the finance report. The August position is £1.02M against a target of £902K. Whilst this is positive, we do need to treat the position with caution.

Spotlight on: Workforce

- **Staff in NYYS recommending Trust as a place to work** 44.89% updated July (previous 40.76% April)

- **Staff in NYYS Headcount** 1944 September down from (1964 August) WTE 1744.5 August (Sept wte not available due to IIC reporting error).

- **Appointment of external candidates** 64.86% September (75.47% August).

- **Length of time to hire (weeks)** 14.04 September (12.93 August).

- **Mandatory and Statutory Training** 85.94% compliant September **(**86.94% August) - standard 85%

- **Sickness Absence Rate** 4.2% September (down from 4.74% August)

- **Staff (Headcount and WTE) leaving** – 39 staff left in September, (29 staff left in August)

- **Leaver rate** 12.36% September (up from 12.24% August)

- **Current Appraisal** 84.84% September, (just slipped below 85.10% compliance August) Target 85%

- **Bank & Agency usage** Bank 40.8% September (46.8 August). Agency 40.85% September, (37.19% August)

- **Referrals to Employee Support** 132 YTD September, (117 YTD August)

- **Psychology Service** 24 referrals YTD September **(**18 YTD August)

- **Number of new Grievance /inc. Bullying and Harassment Cases** 1 September , Nil August

- **New Disciplinary Cases** 2 September 3 August

- **Occupational Health Appointments attended after management referral 260 YTD September** (175 YTD August)

- **Concerns raised via Freedom to Speak Up** 1 September, 2 August.

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

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NHS Foundation Trust

Context

The service is open access, all age and will provide a 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 organisation (Everyturn) and those who require triage and assessment will be transferred to TEWV mental health crisis services.

significant recovery work that has been undertaken in the past month to improve the cover on the line there continues to be concerns around the ability to safely staff the line which is directly impacting on the service delivery model

- A new daily escalation meeting is in place to ensure coordination for the line cover

- Performance data from the previous day is shared with staff so they can understand the impact of gaps in cover

- A daily Red Amber Green rated report is produced by team managers to ensure gaps in provision are highlighted and mitigated

- A weekly inPhase (incident reporting system) is raised with all gaps in provision from the previous week to allow for retrospective reflection and planning for week forward

- A screen have been put up at Everyturn so they can see where there is no one on the line and can hold onto calls until cover is reinstated (this is only a mitigation for over 16 calls currently).

Spotlight on: Community Transformation Plans

Community Mental Health Transformation
North Yorkshire and York

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

- TEWV Celebration Event with Transformation Jan 25

- York North Hub to continue initial clinical phased activity, decide on functional older adults inclusion in future model and timeframe for this.

- Hub Team manager post advertised Aug 24, interviews booked.

- Leadership and Transformation drawing up phased roll out plan for the further 2 planned hubs in York, 24/7 Hub 2 planning phase being implemented for launch within 6 months where possible. Developing internal service modernisation and options paper Care Group review.

- Ongoing comms strategy development, internet page, newsletters etc

- Finalise CITO, Notification of Change form, being prepared for all future hubs across NYYS

- Continued staff/service engagement. Establish future TEWV decision making boards (structure, representatives etc) feed into Place Local Delivery Boards to be agreed and implemented.

- Formalise standardised governance framework and reporting for each place, feed into reporting templates and agree future governance and performance standards required.

- Work on-going to align with TEWV Co-Creation Network.

- Workshops and training planned with partner organisations (North Yorks & City of York Councils, Police etc regarding the delivery of Trauma Informed Training.

- Awaiting output of bid for Consultant Psychiatrist to enable further Adult Eating Disorders standalone service development including release of funding for FREED Champions

Spotlight on: CoCreation

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- **Fundamental Standards** - The Co Creation Board is working to foster understanding of Fundamental Standards among its members

- **Co-Creation Toolkit Development** - Developing a comprehensive Co-Creation Toolkit to support and enhance co-creation

- **Kite Mark** - Exploring the implementation of a Kite Mark system to recognize and promote co-created work.

- **Carers' Involvement & Engagement** - exploring how the care group supports services using the Triangle of Care self-assessment toolkit to establish a baseline

- **MHSOP**
  - To improve patient and carer experience across the specialty, a feedback form was co-created to get feedback from carers and service users. This will triangulate with carers champion and career groups report sent to the monthly SIDG around service delivery across localities

- **Adult Mental Health**
  - Aiming to have an easily accessible feedback form for carers and service users.
  - There is an ongoing conversation with Fos Park carers group around carers experience within Foss Park.
  - Training session for Ebor and Minster ward staff, carers working within the ward leading the training.
  - Carers are leading in proactive work being done around discharge procedures.

- **Adult Learning Disability**
  - A great piece of work in relation to dialog making it user friendly in easy read.

- **Child and Adolescent Mental Health**
  - Staff have stepped in as co-creation champions

Challenges

- Still some difficulties with CiTO

- Recruitment is an ongoing challenge

- High vacancy rates continue within 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.

- We currently have several teams in business continuity - each has a robust action plan and weekly monitoring process in place

Thank You

Any questions?

Tees, Esk and Wear Valleys **NHS**
NHS Foundation Trust

For General Release

Meeting of:	**Council of Governors**
Date:	**24 October 2024**
Title:	**Membership of the Nomination and Remuneration Committee**
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 appoint Governors as members of its Nomination and Remuneration Committee.

Proposal: The Council is asked to appoint Jill Wardle and Gary Emerson as members of its Nomination and Remuneration Committee.

Overview: The Nomination and Remuneration Committee has been established by the Council to provide support in undertaking its statutory duties in regard to the appointment and remuneration of the Chair and Non-Executive Directors under schedule 7 of the National Health Service Act 2006 and the Constitution.

Four seats are provided for Governors on the Committee.

At present the Governor members of the Committee are Mary Booth, Graham Robinson and Jill Wardle.

The vacant seat has been advertised on at least two occasions with no nominations received.

The Jill Wardle's terms of office on the Committee is due to end in

November 2024.

The Council is asked to note that:
- Jill Wardle has expressed her interest in continuing to serve on the Committee.
- Gary Emerson, Lead Governor, has expressed his interest in serving on the Committee.

As Jill and Gary have both served previously on the Committee it is considered that they meet the Council's stipulation that its members should have experience in the appointment of senior managers.

Prior Consideration and Feedback	The vacancy on the Nomination and Remuneration Committee was considered by the Council at its meetings held on 19 March 2024 and 3 June 2024 (minutes 23-24/84 and 24-25/15 refer). The Council agreed that it should be readvertised as no nominations had been received.
Implications:	The appointment of Governors to fill the vacancies will mitigate risks to the operation of the Committee.
Recommendations:	The Council is recommended to appoint Jill Wardle and Gary Emerson as members of its Nomination and Remuneration Committee for terms of office of three years.

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For General Release

Meeting of:	**Council of Governors**
Date:	**24 October 2024**
Title:	**Role of Governors: Task and Finish Group - Final Report**
Executive Sponsor(s):	**Ann Bridges, Executive Director of Corporate Affairs and Involvement**
Author(s):	

Report for:				
Assurance	X	*Decision*	X
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
3	*Co-creation (inc patient / carer experience)*	*Our Governors play an integral and valued role in the trust and must have the right tools, knowledge, training and support to fulfil this. If Governors feel unable to deliver on their duties in public office then this leaves us open to risk across multiple BAF risks as outlined.*
8	*Quality Governance*	
9	*Partnerships and System Working*	
10	*Regulatory Compliance*	
13	*Public Confidence*	

Executive Summary:

Purpose: Governors agreed at their development session in March 2023 to establish a task and finish group to explore the Role of Governors and the development required to ensure that Governors could fulfil their duties and powers effectively and with confidence.

