

**COUNCIL OF GOVERNORS**  
**THURSDAY 19 NOVEMBER 2020**  
**AT 2.00 PM via MS Teams**

**Public Observation:**

Anyone who has registered to observe the meeting will be sent instructions to join the event using Microsoft Teams. You will be requested to keep your microphone on mute. No questions or statements are allowed.

**AGENDA**

<b>1</b>	Welcome and Apologies	<b>Chairman</b>	-
<b>2</b>	Chairman's Introduction.	<b>Chairman</b>	<b>Verbal</b>
<b>3</b>	To approve the minutes the meeting of Council of Governors held on 12 February 2020  <i>(Note: This is as a result of the amendments to the Constitution enabling a return to formal meetings)</i>	<b>Chairman</b>	<b>Draft Minutes</b>
<b>4</b>	To receive any declarations of interest	<b>Chairman</b>	<b>Verbal</b>
<b>5</b>	To review the Public Action Log	<b>Chairman</b>	<b>Report</b>
<b>6</b>	To receive an update from the Chairman	<b>Chairman</b>	<b>Verbal</b>
<b>7</b>	To receive an update from the Chief Executive	<b>Brent Kilmurray, Chief Executive</b>	<b>Report</b>
<b>8</b>	To respond to any questions from Governor's to the Board  (Questions will be taken directly in the meeting with responses recorded within the minutes where a verbal response is provided. A written response will only be provided where it is not practicable to respond within the meeting)	<b>Chairman</b>	<b>Verbal</b>

<b>9</b>	To receive the Trust's Performance Dashboard as at 30 September 2020	<b>Sharon Pickering, Director of Planning, Performance and Communications</b>	<b>Report</b>
<b>10</b>	To receive a report on the Trust's financial position as at 30 September 2020	<b>Liz Romaniak, Director of Finance and Information</b>	<b>Report to follow</b>
<b>11</b>	To receive and note the Register of Interests for the Council of Governors	<b>Phil Bellas, Trust Secretary</b>	<b>Report</b>
<b>12</b>	<p><b>The Chairman to move:</b></p> <p><i>“That representatives of the press and other members of the public be excluded from the remainder of this meeting on the grounds that the nature of the business to be transacted may involve the likely disclosure of confidential information as defined in Annex 9 to the Constitution as explained below:</i></p> <p><i>Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office-holder, former office-holder or applicant to become an office-holder under, the Trust.</i></p> <p><i>Information relating to any particular applicant for, or recipient or former recipient of, any service provided by the Trust.</i></p> <p><i>Information which, if published would, or be likely to, inhibit -</i></p> <ul style="list-style-type: none"> <li><i>(a) the free and frank provision of advice, or</i></li> <li><i>(b) the free and frank exchange of views for the purposes of deliberation, or</i></li> <li><i>(c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.</i></li> </ul>	<b>Chairman</b>	<b>Verbal</b>

**Miriam Harte**  
**Chairman**  
**11 November 2020**

**Contact:** Phil Bellas, Trust Secretary Tel: 01325 552312/Email: [p.bellas@nhs.net](mailto:p.bellas@nhs.net)

## **MINUTES OF THE COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 12 FEBRUARY 2020, 2.00PM AT HOLIDAY INN SCOTCH CORNER, DARLINGTON**

### **PRESENT:**

Miriam Harte (Chairman)  
Gemma Birchwood (Selby)  
Mary Booth (Middlesbrough)  
Phil Boyes (Staff - Durham and Darlington)  
Mark Carter (Redcar and Cleveland)  
James Creer (Durham)  
Stella Davison (York)  
Mark Eltringham (Stockton on Tees)  
Dr Andrew Fairbairn (Appointed - Newcastle University)  
Wendy Fleming-Smith (Selby)  
Chris Gibson (Harrogate and Wetherby)  
Glenda Goodwin (Staff - Forensic)  
Hazel Griffiths (Harrogate and Wetherby)  
Anthony Heslop (Durham)  
Christine Hodgson (York)  
Dr Judith Hurst (Staff - Corporate)  
Carol Jones (Rest of England)  
Joan Kirkbride (Darlington)  
Audrey Lax (Darlington)  
Keith Marsden (Scarborough and Ryedale)  
Cllr Ann McCoy (Stockton Borough Council)  
Jacci McNulty (Durham)  
Jules Preston (Harrogate and Wetherby)  
Jean Rayment (Hartlepool)  
Gillian Restall (Stockton on Tees)  
Graham Robinson (Durham)  
Dr David Smart (CCG representative for Co Durham and Darlington)  
Cllr Helen Swiers (North Yorkshire County Council)  
Sarah Talbot-Landon (Durham)  
Cllr Derek Wann (Appointed - City of York Council)  
Alan Williams (Redcar and Cleveland)

### **IN ATTENDANCE:**

Phil Bellas (Trust Secretary)  
Angela Grant (Senior Administrator)  
Ruth Hill (Chief Operating Officer)  
Stuart Johnson (Governor and Member Administrator)  
Wendy Johnson (Secretary)  
Avril Lowery (Director of Quality and Governance)  
Patrick McGahon (Director of Finance)  
John Maddison (Associate Non Executive Director)  
Colin Martin (Chief Executive)

Elizabeth Moody (Deputy Chief Executive / Director of Nursing and Governance)  
Paul Murphy (Non Executive Director)  
Donna Oliver (Deputy Trust Secretary)  
Kathryn Ord (Deputy Trust Secretary)  
Sharon Pickering (Director of Planning, Performance and Communications)  
Beverley Reilly (Non Executive Director)  
Shirley Richardson (Non Executive Director)

### **20/01 APOLOGIES**

Lee Alexander (Durham County Council)  
Cliff Allison (Durham)  
Marie Cunningham (Middlesbrough)  
Nasr Emam (Scarborough and Ryedale)  
Gary Emerson (Stockton on Tees)  
Dr Hugh Griffiths (Non Executive Director)  
Sandra Grundy (Durham)  
Ian Hamilton (Appointed University of York)  
Marcus Hawthorn (Non Executive Director)  
Prof Pali Hungin (Non Executive Director)  
David Jennings (Non Executive Director)  
Kevin Kelly (Darlington Borough Council)  
Dr Ahmad Khouja (Medical Director)  
David Levy (Director of Human Resources and Organisational Development)  
Prof Tom McGuffog MBE (York)  
Lisa Pope (representative for North Yorkshire Clinical Commissioning Groups)  
Zoe Sherry (Hartlepool)  
Stan Stevenson (Hambleton & Richmondshire)  
Lynne Taylor (North Yorkshire and York)  
Cllr Barbara Ward (Appointed - Hartlepool Borough Council)  
Judith Webster (Scarborough & Ryedale)

### **20/02 WELCOME AND APOLOGIES**

The Chairman welcomed all attendees to the meeting. Mr Jules Preston and Mrs Jean Rayment were welcomed to their first meeting. Introductions were made for Mr John Maddison, Associate Non Executive Director, Ms Avril Lowery, Director of Quality Governance and Mr Stuart Johnson, Governor and Member Administrator. Dr David Smart was attending his last meeting as the Appointed Governor representing North Durham Clinical Commissioning Group. Apologies were noted from Governors as per the register of attendance record.

