

COUNCIL OF GOVERNORS
TUESDAY 18 MAY 2021
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 and any camera setting to off. No questions or statements are allowed.

AGENDA

1	Welcome and Apologies	Chairman	Verbal
2	Chairman's Introduction	Chairman	Verbal
3	To approve the minutes of the meeting of Council of Governors held on 18 February 2021.	Chairman	Draft Minutes
4	To receive any declarations of interest	Chairman	Verbal
5	To review the public action log	Chairman	Report
6	To receive an update from the Chairman	Chairman	Verbal
7	To receive an update from the Chief Executive	Brent Kilmurray, Chief Executive	Report
8	To respond to any questions from Governor's to the Board <i>(Questions will be taken directly in the meeting with verbal responses recorded in the minutes. A written response will only be provided where it is not practicable to respond within the meeting)</i>	Chairman	Verbal
9	To receive a report on the Trust's financial position as at 31 March 2021 and the Trust's financial plans for 2021/22.	Liz Romaniak, Director of Finance and Information	Report
10	To receive a report on key indicators from the Trust's performance dashboard as at 31 March 2021.	Sharon Pickering, Director of Planning, Commissioning, Performance and Communications	Report

11	To appoint Paul Murphy as the Deputy Chairman from 1 st July 2021.	Chairman	Verbal
12	<p>To agree the dates for meetings of the Council of Governors for the remainder of 2021.</p> <p>The following are proposed:</p> <ul style="list-style-type: none"> ▪ 13th July 2021 (10.00 am – 12.00 noon) ▪ 23rd September 2021 – Annual General and Members’ Meeting (timings to be confirmed) ▪ 25th November 2021 (10.00 am – 12.00 noon) 	Chairman	Verbal
13	<p>The Chairman to move:</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 which, if published would, or be likely to, inhibit -</i></p> <p><i>(a) the free and frank provision of advice, or</i></p> <p><i>(b) the free and frank exchange of views for the purposes of deliberation, or</i></p> <p><i>(c) would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.</i></p> <p><i>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.</i></p> <p><i>Information which is held by the Trust with a view to its publication, by the Trust or any other person, at some future date (whether determined or not), and it is considered reasonable, in all the circumstances, to withhold the information from disclosure until that date.</i></p>	Chairman	Verbal

Miriam Harte
Chairman
10 May 2021

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

MINUTES OF THE COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 18 FEBRUARY 2021, 2.00PM VIA MICROSOFT TEAMS

PRESENT:

Miriam Harte (Chairman)
Dr Sara Baxter (Redcar and Cleveland)
Gemma Birchwood (Selby)
Mary Booth (Middlesbrough)
Anne Carr (Durham)
Mark Carter (Redcar and Cleveland)
Emanuel Chan (Teesside)
James Creer (Durham)
Marie Cunningham (Middlesbrough)
Gary Emerson (Stockton on Tees)
Dr Andrew Fairbairn (Newcastle University)
Chris Gibson (Harrogate and Wetherby)
Janet Goddard (Scarborough and Ryedale)
Dominic Haney (Durham)
Anthony Heslop (Durham)
Joan Kirkbride (Darlington)
Audrey Lax (Darlington)
Keith Marsden (Scarborough and Ryedale)
Cllr Ann McCoy (Stockton Borough Council)
Prof Tom McGuffog MBE (York)
Jacci McNulty (Durham)
Dr Boleslaw Posmyk (NHS Tees Valley CCG)
Jules Preston (Harrogate and Wetherby)
Graham Robinson (Durham)
Dr Mojgan Sani (Stockton)
Zoe Sherry (Hartlepool)
Cllr Helen Swiers (North Yorkshire County Council)
Cllr Stephen Thomas (Hartlepool Borough Council)
John Venable (Selby)
Dr Ruth Walker (NHS Vale of York CCG)
Jill Wardle (Durham)
Judith Webster (Scarborough and Ryedale)

IN ATTENDANCE:

Phil Bellas (Trust Secretary)
Dr Sarah Dexter-Smith (Director of People and Culture)
Dr Hugh Griffiths (Non Executive Director)
Ruth Hill (Chief Operating Officer)
Prof Pali Hungin (Non Executive Director)
Brent Kilmurray (Chief Executive)
John Maddison (Non Executive Director)
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, Commissioning and Communications)
Beverley Reilly (Non Executive Director)
Shirley Richardson (Non Executive Director)

