

**COUNCIL OF GOVERNORS
TUESDAY 23 NOVEMBER 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	Chair	Verbal
2	Interim Chair's Introduction	Chair	Verbal
3	To approve the minutes of: (a) The last ordinary meeting of the Council of Governors held on 13 July 2021. (b) The Annual General and Members' Meeting held on 23 rd September 2021. (c) The special meeting of the Council of Governors held on 20 th October 2021.	Chair	Draft Minutes Attached Attached Attached
4	To receive any declarations of interest	Chair	Verbal
5	To review the public action log	Chair	Report
6	To receive an update from the Interim Chair	Chair	Verbal
7	To receive an update from the Chief Executive	Brent Kilmurray, Chief Executive	Report
8	Governor Question and Answer Session <i>(All questions should be submitted in writing to the Company Secretary's Department at least 48 hours before the meeting)</i>	Chair	A schedule of Governor questions and responses to be circulated
9	To receive an update on the pilot of Body Worn Cameras	Elizabeth Moody Director of Nursing and Governance	Report
10	To receive an update on Trust Research projects and initiatives	Prof David Ekers Clinical Director	Report

11	To receive an update report from Operational Services	Russell Patton Interim Chief Operating Officer	Report
12	To receive a report on the new Clinical and Operational Structures	Brent Kilmurray Chief Executive	Report
13	To receive the Finance Report	Liz Romaniak Director of Finance and Infrastructure	Report
14	To receive the Performance Report	Sharon Pickering Assistant Chief Executive	Report
15	To receive the CQC compliance update report	Elizabeth Moody Director of Nursing and Governance	Report
16	<p>To appoint a member of the Council of Governors' Nomination and Remuneration Committee</p> <p><i>(Nominations will be taken at the meeting. Members of the Committee are required to have experience in the appointment and appraisal of senior managers)</i></p>	Chair	Verbal
17	<p>Date of next meeting</p> <p>To approve the date of the next meeting of the Council of Governors</p>	Chair	Verbal
18	<p>The Interim Chair 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>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.</i></p> <p><i>Any terms proposed or to be proposed by or to the Trust in the course of negotiations for a contract for the acquisition or disposal of property or the supply of goods or services.</i></p> <p><i>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.</i></p> <p><i>Information which, if published would, or be likely to, inhibit</i></p> <p style="text-align: center;">-</p> <p>(a) <i>the free and frank provision of advice, or</i> (b) <i>the free and frank exchange of views for the purposes of deliberation, or</i> (c) <i>would otherwise prejudice, or would be likely otherwise to prejudice, the effective conduct of public affairs.</i></p>	Chair	Verbal

	<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>		
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Paul Murphy
Interim Chair
15 November 2021

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

**MINUTES OF THE SPECIAL MEETING OF THE COUNCIL OF GOVERNORS HELD ON
20TH OCTOBER 2021 COMMENCING AT 4.00 PM**

THE MEETING WAS HELD VIA MICROSOFT TEAMS

PRESENT:

Paul Murphy - Acting Chair
Cllr Ann McCoy (Stockton Borough Council) – Lead Governor
Mary Booth (Middlesbrough)
Mark Carter (Redcar and Cleveland)
Dr Martin Combs (York)
Pamela Coombs (Durham)
Gary Emerson (Stockton on Tees)
Dr Andrew Fairbairn (Newcastle University)
Chris Gibson (Harrogate and Wetherby)
H Griffiths (Harrogate and Wetherby)
Christine Hodgson (York)
Joan Kirkbride (Darlington)
Audrey Lax (Darlington)
John Manson (York)
Keith Marsden (Scarborough and Ryedale)
Jacci McNulty (Durham)
Jules Preston (Harrogate and Wetherby)
Jean Rayment (Hartlepool)
Graham Robinson (Durham)
Cllr Helen Swiers (North Yorkshire County Council)
John Venable (Selby)
Judith Webster (Scarborough and Ryedale)
Jill Wardle (Durham)

In Attendance:

Phil Bellas (Company Secretary)
Ann Bridges (Director of Corporate Affairs and Involvement)
Charlotte Carpenter (Non-Executive Director)
Angela Grant (Senior Administrator)
Jill Haley (Non-Executive Director)
Prof. Pali Hungin (Non-Executive Director)
Wendy Johnson (Secretary)
Brent Kilmurray (Chief Executive)
John Maddison (Non-Executive Director)
Elizabeth Moody (Director of Nursing and Governance/Deputy Chief Executive)
Bev Reilly (Non-Executive Director)
Shirley Richardson (Senior Independent Director)

Apologies for Absence

Lee Alexander (Durham County Council)
Dr Sara Baxter (Redcar and Cleveland)
Louis Bell (Staff – Corporate)
Gemma Birchwood (Selby)
Sarah Blackamore (Staff – North Yorkshire and York)
Sue Brent (Sunderland University)

Mike Brierley (NHS County Durham CCG)
Anne Carr (Durham)
Emanuel Chan (Staff - Teesside)
Dr Sarah Dexter-Smith (Director of People and Culture)
Janet Goddard (Scarborough and Ryedale)
Ian Hamilton (University of York)
Dominic Haney (Durham)
Anthony Heslop (Durham)
Carol Jones (Rest of England)
Kevin Kelly (Darlington Borough Council)
Jane King (Staff – County Durham and Darlington)
Rachel Morris (Teesside University)
Russell Patton (Interim Chief Operating Officer)
Sharon Pickering (Assistant Chief Executive)
Dr Boleslaw Posmyk (NHS Tees Valley CCG)
Gillian Restall (Stockton on Tees)
Liz Romaniak (Director of Finance and Information)
Dr Mojgan Sani (Stockton)
Erik Scollay (Middlesbrough Council)
Zoe Sherry (Hartlepool)
Stan Stevenson (Hambleton and Richmondshire)
Jaclyn Stoker (Durham)
Cllr Derek Wann (City of York Council)
Dr Stephen Wright (Interim Medical Director)

21/38 WELCOME AND PURPOSE OF MEETING

Mr. Murphy, the Acting Chair, welcomed all present to the meeting and noted apologies for absence as recorded in the register of attendance.

He advised that he had called the meeting jointly with Cllr McCoy, the Lead Governor, following the departure of Miriam Harte, as the Chairman of the Trust, on 8th October 2021.

Cllr McCoy explained that she had asked for the meeting as it was important for Governors to understand the reasons for Ms. Harte's resignation given the risks of inaccurate comments being made for example on social media.

She also advised that Ms. Harte had asked her to convey her appreciation for the support provided by the Governors during her time as the Chairman, to thank them for their commitment; and to wish them well for the future.

21/39 DECLARATIONS OF INTEREST

Mr. Murphy and Mrs. Richardson declared their interests in matters pertaining to the appointment and remuneration of the Interim Chair and Interim Deputy Chair of the Trust and left the meeting for the consideration thereof.

It was noted that Mr. Maddison had agreed to chair the meeting in their absence.

21/40 CONFIDENTIAL RESOLUTION

Resolved - 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.

Following the transaction of confidential business, the meeting concluded at 4.36 pm

DRAFT

MINUTES OF THE COUNCIL OF GOVERNORS' PUBLIC MEETING HELD ON 13 JULY 2021, 2.00PM VIA MICROSOFT TEAMS

PRESENT:

Miriam Harte (Chairman)
Gemma Birchwood (Selby)
Sarah Blackamore (North Yorkshire and York)
Mary Booth (Middlesbrough)
Sue Brent (Sunderland University)
Anne Carr (Durham)
Mark Carter (Redcar & Cleveland)
Emmanuel Chan (Teesside)
Martin Combs (York)
Pamela Coombs (Durham)
Gary Emerson (Stockton on Tees)
Hazel Griffiths (Harrogate and Wetherby)
Ian Hamilton (University of York)
Anthony Heslop (Durham)
Christine Hodgson (York)
Joan Kirkbride (Darlington)
Audrey Lax (Darlington)
John Manson (York)
Keith Marsden (Scarborough and Ryedale)
Cllr Ann McCoy (Stockton Borough Council)
Jacci McNulty (Durham)
Zoe Sherry (Hartlepool)
Jaclyn Stoker (Durham)
Cllr Helen Swiers (North Yorkshire County Council)
John Venable (Selby)
Jill Wardle (Durham)

IN ATTENDANCE:

Phil Bellas (Trust Secretary)
Angela Grant (Senior Administrator)
Prof Pali Hungin (Non-Executive Director)
Wendy Johnson (Team Secretary)
Brent Kilmurray (Chief Executive)
John Maddison (Non-Executive Director)
Paul Murphy (Non-Executive Director)
Elizabeth Moody (Deputy Chief Executive / Director of Nursing and Governance)
Donna Oliver (Deputy Trust Secretary - Corporate)
Sharon Pickering (Director of Planning, Performance, Commissioning and Communications)
Beverley Reilly (Non-Executive Director)
Shirley Richardson (Non-Executive Director)

21/26 APOLOGIES

Apologies for absence were received from:

Lee Alexander (Durham County Council)
Dr Sara Baxter (Redcar & Cleveland)
Louis Bell (Corporate)
Mike Brierley (NHS County Durham CCG)
Dr Andrew Fairbairn (Newcastle University)
Chris Gibson (Harrogate and Wetherby)
Janet Goddard (Scarborough and Ryedale)
Dominic Haney (Durham)
Carol Jones (Rest of England)
Kevin Kelly (Darlington Borough Council)
Jane King (County Durham and Darlington)
Rachel Morris (Teesside University)
Dr Boleslaw Posmyk (NHS Tees Valley CCG)
Jules Preston (Harrogate and Wetherby)
Jean Rayment (Hartlepool)
Gillian Restall (Stockton on Tees)
Graham Robinson (Durham)
Dr Mojgan Sani (Stockton on Tees)
Erik Scollay (Middlesbrough Council)
Stan Stevenson (Hambleton and Richmondshire)
Cllr Derek Wann (City of York Council)
Judith Webster (Scarborough and Ryedale)

21/27 WELCOME

The Chairman welcomed all attendees to the meeting.