### **20/03 MINUTES OF PREVIOUS MEETINGS**

The Council of Governors considered the minutes from the public meeting held on 21 November 2019.

***Agreed - That the public minutes of the meeting held on 21 November 2019 be approved as a correct record and signed by the Chairman subject to***

***an amendment to minute 19/81 (last paragraph) to refer to 'inpatients' and not 'patients'.***

## **20/04 PUBLIC ACTION LOG**

Consideration was given to the public action log.

Arising from the report:

- 1) Minute 19/82 – Quality Account Task Group

It was noted that this invitation had been issued to Governors.

**Action – Closed**

- 2) Minute 19/84 – Provision of therapy sessions within Improving Access to Psychological Services) IAPT

Mr Boyes declared an interest in this discussion as a current staff member of the Darlington and Durham IAPT service.

Mrs Hill reported the following in terms of the number of agreed therapy sessions for patients within the IAPT service:

- a) Detailed conversations and negotiations had been held with the relevant Clinical Commissioning Groups (CCGs) who had requested that the Trust consider options to reduce the current waiting time within the IAPT service.
- b) Waiting times were significantly high with a current number of 3672 patients waiting to be seen by the service, with 630 waiting over 200 days.
- c) Detailed conversations had been held with the CCGs around the options available which had resulted in the agreement of an action plan which would be closely monitored by both the Trust and the CCGs.
- d) The agreed action plan included the recruitment of additional staff to assist in terms of capacity alongside an agreement to reduce the offer of therapy sessions to seven sessions per patient.
- e) The average number of sessions a patient was seen prior to the recommended seven sessions reduction was eight sessions.
- f) There was an agreement in place that an extension to the number of sessions could be granted where a patient was very close to recovery.
- g) Through the delivery of the action plan, it was expected that significant improvements would be seen to waiting times by the end of March 2020.

Mr Boyes responded highlighting his own experience of working within the IAPT service:

- a) He had felt that there were two separate issues, there appeared to be a difference in the interpretation of what staff working within the service had been informed of and the information that Governors were being provided with in relation to the number of therapy sessions available to patients.
- b) Pressures on the service had arisen as a result of the removal of what was the first step in terms of treatment where patients were under care of their GP first and then referred to IAPT service. Patients were now referred straight into service, resulting in increased referral levels and subsequent wait times.

- c) Within the service, he advised that there was an authorisation process to firstly discharge a patient, but also to change the number of sessions being offered to a patient. This was seen as additional work by staff.

Mrs Pickering added that:

- a) The increase in prevalence was in line with the contract and the national expectations and trajectory of the service.
- b) CCGs were requesting that the Trust work to achieve the national expectation and trajectory of delivery.
- c) The service had opened to a self-referral basis to enable access which also supported the evidence that self-referred patients were often more motivated to engage with the service.
- d) There was a need to balance the quality of the service delivery with the demand of referrals.

The following additional points were raised by Governors:

- a) The reduction of the number of therapy sessions was not felt to aid recovery as patients would be discharged too early.
- b) It had been reported that there was a 50% re-referral rate back into services nationally by the Royal College of Psychiatry. If this was correct, was there scope within the Trust to 'flag' and to allow fast tracking of those patients who did re-refer through the electronic patient record system?

Mrs Hill advised that within the Trust's Access Teams, changes were being implemented to check where patients had been seen previously to ensure appropriate referrals and access to reduce the number of times patients moved around different services.

**Action – Closed**

The Chairman advised that, as there were a significant number of questions and interest in what and how the IAPT service was delivered, consideration would be given to hold a briefing session on this service but the priority currently was to allow the Trust to work on and deliver its action plan to improve the current waiting times.

**Action – Mrs Ord / Mrs Hill**

## **20/05 DECLARATIONS OF INTEREST**

As recorded in minute 20/04 above, Mr Boyes had declared an interest in discussions around the provision of IAPT services in the Trust.

## **20/06 CHAIRMAN UPDATE**

The Chairman provided a briefing on the following matters:

- 1. Chief Executive Appointment
  - An advertisement for a Chief Executive for the Trust had been made public with a closing date of 14 February 2020.

- A number of contacts had been received by the Trust as a result of the advertisement and the company contracted to assist with the appointment had been in discussion with a number of potential candidates.
- It was expected that shortlisting would take place week commencing 9 March with the interview process held over 26 and 27 March 2020.
- A number of individuals, including staff, Governors, service users and carers had already been approached to participate in the recruitment process.

2. One for All Conference

- She had attended this conference which was aimed at those staff working in bands 1-4 where over 100 staff members had been in attendance.
- The conference had been previously delivered and was part of an ongoing programme to assist the development of staff.
- Staff in attendance had received a taster session of Mental Health First Aid Training and discussions were taking place regarding the further roll out of this important training.

3. Making a Difference Awards

- Over 300 nominations had been received for the 2019 awards.
- She had shortlisted the nominations received for the Chairman's award, the Executive Management Team had shortlisted all other categories.
- Final judging would take place on 13 February 2020, Governors, service users and carers would be panel members.
- It had been pleasing to see that the carer conference planning group and the process for Patient Led Assessments of the Care Environment (PLACE) had both been shortlisted.
- The ceremony and announcement of winners would take place on Friday 20 March 2020.

4. Restructure of Roles

- To take into account the changes over the coming months to the Non Executive Directors as a result of retirements and new appointments a number of changes would be made to responsibility areas.

5. New Committee

- A new Committee of the Board of Directors, chaired by Mrs. Richardson, had been established. The main focus of this Committee was to lead on learning from all events related to West Lane Hospital and develop future proposals for the service.
- Ms Debra Gilderdale had been appointed as Programme Director to take forward this work.

In addition to the above the Chairman advised that:

- There had been a request for a Governor to join a discussion group on ICS/ICP delivery. The meeting date was 30 March 2020 at The Durham Centre, Durham. Anyone interested should contact Mrs Ord.

**Action – Governors**

- A pilot project of reverse mentoring with staff members from BAME groups and the Board of Directors had commenced.
- She had undertaken visits to Cherry Tree House in York, where a service user had led the tour and talked about the service provision.
- Work was progressing on the actions and priorities from the Governor workshop held in October 2019:
  - A number of Governors were now using 'nhs.net' email addresses.
  - An initial meeting had been held involving Governors to review the requirements for the development of an electronic portal area. It was expected that this would take approximately 2-3 months to develop.
  - A pilot of electronic devices was to be progressed with eight Governors but delays were being experienced due to the restriction on importing goods from abroad, particularly China.
- She had discussed with the lead Governor a request for more formal meetings between Governors and the lead Governor with Cllr McCoy.

Arising from a question, the Chairman confirmed that work was taking place to ensure that the vacancies for Governor appointments were filled and that staff recruitment was a priority for the organisation.

## **20/07 GOVERNOR QUESTIONS**

The Chairman advised that following the last meeting, Governor questions would be taken at the meeting as part of the agenda, it was helpful to receive prior to the meeting, but responses would be provided verbally (where available) during this item on the agenda.