21/01 APOLOGIES

Lee Alexander (Durham County Council)
Louis Bell (Corporate)
Sue Brent (Sunderland University)
Mike Brierley (NHS County Durham CCG)
Ray Godwin (Forensic)
Hazel Griffiths (Harrogate and Wetherby)
Ian Hamilton (University of York)
Christine Hodgson (York)
Carol Jones (Rest of England)
Kevin Kelly (Darlington Borough Council)
Dr Ahmad Khouja (Medical Director)
Rachel Morris (Teesside University)
Jean Rayment (Hartlepool)
Gillian Restall (Stockton on Tees)
Liz Romaniak, (Director of Finance and Information)
Erik Scollay (Middlesbrough Council)
Stan Stevenson (Hambleton and Richmondshire)
Cllr Derek Wann (City of York Council)

Observers

2 observers were present.

21/02 WELCOME AND APOLOGIES

The Chairman welcomed all attendees to the meeting. Apologies were noted from Governors as recorded on the register of attendance.

21/03 MINUTES OF PREVIOUS MEETINGS

The Council of Governors considered the minutes from the public meeting held on 19 November 2020 and the Annual General and Members meeting held on 24 November 2020

Agreed -

- 1. *That the public minutes of the meeting held on 19 November 2020 be approved as a correct record subject to the addition of Dr Ruth Walker recorded as present at the meeting and signed by the Chairman.***
- 2. *That the minutes of the Annual General and Members meeting held on 24 November 2020 be approved as a correct record and signed by the Chairman.***

21/04 DECLARATIONS OF INTEREST

There were no declarations of interest.

21/05 PUBLIC ACTION LOG

Consideration was given to the public action log.

Arising from the report:

- 1) Minute 20/04 – IAPT Briefing

It was noted that this briefing had been delivered on 11 February 2021.

Action – Closed

- 2) Minute 20/08 – Gender Pay Gap

This report had been circulated for information.

Action – Closed

- 3) Minute 20/27 – Autism Wait Times

This would be discussed outside of the meeting.

Action – Closed

21/06 CHAIRMAN UPDATE

The Chairman provided a briefing on the following matters:

- 1) The Trust continued to operate within very busy and pressured times.
- 2) Following the inspection undertaken by the Care Quality Commission, thanks were expressed to the staff who had been involved in developing the improvements required and the subsequent work that had taken place.
- 3) Governors had met with Directors of Operations, the meeting for the Durham and Darlington locality had been postponed. A new date was currently under discussion.
- 4) The successful delivery of the vaccination programme for staff and patients continued.
- 5) The Board had agreed the Trust's new Strategic Framework. Engagement of staff, service users, carers and the public continued with a range of proposals made available for discussion on The Big conversation on line forum.
- 6) A number of meetings and discussions had been held about the rectification works and the ongoing litigation for Roseberry Park Hospital.
- 7) The Government had issued a White Paper in relation to the introduction and implementation of the Integrated Care Systems (ICS).
- 8) The Trust remained indebted to all partners and agencies for their support during Covid.

Agreed – That the Council of Governors received and noted the update of the Chairman.

21/07 CHIEF EXECUTIVE UPDATE

The Chief Executive presented his update report highlighting the following matters:

1. Care Quality Commission (CQC)

- An unannounced inspection was conducted by the CQC on 19 January 2021.
- The inspection was to adult acute inpatient wards at Roseberry Park, West Park and Cross Lane hospitals.
- A number of findings were reported on risk assessment and risk management procedures resulting in an urgent request by the CQC for changes to be made.
- The Trust sought immediate assurance on the safety of all patients at the time of the feedback by undertaken a manual process to assess all inpatient records in relation to risk and safety.
- The CQC followed up their inspection with two formal communications. The first set out their concerns and a requirement for the Trust to submit an action plan. This was followed up by a requirement to undertake 'significant improvements' and to extend the work already undertaken to all clinical settings.
- The Trust submitted their action plan, as required, and as a result of the additional requirements, undertook a Rapid Process Improvement event with the remit of the simplification of patient risk processes which included work on the electronic record system (PARIS).
- The new processes to manage risk had been rolled out across the Trust as a result of the improvement work.
- The decision was taken that the planned Harm Minimisation and Risk Management Training programme required acceleration of delivery.
- Capacity and skill mix of staff within wards was to be reviewed with potential plans discussed to accelerate the plans to expand establishments to allow staff more time to undertake interventions.