21/28 MINUTES OF PREVIOUS MEETINGS

Agreed -

That the public minutes of the meeting held on 18th May 2021 be approved as a correct record and signed by the Chairman

21/29 DECLARATIONS OF INTEREST

There were no declarations of interest.

21/30 PUBLIC ACTION LOG

Consideration was given to the public action log.

The following update was noted,

Minute 20/25 – Briefing session for Governors on ICS/ICP

This matter was covered under agenda item number 8.

Action – Closed

All other actions were due for consideration at the 25th November 2021 Council meeting.

21/31 CHAIRMAN'S UPDATE

The Governors received and noted a verbal update from the Chairman.

The following matters were highlighted:

- 1) There had been a recent re-inspection by the CQC to four core services. Some initial feedback had been received that staff had been very supportive of the Inspectors.
- 2) There would be an unannounced visit by the CQC to inspect Trust services. This was a change to the usual CQC processes, as with previous visits there would normally be six weeks' notice given to the Trust, to prepare and submit information.
- 3) That staff had been working tremendously hard throughout the continued pressures of Covid-19 and associated absences.
- 4) Following feedback from the Governors at the May 2021 Council meeting, some thought had been given to developing a portal for members to be able to communicate online. This would be pursued in due course.
- 5) Consideration was underway about the timing of future Council of Governor meetings, as well as whether it might be feasible to re-introduce face to face meetings or a hybrid style of meeting with a mixture of both.

In the meantime, the locality meetings would serve as a method of communication with Governors in their constituent areas.

- 6) Several new Governors had been appointed to the Council, together with one Governor re-elected. These were:
 - Pamela Coombs, Public Governor, Durham
 - Jackie Stoker, Public Governor, Durham
 - John Manson, Public Governor, York
 - Martin Combs, Public Governor, York
 - Christine Hodgson, Re-elected, Public Governor, York
 - Sarah Blackamore, Staff Governor for North Yorkshire & York
 - Jane King, Staff Governor for County Durham and Darlington

The Governors were welcomed to the Trust and induction training would be planned for them in due course.

- 7) Recent recruitment of two Non-Executive Directors had been very successful.

This matter would be discussed in the confidential part of the Council meeting. It had been pleasing to note that there had been a lot of interest in the Trust.

The Chairman offered thanks to Gary Emerson who had chaired the Non-Executive interview panel.

- 8) Part of the structural changes to the organisation included a new post to the Board of Directors - a Director of Corporate Affairs. A preferred candidate had been identified through the recruitment processes and matters were being finalised for them to take up post late in the summer.

In response to questions from Governors it was advised that:

- (i) From the 19th July 2021, when the national rules in connection with mask wearing would ease, the Trust would be taking the stance of continuing to adhere to mask wearing in all Trust open spaces and within offices of more than two occupants.
- (ii) There was a process in place, managed by the Trust Secretary's office for various recruitment panels for appointments to the Board of Directors, where Governor involvement was included.

Apologies were given that not all Governors had been made aware of or given the opportunity to be involved in the recent Non-Executive Director recruitment panels.

- (iii) The Chairman of the Trust was the Wellbeing Guardian.

The Lead Governor suggested that there may be some merit in considering whether it would be useful to have a "Shadow Wellbeing Guardian".

This would be added to the action log for discussion outside the meeting.

Action: M Harte/P Bellas

- (iv) The correct title of the new Executive to join the Board of Directors would be 'Director of Corporate Affairs and Involvement'.

This was an exciting new post where strong leadership would support taking forward the strong foundations that were already established for involvement matters.

Gary Emerson updated Governors on a group he had chaired as part of the selection process to appoint the new Non-Executive Directors. He confirmed that it had included several key stakeholders, including three Governor representatives.

He suggested if any Governor wished to be involved in recruitment in the future, that they should contact the Trust Secretary.

21/32 CHIEF EXECUTIVE UPDATE

The Governors received and noted the Chief Executive's Update Report.

The following matters were highlighted:

1. Care Quality Commission (CQC)

- The Trust was currently under inspection of **core community services**, which commenced on 14th June 2021.

There had been no official feedback from the CQC. Staff had fed back positively following the visit and there had been no concerns or risks raised in regard to the three community-based services.

- Also, on the 14th June 2021 the CQC arrived to undertake an unannounced visit of **secure inpatient services**.

One area that had been flagged as a concern was staffing levels in Forensic Services. This was a matter that had already been acknowledged, as the service had been operating under business continuity arrangements for some time.

It was advised that there were well rehearsed approaches in place for managing and coordinating staffing levels and activity; however, it was acknowledged that there were some improvements that needed to take place in the documentation to evidence those processes.

Assurance was provided to Governors that staffing levels were currently safe in Forensic services.

There were some points of inaccuracy following the inspection of secure inpatient services, which the CQC had accepted.

- The Well Led CQC inspection had been confirmed for 28th and 29th July 2021. Preparations were currently underway.
- Following receipt of a section 29A notice, the CQC had re-visited the Trust's adult acute and psychiatric intensive care wards. The CQC had recognised that the Trust had completed the action plan and were still working to embed the new safety summaries and plans.

2. Operational Management Structures

- Work had been underway since June 2021 on revising the Trust structures. This had included consultation and engagement with key stakeholders and staff. One of the main purposes for making changes to the Trust structures was to simplify and reduce the layers of management and complex operational and quality governance arrangements.

The Chief Executive was clear that this was not a cost cutting exercise, rather a re-alignment of resources to achieve the Trust's objectives.

It was suggested that further details on this matter should be discussed at a future Governor Development Day.

This would be added to the schedule as a topic for discussion.

Action: D Oliver

In addition to the report:

- (1) Governors were informed that Ruth Hill, Chief Operating Officer would be leaving the Trust. Ruth had been instrumental in supporting the Trust over recent years and she was wished the very best in her future role.
- (2) An update was provided on the latest position with regards to Covid-19.

Whilst the Acute local Trusts had seen a reduction in activity, there had been a rise in the numbers of positive cases for those under 29 years of age in the community.

This had impacted on TEWV due to contact tracing and staff being required to make necessary childcare arrangements for time away from work. Maintaining PPE and the "face, space and hands" would continue for staff in contributing to keeping the spread of the virus to a minimum.

Mrs Moody went on and advised:

- (a) That there had been some confusion caused by the NHS App for contact tracing where multiple notifications had been received by people and people being advised to isolate.

From the 19th July 2021 the Trust would not be relaxing any of the Covid related restrictions and all PPE guidance would be continued.

- (b) Refreshed Covid-19 guidelines would be communicated to staff. Remote and hybrid working would continue for those staff where practical.

Mr Venable drew attention to some matters that he had heard from teams, staff and patients over the last month, following visits to Scarborough, Roseberry Park Hospital and West Park Hospital, which included:

1. Staff feeling nervous whilst working under stop the line arrangements.
2. Staff worrying about the CQC visits.
3. A concern that psychological safety checks were not taking place.
4. Staff had expressed views that they did not feel safe to be able to raise concerns, as there might be blame culture. There was also a nervousness of raising issues to the senior management team.
5. Staff not feeling praised.

6. That clinicians needed to be put first before the patient.

The Chief Executive advised that there had been a lot of work undertaken over the last six months to work on the Trust values and engagement. One of the main principles of the Trust's values was the fundamental ability for staff to be able to raise concerns and this was very important. Should there be any pockets where this was not the case then that would need to be addressed.

The Chairman added that any matter in relation to staff safety should be raised immediately and any concerns raised with Governors should be reported without the need to wait for a Council meeting.

Mr Venable highlighted to the Council a particular concern regarding an individual and the care they had received.

This matter would be looked at in more detail outside the Council meeting.

Action: E Moody/J Venable

21/33 INTEGRATED CARE SYSTEMS

The Council received a presentation from the Chief Executive on developments with Integrated Care Systems.

The information included:

- (1) An update on the next steps to build strong and effective Integrated Care Systems across England,
- (2) The timescales for change.
- (3) ICS partnership and how the various partners would work together to develop integrated care strategy for the whole population.
- (4) ICS NHS Body and how that would allocate resources to delivery the plan and agree long term outcome-based contracts.
- (5) ICS NHS Body Board. This would be the senior decision-making structure.
- (6) Place based partnerships. These would coordinate and improve service planning and delivery.

The Chairman reassured Governors that whilst the detail of these changes and how Non-Executive Directors and Governors would be involved was still being worked through the role of the Board of Directors and Council of Governors would not change.

In response to a concern raised about the importance of the voice of Governors, as well as service users and carers, the Chief Executive advised that this was endorsed in meetings and through co-creation work. The Trust also had the opportunity to speak with Parliamentary teams.

21/34 QUALITY ACCOUNT 2020/21

The Governors considered and noted the Quality Account for 2020/21.