Terms of reference were agreed at their augural meeting in June 2023 as outlined in the pack included. Agreed actions and outputs are also detailed.

Recommendation: The Council of Governors are asked to:

- Note the progress, actions and outcomes agreed.
- Approve the Governors Charter developed by the group for formal adoption.

Task and Finish Group: Role of Governors

Final Report

24 October 2024
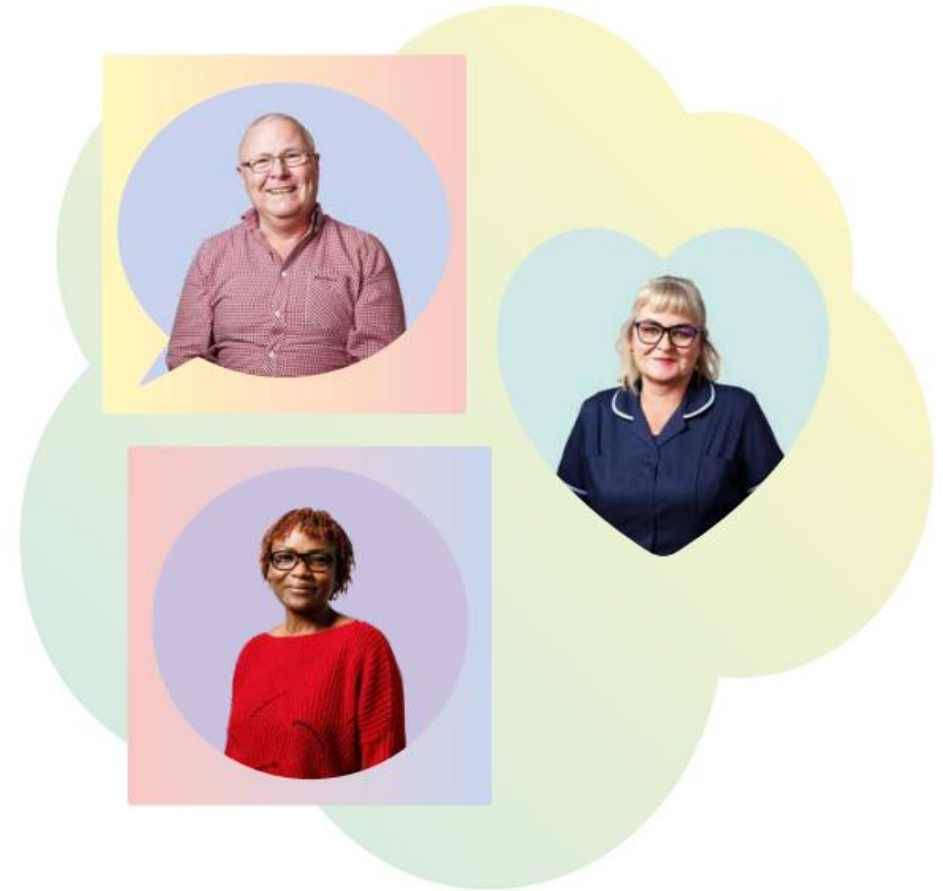
Task and Finish Group: Role of Governors

Terms of Reference

1. The role of Council of Governors (CoG) and Governors within it, as defined by NHS Guidance, including difference between Governor roles and Non-Executive roles.

2. The power and duties of Governors as suggested by good practice guidance (from Good Governance Institute and others).

3. The wider role of CoG in understanding, helping develop, and accepting: Vision; Strategy; Leadership; Assurance; Probity; Stewardship; and this as defined with reference to role of the Trust Board, and the Trust Executive.

4. Governor Development Strategy: seek to collectively develop a Council of Governors Development Strategy, that defines a series of themes and topics that Governors feel will enable them to be 'the best Governor they can be'. [agreed in Oct 2023 that we would co-create this with CoG in governor development session – use 1-3 above as a basis].

5. Communications and Information: communication to/from from the Trust; connecting with communities, working alongside others with shared interest in mental health, learning disabilities, and autism, support to governors re IT, factsheets, information.

6. Language and behaviours: appropriate behaviours, how governors want to work alongside each other.

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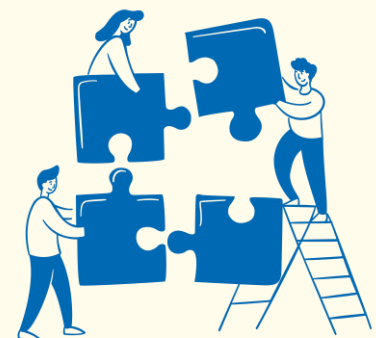
Role of Governors v's Non-Executive Directors

1. The role of Council of Governors (CoG) and Governors within it, as defined by NHS Guidance, including difference between Governor roles and Non-Executive roles.
2. The role of CoG and Governors as suggested by good practice guidance (from Good Governance Institute and others).

Actions taken:

- Circulated multiple information sources to clarify the difference in roles and good practice.
- Information added to the Governor Handbook and added to TEWV website.
- Used governor development session in November 2023 to discuss the 11 duties (accountabilities) of governors and what they mean.
- Further discussion at governor development session in March 2024 on developing relationship between Non-Executive Directors and Governors.

Role of Governors v's Non-Executive Directors

March 2024: actions agreed – two-fold:

The 'ask' from Governors was for greater simplicity in terms of language, use of acronyms and weight of materials from the Trust, leading to increased accessibility, understanding and therefore a more meaningful contribution from the Governors. Some of the suggestions which sat underneath this broad principle included:

- Consider pre-meet briefings to better understand complex issues.
- Focus on facts rather than narrative in papers.
- The provision of a 'jargon buster' – in updated Governor Handbook.
- Preference towards simplicity rather than complexity (which the NEDs very much supported).
- Renewed focus on the induction programme for new Governors – and NEDs – with an emphasis on joint working.

A 'commitment' from Governors to take the initiative in developing the relationship with NEDs (and the Board), by being present, attend Board and Committee meetings, get involved in co-creation activity. Also notion of having informal meetings/gatherings which took place pre-Covid, and were very much focused on getting to know each other rather than just 'doing business'.

There was broad agreement that it would be good to let the Governors lead this (with support obviously) but very much make it Governor-led.

Governor – recap of powers & duties (1 of 2)

1. Approve / remove the Trust's external auditor.

2. Receive the Trust's annual accounts, any report of the auditor on them and the annual report.

3. To hold the Non-Executive Directors individually and collectively to account for the performance of the Board.

4. Appoint, and if appropriate remove, the Chair and Non-Executive Directors.

5. Decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other Non-Executive Directors.

6. Approve the appointment of the Chief Executive.

7. Approve amendments to the Trust's constitution.

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8. Be consulted on the future plans for the Trust and of any significant changes to the way services are provided.

9. Approve "significant transactions" and approve an application by the Trust to enter into a merger, acquisition, separation or dissolution.

10. Decide whether the trust's non-NHS work would significantly interfere with its principal. purpose, which is to provide goods and services for the health service in England, or performing its other function.

11. To represent the interests of members of the Trust as a whole and the interests of the public.

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Communications and Information

Communications and Information

Ongoing activity:

- Ongoing support and training for Governors.