2. Provider Collaboratives

- Readiness for the planned go live date on 1 April 2021 was underway.
- The Trust was part of three Provider Collaboratives across the North East and Cumbria:
 - Adult Secure Services, the Trust was the approved lead provider.
 - Adult Eating Disorders Inpatient Services, Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust was the approved lead provider.
 - Child, Adolescent Mental Health Tier 4 Services, Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust was the approved lead provider.

- The Trust was working in partnership with Humber Coast and Vale Provider Collaborative for which Humber NHS Foundation Trust was the approved lead provider for all three service provisions listed above.

3. Governance Review

- Trusts were required to undertake a review of their governance every 3-5 years.
- The Good Governance Institute (GGI) had been commissioned by the Trust to undertake a review of leadership and governance (well-led) building on the work undertaken in 2020 by Lorna Squires, Head of Quality Governance at NHS England/Improvement.
- The findings of the review were expected to be reported to the Board of Directors at the end of March 2021.
- GGI had also been asked to provide a range of training and development in relation to governance and assurance in the Trust.

4. Covid

- Eight infection outbreaks were under the management of outbreak control measures as at 11 February 2021.
- Lateral flow testing continued with over 7,000 additional supplies received.
- Vaccination roll out and staff testing had been successful and the impact had been positive.
- Over 6,000 staff had received their vaccination, at the time of reporting which was improving on a daily basis.
- The Trust was working with individuals who had not taken up the offer of a vaccination. This mainly related to young females and some BAME staff.

5. Infection, Prevention and Control (IPC)

- IPC guidance had been constantly updated in line with national guidance and local restrictions.
- Additional PPE measures had been implemented with a requirement for visors to be worn by staff in all clinical settings to reduce the transmission of infection from staff to patients through the touching of masks.
- Aprons and gloves were now not required unless an outbreak had been identified. Additional reinforcement of the importance of good hand hygiene had been communicated.

Agreed – That the Council of Governors received and noted the update of the Chief Executive.

21/08 GOVERNOR QUESTIONS

1. Cllr Ann McCoy, Appointed Governor, Stockton Borough Council

In relation to the CQC inspection and the improvements required, was the Chief Executive delegating oversight of the management of this? It was requested that the Council of Governors be advised as to who this had been delegated to and updated on progress.

The Chief Executive advised that:

- He had convened a Quality Improvement Board who had a remit to oversee the delivery of plans
- The Quality Improvement Board membership was:
 - Chief Executive
 - Chief Operating Officer
 - Director of Nursing and Governance
 - Medical Director
 - Director of Therapies
- This Board met on a weekly basis.

2. Cllr Ann McCoy, Appointed Governor, Stockton Borough Council

As a result of the immediate changes made to processes to manage risk how was the morale of staff being managed?

The Chief Executive confirmed that:

- Staff morale was an important factor and where possible, they had been involved in the work to develop the revised processes and procedures.
- Communication had been that there was no blame, but more about how additional pressures could be eliminated to assist staff to carry out their tasks.
- A range of wellbeing offers of support remained available to staff.
- The deployment of Practice Development Practitioners within the inpatient wards to provide additional support.

3. Dr Mojgan Sani, Public Governor Stockton on Tees

Non Executive Directors were asked if the findings of the CQC were a surprise to them.

The Chairman confirmed that as the Board operated as a Unitary Board, all members had been informed of the outcome of the inspection at the same time.

Non Executive Directors responded that:

- There had been awareness of the previous work that had taken place in terms of the management of risk.

- What had not been fully recognised was how these processes had created additional work for staff.
- Changes in process had been implemented as a result of the concerns of the CQC which would reduce the process for staff in terms of recording requirements and provide clearer processes around risk management.
- Collectively as a Board, there was agreement that staff time needed to be released to enable more quality therapeutic time to be spent with patients.
- Reflection on the content of The Big Conversation was that there were clear messages around complexities of processes.
- Confirmation was provided that overall the Board were fully aware and briefed as required.

4. James Creer, Public Governor Durham

The healthcare sector had been reported as particularly low in the uptake of the Covid vaccination programme. Was there a particular reason for this?

The Chief Executive advised that the Trust was consistent with other healthcare organisations. There were some categories of staff where there appeared to be concerns, again this was consistent nationally. A small number of staff at any given time were ineligible to receive either through ill health or as a result of contracting Covid within the previous 4 weeks.

The Director of People and Culture confirmed that 85% of staff had been vaccinated with an increase recorded daily.

5. Mary Booth, Public Governor Middlesbrough

With regard to the investment in staff establishments, would this be across all specialities and what would the increases equate to?