21/35 GOVERNOR QUESTIONS

The Chairman noted that Governor questions received via email and respective answers had been circulated outside the meeting. She advised that should there be any further questions then these could be taken in the Confidential Governor meeting.

The following questions were raised in the meeting:

- (1) Whether Directors visits were taking place it was advised that there had been a virtual programme of visits during managing throughout the pandemic and some Governors had been involved. The programme of visits was stood down due to pressures of the CQC inspections.
- (2) How matters regarding well-being and culture were being handled and the introduction of Resilience Hubs.
The Chief Executive advised that the Board were very aware of staff wellbeing issues and a resilience hub had been established in North Yorkshire & York. Values workshops were also being held, including work on freedom to speak up and how we make respect and compassion real across the Trust. He confirmed that this was actively being managed and was an absolute priority.

The Lead Governor drew attention to the discussions held in the pre meeting of Governors before Council, where the role of the Governor and boundaries had been raised and a willingness to understand the role of the Non-Executive Directors.

There was sometimes a challenge for Governors as they were often seen as the middle ground before taking a matter to Human Resources.

It was suggested that a Governor Development session would be useful for understanding both the role of Governors and the role of Non-Executive Directors.

Action: D Oliver/P Bellas

21/36 FUTURE MEETINGS

The Chairman confirmed that the next meeting of the Council of Governors would be the Annual General and Members' Meeting to be held on 23rd September 2021.

21/37 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 officeholder, former officeholder or applicant to become an officeholder under, the Trust.

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

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

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

The Chairman closed the public session of the meeting at 11.46am.

Paul Murphy
Acting Chair
23rd November 2021

Annual General/Annual Members Meeting**Held on Thursday, 23 September 2021 at 3.30pm****West Park Hospital, Edward Pease Way, Darlington, DL1 2TS****Via virtual arrangement (MS Teams Live)****Present**

Ms M Harte, Chairman
Mr B Kilmurray, Chief Executive
Dr H Griffiths, Deputy Chairman
Prof P Hungin, Non-Executive Director
Dr A Khouja, Medical Director
Mr J Maddison, Non-Executive Director
Mr P Murphy, Non-Executive Director/Deputy Chairman
Mrs B Reilly, Non-Executive Director
Mrs S Richardson, Senior Independent Director
Mrs A Bridges, Director of Corporate Affairs (Non-voting)
Mrs E Moody, Director of Nursing and Governance
Mrs L Romaniak, Director of Finance, Information and Estates
Mrs S Pickering, Director of Planning, Commissioning, Performance and Communications (Non-voting)
Dr S Baxter, Public Governor (Redcar and Cleveland)
Mr L Bell, Staff Governor (Corporate)
Mrs S Blackamore, Staff Governor (North Yorkshire and York)
Mr Carter, Public Governor (Redcar and Cleveland)
Mr E Chan, Staff Governor (Teesside)
Mr G Emerson, Public Governor (Stockton on Tees)
Mrs C Gibson, Public Governor (Harrogate and Wetherby)
Mr D Haney, Public Governor (Durham)
Mr A Heslop, Public Governor (Durham)
Mrs J King, Staff Governor (County Durham and Darlington)
Cllr A McCoy, Lead Governor/Appointed Governor (Stockton Borough Council)
Mr J Manson, Public Governor –(York)
Dr B Posmyk, Appointed Governor (NHS Tees Valley Clinical Commissioning Group)
Mr J Preston, Public Governor (Harrogate and Wetherby)
Mr G Robinson, Public Governor (Durham)
Mr J Venable, Public Governor (Selby)
Mrs J Wardle, Public Governor (Durham)

In attendance

Mr P Bellas, Trust Secretary
Mrs S Paxton, Head of Communications
Mrs A Grant, Senior Administrator
Mrs H Warburton, Communications Manager
Mr A Flannagan, Communications Officer
Mr R Yaldren, Head of Information Services (IT and Systems)
Mrs L Hughes, Interim Corporate Governance Consultant (Projects)
Mr C Waddell, Partner at Mazars
17 staff members
4 public members

AGM/9/21/1 Welcome and Apologies

1.1 Miriam Harte, Chairman opened and welcomed everyone to the Trust's Annual General/Annual Members Meeting (AGM) and explained that due to the COVID-19 pandemic it had been agreed to hold the meeting via MS Teams Live, which would be recorded.

1.1.2 Miriam thanked those that had submitted questions before the meeting and explained the process in place for raising questions during the meeting.

1.2 Apologies were received from Mr R Patton, Mrs Charlotte Carpenter, Dr S Dexter-Smith, Director of People and Culture, Mr L Alexander, Appointed Governor (Durham County Council), Mrs G Birchwood, Public Governor (Selby), Mrs S Brent, Appointed Governor (Sunderland University), Mr M Brierley, Appointed Governor (NHS County Durham Clinical Commissioning Group), Mrs A Carr, Public Governor (Durham), Mrs P Coombs, Public Governor (Durham), Mrs J Goddard, Public Governor (Scarborough and Ryedale), Mrs H Griffiths, Public Governor (Harrogate and Wetherby), Mr I Hamilton, Appointed Governor (University of York), Mrs C Hodgson, Public Governor (York), Mrs C Jones, Public Governor (Rest of England), Mr K Kelly, Appointed Governor (Darlington Borough Council), Mrs J Kirkbride, Public Governor (Darlington), Mrs J McNulty, Public Governor (Durham), Mrs R Morris, Appointed Governor (Teesside University), Mrs J Rayment, Public Governor (Hartlepool), Mrs G Restall, Public Governor (Stockton on Tees), Dr M Sani, Public Governor (Stockton on Tees), Mr E Scollay, Appointed Governor (Middlesbrough Council), Mrs Z Sherry, Public Governor (Hartlepool), Mr S Stevenson, Public Governor (Hambleton and Richmondshire), Cllr H Swiers, Appointed Governor (North Yorkshire County Council), Mrs J Stoker, Public Governor (Durham), Dr R Walker, Appointed Governor (NHS Vale of York Clinical Commissioning Group), Cllr D Wann, Appointed Governor (City of York Council), Mrs J Webster, Public Governor (Scarborough and Ryedale).

1.2.1 Mr M Combs, Public Governor (York), Dr A Fairbairn, Appointed Governor (Newcastle University), Mrs A Lax, Public Governor (Darlington), Mrs M Booth, Public Governor (Middlesbrough) and Mr K Marsden, Public Governor (Scarborough and Ryedale) attempted to join the meeting but were unable to connect.

1.3 Miriam explained that it was her pleasure to introduce Sir Norman Lamb as the Trust's Guest Speaker. Sir Norman Lamb, for many years has been a prominent advocate for Mental Health, for the elimination of stigma and support for parity of esteem between physical and mental health.

AGM/9/21/2 Guest Speaker

2.1 Sir Norman Lamb, joined the meeting from Lagos. He acknowledged the tough year experienced across the NHS and in his capacity of Chair of South London and Maudsley NHS Foundation Trust (SLAM) he was aware of the extreme pressure on staff, their anxiousness of working during the COVID-19 pandemic. Sir Norman paid tribute to Tees Esk and Wear NHS Foundation Trust (TEWV) staff for everything they had done whilst working through the COVID pandemic and working throughout the tough times in response of the Care Quality Commission's (CQC) concerns raised. He explained that the CQC had also

raised concerns regarding SLAM in the past and it is essential that NHS providers are not complacent about the services they provide. Sir Norman thanked everyone involved in the improvements made by the Trust in response to the CQC's findings, which had been recognised by the CQC.

- 2.2 Sir Norman congratulated the Trust on its Big Conversation and the development of its strategy, Our Journey to Change. He thanked everyone involved in the engagement exercise across the Trust's footprint, which had helped to inform the strategy and included important elements such as co-creation and collaboration.
- 2.3 Sir Norman shared insight into his background and his interest in mental health, which he had developed as Shadow Secretary of State for Health and from his experience of supporting family members suffering from mental illness. His ambition is to see increased standards for mental health, equivalent to the standards in place for acute NHS providers. His personal experience of mental health resulted in his drive for equality and to restore equal access for people suffering from mental ill health. During his time as Minister for Health some standards were introduced together with the establishment of 'Think Ahead', a mental health social worker training programme for graduates, which he is most proud to have been part of.
- 2.4 Sir Norman expressed the need to embrace collaboration with external organisations including those outside of the NHS such as housing to support mental health services into the future. He was pleased to see this was included in TEWV's new strategy. He highlighted the importance of a triangle of care, engaging people, their carers and family members in their treatment.
- 2.5 Sir Norman shared his experience of visiting Trieste's mental healthcare model in Northern Italy prior to lockdown. He had observed their radical approach and ambitions to improve mental health services. Trieste's mantra is 'Freedom First' with a tradition of strong local co-operatives that employ people with mental health problems to deliver services within their local community. To achieve dignity and self-worth, Trieste identifies the importance of employment for people suffering from mental illness, the importance of good quality housing and the need to collaborate with community mental health services and acute hospitals.
- 2.6 Sir Norman shared his views on the importance of treating mind and body and his frustration that often the psychological needs are neglected for people who suffer from acute chronic physical conditions. He explained that statistics show that many people who suffer mental health conditions die younger and needed to change.
- 2.7 Sir Norman highlighted the increase in demand for mental health services at that time and the importance of prevention. The changes to the health and social care system through the Integrated Care Systems (ICS) developments will provide an opportunity to work together with the local community and providers to prevent mental illness.
- 2.8 Finally, Sir Norman shared his vision, to be more ambitious to shape mental health services, which SLAM and the Trust had in common. Both Trusts were currently members of the International Mental Health Collaborative Network, which brings international mental health providers together with a shared vision to de-institutionalise mental health, to support people to avoid admission to hospital, which he observed working well when he visited Trieste. The

importance of involving people in their care and not imposing on their human rights, reducing the use of the Mental Health Act and reducing the use of restraint. He drew reference to the ethnic diverse community in South London, with young, black people six times more likely to be detained under the Mental Health Act than young white people and SLAM had been working to confront this and reduce the need for restraint. SLAM had successfully achieved one week without the need to use restraint recently, which he was most pleased to share.