- Continue to increase profile of Governors and the work you do, to the communities you represent, including short videos.

- Support with events as well as attendance at TEWV events / meetings eg AGM, Our Journey to Change business planning events, governor locality meetings, Board meetings, Committees, leadership walkabouts, involvement opportunities

- Map out existing community groups and networks – so that governors can 'plug in'.

- Membership Strategy development.

Governors charter – for approval

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Respecting one another
We are here because we care about our communities and the people in them. We are driven by a belief that everyone should have the best possible access to services. As a group, our respect for each other is built on the assumption of that basic principle, which should always guide our discussions and interactions with each other.

Constructive challenge
In a perfect world, every type of service would be available to every single person, however we don't get to operate in a perfect world - instead we have to make choices. We recognise that part of our job is to challenge each other about those choices and in doing so we will call on our skills and experience, always seek to put the service user and carers first and stand by our individual values and principles. Where our views differ, we will speak to each other with respect and civility.

Productive working relationships
The challenges we face are many and varied, but our ultimate goal is to champion for the most effective, efficient and relevant services for our communities. Therefore, we will ensure that our time together is productive, that we maintain a focus on outcomes and that those who rely on the services we oversee are able to clearly identify the impact of our efforts in the services they use.

Demonstrating commitment
We demonstrate our commitment by both producing and sharing materials in a timely and accessible manner, and by taking the time to understand the matters at hand and what is expected of us in considering them. Our joint commitment above all is to those we serve, not to organisational or self-interest.
Our commitment is best demonstrated by being briefed, present and ready to do the best for the communities we serve.

Thank you

any questions?

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NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

For General Release

Meeting of:	Council of Governors' Meeting
Date:	24th October 2024
Title:	Council of Governors' 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 Strategy 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 19th August 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 3rd June 2024.*
Implications:	*None identified.*
Recommendations:	*The Council of Governors is asked to note the report for information.*

At it's last meeting, the Committee considered:

An Update on the Co-creation Journey

Committee members considered a report and presentation on co-creation work in the Trust between April and June 2024. This included the work of the Involvement and Engagement Team and the Lived Experience Directors.

It was noted that:

- Between April and June 2024, 38 co-creation requests had been received from Trust services.
- At the end of June 2024, 436 people had been registered for involvement activities with the Trust.
- £21,070 had been paid in involvement payments and £205 had been paid in vouchers for those under 16 years old who had taken part in involvement activities.
- Co-creation Boards: were established in Durham, Tees Valley and Forensic in June 2023, and in July 2023 in North Yorkshire and York.
- The first Co-creation Board away-day for the Durham, Tees Valley and Forensics Care Group Board had been held.
- The Durham, Tees Valley and Forensics Learning Disability Service User Involvement Group had been launched.
- The first Trust-wide Involvement Members' Community Day had been held, attended by approximately 30 people. The day had provided a space for people to come together and enjoy activities, along with the Involvement and Engagement Team.
- An Early Intervention in Psychosis Co-creation Group for staff had been established to provide an opportunity for staff to talk about what co-creation means to them and share their experiences with each other.
- The Trust Health Inequalities Strategy had been launched in April 2024.
- In relation to the outcomes and the impact of co-creation, Ridgeway Writings, a project co-created between patients, carers and staff; containing stories, poetry and pictures, had been published. Other examples of co-creation work were noted by the Committee.
- The Trust's Arch Recovery College in Durham would be delivering a new course to Veterans called 'Veterans Moving Forward'. This had been created in collaboration with Help4Heroes and developed by veterans, for the veteran community.

Update from Lived Experience Directors

Committee members received a verbal update from the Lived Experience Directors C. Nosiri and C. Morton. It was noted that:

- Measuring and understanding the impact of co-creation in the Trust was important however quite challenging. Progress on co-creation activity will

made will be reported through the Trust's governance routes and the Committee can receive updates at future meetings.
- The Co-creation Boards cover wide-ranging topics and have specific terms of reference which have been co-created.
- There is no national precedence for Lived Experience Director roles in the NHS and more clarity on what their portfolios could be, would be appreciated.

Trust Membership

The Committee considered a report on the public and staff membership of the Trust, as at 31st July 2024. It was noted that:

- Membership levels continued to be broadly representative of the communities the Trust served.
- Member numbers had not changed for several years - a draft TEWV Membership Plan had been developed and potential member recruitment opportunities were being considered.
- Many Governors are keen to engage with public members and increase member numbers.
- Previous member recruitment campaigns and methods of member engagement had been effective, however, it was important to identify the benefits of becoming a member and understand how to encourage people to sign up.
- Some limitations, including resources, were identified in relation to recruiting and engaging with members and these needed further consideration.

Draft TEWV Membership Plan

Committee members considered the draft TEWV Membership Plan. It was noted that:

- The plan would be used in conjunction with the Trust's Communications Strategy and the aim would be to restore public confidence and encourage people to care about the Trust and support it by becoming a member.
- More work was needed to highlight the benefits and purpose of becoming a member.
- Following the success of Insight magazine, as a method of engaging with members in previous years, committee members asked whether something similar could be produced again. It was suggested that perhaps a QR code could be made available so that people could access online information such as the membership application form, facts about membership and newsletters.
- In relation to the Trust attending events to recruit members, A. Bridges advised that, although the Trust would attend some events, she would welcome assistance from Governors in recruiting members at local events they were attending. Application forms could be made available to Governors for this.
- Governors would be involved in implementing the TEWV Membership Plan.

- There are plans to co-create a member recruitment toolkit.

Annual General and Members' Meeting 2024

Committee members considered a report on plans for the Trust's Annual General and Members' Meeting (AGM) for 2024.It was noted that:

- The proposed date for holding the Trust's AGM for 2024 had changed from 18th September to 16th October.
- Darlington Arena would be used once again as the venue, as it was the most suitable and accessible venue available – options for potential venues in North Yorkshire in Yorkshire had been exhausted due to capacity limitations and financial implications.
- The Committee accepted the proposal for the AGM theme around mental health in our communities.

Future priorities

Following discussions, the Committee agreed that A. Bridges review the terms of reference for the committee, taking into account the establishment of the Trust's Co-creation Boards for both care groups and the Trust's governance structure, both of which were created following the reestablishment of the Co-creation Committee. Anh proposal would need to consider the Committee's priorities and whether its terms of reference and name remained appropriate. This will be discussed with the Committee at a later date.

For information, the future priorities of the Committee at present are:

- Planning the Trust's Annual General and Members' Meeting 2024.
- 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 Co-creation 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 however we would like to grow 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.

However, taking account of review of terms of reference, this will be paused until these discussions have concluded.

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NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

For General Release

Meeting of:	**Council of Governors**
Date:	**24 October 2024**
Title:	**Membership Strategy: growing membership in the Trust**
Executive Sponsor(s):	**Ann Bridges, Executive Director of Corporate Affairs and Involvement**
Author(s):	

Report for:	*Assurance*		*Decision*	X
	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	Co-creation	*This report links to the BAF risks 3 and 13, in that it provides information on how representative the trust's membership is of the communities it serves. It is recognised that the trust's membership includes the general public, service users and carers and their families, some of whom may have had a poor experience of our services.*
13	Public confidence	*Furthermore, our membership should be representative of all our communities to make sure people have the confidence to use our services when they need it most.*

Executive Summary:

Purpose: The purpose of this report is to update the Council of Governors on the trust's membership and proposal to make improvements.