The Chief Executive advised that the increase in the staff establishment was not a direct result of the findings of the CQC, it had been a previously identified priority for the Trust. The tool previously used to assist staff establishment planning and rostering arrangements (Hurst Tool) was not directly developed for mental health services. Reviewing the establishment requirements alongside skill mix of a multi-disciplined team would allow for increases to be made across all specialities. In addition, this would allow for seven day working right across the multi-disciplinary teams.

6. Gemma Birchwood, Public Governor Selby

Would CITO and PANDO functionality work together? As PANDO was a recognised and supported secure messaging app for healthcare, could better communication be provided to staff regarding its use against that of WhatsApp?

The Chairman advised that the answer to this question was not known as the Director of Finance and Information was absent from the meeting. This would be responded to outside of the meeting.

Action item – Director of Finance and Information

7. Gary Emerson, Public Governor Stockton on Tees

References had been made to ‘layering’ of processes in relation to risk management processes and the concerns identified by the CQC. Why had it taken the CQC inspection process to identify this? In addition, how can assurance be provided that this would not happen again?

The Chief Executive confirmed that:

- The introduction of processes around risk management and assessment had taken place over a period of time without issue.
- The CQC had identified that a very recent single change in process had added complexity.
- The improvement process undertaken included a ‘checkpoint’ approach system. This would result in any future changes being subject to full scrutiny and impact assessment prior to implementation.

Additional questions were responded to in that:

- Additional staff training and the delivery of masterclasses were under consideration. This was to ensure the Trust did not become risk averse and maintained a focus on good risk management for patients.
- A practice development forum and better involvement of service users and carers through co-production would be potential vehicles to test out processes and procedures prior to full implementation.
- The Trust would be engaging with other organisations to identify best practice and learning.

8. James Creer, Public Governor Durham

It had been reported that there were some posters in existence within staff areas which referred to patients being manipulative when raising complaints. Was this correct and could this be investigated?

The Chief Executive advised he was unaware of this and this would be investigated.

Action item – Chief Executive

The Chairman thanked Governors for their questions.

21/09 FINANCE REPORT

Consideration was given to the finance report for the period up to 31 December 2020.

On behalf of the Director of Finance and Information the Chief Executive reported that:

- 1) Capital expenditure was below plan with a number of schemes still on schedule.
- 2) The Trust had been successful in its bid to secure £4.5m capital funding for schemes for Children and Young People.
- 3) VAT had been reclaimed at a rate of £4,045k for the development of Foss Park Hospital.
- 4) Uncertainty of future funding remained in terms of the release of non recurrent monies linked to management of the pandemic.
- 5) NHS England/Improvement's planning guidance for Quarters 2 to 4 were expected to be developed by June 2021.

Agreed – That the Council of Governors received and noted the Finance Report for the period up to 31 December 2020.

21/10 PERFORMANCE DASHBOARD

Consideration was given to the highlights of the performance dashboard submitted to the Board of Directors in January 2021 for the position as at 31 December 2020. The Director of Planning, Performance, Commissioning and Communications highlighted that:

- 1) Two areas of positive assurance were noted in terms of waiting times and length of stay.
- 2) The proportion of people completing treatment who move to recovery with the Improving Access to Psychological Therapies (IAPT) service remained a cause of concern in Durham and Darlington. This had been due to patients requesting discharge prior to completion of therapy linked to the pandemic and increased social restrictions. It was reported that the January 2021 position was improving.

Through discussion it was confirmed that:

- 1) The Trust was not the lead provider for the provision of IAPT services within Teesside.
- 2) Monitoring was undertaken regarding referrals and if there was thought to be an impact to the Trust of the delivery of an IAPT service this would be discussed with Commissioners.
- 3) A briefing had been requested on the provision of the IAPT service within Teesside as this had not been available at the time of the Governor awareness session previously delivered.

Governors asked the following:

- 1) Dominic Haney, Public Governor Durham wished to know if ADHD waiting times were 14 months as had been reported by service users and whether patients were informed of their right to choose their care provider for this

service. In addition, if they did choose an alternative provider, would they still be able to access secondary care services whilst waiting?

The Director of Planning, Performance, Commissioning and Communications advised that the Trust provided services for Adult ADHD across Durham, Darlington and the Tees Valley, but was not the provider for North Yorkshire.

Patients were able to apply to their relevant commissioning body regarding choice of provider. When patients were referred to the Trust service, they were under the caseload of the Affective Disorder Team to ensure contact was maintained whilst waiting for the specialist service.