- 2.9 In summary, Sir Norman highlighted it is essential to increase investment, commit to collaborate, support people in the community to prevent admission, help people gain employment and a good standard of housing to achieve a good standard of life, which the rest of us take for granted. Good progress had been made over the last 10 years to reduce stigma of mental health but he felt there is a long way to go.
- 2.10. A member of public queried Sir Norman's views on the role and value of experts by experience. Sir Norman shared his view that expertise by experience should be totally embraced to ensure people are part of the decision-making process. In SLAM they had started to build up their workforce of peer workers to include people who had experienced mental health or had experience of caring for others suffering from mental health issues. In his experience, people's involvement across an organisation including Board level helped to change the culture of the organisation to becoming more empathetic.
- 2.10.2 A member of public queried what Sir Norman had learned since becoming Chairman of a mental health NHS Foundation Trust that he wished he knew when he was a Health Minister. Sir Norman felt it is much harder and tougher for people on the front line to deliver change and finds it invigorating to change things that have an impact on people's lives but does not underestimate the challenges in implementing changes.
- 2.10.3 A member of public queried Sir Norman's opinion on progress made with parity of esteem and what needs to happen next. Sir Norman explained that progress had been made to reduce stigma over the last decade with people sharing their mental health experiences. People in the public eye who share their mental health experience help to encourage others to speak up and seek help. The level of stigma had reduced but not gone away entirely. Resources had improved with investments to support mental health services but with the demand evidenced through increasing waiting lists he would like to see further investments that are shared fairly across mental health and the acute sector in the future. Further progress was needed to implement access standards and prior to Sir Simon Stevens departure as NHS England Chief Executive he had announced new standards in crisis care but before they are introduced across the mental health system additional investment is needed to make them achievable. He was pleased to report that on 8 October 2021, he would be joined by the Trust's Chief Executive, Brent Kilmurray and Interim Medical Director, Steve Wright on the International Mental Health Collaborating Network webinar, which will focus on de-institutionalising mental health and to improve the human rights of people with mental health issues. Sir Norman paid tribute to the Trust who had been a member of International Mental Health Collaborating Network for much longer than SLAM. The Trust's Interim Medical Director, Steve Wright had been involved from the beginning and through Steve Wright's work in York he had been outstanding and had made others rethink their approach to mental health to recognise the importance of respecting people and their human rights. He paid tribute to Steve Wright for leading the

way and for the work he had done and to the Trust's Chief Executive, Brent Kilmurray who was fully in support of their work and was joining the webinar. He was pleased to report that SLAM and TEWV had collaborated on an approach which he believed is achievable, through parity of esteem, equality of treatments that respect human rights, which is so important.

2.11 Sir Norman thanked the Trust for inviting him as their Guest Speaker.

AGM/09/21/3 Chairman's Introduction

3.1 Miriam Harte, Chairman opened the formal part of the meeting and confirmed that the minutes of the previous AGM held on 24 November 2020 had been approved by the Council of Governors at its 18 February 2021 meeting and were provided for information on the Trust's website.

3.2 Miriam explained that the meeting gave the Trust the opportunity to reflect on the financial year 2020/21. The year had been dominated by COVID, which had affected patients, carers, families, partners and stakeholders. Throughout the pandemic, the Trust's services had remained open, which was in recognition of the efforts, flexibility and dedication of staff. She also thanked volunteers, colleagues in neighbouring Trusts, Local Authorities and third sector organisations who had supported the Trust during such unprecedented times.

3.3 Miriam referred to the changes to Executive Director Board positions during 2020/21, which included Brent Kilmurray appointed as Chief Executive, Liz Romaniak appointed as Director of Finance, Information and Estates and Sarah Dexter-Smith appointed as Director of People of Culture.

AGM/09/21/4 Lead Governor's Report

4.1 Ann McCoy, Lead Governor on behalf of the Council of Governors, thanked staff across the Trust for their hard work and support.

4.2 Ann drew reference to statutory duties that the Governors are required to carry out. She reported that the Council of Governors had been informed on the concerns raised by the CQC and on the supporting action plan, which Governors had scrutinised to ensure lessons are learned and best practice is shared.

4.3 Ann confirmed that the Governors looked forward to the Trust's plans to take forward the revised strategy and the positive outcomes that would achieve.

4.4 Ann thanked the Trust Secretariat for their support in helping Governor's fulfil their statutory duties and confirmed that Governors will continue to be advocates and a critical friend to support the Trust in its determination to provide high quality mental health services. She explained that Governors had faith, support and confidence in Executive Directors and the Board.

AGM/09/21/5 Chief Executive's Report

5.1 Brent Kilmurray, Chief Executive thanked Ann McCoy for her kind words and for the work that the Governors carry out to support the Trust.

5.2 Brent explained that he joined the Trust in June 2021 as Chief Executive and thanked all staff, Governors, partners and key stakeholders for their support. The Trust continues to work with partners across the ICS to offer support to healthcare and emergency workers affected by the COVID pandemic.

- 5.3 Brent drew reference to the many achievements during 2020/21, which had been achieved despite the added pressure of working throughout the COVID pandemic. In April 2020, the Trust opened Foss Park hospital, a new, 72 bed purpose built mental health hospital in York, with an ongoing partnership with the University of York to carry out mental health research at dedicated research facilities at the hospital. The Trust was pleased to have been invited to support the development of a mental health storyline with a number of staff working with Emmerdale scriptwriters; and the Trust had won many awards, which were referenced within the Annual Report along with the list of all its achievements.
- 5.4 The Trust had experienced some challenges during the year, the continuation of the COVID pandemic and increased demand in mental health services, which continued to be challenging. In January 2021, the CQC raised significant risk management concerns, which resulted in enforcement action. He expressed his sincere apologies for those that had been affected. In response to the CQC's concerns the Trust developed an action plan and had made significant improvements, which resulted in the CQC recognising these improvements and re-rating services to inadequate. Brent acknowledged that the Trust is not celebrating a rating of inadequate and would continue to work to improve mental health services. He sincerely thanked staff and service users who had worked tirelessly to take forward the improvements to date.
- 5.6 The health and wellbeing of staff during the COVID pandemic had been a great focus with support provided and work practices adapted to ensure services could continue to be provided. Brent thanked all staff for their hard work and adaptability, going the extra mile during such unprecedented times. He thanked all volunteers for their support who had made a great difference over the last 18 months and thanked the infection prevention control team for their advice and dedication to continue to keep people safe.
- 5.7 In August 2020, Brent was pleased to report on the biggest listening event launched in the Trust's history with over 2500 people sharing 35,800 ideas to support the Trust's future direction. The outcome of the listening events had been taken forward to develop the Trust's strategy: Our Journey to Change, which included three goals to be taken forward over the next five years.

AGM/09/21/6 Annual Report and Accounts

- 6.1 Liz Romaniak, Director of Finance, Information and Estates formally presented the Trust's Annual Report for 2020/21 and informed attendees that copies were available on the Trust's website, along with the summarised version that provided a highlight of the Trust's achievements.
- 6.2 Liz provided information in relation to the Trust for the end of year accounts, which included detail on income, expenditure and capital expenditure. The Trust had reported a financial deficit of £16.7m for 2020/21 and there had been unprecedented national financial arrangements operated to support the NHS in response to the COVID pandemic. The external audit resulted in a clean audit with the Board of Directors endorsing the Going Concern statement.
- 6.4 Liz explained that national financial arrangements continue into 2021 with confirmation awaited on the financial arrangements for 2022/23.

AGM/09/21/7 External Auditor Report

- 7.1 Cameron Waddell, Partner at Mazars, the Trust's External Auditor explained that following Parliament's approval of the Code of Practice it was required to be applied to audits from the financial year 2020/21. He confirmed that the

audit found that the Annual Accounts and Annual Report, which included the Annual Governance Statement for the year ended 31 March 2021 were found to be a true and fair account of the Trust's financial position and performance. One recommendation was made following the CQC report published in March 2021, recommending that the Trust ensures that CQC actions plans are developed, and progress is scrutinised.