Proposal: The Council of Governors are asked to approve the development of a trust-wide Membership Strategy.

Overview: The trust is required, under the Code of Governance, to monitor how representative its membership is of the communities it serves.

What is Membership?

Membership is important in helping to make the trust more accountable to the people it serves, to raise awareness of mental health, learning disability and autism issues and assist the trust in working in partnership with the local community.

Who is our membership community?

The membership community is made up of the general public, some of whom may be patients, carers, volunteers and / or anyone aged 14 or over who lives within the Tees, Esk and Wear Valleys NHS Foundation Trust catchment area, as well as staff who work for the trust.

Membership is divided into two categories:

- Public membership
- Staff membership

At its meeting of 19 August 2024, the governor-led Co-creation Committee reviewed membership of the trust and noted that the numbers remain broadly representative. These are outlined in Appendix 1.

As at 31 July 2024, the public and staff members were:

Public members	8,876
Staff members	8,141
TOTAL	**17,071**

However, membership numbers have remained static for several years, with no consistent and proactive recruitment taking place supported by a clear plan of action.

The committee discussed some broad ideas and improvements that could be made; however this needs to be brought together in a trust-wide Membership Strategy.

A new strategy would help set out our vision and commitment for engaging and involving our members, our Governors and, with them, our communities. Their involvement is important in helping us to be a great place to work and receive safe and compassionate care today and every day.

Objectives would need to be co-created however may include how we intend to:

- Recruit and develop a membership that is representative of our diverse communities
- Support the Council of Governors to be reflective and representative and present in their neighbourhoods.
- Improve the quality of communication and engagement with members.

It is therefore proposed a governor-led task and finish group is set up in early November 2024 to take this work forward. This will be co-created and brought to the next Council of Governors meeting for approval on 15 January 2025.

Prior Consideration and Feedback	Membership levels continue to be broadly representative however have remained static for some time.
Implications:	**Compliance with the CQC Fundamental Standards:** N/A. **Financial/Value for Money:** N/A. **Legal and Constitutional (including the NHS Constitution):** This in accordance with our Provider Licence and Constitution. **Equality and Diversity:** Apart from gender, membership is broadly representative in terms of the community it serves. **Other implications:** None identified. **Risks**: Levels should to be monitored, maintained and improved.
Recommendations:	The Council of Governors are asked to: • Note the current position at outlined. • Approve the development of a Membership Strategy via a governor-led task and finish group.

Public Members recruited in 2024/25.

Table 1

Note: The figures below do not include those members who joined and subsequently resigned within year, since 1st April 2024 (3 members).

Members recruited up to 31st July 2024

Category	number recruited
Total members recruited	22
Stockton on Tees	2
Redcar and Cleveland	0
North Yorkshire	4
Middlesbrough	9
Hartlepool	0
Durham	4
Darlington	0
City of York and Rest of England	3

Table 2 – Public Membership Representation from 1st April to 30th June 2024 (prior to North Yorkshire constituency changes)

Constituency	March 2014	March 2015	March 2016	March 2017	March 2018	March 2019	March 2020	March 2021	March 2022	March 2023	31 March 2024	30 June 2024	Increase (+) or Loss (-) in 2024/25
Darlington	703	735	755	752	763	762	781	741	730	706	706	704	-2
Durham	1,718	1,811	1,876	2,032	2,111	2,159	2,236	2,163	2,145	2,073	2,076	2,077	+1
Hambleton and Richmondshire	380	390	504	508	538	511	521	497	486	469	462	460	-2
Harrogate and Wetherby	367	373	517	525	516	490	482	466	465	444	448	447	-1
Hartlepool	724	723	737	731	752	728	727	695	676	638	637	636	-1
Middlesbrough	1,145	1,154	1,154	1,160	1,188	1,169	1,211	1,157	1,110	1,049	1,053	1,059	+6
Redcar and Cleveland	824	874	910	963	971	953	969	942	908	877	878	875	-
Rest of England	96	126	144	263	289	313	346	335	319	315	321	320	-1
Scarborough and Ryedale	457	512	529	542	575	575	581	571	572	557	556	556	-
Selby			208	226	242	248	251	256	254	251	250	251	+1
Stockton-on-Tees	1,065	1,074	1,095	1,107	1,141	1,105	1,134	1,097	1,068	1,015	1,015	1,016	+1
York			333	427	445	472	483	471	473	469	470	471	+1
Total	7,487	7,772	8,762	9,236	9,531	9,485	9,722	9,391	9,206	8,863	8,871	8,872	+1

Table 3 – Public Membership Representation from 1st April to 31st July 2024

Constituency	31 March 2024	31st July 2024	Increase (+) or Loss (-) in 2024/25
City of York and Rest of England	791 (York and Rest of England combined)	793	+2
Darlington	706	703	-3
Durham	2,076	2,078	+2
Hartlepool	637	636	-1
Middlesbrough	1,053	1,062	+9
North Yorkshire	1,716 (Hambleton and Richmondshire, Harrogate and Wetherby, Scarborough and Rydale and Selby combined)	1,714	-2
Redcar and Cleveland	878	875	-3
Stockton-on-Tees	1,015	1,016	+1
Total	8,871	8,876	+5

Table 4

Staff Membership Representation as at 31st July 2024

Class of membership	Number of Members
Corporate Directorates	1,432
Durham, Tees Valley and Forensics Care Group	4,792
North Yorkshire, York and Selby Care Group	1,917
TOTAL	**8,141**
Number of opt outs during 2024/25	**0**

Table 5

Actual vs Eligible Public Membership as at 31st July 2024

	Number of Members	% Current Members	Total Eligible Population	% Eligible Members	% Representation
Male	2,951	33.25%	892,555	48.96%	**-15.71%**
Female	5,835	65.74%	930,581	51.04%	**+14.70%**
No gender stated	86	0.97%			
Other	4	0.05%			
0-16 years	4	0.05%	334,400 *inclusive of non-eligible*	Unable to quantify	
17-21 years	36	0.41%	100,255	5.50%	**-5.09%**
22+ years	8,412	94.77%	1,388,482	76.16%	**+18.61%**
No age stated	424	4.78%			
White	8,091	91.16%	1,733,034	95.05%	**-3.89%**
Mixed	59	0.66%	20,806	1.14%	**-0.48%**
Asian or Asian British	154	1.74%	45,645	2.50%	**-0.76%**
Black or Black British	79	0.89%	11,762	0.65%	**+0.24%**
Other	23	0.26%	12,012	0.66%	**-0.40%**
Not stated	470	5.30%			
AB	1,920	21.63%	144,436	17.88%	**+3.75%**
C1	2,485	28.00%	232,476	28.79%	**-0.79%**
C2	1,771	19.95%	188,534	23.35%	**-3.40%**
DE	2,608	29.38%	242,146	29.98%	**-0.06%**
No socio group	90	1.02%			

Note: figures are taken from the 2021 Census via CACI. Socio Data is per household. % rounded up where appropriate.

NHS

Tees, Esk and Wear Valleys
NHS Foundation Trust

Communications Strategy - update

24 October 2024

Respect

Compassion

Responsibility

journey to change

Our purpose

Our communications and corporate affairs team sits at the heart of the organisation to connect with a wide range of audiences, supporting TEWV services to patients. We want everyone to be connected to our services when they need them, and to have the right information for they need.

We will offer positive and proactive communications and engagement that builds confidence, trust and reputation amongst everyone connected to the organisation. We will also continue to manage reactive communications in a timely and collaborative way and offer strategic advice and guidance to the wider organisation.