In terms of whether patients were informed of their right to choose provider, and by whom, this would need to be followed up outside of the meeting.

Action item – Director of Planning, Performance and Commissioning

- 2) Dr Ruth Walker, Appointed Governor Vale of York CCG raised concerns about the amount of assurance Governors could achieve from the information that had been presented to them as part of the meeting. She also asked where risk was reported in the Trust and requested that this was more visible to the Council?

The Chairman responded that the Board of Directors received detailed information on performance within the reports submitted to their meetings. These meetings were public and reports were made available to Governors.

In terms of the information provided to the Council of Governors, she advised that she was reviewing the level of information and detail that Governors received with the aim of ensuring that the correct balance of information was available in the right format.

Mrs Mary Booth, Public Governor Middlesbrough added that as a Council, greater levels of information previously were available and that this was preferred. Accessing the information for the Board of Directors meeting was not felt to be timely in relation to when the Council of Governors met, and added that there was no opportunity to ask questions.

The Chairman noted the comments made.

Agreed – That the Council of Governors received and noted the Performance Dashboard as at 31 December 2020.

21/11 GOVERNOR APPOINTMENTS

The Trust Secretary advised of the following Governor appointment opportunities:

1. Lead Governor

- The Council considered the proposed process for the appointment of the Lead Governor.
- If approved, any Governor interested in standing for this position would be requested to submit a personal nomination statement of no more than 250 words by 12 noon on 4 March 2021.
- If more than one nomination was received, a postal ballot would take place with the result announced by the Chairman under Emergency Powers by 24 March 2021.
- If only one nomination was received, the Chairman would consider the nomination and ratify the appointment under Emergency Powers by 5 March 2021.
- The tenure of the position was from 1 April 2021 for a period of three years, there was no limit to the number of tenures any Governor could hold this appointment for.

2. Council of Governors Nomination and Remuneration Committee

- Following the resignation of Ms Sarah Talbot-Landon, Public Governor Durham a position had become available on the Nomination and Remuneration Committee.
- Governors appointed to this Committee were requested to have experience of appointing and appraising senior management.
- Governors were asked for anyone interested to put themselves forward for consideration.
- Mr Jules Preston, Public Governor Harrogate and Wetherby expressed an interest in being appointed to the Committee.

3. Audit and Risk Committee

- Annually, Governors were asked to attend the special meeting of the Audit and Risk Committee to observe and contribute to the appraisal of the performance of the External Auditors appointed to the Trust.
- The meeting in 2021 would be held on 21 May and one or more Governors were invited to observe the proceedings of this meeting.
- Mrs Joan Kirkbride, Public Governor Darlington advised she had previously undertaken this role and would be happy to do so again.
- Mrs Mary Booth, Public Governor Middlesbrough expressed her interest in attending the Committee.

4. Mr James Creer, Public Governor Durham requested an update on when the appointment Governor would be made to the Mental Health Legislation Committee.

The Trust Secretary advised that the membership and terms of reference of all Board Committees and Governance meetings was under review. It was expected that this review would conclude within the next few months.

Agreed: That the Council approved:

- 1. The process for the appointment of the Lead Governor and for the use of Emergency Powers by the Chairman to ratify the appointment following the conclusion of the nomination process.**
- 2. That Mr Jules Preston, Public Governor Harrogate and Wetherby be appointed to the Council of Governors' Nomination and Remuneration Committee for a period of three years.**
- 3. That Mrs Mary Booth, Public Governor Middlesbrough and Ms Joan Kirkbride, Public Governor Darlington be appointed as observers to the Board of Directors Audit and Risk Committee due to be held on 21 May 2021 and contribute into the report on the performance of the External Auditors submitted to the Council of Governors in 2021.**

21/12 FUTURE MEETINGS

The Chairman confirmed that the next meeting of the Council of Governors would be held on 18 May 2021 at 2pm via Microsoft Teams.

As a result of a review of the governance and associated meetings, further meeting dates were not in a position to be confirmed.

21/13 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 which, if published would, or be likely to, inhibit -

- the free and frank provision of advice, or*
- the free and frank exchange of views for the purposes of deliberation, or*
- would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.*

The Chairman closed the public session of the meeting at 3.26pm.