AGM/09/21/8 Questions and Answers

- 8.1 Brent Kilmurray, Chief Executive thanked everyone for the questions raised and confirmed that questions from members of the public had been invited prior and during the meeting.
- 8.2 A member of public queried why the physical and mental health departments are separated instead of patients being treated as a whole. In response, Elizabeth Moody, Director of Nursing and Governance explained that people who suffer physical illness often suffer from mental health. The NHS Plan provides a framework for partnership working/collaboration to provide holistic care, which NHS providers are working towards.
- 8.3 A member of public queried how people can share an idea in the NHS on a technique that can be used to help people manage mental health. In response, Steve Wright, Interim Medical Director explained that people can work with clinicians to take forward ideas, there is a form on the Trust's website that people can complete to share their ideas and there are also opportunities through co-creation to share ideas.
- 8.4 A member of public queried if the mental health services as so good in Trieste why services had not been commissioned in the same way in the United Kingdom. In response, Steve Wright, Interim Medical Director explained that the national Clinical Director had visited Trieste and the development of the Community Mental Health Framework includes these principles. At that time some progress had been made in the UK including Wales.
- 8.5 A member queried how people carrying out involvement roles can be supported. In response, Sharon Pickering, Director of Planning, Commissioning, Performance and Communications explained that this is being taken forward through the co-creation work and through the plans to include service users in the business planning process.
- 8.6 It was noted that any questions raised which had not been answered during the meeting would be posted on the Trust's website.

AGM/09/21/9 Closing Address

- 9.1 Miriam Harte, the Chairman formally thanked everyone for attending the meeting.
- 9.2 There being no further business, the meeting was formally closed.

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
18/05/21	21/17	Future reports to Council to include updates on: a) Current Research projects and initiatives; b) The Trust pilot of body worn cameras in various wards to gain assurance on the impact and effectiveness on staff and patient safety.	E Moody/Prof Ekers	Nov-21	See agenda items number 9 & 10
18/05/21	21/20 (3)	Response to Dominic Haney's question about ADHD assessments and long waiting lists to be reported in to the next Council meeting - Nov 2021 (deferred from May CoG due to ongoing work)	A Khouhja/S Wright	Nov-21	Dialogue between DH and A Khouja on going
18/05/21	21/21	Update report requested about the pilot schemes for children and young people's mental health (requested by Anne McCoy)	R Hill/R Patton	Nov-21	Clarity sought from Cllr McCoy in relation to the request - ongoing
13.07.21	21/31	Request made to have a shadow Chair of Wellbeing. (The Chair is currently the Wellbeing Guardian) To be given some consideration.	P Bellas/Chair	Nov-21	This matter is pending due to recent change to Chair. Discussion still to be held.

Date	Minute No.	Action	Owner(s)	Timescale	Status
13.07.21	21/32	Add to the list of Gov. Dev Day schedule: to discuss changes to Trust Structures and understanding both the role of Governors and the Non-Executive Directors	P Bellas	Dec-21	Matters taken on board for consideration for the Governor Development Day 07.12.21. Should there be insufficient time they will be allocated to future events.
13/07.21	21/32	Some concerns regarding the care of an individual raised with Mr Venable would be picked up outside the meeting.	E Moody/John Venable	Aug-21	Clarification that this matter has been looked into to be provided at the meeting

ITEM NO. 7

PUBLIC

COUNCIL OF GOVERNORS

DATE:	Tuesday, 23 November 2021
TITLE:	Chief Executive's Report
REPORT OF:	Brent Kilmurray, Chief Executive
REPORT FOR:	Information

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

Executive Summary:
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 Committee

Following the core services and well led inspections that took place between June and August this year the Trust has received the confidential draft reports and has had the opportunity to complete a factual accuracy check and submit comments.

The CQC visited: Forensics; CAMHS; Adult Mental Health Community Services; Crisis and Health Based Places of Safety.

The CQC will review our submission and work towards publication of the report. The CQC anticipate that this could be on the week commencing 6 December.

Until the report is finalised we cannot say a great deal, however I can confirm that the Trust has started to make progress with action planning and implementing a number of improvements, specifically within Forensics and CAMHS.

A full briefing will be shared with Governors in advance of publication, once the report is finalised for publication.

Integrated Care System Development

Since our last meeting a good deal of further guidance has been published regarding the development of Integrated Care Systems (ICS). The legislation is progressing through the parliamentary process and it is intended it will have cleared Royal Assent in order for there to be a transition to ICSs by 1 April 2022. The two ICSs that TEWV is part of have been making progress in development of the leadership structures and system architecture at the different levels of the system. There has also been some development in the appointments processes of leadership positions (even though there has yet to be an announcement regarding CEO appointments). Interviews for the CEOs of the two ICSs took place on week commencing 11th October. It has been announced that Sam Allen has been appointed to the North East and North Cumbria role and at this point the Humber, Coast and Vale appointment has yet to be announced.

North East North Cumbria ICS - As previously reported Sir Liam Donaldson has been Chair Designate of the Integrated Care Board for some time. Sir Liam has been working with partners to design the system across the ICS footprint to ensure that there is the right balance of emphasis in terms of place, natural service flows at a sub-regional level, the various key sectors and political considerations. The process has been running for some weeks now and includes provider collaborative representation as well as other partners, notably from local government. The work is considering the structure of the ICS, the composition of the Integrated Care Board, the role of the Integrated Care Partnership and the distributed leadership arrangements, including the management of resources across the ICS patch. Discussions will continue over the coming weeks prior to decisions being taken by Sir Liam with the advice of the ICS Management Board.

Humber Coast and Vale ICS - Sue Symington, current chair of York and Scarborough NHS FT has been appointed Chair designate of HCV Integrated Care Board. The system arrangements within the HCV are fairly clear now with plans for two strategic partnerships, six places and the sector provider collaboratives. HCV is currently consulting on transitional arrangements and the future structure of the ICS, including the key functions to be undertaken at each level. The discussions are being progressed through the multi sector Partnership Board.

Place Based discussions - The Trust is still heavily involved in discussions across Durham, Tees Valley, North Yorkshire (including Selby) and York.

Durham Health and Care Partnership - Is making good progress in beginning to articulate the case for a strong place based approach to integrating care across primary care, community, mental health and acute services. There are strong relationships and a number of work streams underway. The mental health and learning disability work is located within the Durham and Tees Valley Mental Health partnership and has a strong focus on community transformation, transforming care

(learning disability services) and the key developments within the long term plan. There is a good sense of momentum at a leadership level within the Durham place arrangements. The Durham Health and Care executive has been shortlisted for a partnership award by the HSJ.

Tees Valley Integrated Care Partnership - Discussions within Tees Valley have been focussed on the benefits of seeing the place as the Tees Valley sub-region. Clearly where appropriate there is the ability for services to focus at each borough within the Tees Valley. The emphasis on talks so far has been on the development of a clinical strategy. This will include mental health and autism, however the early work is focussing on acute hospital services. There is also a clear emphasis on long term financial sustainability of services in Tees Valley. The approach on mental health and learning disabilities is similar to Durham as there are currently shared partnership arrangements across the two areas.

North Yorkshire - A strategic partnership has been established across North Yorkshire to consider the place based approach. Local plans for Harrogate, Hambleton Richmondshire, Whitby, Scarborough and Selby are at different stages of progression. The Clinical Commissioning Group on behalf of partners has been completing a self assessment process to determine the partnership development requirements and potential readiness to take on responsibility in line with the HCV plans as mentioned above. Mental health and learning disability services arrangements currently remain under the current countywide partnership arrangements. This also involves partners from York.

City of York Health and Care Alliance - As previously reported the York discussions on place based arrangements are more advanced. An alliance has been created of all health and care partners. The ICS has invested in external facilitation and partnership development plans are being worked through with the creation and development of a board, the development of a wider group of health and care leaders, the development of an ambition and consideration of future partnership structures. The alliance has started to work together on a small number of priorities including diabetes, urgent care and physical health of people with learning disabilities.

Structures

We have now concluded the consultation on our new clinical and operational leadership structures. We received over 300 contributions from people, some of which were from groups. As a consequence of feedback there have been a number of changes to structures, mainly to the alignment of services. The business case was presented to Board on 28 October and approved. The proposals are in line with the key principles previously outlined including an emphasis on being clinically led and operationally enabled, based on collective leadership across a multi-disciplinary team, a simplified structure, introducing lived experience leadership roles and being locally focussed. The organisational change approach has been agreed with staff side. One to one discussions are now getting underway. Colleagues have also been offered access to a range of support.

COUNCIL OF GOVERNORS

DATE:	26 th November 2021
TITLE:	Body Worn Cameras in Mental Health Inpatient Settings: Feasibility Study
REPORT OF:	Elizabeth Moody, Executive Director Nursing and Governance
REPORT FOR:	Information

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

Executive Summary:
<p>This paper provides an update of the ongoing Body Camera Pilot study currently being carried out across 10 TEWV services. Whilst it is evident from the initial feasibility study that the cameras have been implemented with little issue and have widely been regarded as having a positive impact, it is evident from the data that the effectiveness of the cameras, particularly in relation to reducing restrictive intervention remains inconclusive. It is likely that further time and support will be required to fully embed these systems within our services before we can effectively review their full impact.</p>

MEETING OF:	COUNCIL OF GOVERNORS
DATE:	26th November 2021
TITLE:	Body Worn Cameras in Mental Health Inpatient Settings: Feasibility Study

1 INTRODUCTION AND PURPOSE

This paper aims to provide an update of the ongoing Body Camera feasibility study currently being carried out across 10 TEWV services.

The Study will consider all areas of operational and clinical impact, with particular focus on the impact of restrictive intervention use across services.

2 BACKGROUND INFORMATION AND CONTEXT

Use of restrictive interventions remains high nationally across learning disability and mental health wards. Under the mental health Units Use of Forces Act 2019 all Trusts are expected to develop robust plans for the reduction of restrictive interventions.