Good communications are also about listening and we will build a strong dialogue with our local communities, patients, carers, staff and partners to drive excellence in all our services.

Our reason why

- Our last communications strategy was developed around the time that we launched Our Journey to Change. A lot has changed.

- The revised strategy will align our communications with our updated organisational priorities in Our Journey to Change and delivery plans.

- It will also support us to respond to the strategic context we're working in, identify some of the potential challenges and highlight some of the key opportunities.

- A strategic direction for our communications which clearly explain what our patients, staff, public and stakeholders can expect from us.

- A communications strategy is an important conduit in rebuilding public trust and confidence, and can be a powerful tool – however, this needs to be supported by ongoing improvements to our services, patient safety key priority, a more positive patient and carer experience, leading to positive outcomes for our patients.

How this strategy has been developed

- Our Journey to Change and our 2024-25 delivery plan provides the communications strategy with clear direction around organisational priorities.

- We engaged, and continue to engage with, people throughout the development of the communications strategy – our staff, our involvment members, governors, the Board.

- There continues to be ongoing conversations – communication needs to be agile and responsive.

- Informed by intelligence / data: internal comms audit, stakeholder audit / analysis / mapping, Our Big Conversation.

- Exploring how we can involve more people, internally and externally, as we develop specific communications plans and campaigns for target audiencies.

- Industry best practice.

Where we have been …

Tees, Esk and Wear Valleys
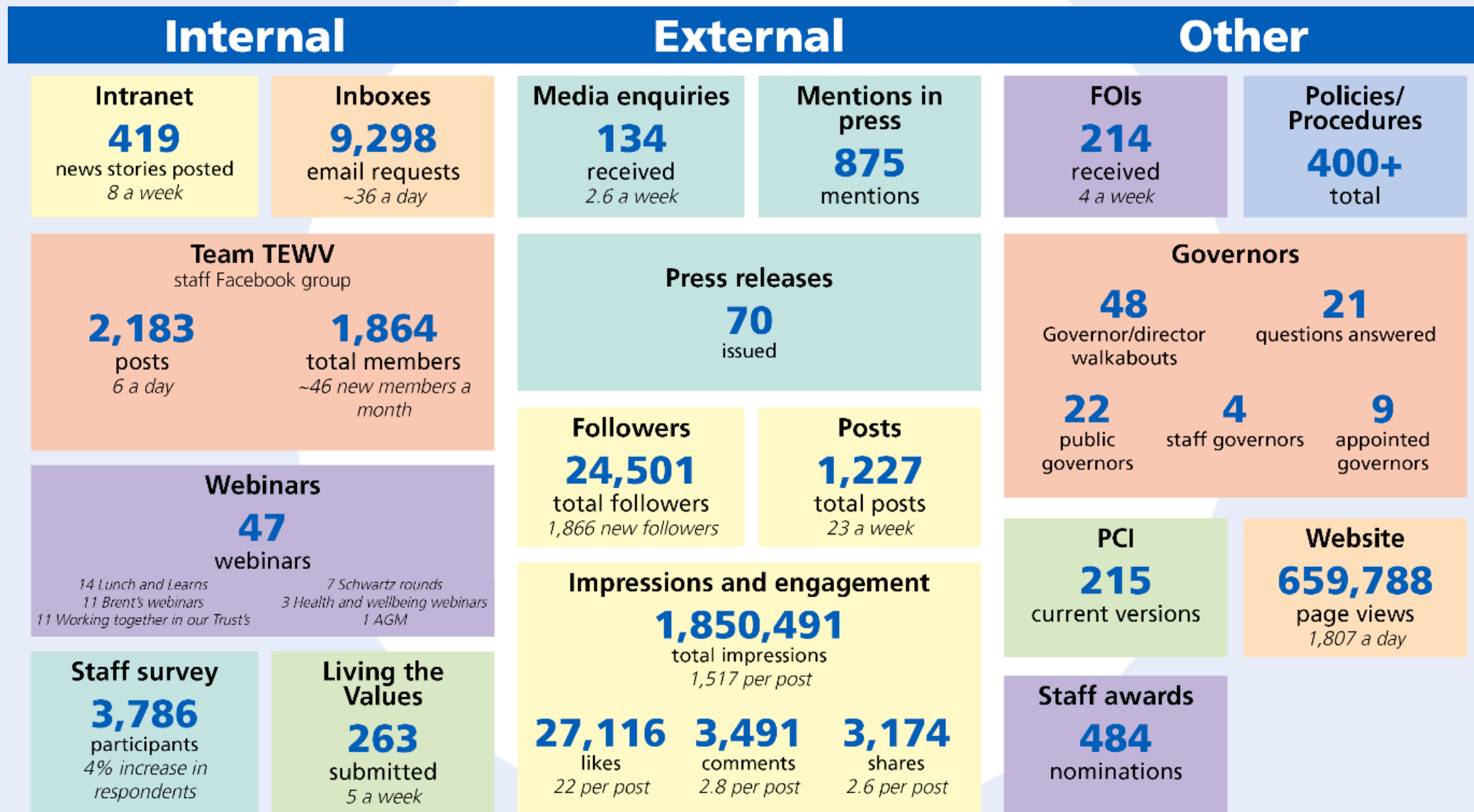NHS Foundation Trust
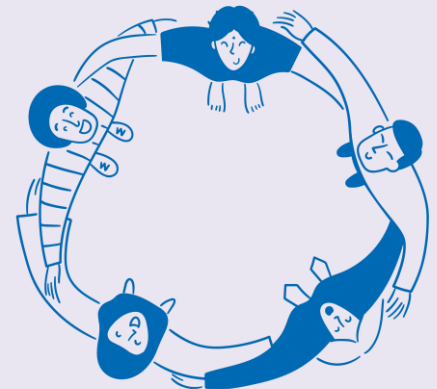
Challenges

- Public confidence

- The context of the communities we serve / health inequalities

- Additional scrutiny

- Workforce

- Increase in demand

- Demonstrating our improvement journey – meaningful impact

- The challenge to deliver more for less

Opportunities

- Sharing positive news stories

- Sharing updates and providing assurance on the measurable improvements we're making through Our Journey To Change

- Working in partnership to support community transformation

- Our people

- CQC report and the recognised improvements

- The work we're doing to help address health inequalities

- Creating advocates

- Co-creation

Where we are now – a year in comms

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Internal

Intranet
419
news stories posted
8 a week

Inboxes
9,298
email requests
~36 a day

Team TEWV
staff Facebook group
2,183
posts
6 a day
1,864
total members
~46 new members a month

Webinars
47
webinars
14 Lunch and Learns
11 Brent's webinars
11 Working together in our Trust's
7 Schwartz rounds
3 Health and wellbeing webinars
1 AGM

Staff survey
3,786
participants
4% increase in respondents

Living the Values
263
submitted
5 a week

External

Media enquiries
134
received
2.6 a week

Mentions in press
875
mentions

Press releases
70
issued

Followers
24,501
total followers
1,866 new followers

Posts
1,227
total posts
23 a week

Impressions and engagement
1,850,491
total impressions
1,517 per post

27,116
likes
22 per post

3,491
comments
2.8 per post

3,174
shares
2.6 per post

Other

FOIs
214
received
4 a week

Policies/Procedures
400+
total

Governors
48
Governor/director walkabouts
21
questions answered
22
public governors
4
staff governors
9
appointed governors

PCI
215
current versions

Website
659,788
page views
1,807 a day

Staff awards
484
nominations

172

Where we want to be – communication objectives

1. Increase public confidence:
   - Proactively share meaningful improvements in patient care and services, backed by evidence from OJTC.
   - Communicate the trust's successes and progress to build trust and enhance the reputation of the organisation through story-telling –human interest stories from our patients, our carers, our partners and our staff.