Council of Governors Action Log

Item 5

RAG Ratings:

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

Date	Minute No.	Action	Owner(s)	Timescale	Status
18/09/19	19/70	To provide an update on the delivery of autism training.	Ahmad Khouja	September 2020 May 21	
19/11/20	20/25	To organise a briefing session for Governors on ICS/ICP	Kathryn Ord	Feb 21 May 21	
18/02/21	21/08 (6)	To respond on the functionality of CITO and PANDO platforms to Gemma Birchwood, Public Governor Selby	Liz Romaniak	May 21	response issued 3/3/21
18/02/21	21/08 (8)	To investigate report of posters displayed within a staff area regarding complaints and reference to manipulation	Brent Kilmurray	Mar-21	

PUBLIC

Council of Governors

DATE:	Thursday, 18 May at 2.00pm
TITLE:	Chief Executive's Report
REPORT OF:	Brent Kilmurray, Chief Executive
REPORT FOR:	Information

This report supports the achievement of the following Strategic Goals:	✓
<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>	

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

Recommendations:
To receive and note the contents of this report.

Care Quality Commission Update

The CQC inspection of 5 inpatient AMH wards was published on 26 March 2021. Following on from this a warning notice was issued citing inadequacies relating to clinical risk assessment and management, training in relation to clinical risk management, assurance, observations and engagement and learning from incidents. A detailed action plan was developed and is now almost fully completed. Implementation of the action plan is being overseen by a Quality Improvement Board (QIB) with colleagues from NHSE/I. Actions taken include a revised approach to harm minimisation (risk assessment and management), a new training course relating to harm minimisation and a review of the observation and engagement

procedure. A new approach to assurance has been agreed with an assurance forward plan in place for the inpatient wards and a similar programme in development for community teams. We have completed the first cycle of the assurance schedule for inpatient areas with learning being fed to the QIB and to local teams. The process for learning from incidents has been revised with the development of a learning library and a new process for issuing patient safety learning bulletins. The embeddedness of these changes is currently being tested with a peer review of the inpatient areas being undertaken by ward staff, staff from Cumbria, Northumberland, Tyne and Wear NHS FT and from local CCGs.

The impact of the changes is being assessed now in more detailed audit work. We have had report from patients and staff saying that the new risk assessment and risk management process is more meaningful and makes them feel safer. All changes have been made with a view to the roll out of CITO over the next year so that changes are preparing staff for future new ways of working. The implementation of the actions are supported by recruitment of additional staff, developments in team leadership and are in line with the new trust values of Our Journey to Change.

Governance Review

As Governors will be aware, the Board commissioned the Good Governance Institute to undertake a Leadership and Governance Developmental Review under NHS England/Improvement's Well-Led Framework.

Foundation Trusts are required to undertake these reviews every three to five years; our last one being in 2017. The review has proved to be timely both as a stock-take as we commence "Our Journey to Change" and given the challenges we have recently faced.

The review was comprehensive and a number of recommendations have been made across twelve headings:

- Board development
- Risk Management and Board Assurance Framework
- Embedding the Strategy
- People and Culture
- Performance Management and Quality Assurance
- Governance routes and structures
- Quality Improvement
- Training
- Digital
- Involvement and Engagement
- Learning
- Innovation

The Board has received and considered the final draft of the report and has accepted all its recommendations.

Mapping of the recommendations to existing business plan priorities and other activities, including the CQC action plan, has been completed.

Early priorities of risk management and board development have been identified, along with governance routes and structures.

Work has now commenced on the preparation of the formal implementation plan. This is due to be approved by the Board at its May meeting.

A copy of the report and a fuller briefing is provided as part of the confidential agenda for the meeting.

Covid 19 Update

Low case rates continue to prevail in the community. The Trust is consistent with all other providers in Cumbria, the North East, Humber, Coast and Vale in currently having no open outbreaks. As at 7 May, there was only one patient being treated within inpatient services who was Covid positive.

Regular patient testing continues to be supplemented by lateral flow testing of front line staff. The third phase of deliveries of lateral flow devices has been received from NHS England. Additional kits were requested to allow the offer to be extended to essential office based workers.

There is close monitoring of the surge impact on services. There has been noted impact on acuity and some specific services such as CYPS eating disorders have noted an increase in referrals (and urgency). This is being reviewed and the wider service implications are being shared with commissioners and stakeholders.

Vaccines

Second dose clinics took place during April and second dose mop up clinics are currently taking place. We will be going back to inpatients who are experiencing a long stay with us. Any remaining staff who have not had a first dose will be referred back to GPs as per national guidance. The monthly online conversations for staff who are still concerned about the vaccine are all in place.

Latest figures for dose 1 vaccinations are noted below.