Use of Body Worn Cameras as a service intervention to reduce the use of restrictive intervention has gained national acclaim in recent years.

Approximately 15 Trusts nationally are trialling the use of Body Cameras. Northampton and West London mental health trust have published studies on their positive effects. Kings college in partnership with South London and Maudsley Trust are currently conducting a national study to assess the impact on patients and the care that they receive

As part of TEWV Positive and Safe Plan plans were agreed in April 2020 to test the use of Body Cameras across a small number of inpatients wards to assess their impact.

3 KEY ISSUES

Whilst initially agreed to commence in April 2020, delays occurred due to the pandemic. Project commenced with 4 wards participating in November 2020.

Following an initial review of the project in April 2021 Senior Leaders Group agreed to a 6-month extension of the pilot and an increase in participation to 10 services from across the Trust.

The 10 wards were identified to participate in the pilot, as follows:

Unit 4/Flats	ALD	Bankfields Court	Teesside
Cedar (PICU)	AMH	West Park Hospital	Durham Darlington
Brambling	SIS	Roseberry Park Hospital	Teesside
Crisis Assessment Suite	AMH	Roseberry Park Hospital	Teesside
Springwood	MSHOP	Malton District Hospital	North Yorkshire
Danby	AMH	Cross Lane Hospital	North Yorkshire
Bedale	AMH	Roseberry Park Hospital	Teesside
Sandpiper	SIS	Roseberry Park Hospital	Teesside
Thistle	SIS	Roseberry Park Hospital	Teesside
Tunstall	AMH	Lanchester Rd Hospital	Durham Darlington

The 4 original pilot sites have continued to trial cameras. The six additional wards identified to participate commenced a rolling implementation plan from July 2021 onwards.

Thistle and Sandpiper ward who were identified to participate in the pilot in Apr 2021 initially raised concerns regarding safety of the cameras and the potential risks to patients. These issues are now resolved however this has created significant delays in their implementation.

Following the temporary closure of Thistle Ward we are currently only trialling 9 wards. Discussions are currently ongoing to identify an additional ward in secure inpatient services to participate for the remainder of the pilot.

Each ward has access to 6 cameras with an expectation that 3 to 4 cameras are allocated to staff at all times.

Cameras must always be easily visible to anybody within the vicinity. They remain switched off and will only be activated if an episode of behaviours that challenge is likely to occur. Staff are required to verbally notify patients, staff or visitors that they have activated their camera.

Coproduced posters and information leaflets were developed prior to the project commencing. All patients are encouraged to familiarise themselves with the cameras, familiarise themselves with them and ask questions at regular intervals.

Prior to cameras being used all regular ward staff are provided with a face to face briefing to familiarise themselves with the cameras and processes for recording.

Regular engagement with staff teams has continued to support the view that the use of cameras is having a positive impact on the wards, staff feel that they act as a deterrent for potential physical assaults, helping staff to feel safer.

We continue to engage with patients on wards regarding the use of cameras. No patients have reported any concerns, with some patients reporting that it helps them to feel safer. Information remains available about the pilot and patients are encouraged to familiarise themselves with the equipment, which has proved positive.

Feedback from the pilot has identified that the sustainability of using cameras on the wards is still challenging. Staff continue to report instances where staff forget to allocate cameras or activate recordings when an incident occurs.

It is reported that the interface between TEWV internal IT systems and Reveal Media who operate the BWC is creating issues for dealing with technical faults. We are currently reviewing systems for reporting any issues which will hopefully address these issues.

Using incident footage as a reflective tool for learning remains an underdeveloped area of the pilot. Steering group feedback suggests that ongoing staffing pressures limits opportunities to spend time reviewing footage. It is also acknowledged that this type of review remains relatively new and staff will require additional support to develop the necessary skills to carry this out effectively.

We have recently introduced review tools to assist wards in effectively reviewing incident footage and are currently rolling out training for Matrons and Ward Managers across all pilot sites.

Data on the use of restrictive intervention continues to report an improving trend across the organisation. The 10 sites identified within the pilot are currently not reporting any significant differences to other wards across the trust. For a number of these wards the use of cameras remains at the early stages of implementation and will likely require more time to demonstrate a reduction in incidents.

4 IMPLICATIONS

4.1. Compliance with the CQC Fundamental Standards

Reductions in the use of all forms of restrictive interventions remains a key priority within the Care Quality commission following the publication of their recent thematic review Out of Sight, who Cares 2020:

https://www.cqc.org.uk/Thematic_review_report.pdf

Use of technology to support the ongoing work in reducing Restrictive Intervention is highlighted as best practice in NICE Guidance (NG10) Short-term Management of Violence and Aggression.

4.2. Financial/Value for Money

We can estimate that if TEWV were to implement the use of Body worn cameras across a range of its services this will likely be required in approximately 50% of its wards.

Initial purchase and subscription cost per ward would be £3369 with ongoing licensing fees and support packages costing £1,273 annually, Reveal Media have advised that cameras will likely need to be replaced every 4/5 years.

Initial research nationally has reported that the costs of body worn cameras can be offset by the reduction in complaints, incidents, and staff sickness.

There is potential to widen use across the organisation including use for reception staff and community teams.

4.3. Legal and Constitutional (including the NHS Constitution)

The Mental Health Units Use of Forces Act 2019 requires Health and Social Care Providers to demonstrate the ongoing commitment to a reduction in the use of restrictive intervention.

A Data Privacy Impact Assessment and a third-party Information Governance Audit have both been completed and approved by the Trust's Information Governance Lead.

4.4. Equality and Diversity

No issues noted

4.5. Risks

Use of Restrictive Intervention remains predominant within the Mental Health and Learning Disabilities National Agenda. Failure to reflect TEWV'S progress in implementing interventions that may reduce the use of Restrictive Interventions could lead to a negative image of the organisation and poorly reflect on the Trust's reputation.

Despite the potential benefits for using Body worn cameras this is an intrusive intervention that could lead to potential iatrogenic harm of patients.

The use of video data as a method of reducing Restrictive Interventions is an untested field. Potential misuse of the cameras and storage methods could be manipulated compromising the security of the organisation

Use of the cameras may inadvertently lead to staff feeling scrutinised, increasing work pressures, and potentially affecting their wellbeing.

5.0 CONCLUSIONS

The pilot remains ongoing. Both patients and staff have reported positive aspects since their introduction. However, it is likely that further time and support will be required to fully embed these systems within are services before we can effectively access their full impact and ability to improve patient care.

Research and Development Update for Council of Governors Meeting November 2021

Professor David Ekers, Clinical Director for R&D

Sarah Daniel, Head of Research

tewv.researchanddevelopment@nhs.net

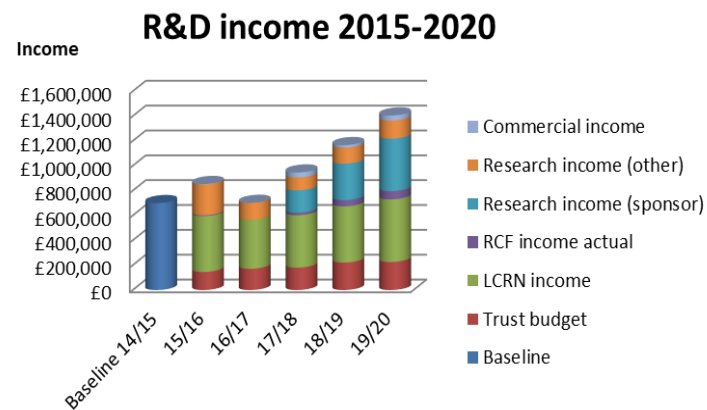
Twitter @tewvresearch

Progress to date R&D strategy 2015 to 2020

- Average of 946 participants each year took part in research in TEWV
- 96% of research participants strongly agreed or agreed that they had a good experience taking part in research

- 100% of studies setup within 40 day benchmark
- Research Lead for each specialty and research opportunities offered in all localities
- Involvement members part of our governance groups and individual study teams

- Research partnership launched with University of York to develop more research led by the Trust /University partnership



New R&D plan 2021 - 2026

Growth in opportunities for our service users and colleagues to participate in clinical research.

Developing next generation of researchers to support the development of a research active workforce (including service user/carer researchers).

Providing a knowledge and library service in partnership with knowledge mobilisation academics to support improved care.

Work in partnership with key stakeholders to develop new research, increasing our research income to build a successful business model for research in the Trust.

To continue to grow research activity in the Trust to support the development of new knowledge of the best care to provide.

Work collaboratively to scope the potential and resource requirement for an ongoing innovation service in the Trust.

Research Programmes led by TEWV

Behavioural Activation in Social IsoLation (BASIL/BASIL+)



Developed during the COVID-19 pandemic to evaluate a brief psychological intervention for older people with long-term health conditions to mitigate depression and loneliness during the COVID-19 pandemic

<https://sites.google.com/nih.ac.uk/basil/home>

Managing Multiple Health Conditions in Older Adults (MODS)



People with multiple physical health conditions are more likely to experience depression. MODS aims to evaluate clinical and cost effectiveness of an intervention designed to help improve mood and physical functioning for people with multiple health conditions.

<https://sites.google.com/nih.ac.uk/mods/home>

Community-based Behavioural Activation Training for Depression in Adolescents (ComBAT)



Helping young people combat mild to moderate depression using Behavioural Activation in health services, schools and community settings.