### **1. James Creer, Public Governor Durham**

“Was there any work in progress around referrals and criteria to assist those patients that appear to ‘bounce around’ services?”

Mrs Hill responded in that:

- 1) This was a key priority of the Right Care Right Place (RCRP) programme.
- 2) The Trust’s business plan had also highlighted the need for more streamlined processes.
- 3) A number of discussions were also underway with key partners and primary care services in relation to referrals and criteria.

### **2. Wendy Fleming Smith, Public Governor Selby**

“In relation to a hazard workshop that she would be shortly attending around the use of body cameras in the Trust, she had requested further information around their planned usage. Some of the concerns she had included:

- 1) Some other Trusts who had introduced use of body cameras had not taken into account views of service users and carers and how this could affect patients.
- 2) How would the Trust use the cameras, in what circumstances and would they be left switched on permanently?

- 3) Who would be the owner of the footage?

Mrs Moody advised that:

- 1) The Trust was considering the introduction of body cameras as a pilot in four inpatient areas following a proposal made by a clinical safety case.
- 2) There was an agreed priority in the Trust about patients feeling safe on inpatient wards, the use of cameras was under consideration as a mechanism to address this.
- 3) If introduced, the expectation would be that they were only used when required.
- 4) If in the case of an incident or restraint, it would be anticipated that the recorded footage would form part of any review and de-brief for patients and staff.
- 5) The hazard workshop planned was part of the assessment process in terms of whether body cameras would be piloted, there would be a range of procedures and governance issues that would need to be developed and implemented prior to implementation.

The Chairman acknowledged that a number of Governors had a view on any implementation of the use of body cameras and advised that if approved, the pilot needed to be allowed to go ahead in order to enable a review as to whether this was effective.

3. Mary Booth, Public Governor Middlesbrough

“Recently a number of vacancies within the Trust advertised through NHS Jobs have been shown under the discipline of Nursing and Midwifery, however the person specification has stated relevant registered practitioner in mental health/learning disability eg nursing occupational therapy, social work etc. Practitioners in the latter categories are likely to bypass such jobs when searching. I understand that it is not possible to name more than one group on the staff category section, why is this not possible and can it be changed?”

Mr Bellas responded on behalf of a statement provided by Mr Levy in that:

When the Trust published an advertisement it had to select which staff group it linked to. Unfortunately NHS Jobs only allows the selection of one category. Therefore, for any Nurse Practitioner posts the Trust always advertise under Nursing and Midwifery. The internal TRAC system does allow choice of more than one staff category, therefore on the Trust website, the Nurse Practitioner vacancies are advertised under Nursing and Midwifery and Allied Health Professions.

4. Phil Boyes, Staff Governor Durham and Darlington

The Chairman advised that Mr Boyes had submitted a personal experience of the Trust’s Occupational Health Service which had been sent to Mr Levy to review and respond directly to.

5. Christine Hodgson, Public Governor York

“How are you regulating that Autistic people with mental health problems and learning disabilities are treated by autism aware staff within their services delivered in an appropriate way and also in an appropriate environment?”

Mrs Hill advised that this matter had been discussed within the Council previously and the Trust was committed to the development of autism training for its staff and the development of appropriate pathways.

The Trust, through its facilities management, was reviewing its locations to ensure they were autism friendly.

There was an outstanding action for the Council of Governors to receive an annual review on the delivery of training which was due to be considered in September 2020.

6. Cliff Allison, Public Governor Durham

The Chairman advised that a communication had been received from Mr Allison following an initial letter from a member of the Trust which was raised at the meeting held in November 2019 (*minute 19/78 refers*). She advised that a meeting had been held with the member of the Trust with an agreed outcome. This had not been directly reported back to Mr Allison at that time but had been done so now.

7. James Creer, Public Governor Durham

“As a Governor a lot of contact has been made with service users often those who were struggling to engage as a result of their experiences within the Trust. Is there a review of the Trust’s complaint processes underway and how is this progressing?”

The Chairman responded in that complaints was an area of personal interest to her and that she wished to know more about the processes and work in this area prior to any review.

## **20/08 BOARD ROUND UP**

Consideration was given to the Board of Directors roundup summaries from the meetings held during October and December 2019.

Mrs Booth outlined that the current format of the feedback only provided a list of issues discussed without any real context about the discussion and agreed outcomes and actions.

Cllr McCoy requested an update to the Council of Governors on the Gender Pay Gap which had been referenced in the October 2019 feedback.

The Chairman acknowledged that the feedback from the Board of Directors was being considered as part of the overall review of what information Governors require

and how provided. She reminded Governors that minutes of meetings were made available on the website and also private minutes were always available for reading at Council meetings.

She also agreed to request an update on the gender pay gap for a future meeting.

**Action – Mr Levy**

Mrs Griffiths shared with the Board and fellow Governors how positive she had felt following the delivery of training into Trailblazer in York following the reference made in the October 2019 Board feedback.

***Agreed – The Council of Governors received and noted the content of the Board feedback from the meetings held during October and December 2019.***

## **20/09 CONSTITUTIONAL CHANGES**

Mr Bellas presented a proposal to amend the organisations eligible to appoint Governors to the Foundation Trust. The changes proposed were as a result of:

- 1) Proposed mergers of a number of Clinical Commissioning Groups due to take from 1 April 2020.
- 2) Establishment of New Care Models and Provider Collaboratives replacing the specialist commissioning.
- 3) Changes to the provision of medical schools and a newly established nursing school within Universities.

Any changes to the Constitution for the Trust require both the approval of the Board of Directors and the Council of Governors. The Board of Directors considered and subsequently approved the proposals at its meeting held on 28 January 2020.

***Agreed – That the Constitution (Annex 4, Annex 1 – Composition of the Council of Governors) for the Trust be amended to:***

- 1. Replace Durham University with the University of Sunderland.***
- 2. Remove Northern Specialist Commissioning Group.***
- 3. Replace North Durham Clinical Commissioning, Durham Dales, Easington and Sedgefield Clinical Commissioning Group, Darlington Clinical Commissioning Group with NHS County Durham Clinical Commissioning Group (effective from 1 April 2020).***
- 4. Replace Hartlepool and Stockton on Tees Clinical Commissioning Group and South of Tees Clinical Commissioning Group with NHS Tees Valley Clinical Commissioning Group (effective from 1 April 2020).***
- 5. Replace Hambleton, Richmondshire and Whitby Clinical Commissioning Group, Scarborough and Ryedale Clinical Commissioning Group, Harrogate Clinical Commissioning Group and Vale of York Clinical Commissioning Group with NHS North Yorkshire Clinical Commissioning Group (effective from 1 April 2020).***

6. ***To include Vale of York Clinical Commissioning Group (effective from 1 April 2020).***

### **20/10 CARE QUALITY COMMISSION (CQC)**

Mrs Moody presented the following summary:

- 1) The Trust had received a Provider Information Request in relation to the service provided at 367 Thornaby Road. It was expected that an unannounced inspection by the CQC would follow.
- 2) The CQC had undertaken an inspection of HMP Frankland, this had included all services and commenced on 13 January 2020 for a two week duration.
- 3) Following the CQC Well Led inspection of the Trust, the report to check factual accuracy had been received with responses submitted back to the CQC by 14 January 2020. The publication of the final report was still awaited.
- 4) The CQC had, following a request by the Trust, removed the Conditions that had been applied to the legal registration of the Trust with the exception of Trust not providing Child and Adolescent Mental Health inpatient services at West Lane Hospital.
- 5) Eight inspections had been conducted by the CQC under the Mental Health Act since the last report.