2. Support a culture of co-creation:
   - Involve patients, carers, and staff in the co-creation of services and our communications activity.
   - Ensure patient and carer voices are included in shaping services and future organisational strategies.

3. Strengthen partnerships:
   - Build and maintain relationships with key external stakeholders, including partners across health and social care.
   - Foster collaboration to support wider community health and social care transformation initiatives.

4. Enhance staff engagement:
   - Improve internal communication to boost staff morale and engagement.
   - Create clear channels for staff to voice concerns and celebrate achievements and ensure transparency in communication from leadership.

5. Provide accessible and timely information:
   - Ensure communication is clear, accurate, and delivered through the right channels to suit various audiences.
   - Make information available in a timely manner to keep stakeholders informed and engaged.

Key messages & their purpose (1)

Patient-centred and compassionate care

Message: *"Providing safe, kind, and compassionate care is at the heart of everything we do, making sure every patient feels supported and respected."*

Purpose: Reaffirm the organisation's commitment to putting patients first, focusing on respectful and compassionate care as core values.

Co-creation and collaboration

Message: *"We are working alongside patients, carers, and our community to co-create services that truly meet their needs."*

Purpose: Highlight the organisation's shift toward inclusive decision-making, where the voices of patients and carers are central to shaping services. This message helps humanise the organisation and positions it as a partner rather than an authority and support us to show genuine change working with others.

Building public confidence

Message: *"You can trust us to provide the care you need when you need it, with improvements already underway to ensure better access, quality, and outcomes."*

Purpose: Address public concerns about accessing mental health services and create a sense of reliability and confidence in TEWV in their time of need.

Addressing health inequalities

Message: *"We are committed to tackling health inequalities in our communities, to make sure that everyone has access to the mental health support they need, regardless of their background or circumstances."*

Purpose: Emphasise our efforts to reduce health disparities and support those who need it most, showing empathy and awareness of social issues affecting mental and physical health.

Key messages & their purpose (2)

Strong partnerships & community engagement
Message: "We are working closely with local partners, health organisations, and community groups to create a stronger, more integrated health and care system for everyone."
Purpose: Position TEWV as a collaborative leader, involved in broader health initiatives, working together and committed to collective problem-solving through partnerships.

Our people are our key strength
Message: *"Our staff are the backbone of our organisation, and we are investing in their wellbeing, development, and career growth to provide the best care possible.*
Purpose: Highlight the importance of staff engagement, recruitment, and retention, and shift the narrative toward recognising staff as valued partners in our success.

| Positive change amid scrutiny |
|---|
| **Message**: "*While we welcome scrutiny as part of our commitment to continuous improvement, we are proud of the progress we've made and the positive changes that are transforming our services.*" |
| **Purpose**: Acknowledge external scrutiny (eg regulatory bodies, media) however frame it as a catalyst for positive change, positioning the TEWV as responsive and resilient. |

| Innovative and future-focused |
|---|
| **Message**: "We are embracing innovation and new technologies to deliver better, personalised care while empowering our staff to focus on what matters most - our patients." |
| **Purpose**: Position TEWV as forward-thinking and innovative, using digital solutions and advances to be more accessible and responsive to need. |

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Why and how we do this …

By aligning these key messages, the narrative for TEWV shifts toward one of transparency, progress, and working together in partnership.

The overarching message should be: "*We are an organisation that listens, learns, and acts, putting people and improvement at the centre of everything we do.*"
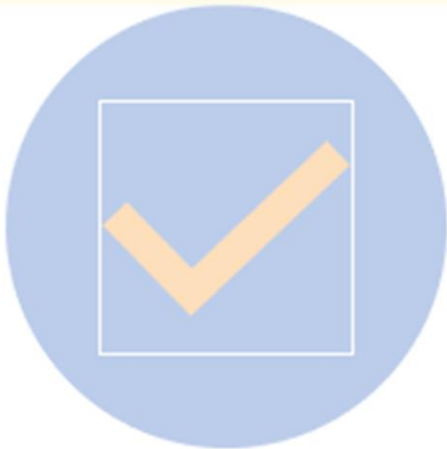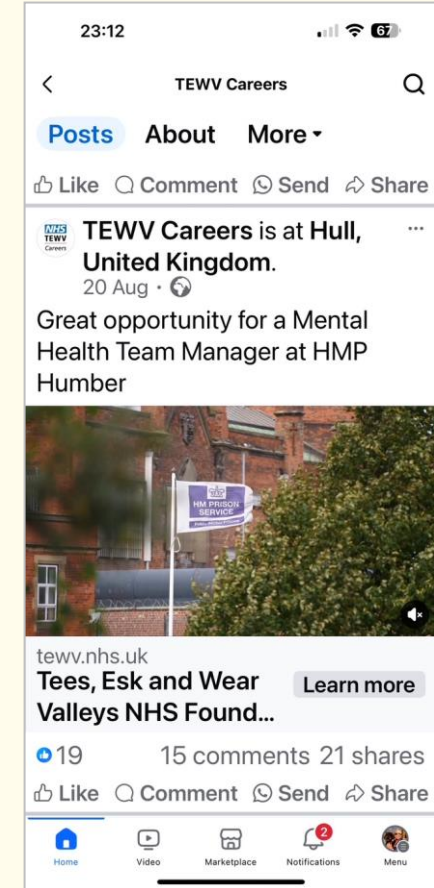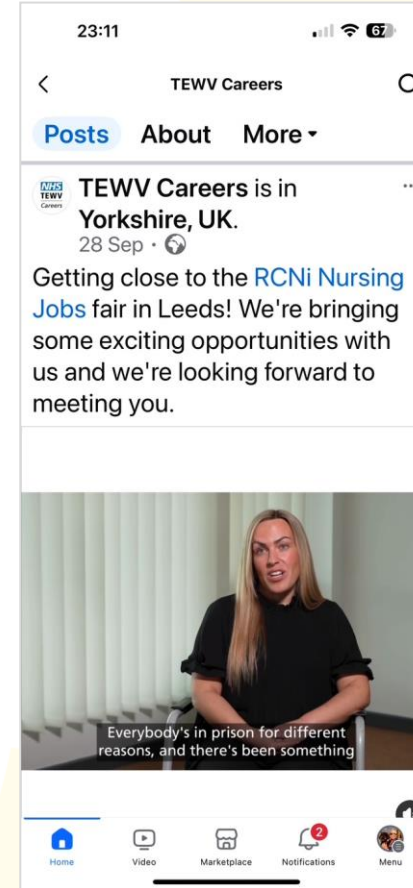
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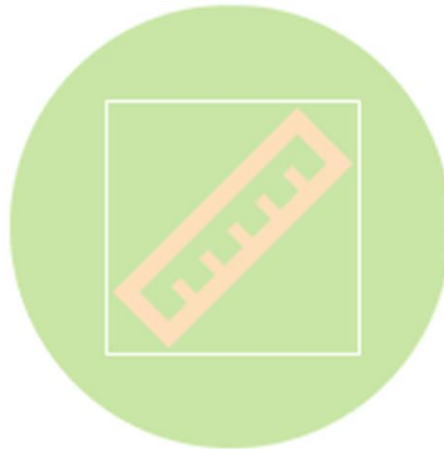
CONSISTENTLY