<https://combatdepression.org/>

All projects above are developed and delivered through the TEWV/University of York Research Partnership and funded by the National Institute for Health Research

Recent results from the BASIL research study (6 mins)

https://www.youtube.com/watch?v=GjlyWLe_1GM&t=79s



Research impact of NHS CHECK study

The UK's largest survey of the mental health & wellbeing of ALL NHS staff during COVID-19 and beyond

Research led by Kings College London. TEWV recruited 2,249 members of our staff to the study during the pandemic.

NHS ENGLAND:

NHS England has announced it will expand mental health support for NHS staff. NHS CHECK provided evidence to NHS England of our early findings from the NHS CHECK baseline survey, that ~59% of participating healthcare workers report symptoms of common mental disorders, so we're delighted to hear that additional support is being put in place.

[READ FULL ARTICLE HERE](#)

We're already making a difference
Already our research is starting to have impact.
It has been included in government reports and shared widely with other researchers working in healthcare



Tees, Esk and Wear Valleys
NHS Foundation Trust

Council of Governors 23rd November 2021

Russell Patton

Chief Operating Officer Update

Introduction

There are four main service areas within the organisation covering three geographical areas and one specialist service area:

- Durham & Darlington
- Teesside
- North York & York
- Forensic Services

This slide deck covers key issues of note from each of the defined service areas.

Community MH Transformation

- Adult Mental Health and Children & Young People - Additional Roles Reimbursement Scheme (ARRS) roles – majority have been recruited and start dates agreed.

Service Developments

- Primrose Lodge proposed move to Shildon (rehab) – paper to Durham OSC in January 2022.
- Winter Pressures/Discharge Support schemes agreed and submitted.

Areas of Focus

- C&YP waiting times and Keeping in Touch process linked to CQC and service improvement and sustainability.
- Business Continuity areas – AMH Crisis Service - exit plan in place and position has improved.

System Pressures

- Pressures in Acute Trust – reporting between OPEL 3 and 4 day to day.
- NEAS pressures – reporting REAP level 4, called on military and private sector for support.
- Pressures in Primary Care.
- Social Care – staff shortages and pressures in care homes.
- Complex needs – availability of appropriate placements and care providers.

Community MH Transformation

- Draft Community Hub model developed / mobilisation plan developed as standard model across Tees as well as individualised to be place based offer.

Service Developments

- Crisis Transformation – Peer workforce in place and expanding.
- ALD Inpatient Redesign event supporting transformation.
- Potential to support Bed Management through new winter pressures investment being explored.

System Pressures

- Staffing – Recruitment and retention of experienced staff and absences.
- Business Continuity processes in place in ALD Bankfields, CYPs Baysdale Respite Service and Liaison.
- Capacity to meet demand – occupancy inpatients, caseloads community.

Community MH Transformation

- Development of Community Mental Health Hubs /New Specialist roles for Eating Disorders and Personality Disorders.

Service Developments

- International Recruitment – 20 RN's by March 2022. 2 staff appointed into November 2021.
- Wellbeing in Mind/Mental health in schools received additional funding to cover Harrogate, York Hambleton and Richmondshire.
- Rough Sleepers, Scarborough – Joint initiative with North York County Council, Public Health supported housing and mental health support .

Areas of Focus

- Workforce – wellbeing, retention, recruitment – Scarborough area.
- CYPs and MHSOP waiters.
- BCP areas – Esk ward and Perinatal teams.

System Pressures

- York & Scarborough Acute Trust – OPEL 3 or 4.
- York Ambulance Service.
- Pressures in Primary Care.
- Social Care providers including supported living, residential and nursing, children's social care.

Secure Inpatient Services (SIS)

- Remains in Business Continuity.
- Only one ward is collapsed (Harrier Hawk).
- Thistle Ward has been closed – environment now renamed Fern Ward and two packages of care being provided until appropriate move on accommodation sourced.
- Improvement Plan in place focusing on Safeguarding, Staffing and Governance.
- Model of Care developed embedding principles of Our Journey to Change.
- Nightlight Productions coproduced staff induction video with Service Users.

Health & Justice

- Staffing shortages and issues with recruitment and retention across all services impacting on patient care.
- Oakwood reprovision plans in light of Park House.
- Basic Life Support training challenging in terms of NW Prisons.
- Immigration Removal Centre Service in process of mobilisation (operational end Nov).
- Awaiting outcome of Haverigg tender.

Summary

- We continue to deliver services within a framework of business continuity and Gold Command.
- Major staffing shortfalls exist throughout the organisation.
- Demand for mental health services continues to rise from a Community and Inpatient perspective.
- Operational services are contributing towards the organisations five key programmes of work
 - ***Our Clinical Journey***
 - Our Quality & Safety Journey
 - Our People Journey
 - Our Co-creation & Communications Journey
 - Our Infrastructure Journey

Any Questions ?

Finance Update

Council of Governors – November 2021

2021/22 Headlines

The Trust contributed to system financial plans for the first half of 2021/22 (H1) to deliver a Trust surplus of £4.7m for H1 and achieve a breakeven plan for the Tees Valley ‘place’ and wider North East & North Cumbria Integrated Care System (ICS). The Trust and ICS delivered the required planned revenue position for April to September 2021.

- ↑ The Trust delivered a surplus of £5.4m for the period April 2021 – September 2021 (H1). This included (£0.4m) profits from a fixed asset disposal, and therefore operational plans to deliver a £4.7m surplus were surpassed by £0.3m when adjusted for disposals.
- ↑ The H1 surplus reflects:
 - higher than planned income for mental health investment standards and lined to the spending review.
 - lower than planned pay costs including on net new recruitment.
- ↑ Cash balances were £83.6m at 30th September and ahead of plan by £0.7m, largely due to slightly higher than planned creditors despite prompt supplier payment targets being achieved.
- ↑ The Trust has offset its H1 Cash Releasing Efficiency Savings (CRES) requirements in full, using non-recurrent cost reductions including from reduced travel expenditure through remote working.

H2 2021/22 and 2022/23 Plan

Financial planning activities for the second half of 2021/22 (H2) are expected to conclude on 16th November with an ICS plan submission. Place-level funding is largely consistent with H1 and allows the Trust to plan for a broadly breakeven outturn position for the period October 2021 to March 2022.

The Trust is finalising a detailed H2 plan which will be submitted on 25th November, after review by the Strategy & Resources Committee. Plans assume additional staffing costs when compared to H1, including for anticipated recruitment to inpatient and new community posts.

Plan guidance for 2022/23 is not expected until mid-December. ICS-level allocations may be issued alongside guidance, or early into 2022. Business Planning activities, to assess, coordinate and prioritise resource requirements for the new financial year, have commenced. This includes assessing options for delivering recurrent CRES and reviewing opportunities identified pre-Covid.

Key issue: H1 Capital 2021/22

H1 capital expenditure was £6.1m and was £1m more than planned.

Two planned asset sales have been delayed. One asset sale will not now proceed due to registration of a related premise not progressing. The second is expected to complete during Q3.

The Trust expects spend within its £13.6m capital allocation this financial year. Progress against the capital plan is monitored by the Board’s Strategy Resources Committee.

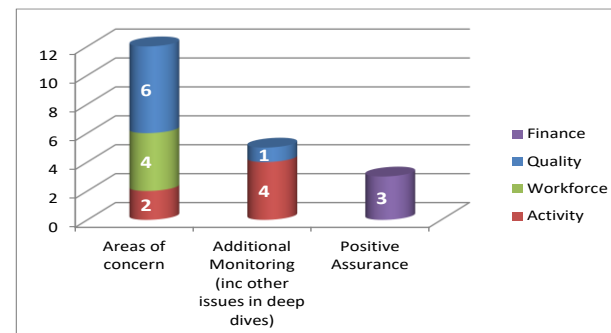
Board Performance Dashboard

As at 30th September 2021



Our positive assurance

- The Trust delivered a surplus of **£5,441k** for the period April 2021 – September 2021 (H1). (This includes profits from a fixed asset disposal (£420k)). Therefore operational plans to deliver a £4.720k surplus were surpassed by £301k.
- The Trust's financial outturn over this period supported the Integrated Care System (ICS) achieving its revenue target.



Whilst all areas of concern are important to us and are being monitored closely, those key areas in terms of risk and concern are below and further detail is given on subsequent pages:

Quality

- We are not assessing or treating our patients in as timely a manner as we would like. Of the **7775** patients that attended their first appointment in September, **6427 (82.66%)** were within 4 weeks of their referral date. Given the pressures being experienced throughout the NHS and locally within Trust services in terms of staffing and demand, this is only 7.3% below the aim we have set ourselves. Of the **1769** patients starting treatment within September; **926 (52.35%)** were within 6 weeks of their referral date.
- Our Adult and Older Persons' teams are not demonstrating the improvement in patient outcomes (HONOS) that we would aspire to. Of the **95** in-scope teams that discharged patients in the last three months, **43 (45.26%)** achieved the agreed improvements in their Health of the Nation Outcome Score (clinician rated outcome measure).

Quality & Activity

- Our inpatient services are under increasing pressures with bed occupancy higher than we would like at **99.21%** and within Durham & Darlington there are more patients remaining in a bed over 90 days than we would like. These occupancy levels are impacting our out of area placements and we are placing more patients in hospitals other than their local hospital than we would aspire to, although these admissions are mainly still within TEWV hospitals. There were 235 patients placed in a bed outside their local hospital accounting for **3530** inappropriate OAP days in the 3 months ending September; 3 patients were placed outside of the Trust due to a lack of inpatient beds (**45** bed days).