Following a request from Governors, Mrs Moody agreed to notify Governors once the inspection report by the CQC was made available.

**Action – Mrs Moody**

***Agreed – That the Council of Governors received and noted the update in relation to Care Quality Commission’s inspection of the Trust.***

### **20/11 SERVICE CHANGES**

The Council of Governors received the service changes report.

Mrs Hill highlighted the following:

- 1) Following a number of quality improvement events, changes had been made within Durham and Darlington to:
  - Adult services community single access point.
  - Nutrition and diabetes for older people’s inpatient services.
  - Ward communications and documentation in older people’s services.
  - Crisis services for older people.
- 2) The introduction of a pilot of zonal care at Westerdale South had commenced with the aim of reducing risk through enhanced engagement and patient experience whilst maintaining the required observation levels.
- 3) Preparations were underway for completion of the new hospital in York, Foss Park.
- 4) Secure inpatient services had facilitated a three day Quality Network visit.

Arising from questions Mrs Hill advised that:

- 1) The introduction of community rehabilitation services in Darlington was in relation to the adult mental health service. This would provide an individually agreed level of intensive visits and support in assisting with integration within the community.
- 2) Teesside crisis transformation work would work with the Right Care Right Place programme regarding alternative options for crisis support.
- 3) The communications plan for the opening of the new hospital in York and the closure and transfer of patients from the Harrogate and Wetherby locality would include information to GP's and the public.
- 4) As part of a collaborative, the Trust would be a partner in the delivery of Improving Access to Psychological Therapies (IAPT) in Teesside. The lead provider would be IMPACT with the Trust mainly providing the high level intervention therapies.

***Agreed – That the Council of Governors received and noted the service update report.***

## **20/12 QUALITY ACCOUNT**

Consideration was given to the Quarter 3 update on the Trust's Quality Account 2019/20.

In presenting the report Mrs Pickering highlighted that:

- 1) Good progress had been made on quality actions with 50 out of 56 completed or on track to be completed.
- 2) Four of the ten quality metrics were on track with six behind schedule.

***Agreed – That the Council of Governors received and noted the Quality Account Quarter 3 update 2019/20.***

## **20/13 PERFORMANCE DASHBOARD**

Consideration was given to the performance dashboard as at 31 December 2019. Mrs Pickering highlighted that:

- 1) The overall position was positive with 60% of indicators achieving their target. Only three were reported as red:
  - Percentage of patients seen within four weeks for a first appointment following an external referral.
  - Vacancy rate for healthcare professionals.
  - Percentage sick absence rate.
- 2) The area of concern within the NHS Improvement Single Oversight Framework Standard was around the proportion of patients within the IAPT service who move to recovery within Durham and Darlington.

Mr Boyes expressed concern at the reference relating to the rates of recovery given the known challenges currently with the Durham and Darlington IAPT service and the reduction of therapy sessions available.

***Agreed – That the Council of Governors received and noted the Performance Dashboard as at 31 December 2019.***

**20/14 FINANCE REPORT**

Consideration was given to the finance report for the period up to 31 December 2019.

Mr McGahon drew attention to:

- 1) The Trust was currently achieving £42k ahead of its year to date financial plan representing a surplus of £5.2k.
- 2) Cash Releasing Efficiency Savings (CRES) was currently at £1.9k ahead of its financial plan.
- 3) The current capital plan was running £5m behind its plan due to further survey work requirements at Roseberry Park Hospital.
- 4) The economic position in relation to the exporting of goods from Asia would result in the delay of electronic purchases. In relation to the purchase of 'switches' as this was from capital expenditure this would not be a cause of concern. For IT kit/devices non expenditure in this financial year would create a higher surplus for the Trust.

In response to questions the following was noted:

- 1) Zonal care provision was a pilot scheme where it would allow the service to meet the requirements of enhanced observations through the placement of staff within key areas of ward environments which enabled greater visibility and engagement. It did initially increase the number of staff required but benefits were expected to result in less requirement for observations, less incidents occurring with an overall decrease in the need for more staff (particularly agency staff).
- 2) The use of agency staff being connected with low morale in services was seen in some areas, however agency staff were mainly being used for short term requirements covering specific issues to manage the supply and demand of staff. There were examples where the high use of agency staff had not impacted staff morale.
- 3) The Trust was over recruiting doctors where they were able to with a view that they may further train and stay with the Trust.
- 4) Following the closure of the wards in Harrogate and transfer of inpatient services to York, junior doctors would move to the new community teams and undertaken their inpatient rotations at the new York hospital.

***Agreed – That the Council of Governors received and noted the Finance Report for the period up to 31 December 2019.***

**20/15 AUDIT AND RISK COMMITTEE**

Mr Bellas advised that as in previous years, the Board of Directors was keen to work with Governors to assess the performance of External Audit. Governors were asked if they wished to volunteer to attend, in an observational capacity, the meeting of the Audit Committee on 22 May 2020.

***Agreed – That Mr Alan Williams was appointed to observe the meeting of the Audit Committee on 22 May 2020 to assist the Board of Directors in providing assurance of the performance of External Audit.***

## **20/16 INVOLVEMENT AND ENGAGEMENT COMMITTEE**

Mr Robinson provided the following update:

- 1) Public membership of the Trust remained comparatively representative, current recruitment of new members continued, however there was a risk of not achieving the net increase of 250 new members. The current position at the end of Quarter 3 was 110 under target. This was expected to improve during the last quarter.
- 2) Involvement of service users and carers in activities remained high with those registered remaining at an appropriate level of 332 people.
- 3) The new member newsletter, TEWV Matters had been produced and was in the process of being printed.
- 4) Members of the Committee reviewed the delivery and feedback of the Involvement Celebration event held on 3 December 2019 and recommended the delivery of a further event in 2020.
- 5) A review of the Terms of Reference of the Committee had been undertaken and it was recommended that these be amended to include three co-opted members.

He wished to pass on his thanks to the Communications Team of the Trust for their assistance in the production of TEWV Matters.

***Agreed – That the Council of Governors:***

1. ***Received and noted the update of the Involvement and Engagement Committee.***
2. ***Approved the delivery and funding of an Involvement Celebration Event for Involvement Members in 2020.***
3. ***Approved an amendment to the Involvement and Engagement Committee Terms to Reference to include up to 3 co-opted members as members of the Committee.***

## **20/17 ADDITIONAL BUSINESS**

Mrs Restall thanked the staff within the Trust Secretary's Department and fellow Governors for their support over the last few months following a period of illness. She also wished to thank Mr Colin Martin on behalf of the Council for his support to the Trust and the Council of Governors since his appointment as this was the last Council meeting he would be in attendance at.