Total Frontline Staff				
<u>Total Frontline Staff</u> Headcount	<u>Total Frontline Staff</u> Vaccinated	<u>Total Frontline Staff</u> Offered	<u>Total Frontline Staff</u> Declined	<u>Total Frontline Staff</u> Exempt
6380	5492	6380	104	39

Substantive Staff				
Substantive Staff Headcount	Substantive Staff Vaccinated	Substantive Staff Offered	Substantive Staff Declined	Substantive Staff Exempt
7949	6895	7949	104	49

Bank Staff				
Bank Staff Headcount	Bank Staff Vaccinated	Bank Staff Offered	Bank Staff Declined	Bank Staff Exempt
404	404	404		

Agency Staff				
Agency Staff Headcount	Agency Staff Vaccinated	Agency Staff Offered	Agency Staff Declined	Agency Staff Exempt
81	81	81		

BAME Staff				
BAME Staff Vaccinated	BAME Staff Headcount	BAME Staff Offered	BAME Staff Declined	BAME Staff Exempt
280	404	404	11	4

CEV STAFF				
CEV Staff Vaccinated	CEV Staff Headcount	CEV Staff Offered	CEV Staff Declined	CEV Staff Exempt
92	111	111	3	2

The Trust has ordered enough flu vaccines for all of those who are deemed frontline healthcare workers in the Trust if they want one. We plan to then try to streamline flu and Covid clinics for Autumn if the national direction allows.

Finance Update

Council of Governors – May 2021

2020/21 Headlines

The Trust has submitted its draft Accounts to NHSI, surpassing its revised target surplus and achieving the forecast outturn position submitted to the ICS in month 11.

TEWVs financial outturn supported the ICS achieving its financial targets for both revenue and capital (draft position).

↑ The Trust's unaudited draft accounts for 2020/21 (before impairments), show a surplus of £9.2m. This was equivalent to 2.2% of the Trust's annual turnover, and was £8.6m ahead of the revised target surplus of £0.6m.

After adjusting for fixed asset impairments of £25.5m the Trust's annual accounts show a technical accounting deficit of £16.3m. (Impairments are excluded when measuring Trust financial performance).

↑ The key reason for the surplus position was linked to income being higher than planned at 31st March due to:

- mental health investment standards and service development funding,
- employee training income,
- various non recurrent service investments (mainly prison services),
- funding received for the increase in annual leave provision held.

↑ Closing cash balances were £80.9m at 31st March. This was ahead of plan largely due to the surplus achieved and a £4.0m VAT rebate received for capital expenditure linked to the Foss Park development.

▼ CRES (cost savings) were behind plan by £589k at 31st March.

The Board is continuing to prioritise:

- The Trust's COVID-19 response,
- The 2021/22 financial plan (both Trust and consolidated ICS plan),
- Response to CQC recommendations
- Capital developments,
- CRES delivery over the medium term.

Planning for 2021/22

Financial planning for the first 6 months is now underway, with the Trust agreeing Mental Health (MH) income and associated Partnership investment priorities for the draft submission 6th May 2021.

The Board approved an interim 2021/22 budget in March, pending receipt of deferred national guidance, CCG and System funding envelopes, and abridged plan requirements.

Progress since March includes preparatory run-rate analysis, cost pressure identification and an assessment of the national financial framework and various funding streams, including with system partners.

Discussions with MH Partnership Board partners have supported the tight 6th May deadline and included discussion of options to fund adult acute inpatient staffing investments approved by the Board in March. Further refinements of priorities will continue as the Trust compiles its detailed provider plan submission due late May / early June (date to be confirmed).

Finance Update

Council of Governors – May 2021

Key issue: Capital

Capital expenditure was £6.1m below plan for the 20/21 financial year

The main reasons for the variation were:

- receipt of a VAT rebate (£4.0m) for the Foss Park Hospital development,
- national Mental Health Programme PDC funding (£4.5m) received to support CAMHS developments,
- This was offset in part by general projects not anticipated in the capital plan but which needed to be prioritised in-year, e.g. anti-ligature works.

Key issue: CRES Delivery

Work is continuing to identify CRES schemes that will meet the Trust's financial plan requirements.

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. Changes in national financial arrangements and deferred national planning guidance and submission mean that financial elements of this are subject to change.

Use of Resources Rating (UoRR)

The Use of Resources Rating is part of the NHS oversight framework used by NHSI to oversee and support providers in assessing and improving financial sustainability, efficiency and value for money. Whilst external UoRR monitoring is currently suspended, we continue to track performance internally.