Workforce

- We have an increasing number of vacancies across most Trust services. Our vacancy rate is **5.67%** with **421.47** vacant posts compared to our **7431.2** budgeted posts.
- Our sickness levels continue to be higher than we aspire to with **14,472.55 (6.83%)** days lost due to sickness during August.
- We have more members of staff without up to date appraisals and mandatory & statutory training than we would like. **4157 (66.22%)** members of staff (out of a total **6728**) do not have an up to date appraisal and out of the **102,623** training courses that were due to be completed by the end of September, only **86,186 (83.98%)** were actually completed. Whilst this is below the standard we have set ourselves it is important to recognise the pressures being experienced throughout the NHS and locally within Trust services in terms of staffing and demand.

Quality: Waiting Times

Patients receiving their first appointment within 4 weeks following an external referral

First identified as a potential area of concern in July 2021 within Tees, delays in the processing of referrals were identified within Children & Young People's Services; the backlog has now been cleared and patients are being triaged to the community teams in a timely manner. High levels of sickness and an increase in acuity have impacted a number of teams within Adult Mental Health (AMH), Mental Health Services for Older People (MHSOP) and Learning Disabilities. Support mechanisms are in place, including the provision of overtime within AMH and recruitment within MHSOP. Work is now underway with services in Durham & Darlington and North Yorkshire & York to investigate potential areas of concern within those localities.

Patients starting treatment within 6 weeks of an external referral

First identified as a potential area of concern in January 2021, there are a number of staff vacancies within Durham & Darlington Children & Young People's Services. Recruitment is being progressed within the locality but that has been challenging. Performance is also being impacted by the inclusion of patients that are on a neurological pathway. Due to the complexity of the assessments needs for those patients, it can take longer for them to start treatment.

Within Tees, the referral processing delays in Children & Young People's Services referred to in the first appointment within 4 weeks has also impacted on treatment. In addition the high levels of sickness and acuity within Adult Mental Health, have delayed the time in which we can start treatment for our patients.

Quality: Clinical Outcomes

In scope teams achieving the benchmarks for HoNOS score (AMH and MHSOP)

A number of our teams are discharging patients that have not shown as much improvement as we would like in the Health of the Nation Outcome Score. First identified in October 2020, training needs have been identified across all localities but delivery of training has been impacted by staff capacity and the pressures on our clinicians.

The Clinical Outcomes Steering Group is developing a work plan that will include an approach for integrating outcome measures within our clinical services, including training and analysis to understand what is impacting on our patients' improvement.

Quality & Activity: Inpatient Pressures: on our Adult Mental Health & Mental Health Services for Older People

Bed Occupancy

We have been monitoring bed occupancy since September 2020, when it became clear that occupancy was increasing. This is now a concern and whilst the number of admissions are at a level we would expect, occupancy is high.

The pressures on our inpatients services are being given increased focus within the Locality Quality Assurance & Improvement Groups and the Executive Team has agreed to procure external support to help us analyse the data available to understand what is driving the pressure. In addition we have commissioned 4 additional beds at the Priory Hospital Middleton St George.

The total number of inappropriate OAP days over the reporting period

Due to our increasing bed pressures, more patients are spending time in beds away from their closest hospital. First identified in March 2021, the significant majority of bed days are attributable to 'internal' OAPs; that is patients admitted to a TEWV hospital other than their local one. Work has been undertaken to ensure that the NHSE Continuity of Care Principles are robustly embedded in all Trust services. Adherence to these means that from October 2021, these patients will not be deemed to be out of area. From an assurance perspective, monitoring arrangements are being established as it is still our aim that patients be admitted to their local environment.

Four beds have been purchased in the independent sector until the 31st January 2022; 5 patients occupied these beds during September (117 bed days) and 3 patients was admitted externally to the Trust due to no beds being available (45 bed days).

Workforce Pressures

Current vacancies

Whilst there is a potential concern highlighted within North Yorkshire & York Children & Young People's Services (CYPS), work is underway across all specialities to review and address the significant number of vacancies that exist within that Locality. A Project Manager for Recruitment and Retention has been appointed to facilitate this work.

Within Tees potential concerns are identified in CYPS and Adult Learning Disabilities (ALD). Whilst further investigation is required into CYPS, there is a significant campaign underway within ALD inpatient services in collaboration with the recruitment company, Indeed, to recruit new staff and facilitate their commencement in post as quickly as possible.

No concerns are indicated within Adult Mental Health or Mental Health Services for Older People in either Locality, or within Durham & Darlington; however vacancies are high in those areas and recruitment campaigns are underway, particularly within inpatient services where service models are being reviewed to ensure safe establishment levels. Additional funding has been allocated for new posts within AMH and Forensic inpatient areas, which is also contributing to the number of vacancies as not all of these have yet been recruited to.

Staff sickness

This was first identified as a concern in May 2020 within our Forensics Services and issues identified included a number of long term sickness episodes and the impact of Covid-19. An action plan is in place and to date 2 out of 6 actions have been completed; a number of actions have been delayed due to staffing and business continuity pressures. Those actions still to be completed include a review of vacancies and the use of bank staff, a review of absences relating to anxiety / stress and other psychiatric issues to establish any themes and the reintroduction of quarterly reviews with managers and Human Resources for any staff with restrictions. These will be completed in October 2021 with any further actions to be completed in November 2021.

Potential concerns have now been identified within Durham & Darlington services and work is underway to confirm whether these are actual areas of concern.

Appraisals & Mandatory & Statutory training

To support business need during the pandemic, staff were given a series of extensions to ensure clinical care was prioritised. These grace periods started to expire in June 2021 and as a result we are starting to see the reduction in compliance. Following discussions at the October Locality Quality Assurance & Improvement meetings, it was agreed that the localities will scope the time and resources required to ensure all outstanding appraisals and training are undertaken. This is to be presented to the November meetings.

NHS Oversight Framework

SUMMARY

The majority of national standards within the NHS Oversight Framework have been achieved for Quarter 2 2021/22; however there is 1 exception to this:

- 1. Inappropriate out of area placements for adult mental health services** - *This measure is discussed on page 4 of this report as it is also included in the Trust Board Dashboard.*

A new System Oversight Framework was released in June 2021, setting out NHS England and NHS Improvement's (NHSE/I) approach to the oversight of integrated care systems, CCGs and trusts, with a focus on system-led delivery of care. A review is underway to identify the requirements and work that needs to be undertaken to establish Trust assurance mechanisms. Pending the development of that report, monitoring of last year's Oversight Framework has continued.

Tees, Esk and Wear Valleys NHS Foundation Trust

Update on CQC for Council Of Governors

November 2021

Current Position and progress

- Re-inspection of Acute Adult Inpatient and PICU's – CQC noted marked improvement in the areas of concern and assurance regarding patient safety
- Focus is now on sustaining and embedding these standards of care
- A comprehensive Quality Assurance programme is in place to monitor and identify any areas for action. We triangulate this with other information such as incidents and patient feedback to gain a rounded overview of the safety and quality of care.
- Enhanced front line support is in place through Practice Development Practitioners
- Our processes for organisational learning are developing well
- Safety Briefings and learning bulletins are circulated to staff when we need to raise awareness or take action on aspects care / practice
- Investment in workforce and releasing time to care in inpatient ward continues

- Well Led and Core Services inspection reports x 4* received for factual accuracy (*Adult Mental Health Community Teams, Children and Young Peoples Mental Health Community Teams, Crisis and Health Based Place of Safety, Secure Inpatient Services)
- We continue to work on the CQC feedback regarding concerns in CAMHS and Secure Inpatient Services
- Actions have been built into a core improvement plans underpinned by robust governance and assurance programme; responses & evidence collated

- Feedback focused upon required improvements in:
 - *Robustness of risk management to ensure safety of CYP waiting for treatment. Systems & processes to effectively monitor CYP waiting for treatment Staffing levels & completion of essential training to meet demands of service*
- Confidence in significant improvements made to date, including:
 - CYP Waiting times validation complete
 - All CYP waiting for treatment contacted in line with trust policy
 - Improved standard KIT (keeping in touch) process in place & closely monitored via daily huddles & weekly senior management review across all localities
 - Work continues on improvements to staff training, caseload management & overall staffing
 - Families will be involved in service improvement plan
 - Focus on embedding and sustainability of improvements

Forensics (Secure Inpatient Services)

- Feedback focused upon required improvements in:
 - Governance systems to ensure quality & safety of service; systems to safeguard service users from abuse, harm & to ensure restrictions on service users freedom are proportionate, individualised & regularly reviewed
 - Staffing levels to ensure care & treatment delivered in a safe way/meets needs of service users (Mar 21)
- Confidence in significant improvements made to date, including:
 - Staffing ‘safe today’ – use of SafeCare, including clear process for mitigation and escalation of red flag staffing issues
 - Support, education & training for staff, including safety summaries & plans; seclusion; restriction, e.g. rapid reflection on incidents, debriefs, boundaries training, staff focus groups
 - Monitoring & Assurance, including:
 - development & pilot of a qualitative ‘Quality Walkaround’ tool for ward visits to support assurance processes in relation to quality and safety
 - introduction of Matron led Quality Assurance rounds to enable reflection discussion with staff and service users re staffing and other related quality issues
 - Work continues on improvements in all areas
 - Focus on embedding and sustainability of improvements, including actions to drive necessary culture change