COLLABORATIVELY

How we'll get there

Some examples of the areas we are focusing on:

- Annual planning: more proactive, less reactive, targeted

- Internal comms and engagement
  - Patient safety (linked to the key must dos in the latest CQC report)
  - Careers at TEWV – innovative recruitment campaigns, retention, career development, leadership academy
  - Team TEWV – celebrating successes, health and wellbeing (including flu vaccination), actively listening (staff survey, Our Big Conversation)

- External communications / campaigns
  - Safe and kind care – increasing public confidence (sharing good news, demonstrating meaningful improvements, community transformation)
  - Patient safety – focus on prevention
  - Health inequalities – the context we're working in
  - Urgent care – inpatient, Crisis (NHS 111), Right Care Right Person
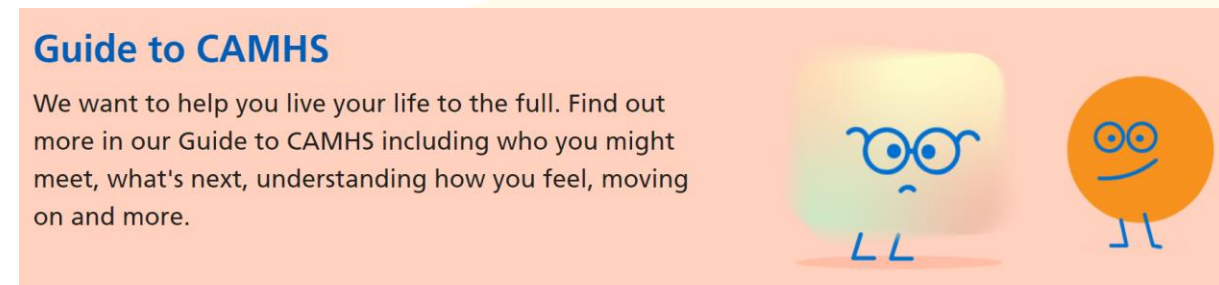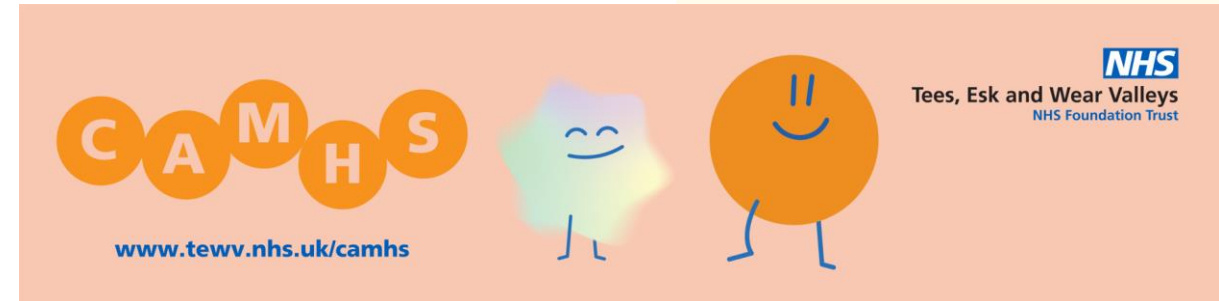

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How we'll get there

- Partner communications and engagement

  - Continue working through our communications and engagement plan
  - Increasing confidence and advocacy (sharing good news,
    demonstrating meaningful improvements,
    inviting partners in to see for themselves, regular updates/newsletter)
  - Membership communications

  - Governor communication and engagement

  - Annual report, Quality Account and AGM

  - Freedom of Information

- Co-creation - communications plan

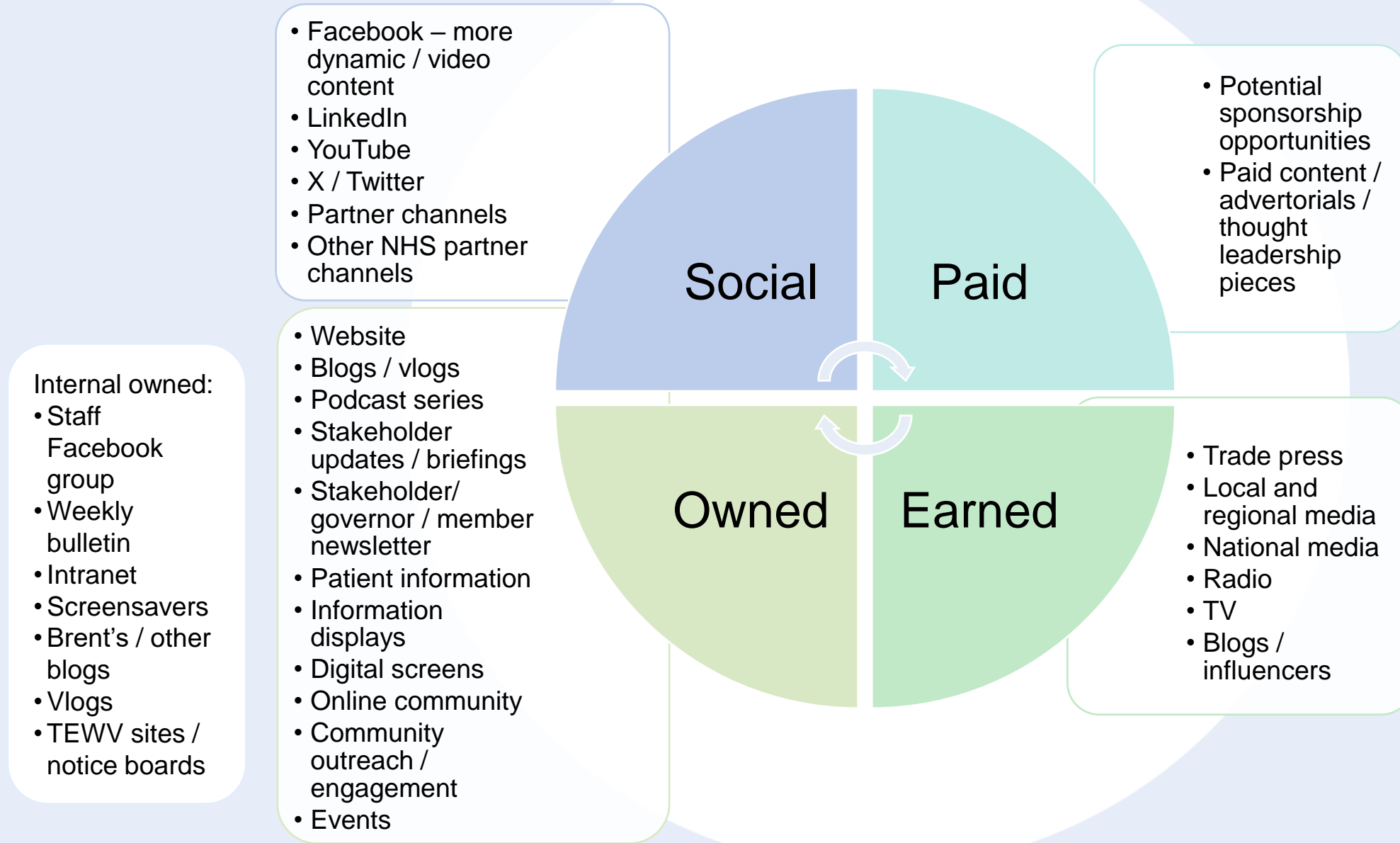- Careers / recruitment - communications plan
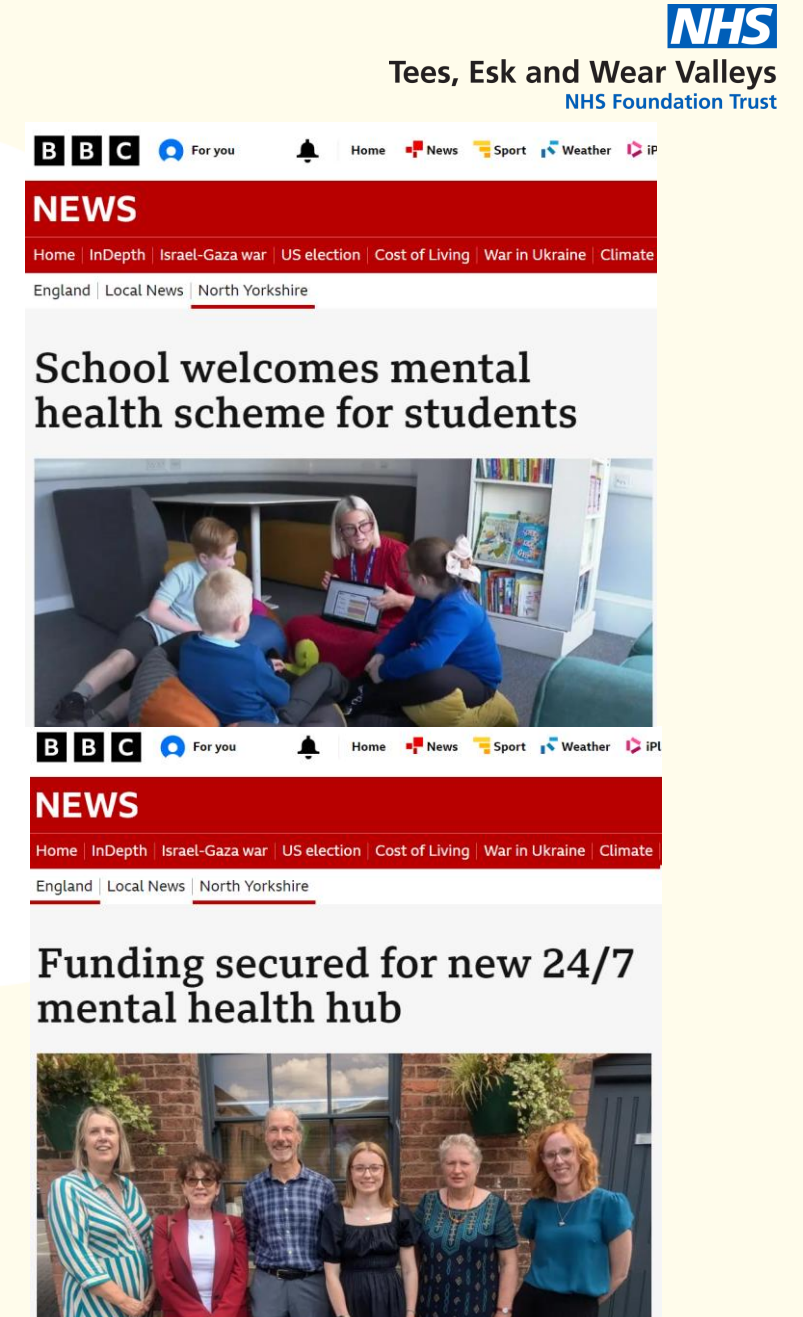
How we'll get there