## **20/18 NEXT MEETING DATE**

The Chairman confirmed the next meeting of the Council of Governors would be held on 19 May 2020, 6pm at the Holiday Inn, Scotch Corner, Darlington DL10 6NR.

## 20/19 CONFIDENTIAL RESOLUTION

### Confidential Motion

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

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

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

*Information relating to the financial or business affairs of any particular person (other than the Trust).*

*The amount of any expenditure proposed to be incurred by the Trust under any particular contract for the acquisition of property or the supply of goods or services.*

*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.*

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

The Chairman closed the public session of the meeting at 4.05pm.



**FOR GENERAL RELEASE**

**Council of Governors**

<b>DATE:</b>	Thursday, 19 November at 2.00pm
<b>TITLE:</b>	Chief Executive's Report
<b>REPORT OF:</b>	Brent Kilmurray, Chief Executive
<b>REPORT FOR:</b>	Information

<b>This report supports the achievement of the following Strategic Goals:</b>	✓
<i>To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing</i>	
<i>To continuously improve the quality and value of our work</i>	
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	
<i>To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of the communities we serve.</i>	

<b>Executive Summary:</b>
A briefing to the Council of Governors of important topical issues that are of concern to the Chief Executive.

<b>Recommendations:</b>
To receive and note the contents of this report.

## Our Big Conversation

Our Big Conversation has been the biggest engagement exercise undertaken by the Trust. We heard from more than 2,100 people who shared 35,800 ideas, comments and votes over a three stage process. We had good representation from all staff groups, localities and over 500 patients and carers.

There were a number of clear themes that needed to be considered including:

- A lack of consistency in the experience of service users, carers and families

- We are not responsive enough
- Our staff are confused about our direction and what is expected of them
- A large number of staff did not have a positive experience of working for the Trust

Work is underway to complete the analysis of the exercise, however at an event last week the Board and the Senior Leader community of the organisation received some feedback and early thoughts about how we can use it to re-shape our strategic direction, setting out a new purpose, vision, goals and a new set of values. Attached at **Appendix 1** is a summary of the latest draft shared at the event which is a working draft and will be subject to further work.

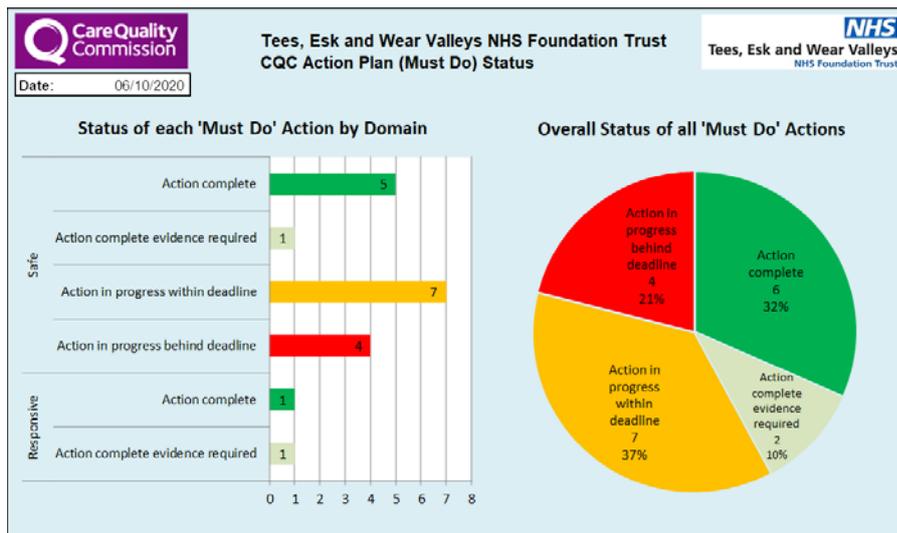
The event also gathered a range of feedback from participants on their view on how we would move the goals forward. This is currently being analysed. It is the intention that the Board will consider this further later in November and that there will be an agreement at the end of January 2021 on the overall strategic framework and the three or four key strategic transformation priorities the Trust will support.

In the meantime, we will be pulling together some communications to go back to everyone who participated and let them know where we have got to and what happens next.

I'd like to thank all Governors who have supported in this work so far and look forward to the exciting next steps.

## Care Quality Commission Action Plan Status

We continue to make good progress in delivering against key actions for improvement identified through the CQC inspection. Of the 19 CQC 'must do' actions that were identified eight are complete, seven actions are in progress as scheduled and four are behind schedule. Where work is behind schedule, this is primarily due to service pressures caused by COVID. A key focus is on ensuring we have robust assurance that practice changes are being sustained and continue to have the desired impact. Within the domain of Safety we are introducing Team Development Plans that provide a useful and pragmatic vehicle for continual improvement in relation to patient safety and will support compliance with CQC standards and regulations. These plans firmly place ownership and accountability at a local team level.



## A Transitional Regulatory Approach

The CQC's focus over recent months has been on the immediate risks posed by the Covid 19 pandemic and they have utilised the Emergency Support Framework as a tool to support structured conversations with Trusts. Moving forward a new Transitional Regulatory Approach has been developed using learning from the height of the pandemic with the key components being:

- A strengthened approach to monitoring, with clear areas of focus based on existing Key Lines of Enquiry (KLOEs). These will target safety, including people's access to services and leadership.
- Use of technology and local relationships to have better direct contact with people who are using services, their families and staff in services.
- Inspection activity targeted and focused on where CQC have concerns e.g. through high numbers of whistle blowing concerns and issues indicating potential closed cultures.
- CQC will not return to a routine programme of planned inspections.

## Infection, Prevention and Control Update

Over the last 2 months the level of community infection of Covid-19 within the region and nationally has become greater, this has caused significant concern regionally and nationally. As the prevalence grew Durham and Darlington locality were the first area in the Trust to go into tier 2 enhanced restrictions to try and limit the spread of the virus quickly followed by Teesside and York. As of the 5 November, like the rest of the country all areas of the trust are in a lockdown situation.

Since the last meeting, guidance has been updated to reflect the changing position. Communications have also been updated to reflect learning from Trust outbreaks. The guidance covers many areas including

- How and when to wear different levels of PPE (Personal protective equipment)
- Timescales for routine swabbing of patients regarding possible Covid-19 (now day 1 and 5)
- Hand washing
- Car sharing
- Social distancing
- Leave for patients
- Visiting patients in hospital

The guidance relating to leave and visiting is focussed on enabling these activities to happen in a safe and therapeutic way to maintain well-being and recovery. Despite the national lockdown, all episodes of patient leave and visiting are individually risk assessed so these can take place safely.

### **Nosocomial Infections**

Nosocomial infections are where patients acquire the virus while in hospital. Any swabs that are positive after day 8 in a patient's hospital stay are reported as such. Due to the nature of some of our inpatient areas and the length of stay within our hospital settings, we have reported a small number of nosocomial infections during 5 of our outbreaks. The use of PPE, good IPC processes and the introduction of asymptomatic staff testing aims to reduce the occurrence of these infections.

### **Outbreaks**

Guidance has been produced nationally and centrally which guides the Trust as to the processes and safeguards to be followed in the event of an outbreak of Covid-19 in any of our areas. An outbreak is considered to have occurred when 2 or more related cases of Covid-19 have been reported in the same area (patients or staff).