The Trust achieved an overall rating of 1 in 2020/21, which was in line with plan. The agency metric of '2' reflects additional temporary staffing necessary to support business continuity plans and mitigate staffing pressures, including on inpatient wards.

The position against each element of the rating as at March 2021 was as follows:

	Actual	Year to Date Plan	'RAG' Rating
Capital Servicing Capacity	1	2	Green
Liquidity	1	1	Green
I&E Margin	1	2	Green
I&E Distance from plan	1	1	Green
Agency expenditure	2	1	Red
Overall rating	1	1	Green

Performance Dashboard Headlines

The latest Performance Dashboard (as at the end of March 2021) shows 5 areas of concern and 3 areas of positive assurance.

Key Areas of Concern

Inappropriate Out of Area Placements

- Whilst this key measure of quality indicates no significant change in performance, this is an area requiring improvement as the national standard we agreed with NHSE has not been achieved.
- There have been particular challenges in Durham and Darlington Locality and actions have been identified to improve performance in this area.
- Actions include Trust-wide analysis of wider bed management information to better understand the reasons why some patients cannot be accommodated in a bed close to their home. We are also in the process of establishing a Bed Management Team that will support the admission of patients to the right bed at the right time and, where necessary, transfer them to a 'home' ward as safely and as timely as possible, to ensure continuity of care and reduce the amount of bed days / time spent out of their local area.

Provision of timely treatment

- This key measure of quality and effectiveness is indicating a concern in performance.
- We have undertaken detailed analysis in 3 localities to understand the position better and as a result of this; actions are in place to improve performance in this area. Our analysis is starting to provide assurance that patients are receiving timely treatment but that our measure may not be reflecting all service models.
- Actions include working with our staff to ensure our information systems support their ways of working, making it easier for clinical staff to record relevant information at the right time.

Patient Experience

- Whilst this key measure of quality indicates no significant change in performance, this is an area requiring improvement as the Trust standard we agreed for 20/21 has not been achieved.
- Patient Experience has been impacted by Covid in relation to the restrictions that had to be put in place as part of National Guidance.
- We have undertaken detailed analysis to understand the position better and as a result of this, actions are in place to improve performance in this area.
- Actions include the development of an information pack for each locality to identify areas for improvement and active engagement with our teams to encourage more users to respond to our surveys, so that we can better understand the experience that all of our patients receive.

Outcome Measures

- This key measure of quality is indicating a concern in performance and the Trust standard we agreed for 20/21 has not been achieved therefore this is an area requiring improvement.
- We have undertaken detailed analysis in all 3 geographical localities to understand the position better and as a result of this; actions are in place to improve performance in this area.
- Actions include the provision of support from the Clinical Outcomes Group to aid the improvement and implementation of outcomes within operational services. Work is also planned to develop staff training materials and webinars.
- It should be noted that whilst we are not delivering the standard we have set internally we compare very well when compared to the national position.

Performance Dashboard Headlines

NHS Oversight Framework

Sickness Absence

- This key workforce measure is indicating a concern in performance and the Trust standard we agreed for 20/21 has not been achieved therefore this is an area requiring improvement.
- We have undertaken detailed analysis in 3 localities to understand the position better and as a result of this; actions are in place to improve performance in this area.
- Actions include holding sickness clinics with managers to understand levels of absence and ensure it is effectively managed, in particular for those staff in vulnerable groups, and gathering 'soft' intelligence to understand why certain areas may experience higher levels of absence.

There were two areas within the NHS Oversight Framework (our regulatory framework) that did not meet the standard:

Admission to an adult facility of a patient under 16 years of age (as at Q4)

- There was one patient admitted to an adult ward for one night because there were no CAMHS beds available nationally. The patient was in an area separated from the main adult ward under observation and they did not come into contact with any adult patients.

Inappropriate Out of Area Placements -
See first area of concern above

Positive Assurance

The Trust is showing improvement in the following areas:

- **Waiting Times** – We're supporting our patients' access to care by increasing the percentage of patients we are seeing within 4 weeks following an external referral.
- **Length of Stay** – We're seeing a reduction in the number of patients within our services that have a length of stay over 90 days indicating that we are working with patients to ensure their inpatient stay is therapeutic whilst minimising their stay within hospital thereby supporting them to receive care closer to home in the community.
- **Staff Appraisal** – We're striving to provide a well-led and managed workforce, supporting the development of our staff by providing timely appraisals.

Copies of the monthly Trust Dashboard Reports to the Board

are available at:

<https://www.tewv.nhs.uk/about-us/board-of-directors/board-meetings/>