- Media relations
    - Public confidence
    - PR agency approach to good news stories – human interest (people) stories, community transformation
    - Continue to proactively develop relationships with the media
    - A continued focus on our improvement journey – meaningful change and the impact (with evidence to back it up)

- Social media
    - Roll out of the social media policy
    - Ongoing content planner – push out content with impact

- Digital
    - CAMHS area of the website
    - Accessibility

- Brand
    - Phase two roll out – safe and kind care, the language we use
    - CAMHS branding

- Crisis communications and emergency planning

CAMHS
www.tewv.nhs.uk/camhs

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Guide to CAMHS

We want to help you live your life to the full. Find out more in our Guide to CAMHS including who you might meet, what's next, understanding how you feel, moving on and more.

Comms channel map

- Facebook – more dynamic / video content
- LinkedIn
- YouTube
- X / Twitter
- Partner channels
- Other NHS partner channels

- Potential sponsorship opportunities
- Paid content / advertorials / thought leadership pieces

Social

Paid

Internal owned:
- Staff Facebook group
- Weekly bulletin
- Intranet
- Screensavers
- Brent's / other blogs
- Vlogs
- TEWV sites / notice boards

- Website
- Blogs / vlogs
- Podcast series
- Stakeholder updates / briefings
- Stakeholder/ governor / member newsletter
- Patient information
- Information displays
- Digital screens
- Online community
- Community outreach / engagement
- Events

Owned

Earned

- Trade press
- Local and regional media
- National media
- Radio
- TV
- Blogs / influencers

180

How are we doing?

Communications Dashboard
August - September 2024

These months we...

- Announced the shortlisted nominations for the 2024 Star Awards.

- Celebrated our very own colleagues who took part in this years Great North Run.

- Announced our Annual General Meeting (AGM)

- Announced a unique lived in experience network for trust staff.

- Launched a new patient and carer experience survey for staff and service users.

- Announced the arrival of our upcoming flu vaccination campaign.

Highlights

The Voyage to Recovery team finished their journey to Ipswich

Michael Booth, an involvement member, has published a book about his experience with dementia

Kelly Conway, a volunteer service coordinator, won a BBC Make a Difference award for her work with therapy dogs

One of our volunteers, Pat, was recognised for 18 years of service

Our Wellbeing in Mind team was featured by BBC Yorkshire to highlight the work they do in schools

Roseberry Park hosted their annual summer Fayre

182

Media and online

In the media

16
Media enquiries handled by the team

16
Media releases issued

97
Total pieces of coverage across online news, TV, and radio

News stories

- **Dementia diagnosis 'not the end' for Hartlepool author** – *BBC Online*
- **Callum's full circle story from dark place to helping other mental health sufferers** – *Teesside Live*
- **12 young psychosis sufferers to crew sailing boat on adventure of lifetime** – *Yahoo! News UK & Ireland*
- **York mental health partnership wins £2.44m for new mental health hub** – *City of York Council*
- **Nearly 1,000 older residents benefit from mental health partnership** – *Northern Echo (online)*
- **'One in a million' NHS trainee works extra shifts to help hundreds of Teessiders in need** – *Teesside Live*
- **York teachers welcome mental health scheme from Wear Valleys NHS Trust** – *BBC1 Yorkshire & North Midlands*
- **'Bubbly' Middlesbrough mum-of-three found dead seven days after last contact with** *Roseberry Park – Teesside Live*
- **Medical negligence claims land troubled mental health trust with 2.5m damages bill** – *Greatest Hits Radio*

Our website

120,633
page views

Top three visited pages

1. Careers
2. Services
3. Locations

Staff intranet

2,370,596
page views

Top staff intranet news stories

1. Changes to senior roles
2. Jude's Journey
3. Hybrid working from September
4. Trainee works extra shifts to help others
5. Star Awards shortlisted nominations
6. Manager retires after 46 years

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