Since the onset of the 2<sup>nd</sup> wave we have reported 10 outbreaks, 5 of which are closed. All are managed and overseen by the Director of Infection Prevention Control, the staff from the affected area and the Infection Prevention Control Team. Regular meetings are held to review the cases of Covid-19 which includes attendance from Hotel Services, Health and Safety and Staff Side Safety representatives to ensure all measures are in place to minimise the spread of the virus. The outbreaks have occurred across a range of settings and involved patients and staff.

Some early learning which reflects national learning, is that spread seems to take place where staff are gathering together e.g. office areas, rest rooms and travelling to work and where staff are undertaking close and personal care with patients. We have shared this learning across the Trust through regular Microsoft teams events, briefings and team meetings. Based on the learning we have reviewed our risk assessments and guidance to advise staff that they:

- Must wear a mask in all settings when there is more than 1 person in the room.
- Ensure recommended safeguards are in place with regards to car sharing (only share a care with someone from your household or support bubble, wear masks and have windows open).
- When on breaks to maintain social distance inside and outside.
- Minimise the number of people in the rest area and ensure mask wearing is maintained and only 1 person to eat and drink at a time.
- Enhanced cleaning and identifying touch points as clean such as doors, telephones, computers and desk areas.
- Staff wearing face visors over masks when in close personal contact with patients.

## **Forward Looking**

We are preparing for the introduction of regular (twice weekly) testing of all patient facing staff and the administration of a vaccine for Covid-19.

The matrons are also supporting the IPC Team by undertaking mini audits in their areas to ensure best practice is being maintained.

## **Covid-19 Update**

### **Outbreaks**

Currently 4 Covid-19 outbreaks are being managed through outbreak control measures, all processes are in place to support clinical teams to care for patients and all reporting requirements are in place. There has been renewed emphasis on the learning from outbreaks and a staff declaration is being distributed to ensure staff sign off that they understand their IPC responsibilities.

### **Staff Testing**

There has been national guidance issued to enable healthcare workers to be regularly tested for Covid 19. The asymptomatic testing of staff via a Lateral Flow testing process will offer 2 x weekly testing. There will be 5,700 frontline health care staff who will be eligible to participate which will mean that over 11,000 tests will need to be provided on a weekly basis from mid-November. A number of processes to operationalise this guidance is being drawn up led by the QIS team and key staff to enable the rapid roll out of this test.

### **Vaccine**

The Trust is working with Newcastle Hospitals NHS Foundation Trust who are the regional lead for this process, in understanding the plans for the Covid 19 vaccine implementation and roll out.

## **EU Exit – End of Transition Period**

There has been renewed impetus from NHS E/ I around the EU Exit End of Transition Period. A recent webinar led by Professor Keith Willetts Strategic Incident Director for EU Exit has updated NHS providers and commissioners on the plans which have been put in place. Nationally, some guidance has been cascaded around the assurance which has been undertaken around medical devices, clinical consumables and non clinical goods and services. However, further information is expected which will include expectations for a regular SITREP report on any Brexit related issues and / or local preparedness.

TEWV are in the process of reviewing its local Brexit action plan, the associated risks and further updates will be provided to the Board.



Tees, Esk and Wear Valleys  
NHS Foundation Trust

Our service user, carers, families, partners and colleagues collective shared 35,800+ contributions to reveal:					
The world we want to live in –“purpose”	The type of Trust we are being in 2020 is not what we want to be –“2020 reality”	The type of Trust we want to become – our “vision”	We should all be driven by two big goals	If we’re successful, 2026 will look different	Two big commitments will enable our goals:
We want people to lead their best possible lives.	<p><b>We have a lot to be proud of, yet:</b></p> <ul style="list-style-type: none"> <li>We fail to provide a consistently good enough experience for our services users, carers and families.</li> <li>Our speed of response is too slow, too often.</li> <li>Too many of us are confused and unclear about our direction.</li> <li>We don’t provide a consistently good enough experience for our colleagues.</li> </ul>	<p><b>We will enhance the lives of people with mental health or learning disability needs, by being respectful, compassionate and responsible in all that we do.</b></p>	To co-create a great experience for our patients, carers and families	<p>If you use our services or care for someone who does you will experience:</p> <ul style="list-style-type: none"> <li>outstanding, safe and compassionate care,</li> <li>access to the right care,</li> <li>people being put before process,</li> <li>support to achieve your goals, and</li> <li>choice and control.</li> </ul>	<p><b>1. To be truly vision and values-led and psychologically safe.</b></p> <p><b>2. To continuously involve, improve and innovate - taking our methods and leadership to the next level.</b></p>
			To co-create a great experience for our colleagues	<p>If you work at TEWV you feel:</p> <ul style="list-style-type: none"> <li>well-led,</li> <li>well-managed,</li> <li>your work is meaningful,</li> <li>your workplace is fit for purpose,</li> <li>proud and involved at work, and</li> <li>proud and connected to our great partners.</li> </ul>	
			To be a great partner	<p>We will be highly rated by our local, national and international partners, together we will:</p> <ul style="list-style-type: none"> <li>understand the needs and common challenges of our communities,</li> <li>co-create high quality care, clear pathways and signposts to our and other partners high quality services,</li> <li>push the boundaries of knowledge and practice, through deep partnership and collaboration,</li> <li>share our expertise and learn from the expertise of others so that together we build and better use the capacity and capabilities of local organisations,</li> <li>work with healthcare regulators to demonstrate our adherence to national expectations,</li> <li>be bolder and “more human” in our communications.</li> </ul>	
The values & behaviours we should expect from everyone at TEWV	<p><b>We must be respectful:</b> we show regard for the feelings, wishes and rights of others, this means we...</p> <p>(a) listen, (b) are inclusive &amp; (c) work in partnership.</p>		<p><b>We must be compassionate:</b> we take the time to develop healing relationships, empathise and support others, this means we...</p> <p>(a) are kind, (b) are supportive &amp; (c) recognise and celebrate.</p>	<p><b>We must be responsible:</b> we are accountable for our actions, learn from our mistakes and always strive to do our best for others, this means we...</p> <p>(a) are honest, (b) learn &amp; (c) are ambitious</p>	

Three horizontal bars with rounded ends, colored green, red, and blue from left to right.

# Performance Update

Council of Governors Meeting

19<sup>th</sup> November 2020

A green rounded rectangular button containing the text 'making a' in white.

making a

A red rounded rectangular button containing the text 'difference' in white.

difference

A blue rounded rectangular button containing the text 'together' in white.

together

# Performance Dashboard

## As at 30<sup>th</sup> September 2020

Tees, Esk and Wear Valleys



NHS Foundation Trust

- New performance Dashboard 20/21 as agreed by the Board of Directors
- 21 measures across themes of Quality, Activity, Workforce and Money
- Statistical Process Control(SPC) tool used for 18 measures (money being the exception)
  
- 3 measures are reporting a **special cause variation - concern**
  - 6) % of in scope teams achieving the benchmarks for HoNOS score (AMH and MHSOP) - month behind
  - 9) The percentage of new unique patients referred with an assessment completed (2 months behind)
  - 10) The percentage of new unique patients referred and taken on for treatment (3 months behind)
  
- 11 measures are indicating **common cause variation**
- 2 of which are being highlighted as areas of concern due to the direction of the data
  - 4) Percentage of patients surveyed reporting their overall experience as excellent or good
  - 12) Bed occupancy (AMH & MHSOP Assessment & Treatment Wards)
  
- 4 measures are indicating **special cause variation – improvement**
  - 2) Percentage of patients starting treatment within 6 weeks of an external referral
  - 13) No. of patients occupying a bed with a LoS from admission > 90 days (AMH & MHSOP A&T Wards)-Snapshot
  - 16) Percentage of staff in post with a current appraisal
  - 18) Percentage Sickness Absence Rate (month behind)

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# Performance Dashboard

## As at 30<sup>th</sup> September 2020



### Special cause variation – Concern

#### % of in scope teams achieving the benchmarks for HoNOS score (AMH and MHSOP) - month behind

- This measure is identified as an area of concern as based on previous performance there is no assurance that the standard will be met consistently. The latest YTD actual is also below the standard therefore requires investigation. From a national benchmarking perspective, TEWV are achieving 60% compared to the England average of around 29%

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

- Whilst the last 3 data points show continuous improvement, this remains below the lower level of normal variation. Both Forensics and North Yorkshire and York localities are indicating concern (low) and needing action.

#### The percentage of new unique patients referred and taken on for treatment (3 months behind)

- Whilst the last 2 data points show some improvement, this remains below the lower level of normal variation therefore requires investigation. Tees Locality is indicating concern (low) and needing action.

Details above have all been shared with the Localities and a deep dive is being undertaken and will be shared with the Board of Directors in the November report.

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# Performance Dashboard

## As at 30<sup>th</sup> September 2020



### Common Cause Variation – Areas of concern

#### Percentage of patients surveyed reporting their overall experience as excellent or good

- The SPC chart shows the standard will be met and sometimes missed due to random variation. Given that this is a key measure of quality and that the latest Year To Date (YTD) actual is also below the standard this is an area of concern that requires investigation.
- Patient Experience is likely to have been impacted by Covid in relation to the restrictions that had to be put in place as part of National Guidance. Information has been shared with the Quality & Safety Group to ask them to review this quality measure to better understand the contributory factors and whether this is an actual area of concern requiring further action.

#### Bed Occupancy (AMH & MHSOP Assessment & Treatment Wards)

- The SPC chart is indicating that the standard will be met and sometimes missed due to random variation. Whilst the latest YTD actual is below the standard (positively) and the latest data point is just below the mean and standard, there is a continuous increase over the last 4 months.
- Whilst all Localities and specialities are mirroring the Trust variation and assurance icons, there is an ongoing concern from Operations that pressure on beds, both in terms of the number of admissions and acuity, is increasing. Work on the Trust wide bed plan is continuing and a full day improvement event to take stock of the current plan and consider further actions is to be arranged. A detailed analysis of the current position was shared with the Operational Silver Command group to better understand the current position.

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# Performance Dashboard

## As at 30<sup>th</sup> September 2020



### Positive Assurance

The following measures are all demonstrating Special Cause Improvement: -

- **Percentage of patients starting treatment within 6 weeks of an external referral**
- **No. of patients occupying a bed with a LoS from admission > 90 days (AMH & MHSOP A&T Wards)- Snapshot**
- **Percentage of staff in post with a current appraisal** - the latest data point is demonstrating our highest performance since April 18
- **Percentage Sickness Absence Rate (month behind)** - latest data point is demonstrating our highest performance since April 18 and is below the standard (positively)

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# Finance Update

Council of Governors – November 2020

## 2020/21 Headlines

### National financial arrangements for the first six months of 2020/21 brought all NHS organisations to break even at the end of September to allow a focus on the Pandemic.

↑ The Trust is currently at break even. Our original plan was to deliver a surplus of £1,134k however national financial arrangements were established to bring all organisations to break even by reimbursing COVID costs and ‘topping up’ nationally determined block income payments.

▼ CRES (cost savings) are forecast to be £123k less than plan by the financial year end; with savings impacted by the need to prioritise the Pandemic response.

↑ If Trust income was not restricted to returning a financial position of breakeven, Trust finances would have been in line with its financial plan.

The Board is continuing to prioritise:

- The Trust’s COVID-19 response;
- Capital developments;
- CRES delivery over the medium term.

### Key issue: Revenue forecasts during and post the Covid-19 pandemic

#### In October the Trust submitted a revised plan for the period October 2020 – March 2021.

Resources were allocated nationally to systems and required that our plan was

developed through collaboration with North East and North Cumbria health partners.

The Trust’s revised plan forecasts a £1,998k deficit at the financial year end; which is in line with NHSEI expectations.

National financial arrangements for the six months to March 2021 were predicated on the assumption that ‘other income’ streams (for example from catering sales and education support) would return pre-Pandemic levels. Projections by partners of the integrated care system (ICS) assessed this as unlikely. This is recognised nationally as being challenging and the ICS supported all Trusts to deviate from this assumption. Without this, the financial forecast would be break even.

We expect increased demand for Mental Health, Learning Disability and Autism services as a consequence of the Pandemic. To respond to the immediate anticipated challenge, clinical leads have identified 151 posts for which recruitment is now underway. In 2020/21 this is supported with non-recurrent income through our temporary national financial arrangements and coordinated through the ICS.

Over the 2-3 year period we expect the Trust workforce may need to expand by up to 900 posts. The Board is working with the various commissioning bodies to discuss future funding flows. Whilst recruiting permanently without already having secured funding could have future financial implications, this is seen as a managed and necessary risk that is within total anticipated system resources and will maintain the quality and consistency of the services we provide.

The Board will monitor this plan closely to ensure that any recurrent financial risk is mitigated.

# Finance Update

Council of Governors – November 2020

## Key issue: Capital

### Capital expenditure is £3,406k behind plan.

The main reasons for the variations are:

- Delays in the Roseberry Park programme of rectification works, largely due to identifying additional defects as work progressed.
- The purchase of Bacchus House is slightly behind plan, allowing discussions with commissioners about future contracting arrangements.

Progress against the capital plan will continue to be monitored by the Board's Resources Committee.

## Key issue: CRES Delivery

### Work is continuing to identify schemes to ensure full delivery of CRES requirements for the 3 year rolling programme.

The Board aims to ensure that the programme is based on recurrent, sustainable schemes. Key next steps include a baseline financial assessment to inform the development of a new financial strategy.

This issue will be further considered as part of the development of the Trust Business Plan which will involve discussions with the Council of Governors.

## Use of Resources Rating

The Use of Resources Rating, as part of its single oversight framework, is used by NHSI to oversee and support providers in improving financial sustainability, efficiency and value for money.

The Trust has planned to achieve a rating of 1 in 2019/20, though achievement of this is dependent on a reduction in agency expenditure as mentioned earlier.

The position against each element of the rating as at December 2019 was as follows:

	Actual	Year to Date Plan	'RAG' Rating
Capital Servicing Capacity	3	3	
Liquidity	1	1	
I&E Margin	1	1	
I&E Distance from plan	1	1	
Agency expenditure	1	1	

**COUNCIL OF GOVERNORS**

<b>DATE:</b>	19 November 2020
<b>TITLE:</b>	Council of Governors' Register of Interest
<b>REPORT OF:</b>	Phil Bellas, Trust Secretary
<b>REPORT FOR:</b>	Assurance

<b>This report supports the achievement of the following Strategic Goals:</b>	✓
<i>To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing</i>	
<i>To continuously improve the quality and value of our work</i>	
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	
<i>To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of the communities we serve.</i>	✓

<b>Executive Summary:</b>
<p>To note the declarations made by members of the Council of Governors of their interests which are held publically as a Register of Interest as required by the Trust's Conflicts of Interest Policy, the National Health Service (NHS) Act 2006 and the Trust's Constitution.</p> <p>All Governors should declare such interests on appointment and on any subsequent occasion when a conflict arises.</p>

<b>Recommendations:</b>
<p>The Council of Governors is asked to receive and note the Register of Interests of Governors.</p>

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

**Register of Interests of Members of the Council of Governors**

Date of review: November 2020

Note: 1 - Descriptions of the types of interests are provided in NHS England Guidance "Managing Conflicts of Interests in the NHS " (Publications Gateway Number 06419)

Note: 2 - Changes of interest should be recorded as notified

Note: 3 - The Register should be refreshed annually

Note: 4 - The Register should be a record of interests over time and additional lines should be inserted as required

Name	Position	Financial Interests	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interests	Date of Declaration
Lee Alexander	Appointed Governor	Yes Head of Adult Social Care at Durham County Council	None	None	None	Sep-18
Sara Baxter	Public Governor	None	None	None	None	Nov-20
Louis Bell	Staff Governor	None	None	None	None	Sep-20
Gemma Birchwood	Public Governor	Work for a Community Mental Health Charity Undertake involvement activities for the Trust	Yes Recovery Expert by Experience for the Trust	Training with IGA (institute of groupwork) to become a group worker	None	Sep-20
Mary Booth	Public Governor	None	None	None	Yes Daughter and Daughter in law work for trust in professional capacity	Sep-20
Sue Brent	Appointed Governor	Yes Work for the University in Partnership with TEWV in the development of educational programmes and in the placement of students.	None	Yes Trustee of Willow Burn Hospice.	None	Sep-20
Mike Brierley	Appointed Governor	Awaiting information				
Anne Carr	Public Governor	Yes Undertake involvement activities for the Trust	Yes CQC Expert by Experience Undertake inspections as employee of Choice Support.	None	None	Sep-20
Mark Carter	Public Governor	Yes Undertake involvement activities for the Trust	None	None	None	Nov-20
Emmanuel Chan	Staff Governor	None	None	None	None	Sep-20
James Creer	Public Governor	None	None	None	None	Jul-19

Marie Cunningham	Public Governor	None	None	None	None	Sep-20
Gary Emerson	Public Governor	None	Yes Paid lay representative for NHS England involved primarily in the assessment of Trainee GP's	Yes Volunteer Trustee for Middlesbrough and Stockton Mind Volunteer Trustee for Stockton Advice and Information Service (Stockton CAB)	None	Sep-20
Dr Andrew Fairbairn	Appointed Governor	None	None	None	None	Sep-20
Chris Gibson	Public Governor	None	None	None	None	Sep-20
Ray Godwin	Staff Governor	None	Yes Elected Councillor in the Borough of Stockton On Tees	None	None	Sep-20
Janet Goddard	Public Governor	None	None	None	None	Sep-20
Hazel Griffiths	Public Governor	Yes Undertake involvement activities for the Trust	None	None	None	Sep-18
Ian Hamilton	Appointed Governor	None	None	None	None	Sep-20
Dominic Haney	Public Governor	Yes Undertake involvement activities for the Trust	Yes Registered volunteer with the Trust	None	None	Sep-20
Anthony Heslop	Public Governor	Yes Undertake involvement activities for the Trust	Yes Registered volunteer with the Trust	None	None	Nov-20
Christine Hodgson	Public Governor	None	None	Yes A member of Healthwatch York as a volunteer	Yes Family member receiving care from TEWV and York City Council	Aug-19
Carol Jones	Public Governor	Yes Lay Executive Board Member with NENC Local Clinical Research Network	Yes Chair of Linking Research with Patients	None	None	Aug-19

Joan Kirkbride	Public Governor	None	None	None	Yes Daughter is employed by the Trust	Nov-20
Kirsty Kitching	Appointed Governor	Awaiting information				
Kevin Kelly	Appointed Governor	Yes Acting Assistant Director Adult Social Care	None	None	None	Sep-18
Audrey Lax	Public Governor	Yes Undertake involvement activities for the Trust	None	None	None	Sep-20
Keith Marsden	Public Governor	Yes Undertake involvement activities for the Trust	Yes Recovery Expert by Experience for the Trust Undertake paid work with Rethink	None	None	Sep-20
Cllr Ann McCoy	Appointed Governor	None	None	None	Yes Appointed as Lead Governor for the Council	Nov-20
Professor Tom McGuffog MBE	Public Governor	None	None	None	None	Sep-18
Jacci Mc Nulty	Public Governor	Awaiting information				
Rachel Morris	Appointed Governor	None	None	None	None	Nov-20
Dr Boleslaw Posmyk	Appointed Governor	Awaiting information				
Jules Preston	Public Governor	None	None	None	None	Sep-20
Jean Rayment	Public Governor	Yes Undertake involvement activities for the Trust	None	None	None	Jan-20

Gillian Restall	Public Governor	None	None	None	None	Sep-20
Graham Robinson	Public Governor	Yes Undertake involvement activities for the Trust	None	None	Yes Daughter is employed by the Trust	Nov-20
Mojgan Sami	Public Governor	Awaiting information				
Erik Scollay	Appointed Governor	Awaiting information				
Zoe Sherry	Public Governor	None	None	Yes Chair of Hartlepool Mental Health Forum. Member of Steering Group of Hartlepool Healthwatch.	None	Sep-20
Stanley Stevenson	Public Governor	None	None	None	None	Sep-20
Cllr Helen Swiers	Appointed Governor	Yes Cllr North Yorkshire County Council	Yes Cllr North Yorkshire County Council	None	Yes Family member employed by the Trust	Sep-20
Sarah Talbot-Landon	Public Governor	None	None	None	None	Sep-20
Stephen Thomas	Appointed Governor	Awaiting information				
John Venable	Public Governor	Awaiting Information				
Dr Ruth Walker	Appointed Governor	None	Yes Member of vale of York CCG governing body, Clinical lead for mental health - Selby Town Primary care network. GP partner with special interest in mental health	None	None	Oct-20
Cllr Derek Wann	Appointed Governor	Yes Councillor at City of York Council	Yes Councillor at City of York Council	None	None	Sep-20
Jill Wardle	Public Governor	None	None	None	None	Sep-20
Judith Webster	Public Governor	Yes Undertake involvement activities for the Trust	None	None	None	Sep-20